Chapter 14
Stress and Health

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Video Anthology for Introductory Psychology: Emotions, Stress, and Health – The Stress Response

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Stress and the Immune System: Caretakers at Risk

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Worth Video Series:

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Worth Video Series:

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Chapter Objectives

After studying this chapter, students should be able to:

1. Describe how both major life events and minor hassles can serve as stressors and explain chronic stressors.
2. Discuss how perceived control over events can contribute to the stressfulness of an event.
3. Describe the HPA axis and its functioning in reaction to stress and the fight-or-flight response.
4. Explain the three phases of the general adaptation syndrome.
5. Discuss how stress impacts the aging process, noting the role of telomeres and telomerase activity.
7. Describe the Type A behavior pattern, and link it to research on stress and cardiovascular function.
8. Discuss how primary appraisal and secondary appraisal operate in the interpretation of stress.
9. Summarize research on burnout, noting its causes and consequences.
10. Compare the mind management techniques of repressive coping, rational coping, and reframing.
11. Compare the body management techniques of meditation, relaxation therapy, biofeedback, and aerobic exercise.
12. Compare the situation management techniques of social support, religiosity/spirituality, and humor.
13. Describe how directing attention toward or away from the body can influence the symptoms of pain or illness that we perceive.
14. Summarize research on the placebo effect.
15. Describe psychosomatic illness and somatic symptom disorders, including hypochondriasis, somatization disorder, and conversion disorder.

16. Explain the psychology of being a patient, focusing on the sick role and patient–practitioner interaction.

17. Explain how personality factors, such as optimism and hardiness, contribute to health.

18. Explain how sensible practices, such as self-regulation, eating wisely, avoiding sexual risks, and not smoking, contribute individually and collectively to health.

I. Sources of Stress: What Gets to You

(Chapter Objectives 1–2)

Stressors include both major life changes and minor hassles and can sometimes be traced to particular stressful environments. Stressors add up over time, with more chronic stressors producing more harmful effects. Stressors have in common the production of threat to a person’s well-being that is perceived as difficult or impossible to control.

Lecture Suggestion 14.1

Sources of Stress: Life Itself

It’s fair to say that the world has become a busier and more stressful place than it was a few decades ago. Where shall we start to lay the blame? Cell phones, PDAs, and e-mail that make us seemingly available to anyone at anytime for anything? Higher standards for pretty much everything—getting into school, landing a job, getting a promotion? The American quest for “the best of everything” and the sense of entitlement that goes along with it? An explosion of availability of information and the implication that somehow it must all be mastered and digested? It’s clear that the bar has been raised, but it’s not always clear who’s raising it or why.

In the midst of this entire hubbub is a particularly vulnerable group: people who are in their teens and twenties—in other words, most of your students. Much has been written about the pressures facing young people, and some of the best of that writing has come from Alexandra Robbins, a journalist with credits at The Washington Post, The New Yorker, Cosmopolitan, Atlantic Monthly, and appearances on 60 Minutes, The Today Show, and CNN, the BBC, NPR, and C-SPAN. Two of her best-selling books—Quarterlife Crisis and The Overachievers—examine the stresses that people face as they come of age.

Many people are familiar with the “midlife crisis” that people face in their 40s and 50s. It’s viewed as a time of questioning one’s goals, reevaluating one’s priorities, and generally grappling with an existential angst driven by the realization that their go-go pace of life has produced less than was imagined. As Robbins points out, today people are increasingly experiencing the same sorts of concerns at quarterlife—in their early twenties. Young people are driven (by parents, the media, competition with one another)
to be the best, a vague concept that is operationalized as getting the best grades, getting the highest class rankings, getting into the best colleges, getting the best scholarships, being star athletes, having the best extracurricular experiences, and so on. The gist of the quarterlife crisis is that one day you look around and finally ask, “What do I really want?” Feelings of doubt, helplessness, indecision, and panic characterize the realization that what seemed to be a steady progression of accomplishing one goal after another has led to a paralyzing uncertainty about how to shape one’s life when the markers of success are no longer so clearly defined.

_The Overachievers_ covers similar ground in a younger group. Robbins interviewed high school students at her alma mater, Walt Whitman High School in Bethesda, Maryland. Here we meet:

- Julie, who despite being a track star, having a 4.0 GPA, scoring 1410 on the SAT and scores of 4 and 5 on Advanced Placement (AP) exams, having interests in science, and being a triathlete, is told by a college admissions coach that she has a lot of work cut out for her if she wants to get into a good college.

- Sam, who is driven by worry that his years of high school overachievement will be wasted if he does not get into a name-brand university.

- AP Frank, whose mother contacted the high school administration to berate them for not offering AP Physical Education, so that Frank could have a full load of all-AP courses per semester. Frank’s 4.83 weighted GPA, 1600 SAT, 17 high school AP classes, and 16 scores of 5 on AP exams got him into Harvard, where he eventually decided to abandon the life plan his mother had completely sketched out for him.

- Taylor is a popular girl who embodies the ideal standard of being smart and cute and athletic and funny.

- The Stealth Overachiever, a junior who, by all appearances, is just getting by, when in reality she or he is quietly amassing insanely impressive credentials.

These books are worth at least a cursory look, if only to acquaint yourself with what your students might be experiencing as legitimate sources of stress in their lives. Chances are good that if you refer to Robbins in your class, your students will have heard of her and many will have read one or the other title. (_Pledged_ is her exposé of life in a sorority; the focus is not so much on academic stress as it is the stress of fitting in. This is no doubt relevant to many of your students.) The teens and twenties are often looked on as an idyllic time of unlimited choice, easy living, and carefree existence. The reality is often worlds away from that ideal.

Sources:


Lecture Suggestion 14.2

The Role of Control

The way in which stress is experienced and how it is perceived can modify the impact of that stressor on the individual. Consider the differing situations that two hypothetical business executives face: One is in a position in which major stressful events occur without warning. This executive cannot make decisions or take actions that might ward off or reduce these stressors. The other executive is under a comparable amount of stress. However, this executive knows well in advance when decisions must be made and has considerable control over the decision-making process. Which of these two executives is going to develop ulcers?

