

Chapter 11

Psychology, Stress, and Physical Health

Outline

- I. Stressors: The Causes of Stress
 - A. **Stress** is defined as a complex set of reactions to real or perceived threats to one's well being that motivates adaptation.
 - B. The sources or stimuli for stress are called **stressors**.
- II. Frustration-Induced Stress
 - A. Frustration-induced stress results from the blocking or thwarting of goal-directed behavior.
 - 1. *Environmental* or *social frustration* refers to blocking of goal-directed behavior by something or somebody in the environment.
 - 2. Personal frustration results from internal or personal reasons.
 - B. Fault and blame are not relevant here.
- III. Conflict-Induced Stress
 - A. A **conflict** is a stressor in which some goals can be satisfied only at the expense of others.
 - B. There are four major types of motivational conflicts.
 - 1. *Approach-approach* conflicts result when a person is caught between two or more alternatives, each of which is positive or potentially reinforcing.
 - 2. With *avoidance-avoidance* conflicts, a person is faced with several alternatives, each of which is negative or punishing in some way.
 - 3. In *approach-avoidance* conflicts, there is only one goal a person would like to reach, but at the same time, would like to avoid.
 - 4. *Multiple approach-avoidance* conflicts result when a person is faced with a number of alternatives, each of which is in some way both positive and negative.
- IV. Life-Induced Stress
 - A. In 1967, Holmes and Rahe published the first version of their *Social Readjustment Rating Scale (SRRS)*.
 - 1. The scale provides a list of life events that might be potentially stressful.
 - 2. There is a positive correlation between scores on the SRRS and incidence of physical illness and disease.
 - B. While stress may predispose a person to physical illness, the scale does not demonstrate cause and effect outcomes.
- V. Socioeconomic Status or SES
 - A. **Socioeconomic status (SES)** is a measure that reflects income, educational level, and occupation.
 - B. SES is related to stress in at least two ways.
 - 1. Persons of higher socioeconomic status are less likely than persons of low SES to encounter negative life events such as unemployment, poor housing, and less access to quality health care.
 - 2. Persons of low SES have fewer resources to deal with stressful life events when they do occur.
 - C. Richard Lazarus believes that stress is a result of life's little hassles.

1. Lazarus and his colleagues designed the Hassles Scale.
 2. This scale is a better predictor of symptoms such as anxiety and depression than the SRRS.
- D. *The Comprehensive Scale of Stress Assessment* can be used with teens.
- E. Stressors can be pleasant and desired, even though they may bring other hassles.

VI. Reacting to the Stressors in Our Lives

- A. Stress is a reaction to stressors.
- B. It motivates people to do something about the perceived threats to one's well-being.

VII. Individual Differences in Responding to Stressors

- A. There are individual differences in how people respond to stressors.
- B. People who seem generally resistant to the negative aspects of stress have been labeled as having *hardy personalities*.
- C. Hardiness is related to the following three factors.
 1. Challenge
 2. Control
 3. Commitment
- D. Some researchers argue that there are sex differences in reacting to stress.
 1. Males are likely to show a "flight-or-flight" reaction.
 2. Females tend to exhibit "tend-and-befriend" reactions.
- D. Some responses to stress are more effective or adaptive than others.

VIII. Seyle's GENERAL ADAPTATION SYNDROME

- A. The **general adaptation syndrome** or GAS refers to the physiological reactions one makes to stressors.
 1. The first response to the perception of a stressor is *alarm*, which activates the sympathetic division of the ANS.
 2. The second stage is *resistance*, where the drain on body resources continues.
 3. The third stage is *exhaustion*, when bodily resources become nearly depleted.
- B. Repeated exposure to stressors has cumulative effects.

IX. Effective Strategies for Coping with Stressors

- A. There are several strategies to consider, including:
 1. Identify the stressor.
 2. Remove or negate the stressor.
 3. Reappraise the situation.
 4. Inoculate against future stressors.
 5. Take your time with important decisions.
 6. Learn techniques of relaxation.
 7. Engage in physical exercise.
 8. Seek social support.
- B. Whereas the five of the above may be thought of as *problem-focused* strategies, others deal more with the unpleasantness of experiencing stress, and are called *emotion-focused* strategies.

