**Health Psychology**

**March 17, 2015 Class Notes**

**As written by Cynthia Parvinn**

**Updates**

* LiveWell assignment #2: Stress Management 🡪 due 3/19/15
* Post Guest Lecturer Question on OpenLab 🡪 due 3/20/15
* Quiz on Chapter 7: Stress & Coping on Blackboard 🡪 due 3/24/15
* “I’m Positive” Paper 🡪 due 3/26/15
	+ 2-3 page paper, double spaced, 12 point font
	+ Play game and answer 6 questions
* Race Paper 🡪 due 4/14/15
	+ Rubric posted under Professor’s Notes on OpenLab

**Chapter 7: Stress and Coping**

(Section 2-3 from textbook, Section 1 will be covered on 3/19/15)

Will Discuss:

* Sources of Stress
* Types of Stress
* Coping

**What Causes Stress?**

* Everything (dependent on person)
* Stress = subjective experience
	+ People will agree/disagree on what is stressful
	+ Appraisal – will be discussed next class
* What are current Stressors?
	+ Money/Finances
	+ Commute/Traffic
	+ School
* Two – Way Street:
	+ Stress 🡨 🡪 (Chronic/Acute) Illness
	+ The two works reversibly
	+ Acute vs. Chronic Illness
		- Acute illness = gets really bad 🡪 goes back to normal (common cold)
		- Chronic illness = HIV/Diabetes/High Blood Pressure
			* Must deal with illness for the rest of one’s life
* Stressed spelled backwards is “Desserts”

**Different Types of Stress**

* Daily Life Hassles
	+ Elevators not working 🡪 being late to class/meeting
	+ Metro card needing to be refilled 🡪 missing train
* Good Stress (focus) vs. Bad Stress (fear)
	+ Good Stress 🡪 ex: writing a paper
		- Forces one to focus
		- Has long-term advantages
		- Makes one stronger for later
	+ Bad Stress (fear) 🡪 ex: stranger following in dark alley
		- Evokes feelings of being afraid, threatened, intimidated
* Microaggressions
	+ Small things that build up
	+ If a person was born with a backpack, and for every stressor if a grain was added, the backpack would be very heavy at age 18
* Catastrophic Events & PTSD
	+ Loosely related to high rick health behaviors
		- Catastrophic event = victims of crime/violence
			* Loosing a house in a hurricane
		- PTSD (syndrome)
			* Same emotional/physical emotions come back/ re-lived
			* Usually experienced by:
				+ War Veterans
				+ Rape Victims
				+ Survivors of Domestic Abuse
		- This group of people are more likely to engage in high risk behaviors as a form of coping
	+ Comorbidity – meaning and relevance
		- Comorbidity = two diseases existing at the same time
		- Strong correlation w/ gastric and cardiac dysfunction/diseases

\*\*Stress (defined) – the body’s physical and emotional response to stimulation

**Microaggressions & Daily Hassles**

* See .ppt slide
	+ Microaggression: theme 🡪 question/statement/action 🡪 idea perceived
		- Theme: Alien in own land
			* Statement: “You speak good English”
			* Perceived message: “You are a foreigner”
		- Theme: Ascription of Intelligence
			* Statement: “You are a credit to your race”
			* Perceived message: People of color are not as intelligent as whites
		- Theme: Color Blindness
			* Statement: “America = melting pot”
			* Perceived message: “Denying person’s racial/ethnic experience”
		- Theme: Criminality (assumption of criminal status)
			* Action: Store owner following customer around store
			* Perceived message: “Was it just me, or was it race?”
* Daily Hassles Scale (see .ppt slide)

**Biopsychosocial, Individual, & Environmental Sources of Stress**

**Biopsychosocial**

* Diathesis – Stress Model of Disease
	+ Some humans have specific gene composition that codes for certain diseases. These genes are activated by a particular event, or series of events to result in its respective disease. However, if a person never experiences the certain events that are needed to activate those specific genes, they will never develop the disease.
	+ Examples: Schizophrenia, depression, alcoholism

