CHAPTER 14

Health

OUTLINE
I. Stress and Health
II. What Causes Stress?
   A. Crises and Catastrophes
   B. Major Life Events
   C. Microstressors: The Hassles of Everyday Life
III. How Does Stress Affect the Body?
   A. The General Adaptation Syndrome
   B. What Stress Does to the Heart
   C. What Stress Does to the Immune System
   D. The Links Between Stress and Illness
IV. Processes of Appraisal
   A. Attributions and Explanatory Styles
   B. The Human Capacity for Resilience
   C. Pollyanna’s Health
V. Ways of Coping with Stress
   A. Problem-Focused Coping
   B. Emotion-Focused Coping
   C. Proactive Coping
   D. Cultural Influences on Coping
VI. Treatment and Prevention
   A. Treatment: The “Social” Ingredients
   B. Prevention: Getting the Message Across
   C. The Pursuit of Happiness
VII. Review
VIII. Key Terms

LEARNING OBJECTIVES: GUIDELINES FOR STUDY
You should be able to do each of the following by the conclusion of Chapter 14.

1. Define health psychology. Define stress and identify its causes, including major crises, positive and negative life events, and microstressors of everyday life. (pp. 509-515)

2. Consider how the body responds to stress. Describe the three stages of the general adaptation syndrome. Explain how the experience of stressful events affects the heart, the immune system, and the likelihood of experiencing other short-term and chronic disease. (pp. 515-521)

3. Discuss the physical and mental health implications of attributional and explanatory tendencies. Discuss the negative effects engendered by learned helplessness and a depressive explanatory style. (pp. 521-522)

4. Consider the psychological tendencies that contribute to the human capacity for resilience, including self-efficacy and optimism. (pp. 522-525)
5. Define the two principal types of coping with stress, problem- and emotion-focused coping. Identify the strengths and limitations of each coping style, as well as the types of stress towards which each is best suited. (pp. 525-531)

6. Explain what is meant by “proactive coping.” Discuss the role of self-complexity, social support, religion, and culture on the manner in which people cope with stress. (pp. 532-535)

7. Identify the social psychological components of a successful approach to treatment, and explain why they are effective. Outline factors that promote prevention of risky behaviors. (pp. 536-540)

8. Consider the wide range factors that affect the pursuit of happiness and subjective well-being. Describe when people are most likely to be happy and when they are least likely to be happy. (pp. 540-542)

**MAJOR CONCEPTS: THE BIG PICTURE**

Below are five basic issues or principles that organize Chapter 14. You should know these issues and principles well.

1. Theorists have proposed that all change ends up being stressful, but negative events tend to be more stressful than positive events. Simple daily hassles can be an especially important source of stress in our lives, as can major crises like a catastrophe or a war.

2. Stress can have strong negative effects on the body. Selye proposed a three-stage model called the general adaptation syndrome to describe how the body responds to stress. According to this model, people have an initial alarm reaction to stress, followed by a resistance stage, which eventually leads to an exhaustion stage where the body breaks down. Stress, particularly when it is associated with the Type A behavior pattern, has been shown to have strong negative effects on the heart. Stress also affects the immune system by reducing the body’s natural defense system. This probably is part of the reason that people under stress are more susceptible to a number of different illnesses.

3. People may view the same stressful event quite differently. Some may view it as an indication of their incompetence and their general weaknesses, which they believe they cannot overcome. This sort of appraisal, characteristic of learned helplessness, is associated with depression. Others may view the same event as a challenge and as an opportunity for them to take charge of their lives. Such optimism and appraisals of agency are associated with positive health outcomes.

4. When coping with a negative event, some people will focus on how to overcome the problem whereas others will focus on how to deal with their emotions. People can deal with their emotions by distracting themselves from them or by opening up and expressing them. They can also cope proactively before a stressful event occurs. Self-complexity and social support are two important resources that people can use when they confront stress. There is an influence of culture on methods of coping.

5. Social psychologists have also examined ways to promote health and have found that social ingredients in a medical intervention can be crucial to its effectiveness. Research on persuasion has also provided important lessons in how to encourage people to engage in behaviors that prevent illness.
KEY TERM EXERCISE: THE CONCEPTS YOU SHOULD KNOW

Following are all of the key terms that appear in boldface in Chapter 14. To help you better understand these concepts, rather than just memorize them, write a definition for each term in your own words. After doing so, look at the next section where you’ll find a list of definitions from the textbook for each of the key terms presented in random order. For each of your definitions, find the corresponding textbook definition. Note how your definitions compare with those from the textbook.