X. Ineffective Strategies for Coping with Stressors

- A. Procrastination is a form of fixation—simply not doing something to remove the stressor.
- B. Aggression is a maladaptive reaction to stressors.
 1. The **frustration-aggression hypothesis** claimed that aggression was always caused by frustration.
 2. It is now realized that there are other sources of aggression.
- C. Anxiety is a general feeling of tension, apprehension, and dread that involves predictable physiological changes.
- D. The anxiety that results from stress can become so discomforting and maladaptive to lead a psychologist to say that a person is suffering from a psychological disorder.

XI. Psychological Factors that Influence Physical Health

- A. Health psychology is the field of applied psychology that studies psychological factors affecting physical health and illness.
 - 1. It may be that simply changing some “unhealthy behaviors” would be more effective and less expensive than treating illness or disease.
 - 2. Noting that biological factors (such as genetic predispositions) and psychological factors (such as a person’s reactivity to stressors) and social factors (such as the influence of family, social support, or one’s cultural expectations) all may interact to produce certain illnesses or diseases is called the **biopsychosocial model**.
- B. There is a positive correlation between some personality variables and some aspects of physical health.
- C. The **Type A behavior pattern (TABP)** originally was defined as describing a person who was competitive, achievement-oriented, impatient, easily aroused, often hostile and angry, who worked at many tasks at the same time.
 - 1. For nearly 20 years, many studies found a positive relationship between coronary heart disease (CHD) and behaviors typical of the Type A personality.
 - 2. Subsequent data failed to show a clear relationship between TABP and CHD.
 - 3. There may be a set of behaviors within the Type A behaviors that does predict CHD.
 - 4. It now seems that the active ingredients of TABP related to CHD are anger and hostility.
- D. A person with a **Type B behavior pattern** is described as relaxed and easygoing.
- E. More research is needed on adequately diagnosing TABP and its relationship to CHD.

XII. Why People Die: The Unhealthy Lifestyle

- A. People die for an infinite number of reasons, but many deaths are premature and preventable.
 - 1. Nearly 2.5 million Americans die each year.
 - 2. Although death surely cannot be prevented, many deaths are premature and related to lifestyle choices.
- B. Smoking, poor nutrition, obesity, and stress are behavioral risk factors that contribute to death.
- C. Psychologists use behavioral techniques to promote healthy and safe behaviors.

XIII. SPOTLIGHT: Racial/Ethnic Disparities in Healthcare

- A. There are racial, ethnic, and gender disparities in three areas of healthcare:
 - 1. the incidence of disease and illness
 - 2. the quality of diagnostic and treatment services
 - 3. the availability and/or use of health insurance
- B. The incidence of HIV/AIDS is higher among African Americans than any other ethnic group in the United States.
- C. African Americans are more likely to develop cancer than any other ethnic group.
- D. The rate of prostate cancer among African American males is 60 percent higher than the rate for Caucasian Americans.
- E. African American women have a significantly higher mortality for breast cancer than any other ethnic group.
- F. Asian Americans have a higher life expectancy than do members of any other ethnic group.
- G. Hispanic Americans are least likely than any other group to have health insurance benefits.

XIV. Helping People to Stop Smoking

- A. Cigarette smoking is responsible for over 440,000 deaths each year in the U. S.
- B. Most people who quit permanently do so without any special program of intervention.
- C. Using a nicotine patch in conjunction with therapy can be effective.
- D. Combining psychotherapeutic interventions with antidepressant medications seems promising.
- E. There has been some success with designing programs aimed at getting people to refrain from smoking in the first place.
- F. Increasing the taxes on cigarettes provides a negative incentive.

XV. Sexually Transmitted Diseases (STDs)

- A. **Sexually transmitted diseases (STDs)** are contagious diseases usually passed on through sexual contact.
- B. STDs affect millions of people each year, with 15,000,000 *new cases* reported each year in the United States.
 1. **Chlamydia** is caused by a bacterial infection and is one of the most common STDs in North America.
 2. **Gonorrhea** is a bacterial infection that affects millions of people.
 3. **Syphilis** has four stages, and can lead to death without treatment.
 4. **Genital herpes** is caused by a virus and is a common STD.
 5. The **human immunodeficiency virus**, or **HIV**, causes acquired immune deficiency syndrome, or **AIDS**.
 - a. The United Nations HIV/AIDS office estimates that 42 million people are living with HIV/AIDS worldwide, and that over 5 million *new cases* were diagnosed in 2002 alone.
 - b. There currently is no vaccine to prevent AIDS.
 - c. There is no cure, but some drug combinations can increase the life span and quality of life for those with the infection.
 - d. The only reasonable way to avoid AIDS is through the careful monitoring of one's behaviors.

