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### Resources, coping with stress, positive emotions and health. Introduction

In the search for psychological determinants of health the focus is on resources, coping with stress, and positive emotions. These issues, out of necessity in a fragmentary form only, are dealt with in this PPB issue. Among the notions listed in the title, that of resources is the most fundamental and of the broadest character.

The notion of resources is pivotal in the description of the stress phenomenon, the course and outcome of coping with stress, as well as in understanding the determinants of health maintenance and promotion (cf. Bishop, 2000; Heszen & Sęk, 2007; Snyder & Lopez, 2002; Taylor, 1995). Most authors agree that the notion of resources denotes internal characteristics of the individual, as well as external conditions beneficial for his/her adaptation and health level (Antonovsky, 1995; Hobfoll, 2006; Heszen & Sęk, 2007). External resources, or properties of the physical, natural and civilizational environment, include e.g. supportive social networks, culture and religion, as well as useful objects or accumulated material wealth. Internal (subjective) resources, or the individual's competences are the most extended group of resources, including e.g. positive beliefs and attitudes, life competences, or self-regulation skills. By participating in cognitive appraisals and coping they serve protective and stress-moderating functions. Finally, outcomes of these processes may provide feedback affecting (and changing) resources of the individual (cf. Poprawa, 2008). Since resources are something valuable, the individual strives for their development, maintenance and restoration over the lifetime (Heszen & Sęk, 2007).

Such a broad definition of resources, going beyond the framework of health psychology, allows to adopt a holistic approach to human functioning and to embed health-related activities of man into the socio-ecological model of health. Moreover, according to the idea proposed by S. Hobfoll (2006), it seems possible to determine objective resources not only of a particular individual, but also of whole social groups. The notion of resources has also enriched the previous understanding of the phenomenon of stress and

coping, as a counterpart to the notion of deficits or defects in biological and socio-psychological structures. In this sense it provided grounds for integration of knowledge inherent in the salutogenic approach with the classical approach to stress and coping that represents rather a pathogenic model (Heszen & Sęk, 2008). In consequence, the psychological theory of stress and coping becomes more palatable to representatives of other disciplines of science and practice, as well as closer to the laymen's experience.

Apart from the above-mentioned positive consequences, some difficulties should be noted resulting from the application of the notion of resources in health psychology<sup>1</sup>. First and foremost, the notion is subject to the process of modification and adaptation to the needs of the discipline in question. Initially, characteristics beneficially influencing the processes of coping with requirements or overload were called resistance traits of the organism, mind, or social structures. These terms seem to have been more precise, but on the other hand, limited to a certain group of traits manifested in difficult situations. The introduction of a more comprehensive notion of resources allows to deal with a wide range of properties, but leads to an intuitive and even quite arbitrary usage of the term. The way of selecting variables by the researcher on the grounds of the existing knowledge and empirical findings seems to determine their definition of resources (especially personal resources) important for stress appraisal, the course of stress transaction, effective coping, and health as an outcome of resources use. Variables regarded by one author as resources are often included in the definition of health in another approach. E.g. according to Keyes (2002, 2006, 2007) mental health manifestations include a sense of mastery over the environment and a sense of belongingness (or social integration). The former resembles self-efficacy (Bandura, 1977), while the latter is measured in the same

1 The notion of resources was borrowed by psychology of health from other disciplines of science and practice, such as macroeconomy, management and organization theories, and ecology (cf. Mudyń, 2003).

way as the perception of social support networks. These properties are considered by many authors as resources (cf. Zwoliński, 2008; see also the papers by Ostrowski and Wojtyna & Stawiarska in this issue).

Difficulties associated with a precise application of theory may lead to methodological problems typical of health psychology research. The problems pertain above all to cross-sectional studies using self-report (questionnaire) techniques to measure both constructs under consideration, i.e. resources and health. This type of measurement produces common variance resulting from the individual's subjective rating tendencies. Such tendencies may be the source of apparent correlations or markedly overrated associations between resources and health. This problem is shared with other areas of psychology where self-report cross-sectional approach is also applied. But in health psychology attempts are made to overcome this difficulty by objectivization of the concept of health, by introducing the notion of physical health and related phenomena including longevity, physical fitness or health-promoting lifestyle. However, studies using objective health indicators usually fail to demonstrate any relationship between resources and health (cf. happiness and objective indicators of health - Czapiński, 2004; Lyubomirsky, King & Diener, 2005).