Key Terms
1. health psychology
2. Type A behavior pattern
3. stress
4. general adaptation syndrome
5. immune system
6. posttraumatic stress disorder (PTSD)
7. emotion-focused coping
8. learned helplessness
9. depressive explanatory style
10. placebo effect
11. self-efficacy
12. proactive coping
13. psychoneuroimmunology (PNI)
14. coping
15. problem-focused coping
16. appraisal
17. stressor
18. social support
19. subjective well-being

Textbook Definitions
a. A phenomenon in which experience with an uncontrollable event creates passive behavior toward a subsequent threat to well-being.
b. A condition in which a person experiences enduring physical and psychological symptoms after an extremely stressful event.
c. Cognitive and behavioral efforts to alter a stressful situation.
d. A person’s belief that he or she is capable of the specific behavior required to produce a desired outcome in a given situation.
e. The helpful coping resources provided by friends and other people.
f. Anything that causes stress.
g. Up-front efforts to ward off or modify the onset of a stressful event.
h. An unpleasant state of arousal in which people perceive the demands of an event as taxing or exceeding their ability to satisfy or alter those demands.
i. The study of physical health and illness by psychologists from various areas of specialization.
j. A habitual tendency to attribute negative events to causes that are stable, global, and internal.
k. A subfield of psychology that examines the links among psychological factors, brain and nervous system, and the immune system.
l. Efforts to reduce stress.
m. A biological surveillance system that detects and destroys “nonself” substances that invade the body.
n. The tendency for an ineffectual drug or treatment to improve a patient’s condition because he or she believes in its effectiveness.
o. The process by which people make judgments about the demands of potentially stressful events and their ability to meet those demands.
p. A three-stage process (alarm, resistance, and exhaustion) by which the body responds to stress.
q. Cognitive and behavioral efforts to reduce the distress produced by a stressful situation.
r. A pattern of behavior characterized by extremes of competitive striving for achievement, a sense of time urgency, hostility, and aggression.
s. A term used by social psychologists to describe the pursuit of happiness.
ANSWERS FOR KEY TERM EXERCISE

Answers for the key terms exercise are listed below.

1. i
2. r
3. h
4. p
5. m
6. b
7. q
8. a
9. j
10. n
11. d
12. g
13. k
14. l
15. c
16. o
17. f
18. e
19. s
PRACTICE QUIZ: TEST YOUR KNOWLEDGE OF THE CHAPTER

Multiple-Choice Questions

1. Gretchen recently lost her job, became engaged to be married, started classes at a junior college, and moved into a new apartment. Which change in Gretchen’s life is most likely to produce harmful stress?
   a. Losing her job
   b. Becoming engaged to be married
   c. Starting classes at a junior college
   d. Moving into her own apartment

2. Research suggests that the component of Type A behavior pattern that is most likely to lead to heart disease is
   a. time-consciousness.
   b. hostility.
   c. competitiveness.
   d. a hard-driving attitude.

3. Paul and Ann were recently married. They have since experienced financial crises and disagreements over childrearing. For Paul and Ann, their marriage illustrates the effects of
   a. a life change.
   b. microstressors.
   c. self-enhancement.
   d. learned helplessness.

4. Julio was living near Los Angeles when an earthquake occurred in the area. He is particularly likely to feel stress from the earthquake if he
   a. was distressed before the earthquake.
   b. exhibits a Type A behavior pattern.
   c. has never been in an earthquake before.
   d. is suffering from depression.

5. Stable-unstable, global-specific, and internal-external are all dimensions of attribution in the
   a. reformulated model of learned helplessness.
   b. number of helpers model.
   c. inhibition-confrontation theory.
   d. self-focus model.

6. Having multiple roles, like being a parent, having a high-powered career, and taking care of a parent, is likely to make one
   a. handle stressful situations better.
   b. handle stressful situations worse.
   c. more emotional in stressful situations.
   d. less emotional in stressful situations.