XVI. Interventions to Decrease to Incidence of AIDS

- A. Successful interventions are multifaceted and involve:
 1. Education.
 2. Changing attitudes.
 3. Increasing motivation to engage in safer sexual practices.
 4. Providing people with negotiating skills.
 5. Targeting people most at risk.
 6. Marketing strategies.
- B. Knowledge of AIDS—in and of itself—is seldom useful in getting people to actually change their behaviors.
 1. Most teenagers simply do not believe that they will contract the HIV.
 2. As a result, most do not use condoms.
- C. AIDS has unprecedented psychological complications.
 1. Stress, depression, anger, anxiety, and denial are common.
 2. Males with AIDS are 7.5 times more likely to commit suicide than men in the general population.
 3. Others (even family members) often shun the AIDS patient.

Practice Test Questions

Multiple Choice

- In what way can we say that stress is like a motivator?
 a. It has a physiological component. c. It arouses and directs behavior.
 b. It feels bad. d. It occurs without awareness.
- A real or perceived threat to one's sense of well-being defines
 a. stress. c. a psychological disorder.
 b. anxiety. d. a stressor.
- The concept of frustration is based on which fundamental assumption?
 a. People are basically good and mean well.
 b. Motivation and emotion both involve a visceral reaction.
 c. Behavior is motivated, or goal-directed.
 d. Stress results from negative, unfortunate experiences.
- Which of these provides the best example of frustration?
 a. You get a flat tire on the way to an important meeting.
 b. You can't decide what courses to take next semester.
 c. Your best friend is going to get married.
 d. You win the lottery and now everyone wants to be your friend.
- As adults, which conflict situation do we tend to experience the LEAST?
 a. approach-approach c. approach-avoidance
 b. avoidance-avoidance d. multiple approach-avoidance
- Scott is going to get a new car and cannot decide if he wants the white one or the red one. Scott is in a(n) _____ conflict.
 a. approach-approach c. approach-avoidance
 b. avoidance-avoidance d. multiple approach-avoidance
- Josh used to be able to play 36 holes of golf in a day without much effort. Now, given his age and general physical condition, he finds it too tiring to play that much, and this—in turn—he finds stressful. We would best describe Josh's stress as induced by
 a. environmental frustration. c. an approach-approach conflict.
 b. personal frustration. d. a frustration-aggression hypothesis.
- The most adaptive reaction to the stressors in one's life is
 a. learning. c. aggression.
 b. frustration. d. fixation.
- Of these mechanisms for coping with stress and stressors, which is the most ineffective or inefficient?
 a. engaging in cognitive reappraisal c. fixating
 b. gathering social support d. taking relaxation training
- What, essentially, is conflicted when we are in a conflict?
 a. perceptions c. motives
 b. emotions d. cognitions
- Which of the following seems to be describing something other than an avoidance-avoidance conflict?
 a. out of the frying pan, into the fire c. damned if you do and damned if you don't
 b. all dressed up and no place to go d. stuck between a rock and a hard place

