

Health Psychology, 6th edition
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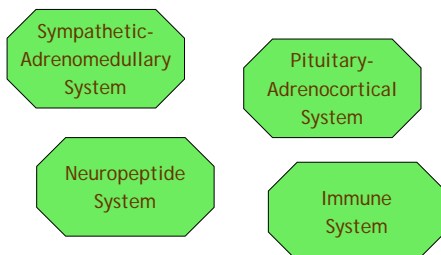
Chapter Seven: Moderators
of the Stress Experience

Chapter Introduction:
Diverse Reactions to An Earthquake

- Stress Moderators
 - Internal and external resources and vulnerabilities
 - These modify how stress is experienced
 - These modify the effects of stress
- External resources, social support, and coping styles
 - May augment or diminish the relationship between stress and illness

Stress and Illness:
Chapter 6 Review

- Stress has effects on 4 physiological systems



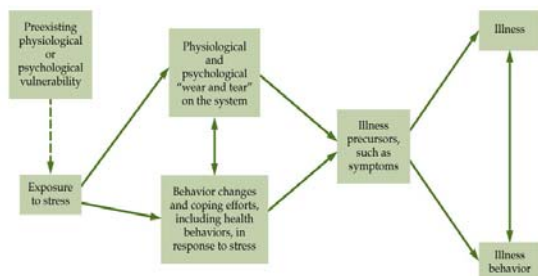
Stress and Illness: Initial Vulnerability

- If a person has a pre-existing vulnerability (physical or psychological), then stress may interact with it to cause illness
- Tapp and Natelson Study of Hamsters
 - Hamsters had inherited heart diseases
 - Stress early in the disease process: no heart failure
 - Stress later in the disease process: precipitated heart failure

Stress and Illness: Health Behaviors

- Stress indirectly affects illness
- People who were under more stress
 - Reported less sleep
 - Were less likely to eat breakfast
 - Reported using more alcohol
 - Reported using more recreational drugs
- When compared to people reporting less stress (Cohen and Williamson)

The Stress-Illness Relationship: Figure 7.1



Coping with Stress: Review of appraisal

The appraisal
view of stress
was developed
by Lazarus

- Impact of stress depends on how the person appraises it
- Primary appraisal:
How significant is this event?
 - Positive, negative, neutral
- Secondary appraisal:
Do I have the resources to cope with it?

Coping with Stress: What is coping?

Process of managing demands that are appraised as taxing/exceeding the person's resources

- Coping efforts are
 - action-oriented
 - intra-psychic

Coping with Stress: What is coping?

- Coping is dynamic
 - A set of responses
 - Not a one time action
- Coping encompasses
 - Many actions/reactions to stressful circumstances
 - Emotional reactions are part of coping

Coping with Stress: Personality and Coping

Negativity, Stress and Illness

- Negative Affectivity:
a pervasive negative mood marked by anxiety, depression, and hostility
 - Related to poor health
 - “Disease-prone” personality
 - Can affect adjustment to treatment
 - More likely to give the false impression of poor health

Coping with Stress: Personality and Coping

Pessimistic Explanatory Style

- Negative life events:
explained as internal, stable, global qualities
- WWII Study Examples
 - Pessimistic: “this may be an unwillingness to face reality” (internal factors)
 - Compared to: “all green junior officers” bluff their ways out of situations (external factors)
- Those with pessimistic explanatory styles may have reduced cell-mediated immunity

Coping with Stress: Personality and Coping

Optimism

- Dispositional Optimism
 - General expectations that outcomes will be positive
- Beginning of college study – Optimists
 - Sought out social support
 - Positively reinterpreted stressors
 - Coped with transition to college better

Coping with Stress: Personality and Coping

Optimism

- Promotes active and persistent coping efforts
- Helps people use resources effectively
- Has clear health benefits
 - Study with veterans - Linked to higher levels of pulmonary function in older men
 - Better postsurgical quality of life and faster rate of recovery

Coping with Stress: Personality and Coping

Psychological Control

- Perceived control
 - Belief that one can determine one's own behavior, influence one's environment, and/or bring about desired outcomes
- Perceptions of control in work life *and* general tasks of living
 - Less likely to adopt health-compromising behaviors
 - More likely to cope successfully with stress

Coping with Stress: Additional Coping Resources

- High Self Esteem
 - Students became less upset in response to exam stress
 - A more robust findings at low levels of stress
- Conscientiousness
 - Correlated with living to an old age
- Ego strength
 - Correlated with living longer
 - Less likely to smoke, abuse alcohol
- Health-prone personality
 - Sense of control, self-esteem, optimism, resilience

Coping with Stress:
Box 7.2 Religion, Coping, and Well
Being

- People in U.S. (recent surveys)
 - Believe in God: 96%
 - Pray: 80%
 - Say religion is important in personal life: 71%
 - Attend religious services at least once/month: 55%
- Religion helps coping
 - Provides a belief system that lessens distress
 - Enables people to find meaning in stressful events
 - Provides a source of social support