7. Stress hormones such as adrenaline
   a. “charge up” the immune system to fight off disease.
   b. have little effect on the immune system.
   c. suppress the immune system, thereby lowering the body’s resistance to disease.
   d. cause people to engage in dangerous behaviors that compromise the immune system.
8. When people confront a trauma head-on and verbally express their experience with it, they are likely to
   a. become more distressed by the trauma.
   b. engage in avoidance strategies.
   c. avoid social support.
   d. experience emotional relief.

9. Optimism about one’s health outcomes is usually associated with
   a. better health.
   b. worse health.
   c. neither better nor worse health.
   d. better health for acute illnesses and worse health for chronic illnesses.

10. Anna is facing a serious bout with cancer. She remains steadfastly optimistic in the face of her diagnosis. Her positive attitude is likely to
    a. help cure her cancer.
    b. have a small effect on her immune system.
    c. make her less likely to follow her doctor’s advice.
    d. cause her cancer to progress more quickly.

11. Allison’s car broke down on the way to work. She checks to see whether there is a bus on this route and whether a coworker who lives nearby can give her a ride. Allison’s actions illustrate
    a. emotion-focused coping.
    b. problem-focused coping.
    c. self-focused depression.
    d. negative affectivity.

12. Allowing patients to decide on the type of treatment they receive for conditions like alcoholism and obesity is likely to
    a. increase the effectiveness of the treatment.
    b. decrease the effectiveness of the treatment.
    c. neither increase nor decrease the effectiveness of the treatment.
    d. increase the effectiveness of treatment for obesity, but decrease the effectiveness of treatment for alcoholism.

13. After being at home all week with his children, Charlie feels extremely stressed. To relax, he tries meditating for thirty minutes every night. Charlie’s use of meditation illustrates
    a. social support.
    b. emotion-focused coping.
    c. social-clinical interfaces.
    d. negative affectivity.

14. Pete has taken up golf as a hobby. After weeks of practice, he is now confident that he can drive the ball off the tee and keep it in the fairway. Pete’s belief is an example of
    a. self-efficacy.
    b. vulnerability factors.
    c. help-seeking.
    d. role enhancement.

15. When Angelique’s husband died, her children asked her to live with them, so she returned to her hometown where three of her sisters and many of her friends live. Compared to the average person, Angelique is likely to
    a. cope more effectively with the death of her spouse.
    b. cope less effectively with the death of her spouse.
    c. cope more effectively with the death of her spouse, but less effectively with her family.
    d. cope less effectively with the death of her spouse, but more effectively with her family.
16. The finding that women are less likely to become depressed when they are involved with a spouse or boyfriend is consistent with the ________ model of social support.
   a. number of social contacts
   b. number of helpers
   c. intimacy
   d. perceived availability

17. Research on psychotherapy has shown that one factor that may lead to its effectiveness is
   a. the theoretical orientation of the therapist.
   b. the experience of the therapist.
   c. the amount of schooling the therapist has had.
   d. the hope and positive expectations offered by the therapy.

18. Efforts to fend off stressful situations before they occur are called
   a. emotion-focused coping.
   b. problem-focused coping.
   c. self-efficacy.
   d. proactive coping.

19. Frank decides to develop a program to encourage people to wear seat belts. He decides to show graphic scenes from accidents in which people have died because they were not wearing seat belts. This strategy is likely to be
   a. highly effective.
   b. completely ineffective.
   c. somewhat effective but also to fail in some respects.
   d. effective only for the right audience.

20. Sometimes people want to change their health behaviors but feel they cannot do so. In such cases persuasion should be used in an effort to
   a. arouse fear.
   b. receive advice from credible communicators.
   c. increase self-efficacy.
   d. stress the rewards of the health behavior.

21. A method that social psychologists use to measure subjective well-being of an individual is to
   a. use a questionnaire.
   b. use a lie detector.
   c. ask a friend.
   d. ask a parent.