12. When adults rate the most stress-inducing life event they can imagine, which event gets scored as the most stressful?
 a. the death of a spouse c. a divorce
 b. an exam just before the holidays d. an illness while pregnant
13. The very first stage of Selye's General Adaptation Syndrome is
 a. awareness. c. denial.
 b. alarm. d. homeostasis.
14. Persons with "hardy personalities" demonstrate each of the following EXCEPT a tendency to
 a. see difficulties as challenges and opportunities.
 b. try to get more and do more than most others.
 c. believe that one is in control of one's fate.
 d. be actively involved in what is going on in one's life.
15. Which of the following strategies is classified as "problem-focused" rather than "emotion-focused"?
 a. engaging in cognitive reappraisal c. seeking social support
 b. learning techniques of relaxation d. engaging in physical exercise
16. Whereas clinical psychology is concerned with psychological disorders, the field of health psychology is concerned with
 a. persons who do not have and have never had such disorders.
 b. personality disorders.
 c. physical health and well-being.
 d. psychological disorders that have physical symptoms.
17. Which of the following is NOT an assumption of health psychology?
 a. Behavioral interventions in health care are cost effective.
 b. If psychological disorders were better treated, there would be fewer physical health problems.
 c. It is likely to be easier and safer to change behaviors than to treat some diseases.
 d. Behaviors may increase or decrease the risk of certain diseases.
18. The most positive correlation between personality variables and physical health are for associations that predict
 a. stomach problems, such as ulcers. c. coronary heart disease.
 b. skin rashes and skin disorders. d. many (but not all) varieties of cancer.
19. Which characteristic or description is NOT included in the Type A behavior pattern?
 a. high cholesterol levels c. achievement orientation
 b. lack of patience d. general hostility
20. Which of these characteristics is a prime candidate as an "active ingredient" in the Type A behavior pattern?
 a. hostility and anger c. being hurried
 b. commitment to hard work d. egocentrism
21. What one behavior change would have the greatest impact on physical health in the United States?
 a. stopping smoking c. drinking less caffeine
 b. eating less saturated fat d. using condoms
22. Psychologists estimate that _____ of the 10 leading causes of death in the United States are in large measure behaviorally determined.
 a. 1 c. 5
 b. 3 d. 7

23. With regard to cigarette smoking, which statement is FALSE?
- a. There would be about 100,000 fewer deaths in the United States if no one smoked.
 - b. There is no evidence that secondhand smoke is related to lung cancer.
 - c. About 80 percent of those who quit smoking start up again within one year.
 - d. We are better at getting people not to smoke in the first place than we are at getting smokers to stop.
24. Of these, a person is LEAST likely to be diagnosed as having
- a. chlamydia.
 - b. gonorrhea.
 - c. syphilis.
 - d. AIDS.
25. AIDS is caused by
- a. having any sort of sex with someone who is HIV-infected.
 - b. a strain of bacteria.
 - c. improperly handled blood or semen.
 - d. a virus.
26. Of these, the “subgroup” that has changed its behaviors most in response to the AIDS epidemic is
- a. homosexual males.
 - b. sexually active teenagers.
 - c. homosexual females.
 - d. sexually active senior citizens.

True/False

1. ___ True ___ False Stress is so unpleasant, so negative a reaction, that we can say that the only way to be truly happy in life is to avoid stress altogether.
2. ___ True ___ False The “frustration-aggression hypothesis” claims that all aggression results from frustration.
3. ___ True ___ False When goal-directed behaviors are blocked or thwarted, the result is frustration.
4. ___ True ___ False Avoidance-avoidance conflicts cannot be resolved, which is why they are so stressful.
5. ___ True ___ False Something that is a stressor for one person, may not be for another person.
6. ___ True ___ False Because making difficult decisions can be stress-inducing, psychologists recommend that tough decisions be made quickly to get them over with, so that one may deal with the resulting stress and then “move on.”
7. ___ True ___ False Learning techniques of relaxation, as in biofeedback, is an example of a so-called “problem-focused strategy” for dealing with stress and stressors.
8. ___ True ___ False Health psychologists received their Ph.D. in I/O, or industrial/organizational psychology.
9. ___ True ___ False Following a heart attack, women with Type A personalities have a survival advantage over women with Type B personalities.
10. ___ True ___ False African American women are significantly more likely than Caucasian women to be diagnosed with breast cancer
11. ___ True ___ False Once AIDS develops, death is certain.