Joseph Brady (1958) thought that he had the answer. He exposed two pairs of monkeys to electric shock. One monkey in each pair was designated the executive monkey while the other monkey was the yoked control. The executive monkey had access to a switch that could prevent the shocks for both himself and his partner. If he responded quickly enough to the presentation of a warning stimulus, he was able to prevent either of them from receiving a foot shock. However, if the executive did not respond fast enough, both animals were shocked. The monkeys were run in this paradigm twice a day for 23 days until one of the executive monkeys became ill. Brady found that the executive monkeys had developed stomach ulcers while the control monkeys did not. Brady believed that these results supported the view that being in charge was stressful, but concerns have been raised about the research. In particular, it appears that Brady did not randomly assign the monkeys to the executive or control conditions. The monkeys that were chosen to be the executives were the monkeys who had learned the switch pulling response first. This systematic difference serves to confound the interpretation of Brady’s results: Was it the responsibility of being the executive or was it some other personality variable that was related to both the quicker learning and the development of ulcers?

Jay Weiss followed up on this work with rats. There were three groups of rats in this study: the first group, the executive rats, could turn a wheel to terminate or avoid a tail shock. The second group of rats was the yoked controls. These rats were shocked whenever the executive rat failed to respond, and these animals had no control over the delivery of the tail shock. Finally, there was a third group of rats that never received a shock. All three groups of rats heard a tone signaling the impending shock. Weiss found that the rats with no control over the shock developed more severe ulcers than those that did have control and those animals that received no shock had even less ulceration. Weiss’s results suggest that having control reduced the aversiveness of the electric shock for the executive rats and so produced smaller physical consequences.

Accumulated evidence suggests that humans also do better when they can predict or control aversive events. People who feel hopeless are more likely to become depressed and experience an increase in stress and its consequences. Conversely, the perception that
a stressor is controllable leads to more effective coping. For example, cancer patients who feel that they have no control over their disease survive for shorter periods of time than those who perceive that they do have control.

Ellen Langer and Judith Rodin (1976) conducted an intriguing study on the effects of control in a nursing home. On one floor, the residents were given a plant to care for (behavioral control), and they were asked to choose when they would see movies (decision control). Another floor of comparable residents also had plants in their rooms, but care for the plants was the responsibility of the nursing staff. These residents also were shown movies, but at prearranged times. Langer and Rodin found that the patients who had control were more active, more alert, and had more positive moods several weeks later than to the residents who did not have control. Furthermore, they found that one year later, fewer residents had died on the control floor than on the noncontrol floor.

Sources:


**Classroom Exercise 14.1**

Simple Stress Assessment

You can find a very brief (six items) stress assessment on the redOrbit Web site (see link below). Unlike more detailed assessments, it gets quickly to the heart of the matter: How stressed do you feel, how has it affected your daily activities, and what do you think you can do about it?

- Show this site during your classroom presentation, or invite students to visit it privately as a way of roughly gauging their current stress levels.

- Use the above questions as a nice starting point for introducing topics related to stress appraisal, stress management, and the effects of stress on physical or mental health.

Scales such as the redOrbit stress quiz or the CUSS (presented in the textbook) often get people to realize that events they didn’t think were stressful might actually be. Isn’t identifying and talking about stress a good way to help reduce it?

Source:

Multimedia Suggestions

**Feature Film: Changing Lanes (2002, 99 min, rated R)** Ben Affleck and Samuel L. Jackson star as two drivers who collide on a highway in New York one morning. As the story develops, there’s a cascade of stressful actions on both men’s parts, fueled by anger, revenge, and poor coping strategies.

**Feature Film: Meet the Parents (2000, 108 min, PG-13)** Ben Stiller, Robert DeNiro, Teri Polo, and Blythe Danner star in this comedy about a male nurse (Gaylord “Greg” Focker) who travels with his girlfriend to meet her parents before proposing marriage. Through one mishap after another, things fall apart rapidly and the stress mounts. In fact, the stress is most evident in the polygraph test Greg must submit to his future father-in-law.

**Feature Film: Speed (1994, 116 min, rated R)** Sandra Bullock plays a bus driver; Dennis Hopper plays a criminal who plants a bomb on the bus. If the bus goes below 50 miles per hour, the bomb is activated. Keanu Reeves is the rookie cop who deals with the moving bus while his partner tries to track down the nut job. This film gave a whole new meaning to the term “rush hour” when it first came out and still stands up as a good illustration of fast-paced stress.

See the Preface for product information on the following items:

**PsychSim 5 Tutorials** All Stressed Out

**Worth Video Series**

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Stress on the Job

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – What Is Stress?

II. Stress Reactions: All Shook Up

(Chapter Objectives 3–9)

The body and brain both react to stress. Acute stress initiates the **fight-or-flight response**, which activates the hypothalamus-pituitary-adrenal axis. Chronic activation of this response generates what Hans Selye called the **general adaptation syndrome**, progressing in stages from alarm, to resistance, and finally to exhaustion. Both the immune and cardiovascular systems can be negatively affected by stress, and people with a **Type A behavior pattern**, who respond to stress with hostility, are particularly likely to suffer from health problems. As the body begins reacting to stress, primary appraisal and secondary appraisal are used to interpret the stress. These psychological reactions may lead to disorders over time, such as depression, **burnout**, or post-traumatic stress disorder, in which thoughts of the stressor continuously plague the mind. The people who
are most likely to suffer from burnout are those whose jobs involve emotional turmoil and are in the helping professions.

**Lecture Suggestion 14.3**

Stress and the Immune System

While the idea that stress could affect one’s immune system was derided by the medical community at one time, it is now clear that stress can and does. Early studies found that rats exposed to noise, overcrowding, or inescapable shock exhibit a drop in immune cell activity compared with nonexposed animals. A link was also observed in human subjects. Intrigued by the observation that people often became sick and died shortly after they were widowed, Barthrop and colleagues (1977) took blood samples from 26 men and women whose spouses had recently died. Compared with nonwidowed controls, these grieving spouses exhibited a weakened immune response, as measured by T cell activity at two and six weeks after their partner’s death. This was the first demonstration of its kind to show that psychological events could be associated with fluctuations in immune functioning. Subsequent research has revealed weakened immune responses in NASA astronauts after their reentry into the atmosphere, in college students in the midst of final exams, in men and women recently divorced or separated, and in workers who have just lost their jobs. In one study, Arthur Stone et al. (1994) paid volunteers to take a protein pill every day for 12 weeks. The protein pill was a harmless substance that would lead the immune system to produce antibodies. Every day, the subjects completed a diary in which they reported on their moods and on their experiences at work, at home, and in relationships with their spouse, children, and friends. These researchers found that when subjects reported experiencing more positive events in a day, the more antibodies were produced. The more negative, the less antibody cells produced. Visintainer et al. (1982) implanted cancerous tumors into two groups of rats: one group that was exposed to inescapable shock and another group that was not shocked. After one month, 50% of nonshocked animals died of cancer, which was not surprising. What was surprising was the significantly higher mortality rate among the shocked animals, 73% of whom died during this one-month period. This study was one of the first to show that psychological factors can have an impact on the spread of cancer.