22. A form of daily stress comes from commuting. Currently an estimated __________ million Americans commute to work each week day.
   a. 25
   b. 50
   c. 100
   d. 200

23. Highlighting a dark side to the “American dream,” research shows that the __________ materialistic people are, the __________ satisfied they seem to be.
   a. more; less
   b. less; more
   c. less; less
   d. more; more
Essay Questions
24. Explain how change can lead to stress in one’s life. Give examples of minor and major events that can cause stress.
25. Compare and contrast problem-focused and emotion-focused coping.
26. Describe how a sense of control over one’s life and one’s medical treatment can promote health.
27. Discuss how stress can have both positive and negative effects of the immune system. Give several personal examples.
28. Discuss the general point that resilience, or hardiness, serves as a buffer against stress.
29. Do people in all cultures solve problems and cope in the same ways?
30. Discuss collectivist coping style.
ANSWERS TO THE PRACTICE QUIZ

Multiple-Choice Questions: Correct Answers and Explanations

1. a. losing her job. Although it was originally proposed that all life changes lead to stress, it is now generally believed that negative life changes produce harmful stress. For Gretchen, losing her job is the negative event that she faced that is most likely to produce harmful stress. Becoming engaged, starting classes, and moving into a new apartment are unlikely to produce harmful stress.

2. b. hostility. Research on Type A behavior pattern has shown that of the various components of this behavior pattern, hostility seems to be the most closely linked to heart disease. Time-consciousness, competitiveness, and a hard-driving attitude are components of the Type A behavior pattern, but they have not shown the strong link to heart disease that hostility has.

3. b. microstressors. Paul and Ann seem to have many daily hassles or microstressors in their marriage. These somewhat minor daily stressors can accumulate and affect people’s health. While Paul and Ann’s marriage certainly was a life change for them, their current stressors (financial crises and childrearing) are not so likely to change; and in any case, change in and of itself does not produce harmful stress. There is no evidence in this question that Paul and Ann’s marriage illustrates the effect of self-enhancement or learned helplessness.

4. a. was distressed before the earthquake. As reported in the main text, a study that examined stress levels both before and after an earthquake found that people who were distressed before the earthquake were among those most likely to suffer additional stress from the earthquake. This research emphasizes the effect of major stressors on people’s lives. There is no evidence that people with Type A behavior pattern, people who have never experienced an earthquake, or people who are suffering from depression are more likely to feel stress from an earthquake.

5. a. reformulated model of learned helplessness. The reformulated model of learned helplessness proposes that people who make internal, stable, global attributions for negative events in their lives are likely to experience depression. When something goes wrong, these people seem to say, “It was my fault, I can’t do anything to change it, and it wrecks my whole life.” These dimensions of attribution are not included in the number of helpers model, the inhibition-confrontation theory, or the self-focus model.

6. a. handle stressful situations better. Having multiple roles actually seems to buffer people from the negative impact of stress. Although people with multiple roles may experience more stress, they are also more adept at handling that stress. There is no evidence that having multiple roles affects the degree to which people are emotional in stressful situations.

7. c. suppress the immune system, thereby lowering the body’s resistance to disease. Research in psychoneuroimmunology demonstrates that adrenaline and other stress hormones weaken the immune system. They do not “charge it up” and they do have a negative effect. And there is no evidence that adrenaline leads to negative behaviors that weaken the immune system.

8. d. experience emotional relief. The theory of inhibition and confrontation proposes that when people can put traumatic events into words, they are better able to make sense of them and cope with them. Further, this model proposes that inhibiting thinking about a trauma can lead to more stress. Together, these two points suggest that verbally expressing one’s experience with a traumatic event should lead to relief. This model does not suggest that such expression leads to more distress, to the avoidance of social support, or to the use of avoidance strategies.
9. a. **better health.** In general, optimism that one’s health is going to be good is associated with a positive health outcome. There is considerable debate about why optimism promotes health; its effects on the immune system are small, but optimism is consistently associated with good health. There is no clear evidence, however, that optimism has more of an effect on acute illnesses than on chronic illnesses.

10. b. **have a small effect on her immune system.** Optimism usually provides a small boost to the immune system, but this effect is unlikely to be the sole reason for the impact of optimism on health. Other ways in which optimism promotes health have yet to be discovered. There is no clear evidence that optimism helps cure cancer, makes people less likely to follow a doctor’s advice, or makes people’s cancer progress more quickly.

11. b. **problem-focused coping.** Allison has taken several steps to remedy the problem that is causing her stress. If she is able to catch the bus or hitch a ride, her current situation will be remedied, which should lower her stress. Allison does not seem to be engaging in emotion-focused coping, self-focused depression, or negative affectivity.

12. a. **increase the effectiveness of the treatment.** Generally, when alcoholics or obese people are given the opportunity to choose their own treatment, the treatment is more effective.