Key Terms and Concepts

stress _____

stressors _____

frustration _____

approach-approach conflict _____

avoidance-avoidance conflict _____

approach-avoidance conflict _____

multiple approach-avoidance conflict _____

socioeconomic status (SES) _____

general adaptation syndrome (GAS) _____

emotion-focused strategies _____

problem-focused strategies _____

biofeedback _____

frustration-aggression hypothesis _____

anxiety _____

Type A behavior pattern (TABP) _____

sexually transmitted diseases (STDs) _____

acquired immune deficiency disease (AIDS) _____

Answers to Practice Test Questions

Multiple Choice

1. **c** Although alternatives **a** and **b** may be true (alternative **d** is meaningless), it is the third statement that best describes the relationship between stress and motivation.
2. **d** This is a good definition of a stressor—not stress, please note. Stress is a reaction or a response.
3. **c** By definition, frustration is the blocking or thwarting of goal-directed behavior, and is based on the assumption that, in fact, behaviors are goal-directed.
4. **a** The first example is one of frustration—environmental frustration at that.
5. **c** I suppose that we could argue about this one, because I do not have quality data to support my assertion that as adults we tend to “keep our options open” and are seldom faced with a situation in which there is just one option available, and thus less frequently get “trapped” in simple approach-avoidance conflicts.
6. **a** I think that most of us will agree that we’re not going to feel too sorry for Scott, momentarily stuck in an approach-approach conflict.
7. **b** This is a long one (and a little self-disclosing), isn’t it? What I mean to be getting at here is someone who is experiencing frustration and stress because of some personal reason, hence, personal frustration.
8. **a** Only learning—bringing about a relatively permanent change—is an adaptive response to the stressors in our lives.
9. **c** Each of the others is at least a little bit helpful, but fixating—just doing the same thing over and over—obviously isn’t working and is inefficient.
10. **c** We have to perceive a problem. We have to think about it (a cognition). We are likely to get emotional. But stress-inducing conflicts are called “motivational conflicts” because what is conflicted are own motives, drives, desires, wishes, wants, etc.
11. **b** Isn’t this one down-right “cute”? Being all dressed up with no place to go might lead to the experience of stress, but I cannot see how it can be classified as an avoidance-avoidance conflict.
12. **a** There seems to be no more stress-producing experience (on average) than the loss of one’s spouse.
13. **b** In fact, in Selye’s GAS, the stages are alarm, resistance and exhaustion.
14. **b** The first, third, and fourth alternatives describe the hardy personality type quite well, whereas the second alternative is unrelated.
15. **a** Cognitive reappraisal is the only technique mentioned here that actually gets to the source and nature of one’s stressor, rather than dealing with the feelings that result from stress.
16. **c** By definition, health psychologists are involved in the management and prevention of physical illness and disease, whether psychological disorders are involved or not.
17. **b** The second statement may very well be true, but it certainly is not one of the basic assumptions of health psychology, where the others are.
18. **c** Perhaps because it is so deadly, there is a lot of concern about coronary heart disease (CHD), and it is one set of physical disorders that is reasonably well correlated with psychological variables.
19. **a** High cholesterol level is a physical measure, not a psychological one, as required to be a part of the TABP.
20. **a** Each of these is a potential candidate for causing physical health problems, but of these, one’s degree of anger or hostility seems to best predict physical health problems, CHD, in particular.
21. **a** Again, each of these would be helpful, but none would be so significant as getting everyone to stop smoking.
22. **d** Here I go again with what may look like trivial statistics—but these are so impressive! The best answer is that nearly three-quarters (70 percent) of the top ten causes of death in the United States are largely determined by unhealthy behaviors.
23. **b** The second statement, about secondhand smoke, we know now, is absolutely false. Because this statement is so clearly false, I don’t mind listing the others with statistics in them.
24. **d** AIDS is very worrisome, of course, and can be deadly, but it is the least common (by far) of the sexually transmitted diseases listed.
25. **d** It may get into the bloodstream through blood or semen, but the cause of AIDS is a virus, HIV.

26. **a** The subgroup (and please remember how careful we must be about making any general statements about any subgroups) that has changed most is that of homosexual males—although some very recent data suggest that there may be some reversal of that phenomenon going on.

True/False

1. **F** Wouldn't it be sad if this statement were true? It would be sad because it is just not possible to "avoid stress altogether."
2. **T** The frustration-aggression hypothesis is wrong, of course, but this is what it says.
3. **T** This is a pretty good definition of frustration.
4. **F** Avoidance-avoidance conflicts are nasty and unpleasant, and resolving them can be difficult at times, but surely they can be resolved.
5. **T** Not only can something be a stressor for someone and not for someone else, but that same event may not produce stress at some other time.
6. **F** Quite the contrary. Rushing through a tough decision just to get it over with may end up causing you even more grief. The advice is to take one's time and be as sure as possible.
7. **F** Relaxation techniques surely can help one feel better, and there's nothing wrong with that, but relaxation is an emotion-focused strategy because it will not help minimize or eliminate the stressor underlying the stress.
8. **F** They may have been, but they were most likely trained as health psychologists, one of the fastest-growing areas of interest in psychology.
9. **T** Sounds strange, and the data are a bit tentative but unlike for men, for women this observation is true.
10. **F** Actually, there are virtually no differences between these two groups in the incidence of breast cancer diagnoses. The significant difference is that the disease is more likely to be fatal for African American women.
11. **T** This may be the saddest item on any test, simply because it is true.