**Sources:**


Classroom Exercise 14.2

Yeah, That’ll Kill Ya . . .

When coupled with maladaptive behaviors—too much fast food, not enough exercise, working long hours, smoking or drinking—poorly managed stress can be a factor in shortening one’s life expectancy.

The good news is there are many remedies that can be enacted. Exercising at least 30 minutes a day, quitting smoking, and watching one’s diet can all add years to life. Sometimes all it takes is the stark prediction of how one’s current habits will play out in the long run.

■ Ask your students to visit one of the many Web sites that offer life-expectancy calculators. Some are either developed by or endorsed by physicians and incorporate legitimate markers of behaviors that contribute to a long and healthy life—recommend these.

■ Some Web sites to get you started are given below.

Note that these Web sites vary in the factors they include, so you might ask your students to comment on that and tell them what the research reveals about each element.

Sources:
http://gosset.wharton.upenn.edu/mortality/perl/CalcForm.html
http://www.peterrussell.com/Odds/VirtualAge.php
http://www.livingto100.com/
http://www.annuityadvantage.com/lifeexpectancy.htm
http://geography.about.com/library/weekly/aa042000b.htm

Classroom Exercise 14.3

Type A Behavior

The Type A behavior pattern is a classic in stress research. The behavior was first identified in coronary patients in the 1950s, but it wasn’t until the 1970s that the concept became firmly entrenched in both the psychological literature and the popular press. Since that time a considerable amount of research has been conducted in refining the characteristics of Type A behavior and noting the health implications of that kind of response style.

Your students might like to assess their own standing on this dimension.

■ Find one of several online tests of Type A behavior (see sources).
Review the test during lecture as part of a lab section or individually as the basis of a paper.

Discussion

Your students might (or might not—be sensitive here) want to comment on the diagnosticity of the tests in their own personal cases, and on the applicability of Type A behavior research to a relatively younger crowd. Do people in their twenties experience the same kind of hard-driving competitiveness that once defined the lives of busy corporate executives?

Sources:

http://www.queendom.com/tests/access_page/index.htm?idRegTest=1126

http://psychologytoday.psychtests.com/yahoo/anxiety/type_a_r_access.html

Multimedia Suggestions

**Feature Film: Funny Games (2007, 107 min, rated R)** Naomi Watts and Tim Roth star in Michael Haneke’s scene-by-scene remake of his own German-language film (*Funny Games*, 1997). Two clean-cut, innocent-looking young men take a family hostage in their vacation cabin for no apparent reason. As the white-gloved young men exact one cruelty after another, it’s never made clear exactly what they’re after or why they are doing these things. This is a good film for illustrating how unpredictable and uncontrollable events contribute to our perceptions of stress!

See the Preface for product information on the following items:

**Interactive Presentation Slides for Introductory Psychology** 13.2 Stress and Health

**PsychInvestigator** Health and Stress

**Worth Video Series**

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Selye’s Stress Response Studies

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – The Stress Response

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Stress and the Immune System: Caretakers at Risk

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Fighting Cancer: Mobilizing the Immune System

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Measuring Stress While Running with the Bulls
Video Anthology for Introductory Psychology: Emotions, Stress, and Health – What Is Stress?

*Scientific American Introductory Psychology Videos: Stress*

**III. Stress Management: Dealing with It**

(Chapter Objectives 10–12)

People manage stress in their lives by controlling their minds, their bodies, and their situations. **Repressive coping** is not particularly effective, and better alternatives include **rationally coping** with the stressor and engaging in **reframing** to see things differently. Body-oriented stress management strategies focus on reducing stress symptoms through relaxation, **biofeedback**, and aerobic exercise. Handling stress by managing your situation can also be effective through seeking out **social support** and finding humor in stressful events.

**Lecture Suggestion 14.4**

Thinking Positively and Optimistically

“Are you an optimist or a pessimist?” “Do you expect good things to happen, or do you tend to believe in Murphy’s Law, that if something can go wrong, it will?” By asking questions like these, Michael Scheier and Charles Carver (1985) categorized college students along this dimension and found that dispositional optimists reported fewer illness symptoms during the semester than did pessimists. Correlations between optimism and health are common. Other studies have shown that optimists are more likely to take a problem-focused approach to coping with stress, complete a rehabilitation program for alcoholics, make a quicker and fuller recovery from coronary bypass surgery, and take a more active, less avoidant approach to the threat of AIDS.

In his book entitled *Learned Optimism*, Marty Seligman (1991) argues that optimism and pessimism are rooted in our “explanatory styles,” which he describes as the ways we explain the causes of our good and bad experiences. Based on a large number of studies, Seligman described the typical pessimist as someone who attributes failure to factors that are internal, stable, and global, while attributing successes to factors that are external, temporary, and specific. According to Seligman, this explanatory style breeds despair and low self-esteem. In contrast, the typical optimist is someone who makes the opposite types of attributions. According to Seligman, optimists blame failures on factors that are external, temporary, and specific, while attributing successes to factors that are internal, stable, and global. This is an explanatory style that fosters hope, effort, and high self-esteem.

In the course of a lifetime, everyone has setbacks, but how we explain these unpleasant events has lasting consequences on our physical and emotional health. A study by Leslie Kamen-Siegel and colleagues (1991) examined the immune function and explanatory style in 26 elderly subjects and found that pessimists had a weaker immune response than optimists.
Seligman believes that optimism can be learned by teaching people a new set of cognitive skills. According to Seligman, people can train themselves to make optimistic explanations by following three steps: (1) think about situations of adversity (e.g., losing out on a promotion); (2) consider the way you normally explain these events, and if it is pessimistic (“I don’t have the skills to succeed in this business”); then (3) dispute these explanations by looking closely at the facts (I haven’t been working here as long as the person promoted, or the promoted person has more experience in this area than I do). Practice this exercise over and over again and you will find that adopting an optimistic explanatory style will get easier over time. It is just like trying to break a bad habit.