13. b. **emotion-focused coping.** Charlie is using a strategy, meditation, that removes the harmful emotional effects of stress he is experiencing without eliminating the cause of the stress, staying home with the kids. This type of coping is called emotion-focused coping. Charlie does not seem to be seeking social support from others, and his actions bear little resemblance to social-clinical interfaces or negative affectivity.

14. a. **self-efficacy.** Pete’s belief that he can hit a good drive is an example of self-efficacy, the belief that one is capable of doing what needs to be done in a specific situation. Vulnerability factors, help-seeking, and role enhancement are concepts that do not address the belief that one can succeed at such a task.

15. a. **cope more effectively with the death of her spouse.** Angelique’s move to her hometown should provide her with lots of social support from her family and friends, support that should help her to cope more effectively with the death of her spouse. There is no reason to believe that her family will be a stressor with which Angelique will have to cope.

16. a. **number of social contacts** According to the number of social contacts model of social support, the more contact that people have with others, the more social support they will receive and the better their health outcomes will be. There is a considerable amount of evidence that supports this model. For example, women who are involved in a relationship and have regular contact with their spouse or boyfriend tend to have better health outcomes than women not involved in a relationship. The number of helpers model of social support proposes that it is not the number of social contacts that leads to better health outcomes, but rather the number of contacts with people who can help. The intimacy model of social support suggests that only those contacts with someone whom one can share his or her innermost thoughts are likely to lead to better health outcomes. Finally, the perceived availability model of social support suggests that only those contacts that one believes are available lead to positive health outcomes. These models maintain that only some relationships (i.e., better-quality relationships) lead to better health outcomes (e.g., less depression), and thus all of them are inconsistent with the basic finding that relationships tend to make women less depressed. Nevertheless, these other models represent useful developments in the concept of social support.
17. The hope and positive expectations offered by the therapy. Research suggests that a therapist’s theoretical orientation, experience, and amount of schooling all bear little relationship to how effective the psychotherapy is. One factor that may make psychotherapy effective, however, is the sense of hope and positive expectations offered by the therapy.

18. Proactive coping. Proactive coping involves up-front efforts to ward off or modify the onset of stressful situations. Problem-focused coping is an effort to alter a stressful situation, whereas emotion-focused coping is an effort to reduce the distress caused by a stressful situation. Both of these are enacted after the situation occurs. Self-efficacy is the belief that one is capable of performing a specific behavior needed to produce a desired outcome, and is not a method for coping with stressful events.

19. Somewhat effective but also to fail in some respects. Frank’s strategy of showing graphic scenes from accidents is likely to arouse fear and may very well persuade people that they should wear their seat belts. Prevention techniques are usually successful in developing such positive attitudes. However, in order for these positive attitudes to translate into positive action, several further steps need to be initiated. People need good models, supportive norms, and a sense of self-efficacy if their positive attitudes are to be translated into positive actions. Frank’s strategy may help somewhat, but because it ignores these later steps it is not likely to be highly effective. Finally, there is no reason to believe that Frank’s program will be especially effective with any particular audience.

20. Increase self-efficacy. People may want to change their health behavior, have developed a positive attitude toward health outcomes, and have even developed an intention to engage in healthy behavior. However, they think that they cannot follow through on these behaviors. What these people need to develop is a sense of self-efficacy, a sense that they can carry out the positive health behaviors. Arousing their fear and using credible communicators might help to change their attitudes, and stressing the rewards of health behaviors may increase their intentions to engage in these behaviors, but the people described in the question already have positive attitudes and intentions to act, so these modes of persuasion are likely to be ineffective for them.

21. Use a questionnaire. To study subjective well-being one must be able to measure it. How do researchers know if someone is happy? Simple: They ask. Better yet, they use questionnaires such as the Satisfaction with Life Scale, in which people respond to statements such as “If I could live my life over, I would change almost nothing.”

22. At present, an estimated 100 million Americans commute to work each weekday—and for longer periods of time than ever before. Research has shown that driving to work can increase stress (Koslowsky et al., 1995). It now appears that commuting by train can have the same effect. In a study of railroad commuters who traveled regularly from their homes in suburban New Jersey to work in Manhattan, Evans and Wener (2006) found that the longer their commute was, the more stress they reported feeling, the sloppier they were at a simple proofreading task, and the higher was their level of cortisol—a stress hormone that they measured by taking saliva samples after the morning trips.