EXPERIENCING PSYCHOLOGY

Make a Log of Your Stressors

As a college student—no matter what your age—you are no stranger to stress. Stress is a universal experience, and it is one that is very common among college students. Granted that stress cannot be completely avoided, perhaps some of the stressors in your life can be. A preliminary step to reducing one's stressors is to identify them honestly. The basic question of this exercise is, "What events or situations in your life, *right now*, are causing stress?"

For three days in a row, keep a log of those things that you find stressful. At least one of the three days should be a class day and one should be a weekend day when you have no classes scheduled. From the minute you get up, and at one-hour intervals all day long, pause and reflect: "What aggravated you within the last hour?" "What hassles did you encounter?" "What made your blood pressure rise?" "What made you angry?" "What did you find upsetting?" "What conflicts or frustrations did you face?"

With any luck, there may be several hours in each day when the honest answer to these questions is "nothing." We may experience stress regularly, but we don't necessarily experience new stressors every hour of every day. Actually, stopping every hour to consider one's stressors can itself be quite an annoying hassle, but it will only be for three days, and it may be very revealing.

After three days of self-observation, look back over your list of stressors and hassles very carefully. Do any patterns emerge? Are there any particular situations in which you are most likely to experience stress? Are these situations avoidable? Do any particular people trigger a stress response for you? Are these people avoidable? Can you classify the stressors of your three-day log as being primarily frustrations, conflicts, or just life events? What can you change to minimize these stressors in your life?

This is an exercise that you can repeat throughout the semester. It might be interesting to compare your log with that of one of your friends. How does your log of stressors in mid-semester compare to one that you construct during finals week; or when you are at home for the holidays; or on vacation?

Using the Internet to Expand Your Appreciation of Psychology

Life is short and stress is bad. Stress is bad. It can be the source of all sorts of problems, both psychological and physical. In fact, stress is often the underlying culprit for dozens of psychological (and physical) disorders. What is important to keep in mind, however, is that to experience stress is not disordered. To experience stress is quintessentially normal. What matters is how a person deals with—or copes with—the stress that occurs in their lives. The Internet being what it is, when searching for stress-related websites, you surely will discover many “self-help,” “here is the best way to deal with stress” websites. Actually, most such sites are quite genuinely trying to be helpful, and many truly are. What I have focused on for the list of sites below are those that are sites that are related to issues discussed in Chapter Eleven.

For simplicity sake (again) I will organize this issue into just two sections, the first dealing with the nature of stressors and stress, the second addressing mechanisms for coping with stress.

1. STRESSORS AND THE NATURE OF STRESS (pp. 390-398)

“Stress” is a strange concept in psychology in that it is a response (to those stressors we encounter), and it acts as if it had stimulus properties (we are stimulated to do something to rid ourselves of stress—or at least to reduce it. These sites focus on the nature of stress and draw heavily from the work of Hans Selye.

<http://www.sciencemuseum.org.uk/nakedscience/stress/stressors.asp>

(The Science Museum of London maintains this full (and fun) website. One part of the site is called, “Naked Science.” It is made up of scientific issues that affect “everyday life.” One such issue is *stress*. At this site you will find a slightly different slant on most of the issues we’ve discussed in Chapter 11.)

<http://stresstips.com/lifeevents.htm>

(a focused website where you will find the *Holmes Rahe Social Readjustment Scale* in both the form for adults and for “youth”)

<http://www.stress.org/Mementos.htm>

(What a pleasant find! an article—with photographs—on “Reminiscences of Hans Selye and the birth of “stress.” It is a moving and significant little site, part of <http://www.stress.org>, which you also will find well worth a visit. The latter is the website of the American Institute of Stress.)

<http://www.brainconnection.com/topics/?main=fa/selye>

(an extensive essay in three parts on “Hans Selye: The Discovery of Stress.” It fills in the details that you just do not find in an introductory level textbook. Do not worry; it is not too technical, and it isn’t terribly long.)

<http://www.icnr/articles/thenatureofstress.html>

(Sometimes you get lucky.” Here, for example, is a copy of a wonderful article by Hans Selye on “The Nature of Stress.” It provides a superb summary of his views on stress, and who better to provide such a summary.)