Sources:


**Lecture Suggestion 14.5**

We All Need Friends

One of the most consistent findings in the stress literature is that the lack, loss, or disruption of social support is likely to have negative consequences. Studies have consistently demonstrated that both physical and mental health is worse among socially isolated people and among unmarried people. Heart attack patients whose spouses are not supportive have slower recoveries. Those who are socially isolated are almost 50% more likely to die than those who are not isolated. Even in college students who are stressed by exams, researchers find that lower levels of social support are associated with poorer immune system functioning than those students who have higher levels of support (Jemmott & Magloire, 1988). Perhaps the most convincing demonstration of the effects of reduced social support comes from a longitudinal study involving over 2,200 men and nearly 2,500 women who were followed for nine years. The study examined the presence or absence of four types of social ties: marriage, friends, church membership, and group associations. Results showed that people with the fewest social connections were 2–5 times more likely to die by the end of the study than those with the most connections (Berkman & Syme, 1979).

On the opposite side of this coin, increased social support reduces stress and its negative consequences. People with social support recover more quickly from illnesses and lower their risk of death from certain diseases. Studies show that breast cancer, lung
cancer, and AIDS patients have higher levels of adjustment and longer survival rates when they have good social support (e.g., Taylor, 1990).

Sources:


**Lecture Suggestion 14.6**

BFB Is A-OK

Add to the list of modern technological advances the ability to engage in biofeedback in the privacy of your own home. At one time biofeedback research required a lab full of expensive equipment drawing considerable amounts of electricity. Now, happily, biofeedback “games” and applications are as near as your laptop computer or your smartphone. There are a number of Web sites that integrate games with physiological monitors of heart rate or skin conductance in order to teach users how to lower stress and promote relaxation. The Stress Doctor app from Azumio makes use of the camera on the user’s smartphone to monitor heart rate and provide feedback on the user’s level of stress. Some of these draw on sound psychological research, others seem a bit more dicey, but all of them are analogs of the kinds of laboratory tasks typically used to provide feedback to individuals in order to lower heart rate, reduce stress, and so on.

Sources:


http://www.somaticvision.com

http://www.bellybio.com

http://www.iproducts.ws/mental-games-biofeedback-software.htm
Classroom Exercise 14.4

COPE with It

Successful coping strategies promote successful stress management. However, coping comes in many forms, some of which are appropriate to some situations and others which are not.

To assess coping, Michael Scheier and Chuck Carver developed the COPE scale and the Brief COPE, which is reproduced in Handout 14.1. Combinations of the 28 items tap dimensions of denial, planning, humor, disengagement, acceptance, and other types of coping strategies. Administer the COPE to your students, both as an illustration of one way that coping can be measured, and also as an introduction to talking about coping skills and strategies.

Scales are computed as follows (with no reversals of coding):

- Acceptance, items 20 and 24
- Active coping, items 2 and 7
- Behavioral disengagement, items 6 and 16
- Denial, items 3 and 8
- Humor, items 18 and 28
- Planning, items 14 and 25
- Positive reframing, items 12 and 17
- Religion, items 22 and 27
- Self-blame, items 13 and 26
- Self-distraction, items 1 and 19
- Substance use, items 4 and 11
- Use of emotional support, items 5 and 15
- Use of instrumental support, items 10 and 23
- Venting, items 9 and 21
Sources:


**Classroom Exercise 14.5**

Cope with It Some More

There are many strategies for coping with stressful events, and other scales such as COPE. However, you might want your students to take a more active role in identifying coping methods. Before you lecture on stress management:

- Ask your students to form small groups and individually generate as many coping strategies as they can think of within a finite period (e.g., a 5- or 10-minute limit, depending on the size and nature of your class).

- Then, within their groups, have students compare notes and discuss the commonalities or differences that arise in their lists. For example, one student might list “drink heavily” as a coping strategy, whereas another might indicate “have a cigarette.” Both of these might be subsumed under a larger “regulate my body with artificial substances” category.

- Similarly, groups might agree on a “successful strategies” list and a “not so successful strategies” list.

Discussion:

As a class you can discuss several topics to initiate your presentation on stress management. How long were the lists? Were some groups able to identify dozens of individual coping strategies? Which list produced more strategies—effective or ineffective? Were strategies generated that students commonly use, or just ideas that they thought other people might rely on? The textbook conveniently organizes coping under categories of mind management, body management, and situation management. How did the groups’ lists match up with that organization? Was there one type of strategy that everyone agreed was either effective or ineffective for most stressful situations? Does the type of stressor influence the choice of coping strategy? As your students discuss these and related issues, you can weave in the principles discussed in the textbook.
Classroom Exercise 14.6

Stress Management


- Have students visit its Web site (the URL is given below) and read a text-only version of the tips, view a self-playing tutorial, or answer questions that prompt the user to examine various stress management techniques.

  Overall, this is a nice presentation and a useful place to point your students, either for their own edification or as the basis for a short assignment summarizing the pros and cons of stress reduction techniques. One note: The voices on the tutorial sound like they were generated by robots, but they’re actually human beings. Perhaps they were trying to be as stress-free and neutral as possible in their narrations.

Source:

Classroom Exercise 14.7

Writing About Your Feelings

A large number of studies conducted by James Pennebaker and others have found that when people write about their own negative emotional events, these individuals tend to show improvements in physical and mental health. The purpose of this exercise is to give your students practice in writing about their feelings and indirectly increase their coping skills. Since you are asking your students to write about something personal, you probably do not want to collect these essays. You can follow up with the students later in this class or in a subsequent class by asking what the experience was like for them.

  Instruct your students to spend the next five minutes writing about an emotional experience that continues to bother them. Students can choose an experience that may be associated with feelings of conflict, anxiety, sadness or even anger. Remind them that you won’t be collecting these responses, so they should be as honest as possible.

Source:


Multimedia Suggestions

Feature Film: In America (2002, 105 min, rated PG-13) This film, which derives in part from director Jim Sheridan’s own experience, tells the story of an Irish immigrant family that comes to New York after the death of their youngest child in the hope of
finding a better life. The family of father, mother, and two young daughters, is close, but
grief and poverty take their toll.

See the Preface for product information on the following items:

**Worth Video Series**

- Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Companionship and Support: Pets Fill the Void
- Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Experience and Exercise: Generating New Brain Cells
- Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Stress Management: The Relaxation Response

**IV. The Psychology of Illness: Mind Over Matter**

(Chapter Objectives 13–16)

The psychology of illness concerns how sensitivity to the body leads people to recognize illness and seek treatment. Somatic system disorders, or psychosomatic illnesses, can stem from too much or too little sensitivity to the body. The psychology of illness also addresses why people adopt the sick role, and how patients and their health care providers interact in ways that ensure the success of medical treatment.