23. More, less. Highlighting a dark side to the “American dream,” research shows that the more materialistic people are, the less satisfied they seem to be (Nickerson et al., 2003). Economists are thus coming to appreciate the point that to some extent, our sense of well being stems from the gap between income and material aspirations (Stutzer, 2004).
Answers to Essay Questions: Sample Essays

24. Stress occurs when people perceive that the demands of a situation exceed their ability to meet those demands. Change in people’s lives can place a number of demands on them. These demands may result from microstressors or hassles of everyday life, such as child-care duties, work pressure, traffic, inadequate living space, and many other small events that place demands on people’s time and energy. Demands may also result from major crises such as divorce, the death of a spouse, or war. Under these conditions people face many new obstacles and tasks to which they are likely to be unaccustomed, thus becoming especially vulnerable to stress.

25. When people face a stressful situation, they can cope with it either by trying to change the situation or by dealing with the emotions it gives rise to. Problem-focused coping is an attempt to change the situation that is provoking stress. The advantage of this coping strategy is that if it is effective, the person using it will no longer experience stress. Alternatively, emotion-focused coping is an attempt to relieve the negative emotions that accompany stress without changing the situation that is provoking the stress. The advantage of this strategy is that it may be used to cope with a number of different stressful situations.

26. In general, when people have a sense of control over their lives, especially over the stressful situations they encounter, they experience better health outcomes. This may be true even when the sense of control over the situation and one’s ability to handle the situation are illusions. Optimism seems to promote health. Similarly, when people are accurately informed about their medical treatment and choose their own course of treatment, they seem to recover from illnesses more quickly and are better able to end destructive behavior patterns.

27. Hundreds of studies now show that the effects of stress on the immune system are complex. Brief stressors (such as a shark attack or difficult exam) can enhance the immune response in ways that are adaptive in the short term, but chronic life stressors (such as a high-pressure job or distressed marriage) can suppress the immune response over time, putting the organism at risk (Segerstrom & Miller, 2004).

28. Research supports the general point that resilience, or hardiness, serves as a buffer against stress (Funk, 1992). As you might expect, most people are exposed to at least one highly traumatic event during the course of a lifetime. Yet while many react with PTSD, others maintain their equilibrium and mental health: “Roughly 50% to 60% of the U.S. population is exposed to traumatic stress but only 5% to 10% develop PTSD” (Ozer et al., 2003, p. 54). Thus, Ann Masten (2001) and George Bonanno (2004) both argue that most human beings are highly resilient, exhibiting a remarkable capacity to thrive in the wake of highly aversive events. In fact, Vicki Helgeson and her colleagues (2006) note that many people who confront heart attacks, cancer, divorce, war, family illness, and other traumas find ways to accept, benefit, and grow from the experience.

29. Everyone in the world feels stress during the course of a lifetime. Whether the result of a natural disaster, the death of a loved one, the breakup of a relationship, war, serious illness, an accident, or the chronic microstressors of studying, working, and trying to make ends meet, stress is universal to the human experience. But do people in all cultures solve problems and cope in the same ways? Most of the research on coping is conducted with people from Western cultures, in which individualism and independence are highly valued. Do people from collectivist cultures that value interdependence use the same coping mechanisms? The answer may not be as obvious as it seems. In view of the differences between Eastern and Western cultures, for example, one might predict that Asians are more likely than Americans to cope with stress by turning to others for support. Yet Taylor and her colleagues (2004) found that when they asked college students to describe what they do to relieve stress, 57% of Americans—but only 39% of South Koreans—cited social support seeking. Additional probing shed light on this surprising difference. In
individualistic cultures, people often use others to service their personal goals. In collectivist cultures, however, where social groups take precedence over the self, people are more reluctant to strain their relationships by calling on others for support.

30. To better understand the “collectivist coping style,” Paul Heppner and others (2006) administered extensive questionnaires to more than three thousand Asian college students in Taiwan—many of whom had endured the kinds of traumatic events described in this chapter (the three most frequent were breakups, academic pressure, and the death or illness of a loved one). Five ways of coping were identified. In order of how often they are used, these strategies are: (1) Acceptance, reframing, and striving, (2) avoidance and detachment, (3) family support, (4) religion and spirituality, and (5) private emotional outlets. Of the five strategies, participants rated acceptance as the most helpful.