Coping with Stress:
Coping Styles

- Coping Style
 - General propensity to deal with stressful events in a particular way
- Avoidance vs. Confrontation
 - Do you minimize or repress the stress?
 - Do you gather information and take direct action?
 - Avoidance is a *minimizing style*
 - Confrontation is a *vigilant style*

Coping with Stress:
Problem-Focused vs. Emotion-Focused

- Problem-Focused Coping
 - Doing something constructive about events that are appraised as negative (*harmful, threatening, challenging*)
- Example: Work-related problems often lead to problem-focused coping

**Coping with Stress:
Problem-Focused vs. Emotion-Focused**

- Emotion-Focused Coping
 - Regulating emotions that are experienced because of the stressful event
- Example: Health problems often lead to emotion focused coping
 - Threats to health aren't necessarily amenable to direct action
 - Some situations must simply be accepted
 - Ruminating: negative recurrent thoughts
 - Detrimental to health

**Coping with Stress:
Problem-Focused vs. Emotion-Focused**

- Emotion-approach Coping
 - Clarifying, focusing on, working through emotions experienced with a stressor
 - Improves adjustment to chronic conditions
 - Pain
 - Breast cancer
 - Improves adjustment to
 - Pregnancy
 - Managing stressors of daily life

**Coping with Stress:
Problem-Focused vs. Emotion-Focused**

- Individual differences
 - Problem solving and turning to others could have a genetic predisposition
 - Denial did not appear to have a genetic component
 - Denial was explained by early family environment
 - Parental child-rearing
 - Social style
 - Exposure to childhood stressors

Coping with Stress: Problem-Focused vs. Emotion-Focused

- Disclosure
 - Beneficial long term effects on immune functioning follow emotional disclosure
- Interventions employ written exercises to encourage emotional expression
- Interventions improved health among
 - AIDS patients
 - Breast cancer patients
 - Asthma patients
 - Rheumatoid arthritis patients

Coping with Stress: Box 7.3: Coping with AIDS

Social Support or Seeking Information

Direct Action

Strategies of Distraction, Escape or Avoidance

Emotional Regulation/Ventilation

Personal Growth

Positive Thinking and Restructuring

Coping with Stress: Box 7.4 The Brief Cope

- | | |
|---------------------------|------------------------------|
| • Active coping | • Using instrumental support |
| • Planning | • Self-distraction |
| • Positive reframing | • Denial |
| • Acceptance | • Venting |
| • Humor | • Substance use |
| • Religion | • Behavioral disengagement |
| • Using emotional support | • Self-blame |

How do you cope so well?

I try to have cracked crab and raspberries every week.

Coping with Stress: Specific Coping Strategies

- Microscopic view of coping is taken because
 - Recent research questions whether general coping styles measured at trait level predict how people behave in specific situations
- Flexible copers cope especially well with stress
 - Shift strategies with demands of a situation

Coping and External Resources: Overview

- Personality Traits and Coping Styles are Internal Resources
- External Resources would include:
 - Time
 - Money, standard of living
 - Education, a decent job
 - Children, friends, family
 - Presence of positive life events
 - Absence of other life stressors

Coping and External Resources: Sources of Resilience

- Celebrating/describing positive events appears to have a beneficial effect
 - Affects immediate mood
 - Affects long-term well being
- Method of coping that resilient people draw from
 - Being able to experience positive emotions even in the context of intensely stressful events

Social Support

What **Is** social support?

- Information from others
 - That one is loved and cared for
 - Esteemed and valued
 - Part of a network of communication
 - And of mutual obligation
- Social support can come from
 - Spouses or lovers
 - Friends and family
 - Social and community contacts
 - And pets!

Types of Social Support

- Tangible assistance
 - Providing material support, services, money, goods
 - Example: Food for the bereaved
- Informational support
 - Providing knowledge
 - Example: Explaining a medical procedure
- Emotional support
 - Providing reassurance, warmth, nurturance

Types of Social Support

- Invisible Support
 - When one receives help from another, but is unaware of it, that help is most likely to benefit the self
- **Perceiving** that one has support
 - Helps provide the health benefits (physical and mental) of social support

Social Support: Effects on Psychological Distress

- Social support reduces depression and anxiety
 - Example: Three Mile Island study
Those with high levels of social support showed less psychological distress than those with low levels of social support
- Lack of social support adds another stressor
- Chronically shy or those who anticipate rejection
 - More psychological distress, greater health risks

Social Support: Effects on Physiological/Neuroendocrine Response

- Acute stress paradigm
- The biologic responses to stress are subdued when
 - A companion is present
 - There is a belief that support is available
 - Contemplating typical sources of support
 - In the presence of a pet
- Calming effects are greater when they come from a friend than a stranger