**Lecture Suggestion 14.7**

Does This Look Swollen to You?

Dennis DiClaudio is the author of *The Hypochondriac’s Pocket Guide to Horrible Diseases You Probably Already Have* and *The Paranoid’s Pocket Guide to Mental Disorders You Can Just Feel Coming On*. DiClaudio works as a medical editor for the Elsevier publishing company. In the course of his work on various titles, he came across the wide range of maladies described in his own books. If you need some material when lecturing about hypochondriasis, this should be right up your alley. DiClaudio describes in explicit detail any number of horrible diseases and pernicious psychological disorders just waiting to beset you. His straightforward, dry, factual style serves only to make you wince more as you consider actual physical afflictions such as these:

*Amnesic shellfish poisoning*: This occurs when you eat some bad scallops, then forget you had anything to eat at all.

*Ergotoxicosis*: Your limbs feel as though they are on fire and then eventually fall off.

*Cerebral sparganosis*: A flatworm in your brain is treated by cutting open your skull and manually pulling the worm out.
Enterobiasis: People with this disorder have pin-worms in their colons living a perfectly content existence.

Fatal familial insomnia: Proteins attack your thalamus, preventing you from sleeping; then you die.

The diseases are conveniently divided into categories, including autoimmune, bacterial, genetic and neurological, idiopathic, parasitic, toxic and fungal, and viral and prionic.

As for psychological disorders, first take a look at the uncommon psychiatric syndromes described in Chapter 14 of this manual, then add:

Stendhal syndrome: The fear of artwork.

Athazagoraphobia: The feeling that you’ve forgotten something important.

Windigo psychosis: The belief that you are a wild and ravenous monster.

If these aren’t enough to set your mind reeling, be sure to get a copy of DiClaudio’s latest book: The Deviant’s Pocket Guide to the Outlandish Sexual Desires Barely Contained in Your Subconscious.

Sources:


Amnesic shellfish poisoning: http://en.wikipedia.org/wiki/Amnesic_shellfish_poisoning

Athazagoraphobia: http://www.changethatsrightnow.com/athazagoraphobia

Enterobiasis: http://www.medicinenet.com/pinworm_infection/article.htm

Ergotoxicosis: http://wrongdiagnosis.com/s/st_anthonys_fire/intro.htm

Stendhal syndrome: http://www.frieze.com/issue/article/the_shock_of_the_old/

Windigo psychosis: http://anthro.palomar.edu/medical/med_4.htm
Lecture Suggestion 14.8

Depressing Allergies

Roughly 20% to 25% of Americans suffer from seasonal allergies, such as those to ragweed, cedar, pollen, or dust. These allergy sufferers have a new reason to cry: Recent research suggests that people with seasonal allergies may also have a predisposition toward depression.

Although they won’t cause major clinical depression by themselves, allergies such as the above may initiate depression symptoms, such as emotional withdrawal, fatigue, irritability, or mood swings. Paul S. Marshall, a neuropsychologist at the Hennepin County (Minneapolis) Medical Center, reports that neurotransmitters are the reason for this. Acetylcholine and norepinephrine normally counter each other’s activity in the nervous system. Allergies may cause an imbalance in this neurotransmitter action, which in turn may initiate depressive behavior, particularly during stressful periods or intensive allergic responses. Given this link, depression may influence allergies as well. People with mild allergies during childhood may experience more severe allergies only after a period of depression during their mid-twenties. Eventually, the allergy–depression link (especially when compounded by stress) may further alter the brain’s neurochemical balance.

Source:

Lecture Suggestion 14.9

... Gross ...

Wirthlin Worldwide was a political and business consulting firm that was acquired in the mid-2000s by Harris Interactive, a market research firm specializing in public opinion research.

One of Wirthlin’s clients was the Bayer Corporation, makers of aspirin and other pharmaceutical products. In 1996, along with the American Society for Microbiology, they commissioned a study of hand washing in public restrooms. Researchers from the survey group hid in bathroom stalls or pretended to comb their hair while they observed over 6,000 women and men in five large cities. Their observations revealed that many people don’t stop to wash their hands after using the restroom facilities. In New York’s Penn Station, for example, only 60% of restroom users washed after relieving themselves. Similar rates were found in other cities: 64% of restroom users washed at a Braves game in Atlanta, 69% washed in San Francisco’s Golden Gate Park, 71% used soap and water in a New Orleans casino, and a laudable 78% washed their hands after using the toilet at Chicago’s Navy Pier. In general, women washed their hands more often than men did—74% compared with 61%—although this trend was slightly reversed in New York and New Orleans. As part of the research design, Wirthlin Worldwide also
conducted a telephone poll asking people about their hand washing habits. Of the 1,004 adults surveyed, a full 94% claimed to always wash their hands after using a public restroom. The survey was repeated in 2000 with similar results: 95% reported they always wash their hands with only 67% observed washing their hands (based on 7,836 adults). As any social psychologist will tell you, attitudes are not a solid predictor of behavior.

In 2003, Wirthlin observed 7,541 people in public airport washrooms in New York, Chicago, San Francisco, Dallas, Miami, and Toronto. The results showed a striking consistency with previous findings (see table below).

In 2005 and 2007, Harris Interactive repeated the survey. In 2007, 92% of 1,001 adults polled in a stratified random sample said they always wash their hands after using public restrooms; however, just over 77% of 6,076 adults were observed doing so. This was down from 83% in 2005 and unchanged from 78% observed in 2003. Observations were made in public restrooms at Turner Field in Atlanta during an Atlanta Braves baseball game, the Museum of Science and Industry and the Shedd Aquarium in Chicago, Penn Station and Grand Central Station in New York City, and the Ferry Terminal Farmers Market in San Francisco.

