**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