Social Support: Effects on Illness and Health Habits

- Social support
 - Lowers the likelihood of illness
 - Speeds recovery from illness
 - Reduces the risk of death from serious illness
- High quantity and high quality of relationships
 - Associated with lower mortality rates
 - High levels of social support associated with more adherence to medical regimens
- Social influences may adversely affect health
 - If the peer group engages in health-compromising behaviors (smoking, alcohol)

Social Support:

Effects on Illness and Health Habits

- Alameda County (California) Study
 - Almost 7,000 participants
 - Social and community ties recorded
 - 9-year longitudinal study of mortality rates
 - Correlation between lower levels of support and higher likelihood of death
- Social support is associated with better adjustment to chronic diseases
 - Herpes
 - Myocardial infarctions
 - Multiple sclerosis

Social Support:

Effects on Illness and Health Habits

- Biopsychosocial pathways
Social support has beneficial effects on
 - Cardiovascular functioning
 - Endocrine functioning
 - Immune System functioning
- Genetic Bases of Social Support
 - Genetic predispositions to draw on others for social support when under stress
 - Perhaps in the ability to see it as available?
 - Or in the ability to pick supportive networks?

Social Support:

Moderation of Stress

- Direct Effects Hypothesis
 - Social support is generally beneficial during non-stressful times as well as during highly stressful times
- Buffering Hypothesis
 - The health benefits and mental health benefits of social support are chiefly evident during periods of high stress
 - When there is little stress, social support may have few health benefits

Social Support: Moderation of Stress

- Extracting support
 - Some people are more competent than others in getting the support they need
- What kinds of support are most effective?
- Matching support to the stressor
- Support from whom?
- Threats to social support
- Effects of stress on support providers

Too much support
can be intrusive

Happiness is
having a
large, loving,
caring, close-
knit family in
another
city."
George Burns

Social Support: Enhancing Social Support

- Primary Prevention:
Social support is an important resource
- Research on increasing its effectiveness is a priority
- People need to be encouraged to
 - Recognize possible sources of support
 - Draw on these resources effectively

Coping Outcomes

What constitutes successful coping?

- Physiological/biochemical functions
 - Reduced arousal, such as lower heart rate
 - Lower blood/urine levels of catecholamines and corticosteroids
- Daily life activities
 - Return to prestress activities
 - Life changes in the direction of healthier adjustment

Coping Outcomes

What constitutes successful coping?

- Reduced psychological distress
 - Reduced anxiety
 - Reduced depression
 - Termination, lessening, or shortening of the duration of the stressful event

The Management of Stress: Who needs stress management?

- Stress management
A program for dealing with stress in which people
 - Learn how to appraise stressful events
 - Develop skills for coping with stress
 - Practice putting those skills into effect

The Management of Stress: Who needs stress management?

- Workplace workshops
 - Stress-related disorders account for billions of dollars of lost productivity
- People who are at risk for stress-related illness
 - Migraine headache, high blood pressure
 - Multiple sclerosis
 - Cardiovascular diseases

The Management of Stress: Basic Techniques

- First Phase
 - What is stress?
 - How to identify life's stressors
- Second Phase
 - Acquire skills for coping with stress
 - Practice skills for coping with stress
- Third Phase
 - Practice techniques in targeted stressful situations
 - Monitor effectiveness of the techniques

The Management of Stress: A Stress Management Program

College Example: Combat Stress Now (CSN)

1. Identify stressors of college life
2. Monitor stress and record responses
3. Identify stress antecedents to pinpoint one's own trouble spots
4. Avoid negative self-talk; it perpetuates stress
5. Take-home assignments, include stress diaries

The Management of Stress: A Stress Management Program

College Example: Second Stage of CSN
Involves Skill Acquisition and Practice

6. Skills acquisition includes cognitive-behavioral techniques, time management, behavioral regulation, diet, exercise
7. Setting new goals that are specific
8. Encouraging positive self-talk
9. Other cognitive-behavioral techniques

The Management of Stress: Relaxation Training

- Designed to reduce arousal
 - thus affecting the physiological experience of stress
- CSN Example
 - Learning to breathe deeply when the stress of college catches up with students

progressive
muscle relaxation

guided imagery

meditation

yoga

hypnosis

The Management of Stress: Supplementary Skills

- Time management
 - Setting specific work goals for the day
 - Establishing priorities, avoiding time wasters
 - Learning what to ignore
- Good Health Habits
 - Appropriate eating habits
 - Good exercise habits
- Social skills
 - Assertiveness in social situations
 - Using social support

The Management of Stress: Supplementary Skills

- Assertiveness training
 - Example from CSN program
 - How to deal with *stress carriers*
Individuals who create stress for others without necessarily increasing their own levels of stress

My roommate constantly brags about how great she is doing in the class we are taking together

Let's practice how you can confront her tactfully
