CHAPTER FIFTEEN: Health, Stress, and Coping

Study Guide

Learning Objectives

- Describe Selye's stages of stress response and compare his theory to current theories.
- Describe the functioning of the immune system.
- Summarize the aims of psychoneuroimmunology and health psychology.
- Discuss the relationship between emotions and illness.
- Compare optimistic and pessimistic explanatory styles and describe their relationship to illness and coping with stress.
- Define locus of control and explain its relationship with health and well-being.
- Distinguish between primary and secondary control and explain how culture influences their use.
- List and explain the major methods of coping with stress.
- Discuss the relationship between social networks and health and well-being.
- Discuss to what degree we have control over our health.

CHAPTER 15 SUMMARY

This chapter examines the effects of stress on our lives. Hans Selye began the modern era of stress research and identified a stress response cycle. This cycle includes an alarm phase, a resistance phase, and an exhaustion phase. Health psychologists study the relationship between psychological factors and health. Stress is no longer considered a purely biological condition that leads directly to illness, but rather an interaction between aspects of the individual and aspects of the environment. The area of psycho-neuroimmunology examines the relationship among psychological processes, the nervous and endocrine systems, and the immune system. The current view of the relationship between stress and illness considers aspects of the external stressor, characteristics of the individual, emotional style of the individual and perceived coping abilities. Several coping methods are reviewed, including reducing bodily arousal, solving the problem, thinking about the problem differently, and drawing on social support. Finally, the chapter examines the extent to which we can control our health.

I. THE NATURE OF STRESS

A. Definitions

1. Stress - refers to recurring conflicts, traumatic experience, continuing pressures that seem uncontrollable, and small irritations

    a. Stressors - environmental factors that throw the body out of balance
    b. Health psychology studies the sources of wellness and illness to learn why some people succumb to stress and disease and others do not

B. The stress-illness mystery - The following may threaten health:

1. Noise
2. Bereavement and loss (e.g., through divorce or death)
3. Work-related problems
4. Poverty and powerlessness - related to health care, diet, continuous environmental stressors (crime, discrimination, housing)

C. The physiology of stress

1. Hans Selye's General Adaptation Syndrome

    a. Alarm phase - the body mobilizes to meet threat
    b. Resistance phase - resists or copes with a stressor which makes the body more susceptible to *other* stressors
    c. Exhaustion phase - occurs if the stressor persists; body's resources are depleted and vulnerability to illness increases

II. THE PSYCHOLOGY OF STRESS

A. Emotions and illness

1. Evidence that negative emotions affect the course of illness once a person has a medical condition; less clear whether negative emotions cause illness Hostility and heart disease

    a. Early research on the Type A pattern as risk factor for heart disease
    b. Cynical or antagonistic hostility found to be related to heart disease
    c. Depression may be a risk factor for heart disease and other diseases, but the evidence is somewhat contradictory

B. Emotional inhibition

1. Trying to avoid bothersome thoughts has the opposite effect

a. Suppressors (those who deny feelings of anxiety, anger, or fear) have the trait of emotional inhibition and are at greater risk of becoming ill than those who acknowledge their fears

C. Letting grievances go

1. "Confessing" worries and fears can reduce chance of illness if it produces insight and understanding

2. Feeling positive emotions is associated with longevity

D. Explanatory styles (optimism, pessimism, or defensive pessimism)

1. Pessimistic style associated lower achievement, illness, slower recovery from trauma, self-destructive behavior

2. Optimistic style associated with "positive illusions" (not denial), active problem solving, persistence, better health habits

E. The sense of control

1. Locus of control - your expectation of whether you can control the things that happen to you

a. Internal locus of control - those who believe they are responsible for what happens to them

b. External locus of control - those who believe they are victims of circumstances

2. Some stress is positive; but it is important to minimize its negative effects

F. Current approaches - "fight or flight" response initiates activity along the HP A axis for increased energy; long-term activation can be harmful

G. The mind-body link

1. Researchers study mechanisms that link mind and body; interdisciplinary specialty is called psychoneuroimmunology (PNI)

a. PNI researchers study psychological factors that influence the immune system (e.g., feeling crowded) as well as the white blood cells of the immune system (which recognize foreign substances and destroy or deactivate them)

III. COPING WITH STRESS

A. Coping - what people do to control, tolerate, or reduce the effects of stressors

B. Cooling off - techniques that reduce bodily arousal have a variety of benefits, such as relaxation, massage and "contact comfort," and exercise

C. Solving the problem

1. Emotion-focused coping - giving in to emotions right after tragedy
2. Problem-focused coping - learning information about how to cope

D. Rethinking the problem

1. Reappraising the situation - thinking about a problem differently which changes a person's emotional response
2. Learning from experience - finding benefit from a bad experience
3. Making social comparisons - comparing self to others less fortunate
4. Cultivating a sense of humor - can help with sense of control

E. Drawing on social support

1. Studies show positive effects of friends on health and longevity
2. Friends can be source of stress when there is arguing and hostility
3. Healing through helping - there are benefits associated with giving support

