CHAPTER 12: STRESS, ADJUSTMENT, AND HEALTH DIFFERENCES

This chapter continues the section on “applications to individual differences,” which shows how the theory and research of the eight basic perspectives can be applied to fascinating and important issues in science and society. In particular, Chapter 12 focuses on healthy and unhealthy personalities, a popular topic of interest to students.

Is it true worriers get headaches, and repressed women get breast cancer? Are there cancer-prone personalities and coronary-prone personalities? Are there self-healing personalities who manage to live a long and healthy life? This chapter examines the relations among personality, stress, adjustment, and health. By considering personality in an applied sphere like health, we are following the advice of Kurt Lewin, Gordon Allport, Sigmund Freud, Carl Rogers, and other great theorists: that the individual is best understood when studied in a real-world social context.

Possible Lecture Outline

1. Disease-prone personalities: How is personality linked to health?
   1. Psychosomatic medicine: treatment based on the idea that the mind affects the body—mental health directly affects physical health
      1. Regards physical and mental health as “two sides” of the same coin
      2. Grew out of the theories of Freud
   2. Health behaviors: What we do may promote disease.
      1. Those with emotional regulation problems might be more likely to smoke, drink, etc. in order to change physiological state and mood.
      2. Social factors may influence some individuals to engage in unhealthy behaviors.
      3. Certain personality types may be likely to seek out certain types of behaviors.
         1. Zuckerman’s sensation seeking
         2. Farley’s Type T: Thrill-seeking
   3. Social-cognitive factors: The sick role: Some people respond to stress by entering the sick role.
      1. Sick role: societal expectations about how to behave when you’re not healthy
      2. There are various rewards associated with the sick role (sympathy, paid work leave, etc.).
      3. Symptom perceptions are affected by attitudinal and attentional factors and thereby influenced by moods.
   4. Disease-caused personality changes (somatopsychic effects): genetic conditions and organic diseases can influence behaviors, moods, and personality.
2. Diathesis-Stress Model of Disease
   1. The idea that individuals have predispositions to various diseases or disorders, but that until the person undergoes stress, the disease/disorder will not occur: in the presence of stress, it is this “weak link” that will give way.
   2. Lown has created a model which attempts to explain important factors in sudden cardiac death; it includes:
      1. Electrical instability
      2. Pervasive emotional state
      3. Triggering event
   3. Several studies have linked personality and health, but in complex ways.
3. Personality disorders
   1. Paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive personality disorders
      1. Borderline personality disorder is the term often applied to people with serious problems of impulsive, self-destructive behavior, fragile self-identity, and stormy relationships.
      2. Personality disorders include ongoing patterns of behavior that impair the person’s functioning and well-being.
4. Coronary-Proneness
   1. Rosenman and Friedman’s Type A Behavior Pattern describes a pattern of hostility, hurriedness, and tension; it was theorized that this would arouse the sympathetic nervous system and cause heart damage.
      1. Research has shown that hostility and “struggle” are indeed harmful to health.
   2. Seligman's “learned helplessness” describes the situation in which someone learns that he or she cannot control his or her environment and so stops trying; this learned helplessness has also been shown to be related to health and longevity (although not just to heart problems).
      1. Meta-analysis: a research technique that combines the results of many studies
      2. Disease-prone personality: personality characteristics associated with an increased likelihood of becoming ill
5. The Termites: these individuals have been studied since the 1920s—first by Lewis Terman, later by others.
   1. It was found that children who were more “conscientious” lived longer lives; they smoked and drank less and were less likely to have accidents, but this didn't completely explain the effect.
   2. Sociability, which is generally viewed as a healthy characteristic, was not related to better physical health outcomes or longevity.
   3. Children who were more “cheerful” died sooner; they smoked and drank more and took more risks, but this only partially explained the effect.
   4. The experience of parental divorce was found to predict earlier mortality; these individuals were more likely to have their own marriages end in divorce, but this did not completely explain the relationship.
   5. It was also found that males who experienced mental health problems or difficulties in adjustment were at an increased risk for early mortality.
   6. These findings from the Terman archives provide an exciting window into the interrelationship of personality and health. They also illustrate the complexity of such research—there are no simple explanations for the personality-health relationship.
6. Blaming the Victim
   1. The unfairness of placing too much responsibility on individuals for their illnesses
      1. It is psychologically appealing (reassuring) to assume you are different from those who are ill, so you will be protected from illness yourselves.
      2. People want to believe in a predictable (cause and effect) world.
   2. On the other hand, people must take personal responsibility for their own health (instead of developing learned helplessness).
7. Self-Healing Personalities
   1. Maddi and Kobasa’s “hardiness” includes:
      1. Sense of being in control
      2. Commitment to life and work, or something important and meaningful
      3. Responding to life with excitement and energy, regarding challenges in a positive way
   2. Rotter’s “Locus of Control” (feeling a sense of power in one’s environment) and trust
   3. There are two broad types of healthy personalities:
      1. The “active” healthy personality: functions optimally in a somewhat stressful environment; outgoing and spontaneous
      2. The “relaxed” healthy personality: functions optimally in a low-stress environment; calm and philosophical
      3. The match between a person’s basic style and the environment is important.
8. The Influence of Existential/Humanistic Psychology on Our Understanding of Self-Healing
   1. Personality researchers have drawn from humanism and existentialism because they focus on positive human functioning.
   2. Studying seriously ill persons, terminally ill persons, and survivors of terrible events provides a window into what makes one healthy, happy, and able to gain a sense of fulfillment in life.
      1. Identity, Morality, and Purpose
         1. Remember Frankl’s experiences in Nazi concentration camps
         2. There is increasing evidence that individuals with a personality that seeks a sense of meaning or purpose in life, and engages fully in life, have better mental and physical health.
      2. Antonovsky’s “Sense of Coherence” describes one’s ability to find meaning in life—to be purposeful—his theories attempt to shift the focus from illness to health.