**Individual**

* Personality Type – How stress imbeds itself in your body
	+ Type A:
		- Overachievers,
		- Competitive
		- Leaders/CEOS
		- Strongly opinionated
		- Assertive
		- “High-strung”
		- Aggressive
		- OCD
		- Perfectionists
	+ Type D:
		- Pessimistic
		- Eyore from Winnie the Pooh
	+ Type D personalities are more prone to cardiac disease and heart problems

**Environmental**

* Psychosocial Events
	+ Responsibilities that comes with age 🡪 *“Shit gets real”*
		- Illness/ death of loved ones
		- Suicide
		- Poverty
		- Workplace responsibilities

**COPING: Cognitive Coping**

* Coping = what we do (our response) in presence of stress
* Cognitive Coping = thinking pattern in the presence of stress
	+ Engagement: obtain information
		- Do research, ask questions, seek professional advice
	+ Disengagement: minimize discomfort
		- Ignore the situation, do things to get the problem out of mind
		- Ex: Listen to music, go for a run
	+ Engagement & Disengagement can describe cognitive & behavioral coping
* Two types of Cognitive Coping
	+ Problem-focused
		- Dealing with the problem, researching, (see Engagment)
	+ Emotion-focused
		- Seeking comfort
		- Share feelings with others that can relate to situation
		- Attention seeking – “just feel bad for me!”
		- Acknowledgement

**Coping: Behavioral Coping**

* Exercise 🡨🡪 Stress (works interchangeably)
	+ Exercising to reduce stress: boxing to “blow off steam”
	+ Preparative: yoga/ meditation/ mindfulness
		- Zen mindset to tackle all problems that may arise
* Music (interesting)
	+ Greater psysiological effect
	+ Music + emotion (elevator music)
	+ Music is strongly tied to memory
	+ Healing factor (when it reminds of “happy times”**)**
	+ Playing an instrument/music is also stress relief
* Humor
	+ Laughing
* Social Support
	+ Someone you want to talk to
	+ Someone that can do a specific thing for you
* Spirituality/ Religion/ Traditions
	+ Spirituality: the way you think about the world
		- Meditation: the world is bigger than you
	+ Religion: bible, temple, church, Sunday mass
	+ Traditions: voodoo dolls, warm cup of tea at night

**Stress can Lead to High Risk Behavior**

Form of behavioral coping 🡪 POOR behavioral coping

* Stress and eating
	+ Over eating vs. no appetite
* Stress and sleep deprivation
	+ Lack of sleep 🡪 pulling an all nighter
	+ Don’t do this! Force yourself to stop and sleep
		- Will result in more productive hours the day after
	+ Sexual Behaviors (escape)
		- Promiscuity, multiple sex partners
	+ Substance abuse (escape)
		- Smoking, drinking, drug use

**Positivity & Stress**

* Stress can be positive (focus)
* Positive attitude can reduce perceptions of stress
	+ Yogi gets cut off on the road whilst driving
		- Response: “go ahead, you must be in a hurry, hope all is okay”
	+ Person who does not practice meditation/ mindfulness/ self-awareness
		- Gets cut of on the road whilst driving
		- Response: road rage, cursing, possible finger out the window
* More positivity than stress = form of illness prevention
* LiveWell!

**See Link at the end of .ppt for following:**

**Patient Voices: AIDS & HIV**

* Video watched in class
* What is it like to live with AIDS today

 An Uncomfortable Silence: **Robin Grinstead**, age 50

* + Stressors: alone, no support, embarrassed of old ways of thinking
		- Used to say “people w/ HIV should be quarantined to an island”
	+ Coping: finding joy in little things, faith (Jesus loves her)

 Denial Gives Way to Action: **Kali Lindsey**, age 28

* + Stressors: Lifestyle, isolation, being judged, stigma of HIV/AIDS
	+ Coping: New Job (NAPWA), dog, becoming an advocate