F. The benefits of control

1. Difficult events more tolerable if more predictable or controllable
2. Feeling in control reduces chronic pain, improves adjustment to surgery and illness, speeds up recovery from diseases

G. The limits of control

1. Trying to control the uncontrollable or blaming control are problems
2. Ideas about control are influenced by culture: primary control (modify situation) vs. secondary control (modify desires)
3. Goal is to avoid guilt and self-blame while retaining self-efficacy

IV. HOW MUCH CONTROL DO WE HAVE OVER OUR HEALTH?

A. Relationship between stress and illness - is not direct

1. Many factors influence outcome, such as personality traits, biological vulnerabilities, emotional inhibition, explanatory styles, coping strategies
2. Behavior (smoking, diet, exercise) has a strong influence on health
3. A void oversimplification or emotional reasoning about health

CHAPTER SIXTEEN: Psychological Disorders

Study Guide

Learning Objectives

- Describe three perspectives on mental disorders and distinguish mental disorder from abnormal behavior and from the legal definition of insanity.
- Describe the five axes of the Diagnostic and Statistical Manual of Mental Disorders (DSM) on which clinicians can evaluate a person.
- Summarize the positions supporting and criticizing the DSM.
- List and describe the principle characteristics of the anxiety disorders.
- Distinguish between major depression and bipolar disorder.
- Explain the various theories that attempt to account for depression.
- List the general features of personality disorders and three specific personality disorders.
- Describe the features of antisocial personality disorder and theories explaining the causes.
- List and discuss the characteristics of dissociative identity disorder.
- Describe the current controversy about the validity and nature of dissociative identity disorder (multiple personality disorder).
- List the signs of substance abuse.
- Distinguish between the biological and the learning models of addiction.
- List the components that interact to influence addiction and abuse.
- Describe the symptoms of schizophrenia.
- Discuss the four areas that researchers are investigating to understand schizophrenia.

CHAPTER 16 SUMMARY

This chapter discusses mental disorders and distinguishes abnormal behavior from mental disorders. The issues and difficulties involved in developing a reliable and valid diagnostic system are also discussed. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is the manual that contains descriptions of all diagnostic categories of mental disorders, is reviewed. Some of the problems with this diagnostic system are described. Six general categories of disorders are reviewed. They consist of anxiety disorders (e.g., PTSD, phobias), mood disorders (e.g., depression, bipolar disorder), personality disorders (e.g., narcissistic personality disorder, antisocial personality disorder), addictions, dissociative disorders (e.g., amnesia, dissociative identity disorder), and schizophrenia. The text describes symptoms, predisposing factors and theories of causation for specific mental disorders under each broad disorder category.

I. DILEMMAS OF DIAGNOSIS

A. Defining mental disorders - abnormal behavior is not the same as mental disorder

1. Legal definition - awareness of the consequences of one's actions
2. Violation of cultural standards - depends on the culture and time
3. Maladaptive or harmful behavior
4. Emotional distress

B. Definition - any behavior or emotional state that causes an individual great or worry; is self-defeating or self-destructive; or is maladaptive and disrupts the person's relationships or the larger community

C. Diagnosis: art or science?

1. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) standard reference used to diagnose disorders; primary aim is descriptive

a. Lists symptoms and associated information for each disorder
b. Classifies each disorder according to five axes or dimensions:

(1) Primary clinical problem
(2) Ingrained aspects of the individual's personality
(3) Medical conditions relevant to the disorder
(4) Social and environmental problems
(5) Global assessment of the patient's overall functioning

D. Problems with the DSM - danger of overdiagnosis, power of diagnostic labels, confusion of serious mental disorders with normal problems, the illusion of objectivity - beliefs about what is "normal" can change

E. Benefits of the DSM - new studies are improving empirical support for its categories, improves accuracy of diagnosis, biases in certain diagnosis can be corrected with awareness and better research

F. Dilemmas of measurement

1. Projective tests are used to infer a person's motives and conflicts based on interpretation of ambiguous stimuli (e.g., Rorschach Inkblot Test)

2. Objective tests - standardized questionnaires requiring written responses (e.g., MMPI-2)

II. ANXIETY DISORDERS

A. Anxiety and panic

1. Generalized anxiety disorder
   a. Characteristics - continuous and uncontrollable anxiety, feelings of dread, restlessness, difficulty concentrating, sleep disturbance

   b. May occur without specific anxiety-producing event, but may be related to physiological tendency to experience anxiety

2. Posttraumatic stress disorder (PTSD) - anxiety results from uncontrollable and unpredictable danger such as rape, war, torture, or natural disasters

   a. Symptoms include reliving the trauma, "psychic numbing," increased arousal, inability to feel happy, detachment from others
   b. Associated with damage to hippocampus

3. Panic disorder - recurring attacks of intense fear or panic

   a. Symptoms include trembling, dizziness, heart palpitations, feelings of unreality, fear of dying, going crazy, or losing control
   b. Difference between those who develop panic disorder and those who don't is how they interpret bodily reactions