Classroom Activities, Discussion Topics, and Projects

1. Have the students close their eyes while you take them through a two- to three-minute guided imagery sequence (standing on a ledge atop a skyscraper or cutting and tasting a lemon is usually quite effective). Discuss the relationship between what’s happening mentally and how this has a physiological effect (for instance, some students will feel their hearts racing when you take them to the edge of the “skyscraper,” and some will salivate and pucker when they “taste” the lemon). Talk about individual differences in reactivity and how these might affect the stress-health relationship.

2. Discuss Type A Behavior Pattern as it was originally conceptualized and compare this with current conceptions of the construct. Give a brief description of Type B and Type C (sometimes called Type D) behavior patterns, as they are not specifically covered in this chapter. Have students role play the behavior patterns of Type A, Type B, and Type C. Have students identify which pattern best fits with their typical behaviors. Discuss implications for health.

3. Have students complete Zuckerman’s Sensation Seeking Scale [Zuckerman, M., Eysenck, S., & Eysenck, H. J. (1978). Sensation seeking in England and America: Cross-cultural, age, and sex comparisons. *Journal of Consulting and Clinical Psychology*, *46*, 139–149]. Discuss the concept of sensation seeking and its implications for health.

4. Discuss with the class the just world hypothesis (i.e., good things happen to good people and bad things happen to bad people; we have a need to feel that the world is fair) and the idea of blaming the victim. Describe several individuals and ask the class whether they “deserve” to experience disease. For example, does a prostitute deserve to contract a sexually transmitted disease (e.g., AIDS)? Does a doctor giving a patient a blood transfusion deserve to contract HIV? Why or why not? What are the implications for treatment when we believe that an individual deserves to be ill?

5. Have the class think about differences between “good stress” and “bad stress.” How can we pinpoint the difference between being challenged (good stress) and feeling overwhelmed (bad stress)? Is it always healthy to be relaxed and not experiencing stress? Why do some people seem to enjoy boredom while others do not?

6. Have the class take an inventory designed to assess Type A personality (several are available on the Web; see the Web links for this textbook). What differentiates Type A from other types of students? Is there such thing as a “healthy Type A” personality?

7. If society were to promote the self-healing personality (as the “Sharpen Your Thinking” box in this chapter describes), how might that benefit or harm different groups of people? Ask students to list groups (ethnic groups, occupational groups, social-class groups, geographical groups, etc.) who might be helped or harmed by an increased emphasis on self-healing as a desirable characteristic. Then have the students suggest ways that any negative effects could be reduced—or positive effects enhanced.

Recommended Outside Readings

Friedman, H. S. (1991). *The self-healing personality: Why some people achieve health and others succumb to illness*. New York: Henry Holt.

Friedman, H. S., & Booth-Kewley, S. (1987). The “disease-prone personality”: A meta-analytic view of the construct. *American Psychologist*, *42*, 539–555.

Friedman, H. S., Tucker, J. S., Schwartz, J. E., Tomlinson-Keasey, C., Martin, L. R., Wingard, D. L., & Criqui, M. H. (1995). Psychosocial and behavioral predictors of longevity: The aging and death of the “Termites.” *American Psychologist*, *50*, 69–78.

Friedman, H. S., Tucker, J. S., Tomlinson-Keasey, C., Schwartz, J. E., Wingard, D. L., & Criqui, M. H. (1993). Does childhood personality predict longevity? *Journal of Personality and Social Psychology*, *65*, 176–185.

Hampson, S. E., & Friedman, H. S. (2008). Personality and Health: A Lifespan Perspective. In O. P. John, R. W. Robins, & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (3rd ed.). New York: Guilford Press.

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, *37*, 1–11.

Payer, L. (1996). *Medicine and culture: Varieties of treatment in the United States, England, West Germany, and France*. New York: Henry Holt.

Pennebaker, J. W. (1990). *Opening up: The healing power of confiding in others*. New York: William Morrow.

Films / Videos

*Discovering Psychology: Health, Mind, and Behavior*. (1990). 30 minutes. <http://www.learner.org/series/discoveringpsychology/23/e23expand.html>. Libraries holding this title can be found at <http://www.worldcat.org/oclc/173818363>. This video takes a look at the biopsychosocial model and compares it to the traditional medical model.

*Getting a Handle on Stress*. (1988). 26 minutes. Libraries holding this title can be found at <http://www.worldcat.org/oclc/21179727>. Looks at a stress evaluation (determining a person’s reactivity). Explains effects of stress and stress management.

*The Mind: Pain and Healing*. (1990). 60 minutes. Annenberg/CPB Multimedia Collection. Libraries holding this title can be found at <http://www.worldcat.org/oclc/795241664>. Looks at the mind’s role in pain and healing.

*On the Edge: The Nature of Risk*. (2005). 48 minutes. <http://www.films.com/ecTitleDetail.aspx?TitleID=6511&r>. Libraries holding this title can be found at <http://www.worldcat.org/oclc/59226516>. This program presents a variety of explanations for thrill-seeking behavior. Features Marvin Zuckerman.

*The Psychobiology of Stress*. (1988). 10 minutes. Libraries holding this title can be found at <http://www.worldcat.org/oclc/903604908>. Looks at brain controls on stress response via hormones, etc.

*Stress, Health, and Coping*. (2001). 30 minutes. Insight Media: 800-233-9910; [www.insight-media.com](http://www.insight-media.com). A description of the biopsychosocial model (BPS) of health psychology. It explains how life changes, daily hassles, and social conditions contribute to stress; explains the conflict theory of stress; looks at the stages of general adaptation syndrome; and presents techniques for coping with stress.