<table>
<thead>
<tr>
<th>Airport/Location</th>
<th>Male Washers</th>
<th>Male Nonwashers</th>
<th>Female Washers</th>
<th>Female Nonwashers</th>
</tr>
</thead>
<tbody>
<tr>
<td>John F. Kennedy Airport, New York</td>
<td>63%</td>
<td>37%</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>O’Hare Airport, Chicago</td>
<td>62%</td>
<td>38%</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>SFO, San Francisco</td>
<td>80%</td>
<td>20%</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>Dallas/Fort Worth Airport, Dallas</td>
<td>69%</td>
<td>31%</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>Miami-Dade County, Miami</td>
<td>70%</td>
<td>30%</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>Toronto International Airport, Toronto</td>
<td>95%</td>
<td>5%</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>74%</strong></td>
<td><strong>26%</strong></td>
<td><strong>83%</strong></td>
<td><strong>17%</strong></td>
</tr>
</tbody>
</table>

All of this has prompted the American Society for Microbiology to initiate the Clean Hands Campaign (http://www.cleanhandscampaign.org/). Illnesses as mundane as the common cold or gastric upset can be passed by hand-to-hand contact, and so can the deadly SARS respiratory illness and MRSA (methicillin-resistant staphylococcus aureus). The Clean Hands Campaign seeks to bring home a simple but powerful message: Wash your hands! It’s good for you, and it’s good for the rest of us, too.
Lecture Suggestion 14.10

The Power of Prayer?

Intercession, a feature of many religious traditions, refers to a prayer to God on behalf of another. “Allah, please watch over my wife and children while I am away” is an example. “Jesus, please help my friend make it through these troubling times of his divorce” is another. “Dear Lord, let that kicker make the field goal!” is probably also an example.

Nowhere is the entreaty for God to intercede on someone’s behalf stronger than in matters of physical health. You’ve no doubt been asked to “keep so-and-so in your prayers” when that person is facing a major medical procedure. Even if you’re a nonbeliever, it couldn’t hurt, right? Well, maybe not.

Herbert Benson, director emeritus of the Benson-Henry Institute for Mind-Body Medicine at Massachusetts General Hospital, was the lead author of a 2006 large-scale study called STEP (Study of the Therapeutic Effects of Intercessory Prayer). The focus was recovery after coronary-bypass surgery.

The 1,802 patients, which included Catholics, Jews, Protestants, and people of no faith, were divided into three groups. One group received no prayers. A second group received prayers after being told that they may or may not be prayed for. The third group was informed that others would pray for them for 14 days starting on the night before their surgery. The prayers came from three Christian groups. The volunteers said a standard prayer “for successful surgery with a quick, healthy recovery and no complications.”

About half of the patients in the first two groups suffered complications from the surgery. In the third group, however, about 59% suffered complications, most often in the form of atrial fibrillation. Deaths during the 30 days after surgery were similar across groups; 13 and 16 in the prayed-for group, 14 in the no-pray group. The power of prayer didn’t seem to help and may have actually hindered recovery, but at least it wasn’t lethal.

The researchers, funded by the John Templeton Foundation, acknowledge that prayer can’t really be controlled. A patient in any of the three groups might have had friends and families offering silent prayers on their behalf. But this isn’t the first time prayer has failed to pass a rigorous scientific analysis. Experiments starting in the late 1980s until the more recent one in 2006 have consistently found little to no effect of prayer. For example, there were no effects of intercessory prayer for treatment of alcohol abuse, arthritis pain, or coronary care in various studies. Some scattered studies have produced promising results, but in general the prospects for intercession don’t look good.

Sources:


**Multimedia Suggestions**

*Feature Film: And the Band Played On (1993, 120 min, adult themes)* HBO produced this dramatization of Randy Shilts’s account of the AIDS epidemic. Matthew Modine, Alan Alda, Phil Collins, Richard Gere, Anjelica Huston, and the great Bud Cort star in this dense tale of politics, sexuality, medicine, and human drama. The focus is on the discovery of the epidemic and the political infighting within the scientific community that slowed the search for a cure during the early days of the disease.

See the Preface for product information on the following items:

**Worth Video Series** Video Anthology for Introductory Psychology: Psychological Disorders – Beyond Perfection: Female Body Dysmorphic Disorder

V. The Psychology of Health: Feeling Good

(Chapter Objectives 17–18)

Health psychology reveals the connection between mind and body through the influence of personality and self-regulation of behavior on health. Personality traits such as optimism can result in responding well to physical health problems, and traits that promote hardiness give others special resilience to stress-related illnesses. Controlling health-relevant behaviors can be difficult for many people because self-regulation is easily disrupted by stress. We tend to struggle most with controlling eating, sexual behavior, and smoking. Time and thought devoted to strategies for maintaining self-control can result in significant improvements in health and quality of life.

**Lecture Suggestion 14.11**

Smoke 'Em If You’ve Got ’Em

There are a lot of things that your 18- to 22-year-old students take as a given in their young lives. For example, compact discs have always been the standard medium for music (replaced even now by MP3s and downloadable songs); records, cassettes, and 8-track tapes are objects of historical interest. Desktop computers have always been available; the word “mainframe” has little or no meaning. We know all about the composition of the Earth’s moon; no need to visit, no need to explore. Led Zeppelin has never been an active recording group, and the Rolling Stones have always been AARP members. As you may know, Beloit College publishes the Mindset List chronicling just such events that first-year college students assume to have been always true. You can find the list at [http://www.beloit.edu/mindset](http://www.beloit.edu/mindset).
One thing that’s been on the list for quite some time is relevant to health: Most of your students have never seen a televised tobacco advertisement. Cigarette ads were banned from television and radio in the United States on January 2, 1971, followed by a ban on smokeless tobacco advertising on August 28, 1986. (Cigarette advertising was banned in the European Union, Australia, New Zealand, and Hong Kong in the 1990s.) Seeing a doctor recommend a Camel or images of masculine men and long-legged women happily puffing away must be quite foreign to them.

Many of these cigarette advertisements can be found on that repository of cultural knowledge, YouTube. You might show some of these ads in class to illustrate the mindset that used to exist (“cigarette smoking is fun, glamorous, and good for you!”) compared with what we now take as commonplace regarding the health benefits of not engaging in tobacco use. If you’d like, you can make this into a brief assignment by asking students to identify some of the major themes that were present in televised cigarette advertising.

As a start, listed below are some links to old cigarette commercials. If you remember some of these ads, you’ll look at them from a different perspective than you did the first time around! For example, seeing the Flintstones and other cartoon characters hawking the benefits of Winstons and Kents now reeks of shameless pandering to get children hooked on smoking. The Chesterfield ads are straight-faced in their message that smoking poses no health risks!