B. Fears and phobias - exaggerated fear of a specific situation, activity, etc.

1. Some may have evolutionary basis

2. Social phobia - fear of being observed by others

3. Agoraphobia - fear of being alone in a public place from which escape might be difficult or help unavailable

C. Obsessions and compulsions

1. Obsessions - recurrent, persistent, unwished-for thoughts that are frightening or repugnant

D. Compulsions - repetitive, ritualized behaviors over which people feel a lack of control (e.g., handwashing, counting, checking)

1. Most sufferers know the behavior is senseless and don't enjoy it
PET scans find parts of the brain are hyperactive in people with OCD

III. MOOD DISORDERS

A. Depression - emotional, behavioral, cognitive, physical changes; more common in women than men

B. Bipolar disorder - depression alternates with mania, an abnormally high state of exhilaration, where person is full of energy, ambition, self-esteem

C. Theories of depression

1. Biological explanations emphasize genetics, brain chemistry (deficiencies in serotonin and norepinephrine) and shrinkage of some brain structures

2. Life experiences explanations emphasize stressful circumstances of people's lives; may explain gender differences in depression rates

3. Problems with close relationships (e.g., separations and losses)

4. Cognitive explanations emphasize habits of thinking and interpreting events - depressed people have a pessimistic explanatory style

5. Vulnerability-stress explanations draw on all four previous explanations as an interaction between individual vulnerability and environmental stress

IV. PERSONALITY DISORDERS

A. Definition - rigid, maladaptive traits that cause great distress or inability to get along with others

B. Problem personalities

1. Narcissistic personality disorder - exaggerated sense of self-importance
2. Borderline personality disorder - intense but unstable relationships, fear of abandonment, unrealistic self-image, emotional volatility

C. Antisocial personality disorder

1. Individuals who lack a connection to anyone so they can cheat, con, and skill without any problem; used to be called psychopaths or sociopaths

2. Symptoms include - repeated law-breaking, deception, acting impulsively, fighting, disregarding safety, lacking remorse

3. Often begin with problem behaviors in childhood; more common in males

4. Causes of APD

   a. CNS abnormalities - inability to feel emotional arousal
   b. Genetically influenced problems with impulse control
   c. Brain damage from physical abuse or neglect

V. DRUG ABUSE AND ADDICTION

A. DSM definition of substance abuse - maladaptive pattern of substance use leading to clinically significant impairment or distress

B. Biology and addiction - addiction is a biochemical process influenced by genes

1. Biological model - addiction due to biochemistry, metabolism and genetics

2. Genetic factors may cause high levels of dopamine production

3. Causal relationship also works the other way: heavy drinking reduces endorphins, shrinks cortex, damages liver

VI. DISSOCIATIVE DISORDERS

A. Definition - disorders in which consciousness, behavior and identity are split off

B. Psychogenic amnesia - inability to remember important personal information, usually of a traumatic nature, that cannot be explained by ordinary forgetfulness

C. Dissociative identity disorder ("multiple personality")

1. The appearance of two or more distinct identities within one person

2. The MPD controversy - two views among mental health professionals

   a. A real disorder, common but often under-diagnosed; usually develops in childhood as a response to repeated trauma

3. A creation of mental health clinicians who believe in it - pressure and suggestion by clinicians elicit additional personalities

4. The sociocognitive explanation - an extreme form of a normal ability to present different aspects of our personalities to others

VII. SCHIZOPHRENIA

A. Schizophrenia - a psychosis or condition involving distorted perceptions of reality and an inability to function in most aspects of life

B. Symptoms of schizophrenia

1. Active or positive symptoms - distortions of normal thinking and behavior

   a. Bizarre delusions - false beliefs
   b. Hallucinations - usually auditory - seem intensely real
   c. Disorganized, incoherent speech - illogical jumble of ideas
   d. Grossly disorganized and inappropriate behavior

2. Negative symptoms - loss of former abilities

   a. Loss of motivation - inability to pursue goals
   b. Poverty of speech - empty replies reflecting diminished thought
   c. Emotional flatness - general unresponsiveness

C. Theories of schizophrenia - many variations and symptoms

1. Genetic predispositions exist though no specific genes identified
2. Structural brain abnormalities (enlarged ventricles, smaller hippocampus)
3. Neurotransmitter abnormalities (e.g., high activity in dopamine areas)
4. Prenatal problems possibly related to malnutrition or a virus

D. Learning, culture, and addiction. challenges the biological model

1. Addiction patterns vary with cultural practices and social environment
2. Policies of total abstinence tend to increase rates of addiction
3. Not all addicts go through withdrawal symptoms when they stop the drug
4. Addiction depends on the drug AND the reason the person is taking it

E. Debating the causes of addiction

1. Biological and learning models contribute to our understanding
2. Theoretical differences have treatment implications
3. Most heated disagreement is about controlled drinking; research finds that many people can switch to moderate drinking under certain conditions