2. STRATEGIES FOR COPING WITH STRESS (pp. 399-403)

I hope that you are by now convinced that avoiding stress altogether is simply not possible. The best we can hope for are means of dealing with the stress we experience in our lives. Some of the strategies that people use are very effective. Sadly enough, some people fall into habits of using strategies to fight the stress in their lives that are not very useful at all. These sites look at both possibilities.

<http://www.mindtools.com/smpage.html>

(a site, from MindTools is certainly very helpful and is very educational)

<http://www.imt.net/~randolfi/StressLinks.html>

(The purpose of this website is to provide links to other sites dealing with “stress management and emotional wellness”—and there are tons of links here. There is a section on “Stress Management for College Students.” Explore! I would only caution (as a reminder) that you attend to the caveat from the site “Inclusion of a website’s link on this page does not necessarily imply endorsement of that site’s health related content. Users are reminded that anyone can post a Web page and an Internet presence does not assure content reliability or validity.”)

<http://www.isma.org.uk>

(the site of The International Stress Management Association, which originates in London, you probably could see no difference between stress in the UK and stress in the USA. The links on the homepage include one called simply “Links.” It is a very extensive list.)

<http://www.stresstips.com>

(a site is from Australia. What I like about it is that it is a simple, no-nonsense site. For example, the homepage has a link to “200 Stress Tips.” Check it out!)

3. PSYCHOLOGICAL FACTORS THAT INFLUENCE PHYSICAL HEALTH (pp. 404-409)

Scientists have long appreciated that there is a link (or that there are links) between a person's mental health and his or her physical health. At some level the conclusion is obvious. Of course someone with a physical ailment is likely to feel depressed to some extent. Of course someone who is depressed—much less delusional and hallucinating—is going to act in ways that are likely to produce physical symptoms. What health psychologists (and many others) are coming to realize is the subtlety of the many relationships between psychological and physical health. If nothing else, the observation that so many deaths (particularly in “Western” cultures) are caused (or exacerbated) by individual behaviors is reason for the increasing popularity of health psychology.

<http://www.apa.org/journals/hea.html>

(the APA website is for its journal, *Health Psychology*. Online access is severely limited. Still, there always are a number of articles that can be accessed for free.)

<http://www.health-psych.org>

(Division 38 of the American Psychological Association is Health Psychology, and this is its website. Almost all of it is relevant and topnotch. Perhaps the most valuable link on this homepage is the one to “Online Resources.”)

<http://www.healthpsych.com/index.shtml>

(“Research, viewpoints and practical suggestions about the practice of health psychology in medical and rehabilitation settings.” Who could ask for more? Check out the link “Health Psychology Factfinds.”)

<http://www.cdc.gov/nchs>

(a most helpful source of up-to-date data. How many teenagers smoke? How many Americans have STDs? What is the overall picture of health in the United States? Maintained by the National Center for Health Statistics, here you will find answers to all such questions.)

4. PROMOTING HEALTHY BEHAVIORS (pp. 409-414)

We have seen that psychology often has two faces. One involves the picture of those who are seeking to understand psychological functioning and engage in scientific research in order to do so. The other involves those who take current knowledge of psychological functioning—limited though it may be—and apply it to real-world problems. We call these psychologists, “scientist- practitioners. This differentiation is very clear in health psychology. In this section, we focus on two examples of psychological practice: establishing programs to help people stop smoking and establishing programs to reduce the incidence of STDs, AIDS in particular.

http://dmoz.org/Health/Specific_Substances/Tobacco/Resources

(quite a URL!—to a site listing 23 links to a variety of programs, all designed to help people stop smoking)

<http://healthmatters.org.uk/issue40/afewtips>

(a nice article on why so many anti-smoking campaigns tend to fail)

<http://www.ashstd.org/stdfaqs>

<http://www.niaid.nih.gov/publications/stds.htm>

<http://www.cdc.gov/std>

<http://www.unaids.org>

(There are many, many websites devoted to STDs, HIV/AIDS in particular. These are some of the best, most reliable, up-to-date, and informative. The first is from the American Social Health Association. The second is from the National Institute of Allergy and Infectious Diseases of the National Institutes of Health. The third is from the Centers for Disease Control and Prevention. The fourth is from the Joint United Nations Programme on HIV/AIDS, and brings in a global perspective.)