**Camel Filters:**

http://www.youtube.com/watch?v=VvwUJqwz0ac

http://youtube.com/watch?v=GaORtO4rFoo

**Chesterfield Kings:**

http://youtube.com/watch?v=IJNOISmZSoY

**Kent:**

http://youtube.com/watch?v=33fSU2Q_ZUY

**Kool Menthols:**

http://www.youtube.com/watch?v=o5zXdHAmFxE

http://youtube.com/watch?v=pCxfI1Dyy2w

http://www.youtube.com/watch?v=7U9vWwhsuQw

**Lucky Strike:**

http://youtube.com/watch?v=--yuN8hRf-ZY
Nonetheless, there’s evidence that an antismoking stance has been embraced by many young people. Leading the way are Web sites such as http://www.thetruth.com, which has also produced many memorable television ads. Their position seems to be one of “no more lies,” and they’ve been joined by many other media outlets that use the Internet to disseminate long-hidden tobacco company documents (many detailing plans to enlist
more smokers through ethically gray means), provide summaries of smoking regulations and laws, or simply advocate a smoke-free society. If you plan on showing some examples of tobacco advertising from the past, you might contrast them with examples of antismoking advertising from the present.

**Antismoking Web Sites**

http://legacy.library.ucsf.edu

http://smokefree.gov

http://www.thetruth.com/

http://www.tobacco.org/

**Antismoking Television Ads**

http://youtube.com/watch?v=DOCgYFnQZM4

http://youtube.com/watch?v=c4xmFcrJexk

http://youtube.com/watch?v=vxlUClqbD8M

http://youtube.com/watch?v=fzsMmWg8LYE

http://youtube.com/watch?v=GMP7pkmvgP4

http://youtube.com/watch?v=0hySFt8O11A

http://youtube.com/watch?v=o_BF8l-tT0g

http://youtube.com/watch?v=zu9iRE1LDdk

http://youtube.com/watch?v=IKbxMIWCo0

http://youtube.com/watch?v=JNjunlWUJJI

**Lecture Suggestion 14.13**

Guest Lecturer: Promoting a Healthy Lifestyle

The health psychology section in the text provides a great opportunity to give your students practical information about important health-related topics. Read the list below and choose one or more topics on which a health expert (or panel) might lecture. Any or all of these will make for an engaging presentation.

**Stress Management.** Go to your local counseling center or health center to find a representative to come to your class to discuss stress management with your students. Not only will you make your students aware of the counseling services that your college or
university provides, but also the guest speaker can teach students a variety of useful techniques (e.g., relaxation, time management, social support) that will help them successfully manage and cope with stress, especially near the end of the semester when they need it most.

**AIDS and STDs.** As an alternative or for an additional lecture session, arrange to have your local health counselor come to the classroom and talk with students about AIDS and other sexually transmitted diseases. The counselor will help college students to see evidence of what they like to deny: that STDs have reached alarming proportions at many colleges and universities. Again, student myths and misconceptions should be addressed, and ways to prevent the spread of these diseases (such as safer sex practices and increased communication between sexual partners) can be explored.

**Diet and Nutrition.** Invite a registered dietician or other nutrition expert to your class to discuss the role of diet and nutrition in health. Although more and more adults are taking an interest in their diets as part of an overall trend toward health consciousness, myths and misconceptions abound. Your guest needs to address students’ concerns and help them separate fact from fiction when it comes to nutrition. Preview your guest speaker’s agenda, and try to have these relevant issues added to the discussion: the role of fat and cholesterol in diet, the relationship between alcohol consumption and heart disease, the risks and benefits of taking vitamin supplements, the relationship between fresh vegetable consumption and cancer risk, vegetarianism, food additives, the problems of yo-yo dieting, and how to read government labels on food products. Your expert might also address the proper place in the diet for salt, caffeine, fiber, water, and carbohydrates.

Depending on your contacts in the community, you can expand these ideas to include an expert on fitness and exercise, smoking cessation, or other health-related topics.

**Classroom Exercise 14.8**

“Those Who Cannot Remember the Past Are Condemned to Repeat It”

A casual glance at the Internet reveals there are about several thousand software programs available for plotting one’s family tree. Genealogy is fun and interesting, and diagramming one’s forebears can be a big help for future generations to know from where they came. But an even bigger help for future generations is to know what might be in store for them. Mapping one’s family health history is a worthwhile way to keep track of diseases, disorders, and disabilities that may run in the family and may crop up again somewhere down the line.

- Kenneth Sumner suggests asking your students to create a history of the physical and mental health status of at least 15 relatives. Make this a voluntary exercise, or one for the student’s eyes only; some students may not wish to make their family history public.
- As with a family tree, your students might branch off from themselves to indicate the health and illness histories of parents, siblings, grandparents, and as many distant relations as you’d like to include in this assignment.
You might stress a linear approach: parents, grandparents, great-grandparents, and so on.

Alternatively, you might want more of a “family health bush,” widening the scope to include cousins, aunts and uncles, great aunts, etc. In either case, your students should do a bit more than simply record the general health and major illnesses of each member.

Ask them to also indicate a bit about the causes of any health complaints they identify. For example, were an uncle’s clogged arteries a diagnosis of genetic predisposition or too many years of bratwurst and nachos? Did an aunt’s cancer run in her family, or was her occupation as a nuclear reactor core inspector to blame?

Be mindful that students may not feel comfortable revealing too much of their family’s history. Relatives who died tragic deaths, who died young, or who died recently might call to mind a welter of painful memories. If you choose to include mental health status, some sensitive issues may arise. Make it clear that the focus is on mapping the past to better understand the future; by identifying patterns of illness, due either to poor genetics or poor choices, students can be proactive in determining their own future health.

Source:

Classroom Exercise 14.9
Always Look on the Bright Side of Life

Monty Python’s Life of Brian provided some sage advice:

Some things in life are bad
They can really make you mad
Other things just make you swear and curse.
When you’re chewing on life’s gristle
Don’t grumble, give a whistle
And this’ll help things turn out for the best . . .
And . . . always look on the bright side of life . . .
Always look on the light side of life . . .
That’s a fine strategy, especially if you’re stuck between a rock and a hard place. Even if you’re not, a bit of optimism goes quite a long way in promoting health benefits, a positive demeanor, and a generally sunny disposition.

Chuck Carver and Michael Scheier have conducted a considerable amount of research employing their Life Orientation Test (LOT) and its revision (LOT-R). People with cancer, bipolar disorder, mania, and heart problems have completed the measure, and it has been used in theory-driven studies of self-regulation, resiliency, and affect regulation. The LOT-R has the estimable quality of being quite brief; in fact, it’s so brief that you can no doubt find a use for it in your own classroom. A copy of the LOT-R is reproduced in Handout 14.2. Please note that items 2, 5, 6, and 8 are fillers. Responses to the remaining items are to be coded so that high values imply optimism.

Sources:


Multimedia Suggestions

**Feature Film: The Insider (1999, 157 min, rated R)** Russell Crowe plays Jeffrey Wigand in this true-life tale of a research biochemist who comes under personal and professional attack after he appears on *60 Minutes* exposing the practices of the tobacco industry. Everyone involved in this taut thriller comes to realize that simply telling the truth doesn’t always produce the benefits it should. More information about Jeffrey Wigand can be found at http://www.jeffreywigand.com/.
See the Preface for product information on the following items:

**Worth Video Series**

- Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Experience and Exercise: Generating New Brain Cells
- Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Stress Management: The Relaxation Response

**Other Film Sources**

*9/11 and Beyond: Coping Strategies for Trauma and Stress* (2002, 43 min, FHS). Are Americans living with a greater sense of daily fear since the events of September 11, 2001? Possibly. Even if the fear and stress aren’t continually present, dealing with the fear and stress of those events can nonetheless linger.

*Acute and Posttraumatic Stress Disorders* (2003, 22 min, IM). PTSD is big business these days. Interventions and effective early treatment are the emphases of this video.

*Beyond the Ashes* (1992, 24 min, IMP). A documentary about the fires that ravaged the Berkeley and Oakland hills and the psychological impact of those events.

*The City and the Self* (1973, 52 min, PENN). Life in the big city based on Stanley Milgram’s studies.

*Coping with Stress* (1998, 30 min, FHS). This acclaimed video looks at the fine line between the motivating and debilitating power of stress. A little bit of stress can enhance productivity, but too much can lead to illness and worry.

*Cozy Killer: The History of Cigarettes* (2006, 30 min, FHS). This killer never played the drums, but played havoc with young lives. The growing acceptance of cigarettes and smoking is critically examined in this presentation.

*Dirty Doctors* (2007, 26 min, FHS min). The subtitle is *Hygiene in the Hospital*, and the content focuses on the disturbing realization that hospitals are fairly dirty, disease-filled, infection-prone places.

*The Hospital Experience* (2003, 24 min, FHS). Hospitals are presumed to be places of quiet care, but too often they’re buzzing, beeping, bursting bastions of stress and confusion. Take a look at how going to the hospital in itself can be a source of stress.

*Hypochondriacs: Inside Health Anxiety Disorder* (2007, 50 min, FHS). Case studies are used to examine the world of hypochondriacs.

*Kids under Pressure* (2000, 22 min, FHS). It’s sad, but true: Children are showing signs of stress-related disorders at younger and younger ages. The causes and consequences of stressors in children’s lives are presented.
Learning to Live with Stress: Programming the Body for Health (1976, 20 min, DOCA). Hans Selye and Herbert Benson discuss the study of stress and its effects on the human brain and body. This video describes how stress contributes to psychosomatic illnesses such as heart problems, hypertension, high blood pressure, and ulcers.

Medical Mavericks: The History of Self-Experimentation (2007, 4 parts, 51 min each, FHS). This BBCW production looks at a curious historical phenomenon: Many medical researchers decided that the only ethical way to investigate possible new treatments was to experiment on themselves.

Neurotic, Stress-Related, and Somatoform Disorders (1997, 45 min, IM). OCD, anxiety, phobias, dissociative disorder, and stress reactions are the focus of this video. Differential diagnosis among these variants is discussed.

Now Is Our Time: Healthy Living for Women 40–55 (2002, 37 min, FHS). Women in midlife face a number of health and stress challenges, and this video explores what those are.

Peter Jennings Reporting—From the Tobacco File (2004, 41 min, FHS). ABCNews anchor Peter Jennings examines the tobacco wars by interviewing all the major players: tobacco executives, teens starting a smoking habit, long-time tobacco users, and advertisers. There’s more than a bit of irony here, as Jennings himself died of lung cancer, probably linked to his history as a smoker.

Post-Traumatic Stress Disorder (1996, 15 min, FHS). The stories on this video aren’t pleasant. One man witnessed the deaths of his two teenage daughters. Another was shot in an IRA ambush. Most of the folks featured on this video are dealing with PTSD, and they describe what that’s like.

Post-Traumatic Stress Disorder: When the Memories Won’t Go Away (2001, 53 min, FHS). Using several case studies, the causes and effects of posttraumatic stress disorder are discussed.

Real Life Teens: Stress (2002, 20 min, FHS). Face it: most of your students are pretty much “real life teens.” They’ve got a lot to deal with, and often that’s hard to do. This video explores issues of stress and coping successfully with it.

Seriously Stressed (2006, 47 min, FHS). This video explores psychological causes and consequences of stress.

Smoke Signals (2000, 26 min, FHS). More truth about tobacco: Can the big companies continue to hide behind their smoke screen?

Stress Hurts! A Wake-Up Call for Women (2001, 42 min, FHS). This ABCNews production examines whether women face more stress than men do in their lives and whether coping styles differ across the sexes.
Stress Management (2000, 20 min, FHS). This video offers 20 minutes’ worth of strategies for coping with the daily stressors of life.

Stress Management (2000, 10 min, FHS). This video also offers strategies for coping with daily stressors of life.

Stress, Trauma, and the Brain (1999, 57 min, FHS). The emphasis is a little more on the “trauma” and “brain” parts of the title, but links between stress and brain functioning are nonetheless made in this video.

Stressed to the Limit: Stress and Health (2006, 30 min, IM). It’s all here: lymphocytes, cytokines, heart disease, smoking. This video offers an overview of the central issues in health psychology.

The Truth about Tobacco (1991, 30 min, FHS). This video provides some startling contrasts related to smoking. People with smoking-related illnesses are interviewed, recounting the pain and regret produced by their habit. Then teenagers are shown talking about the glamour and appeal of tobacco! The harmful realities of tobacco use are depicted in a straightforward, unflinching way.

XS Stress: Teens Take Control (2004, 29 min, FHS). Most teenagers are surrounded by pressures to succeed, have sex, try drugs, not have sex, avoid drugs, make it to soccer practice on time, get a job, get good grades, get a date. Hear how some teens deal with the stress in their lives.

Due to loss of formatting, Handouts are only available in PDF format.