The relationship between social support and somatic symptoms may be an example of a problem involving similar difficulties and at the same time providing inspiration to many studies. An attempt at solving such difficulties is presented in this issue, among others, by Ostrowski in his paper on "Self-esteem and social support in the occupational stress-subjective health relationship among medical professionals". The attempt consisted in an appropriate sample selection and defining the way of the sample categorization, i.e. in analyzing separately subgroups of doctors representing different medical specialties. The same problem emerged also in interpretation of the research findings presented by Sęk and Ziarko in their paper on "Utilization of resources in coping with chronic illness". The authors are considering possible effects of such variables associated with the course of chronic illness as severity of symptoms or their stabilization level (also objectively assessed) on differences in social support (and other resources) perceived by patients suffering from cancer, cardiovascular conditions, or rheumatoid diseases.

The concept of resources implies also the use of subjective assessments made by respondents. The resulting difficulties cannot be resolved on the grounds of the conservation of resources (COR) theory by Hobfoll (2006). Although according to the author's assumptions, the COR theory is to describe objectively both stress and resources, his assumptions seem to remain in the sphere of declarations only, since in the definition of stress he directly refers to the "perceptual" approach by Kaplan, and the proposed category of resources includes the notion of values

(resources are "valued") as well as the means allowing to attain these resources. Therefore, in Hobfoll's formulation resources are of a relative nature, since it is a subjective evaluation that decides whether something is a resource "directly or indirectly needed for survival". In other words, something regarded as a resource by somebody, can have no value whatsoever for someone else (cf. Heszen & Sęk, 2008).

Relativity of resources is the cause of still other difficulties with defining the concept. In the previously cited approach to resources in health psychology, their value is assumed to motivate human striving to develop, maintain and restore resources over the lifespan. However, research findings evidence that there are properties whose value for health - even in the same individual - is not stable, but determined by the context. The studies by Strelau (2000, 2006) indicate that a positive effect of temperamental traits on health depends not only on their specific configuration, but also on the type of difficult situation, and more precisely - on the intensity of situational stimulation. Thus, low-reactivity individuals, generally regarded as more resistant, show a decrease in the effectiveness of action in situations characterized by a very low stimulating value (including deprivation) and no potential for stimulation enhancement. This means that some resources may either serve beneficial adaptive functions or be a source of health risks - depending on the type of situation. In the light of the above-cited research findings a question arises whether we should regard as a resource a property whose value is situationally determined, or only a property of a universal value?

The above example illustrates that an individual property generally regarded as a resource in certain situational conditions may lose its adaptive value. Thus, a question arises whether the opposite is possible, i.e. whether a property regarded as a deficit (e.g. depression leading to many negative outcomes) can play the role of a resource under certain circumstances? According to the theory by Antonovsky, a lack, or in other words, deficit of resources may be a source of specific stress, so-called endemic stress (cf. Heszen & Sęk, 2007)<sup>2</sup>. However, how can we fit into the picture the studies, already classical, showing that depressive persons are characterized by realism in perceiving their social competences and reality, in contradistinction to their non-depressive counterparts (cf. Seligman, 1993)? The finding implies that pessimism as an attributional style (being a predictor of depression severity, cf. Spence, Sheffield & Donovan, 2002), may protect the individual against too risky behaviors and lead to the choice of more

2 Hobfoll (2006) proposes a more extensive use of the notion of resources in defining stress, assuming that stress experience occurs under the following conditions: 1. threatened resource loss; 2. actual loss of resources; and 3. a lack of resource gain following the investment of resources.

rational behavioral strategies. A similar function is probably served by defensive pessimism (Norem, 2002), a cognitive strategy that consists in lowering expectations concerning upcoming performances, despite positive experiences with such situations in the past. Defensive pessimism would be then a strategy for coping with anxiety protecting people against excessive stress. It seems interesting also whether the so-called "black humor" serves a similar function among medical professionals who experience occupational burnout? An answer to this question is provided by the paper by Wojtyna and Stawiarska: "Humor styles and psychosocial working conditions in relation to occupational burnout among doctors", where the use of various humor styles as coping strategies is analyzed.

However, the presented considerations seem incomplete in the light of the research into the negativity effect, i.e. a tendency to focus on negative rather than positive stimuli (cf. Czapiński, 1988). The essence of human realism and the individual's adaptation to the changing reality turned out to depend on intertwining of optimism with the negativity effect. The former is an adaptive mode of behavior at the stage of planning and developing action schemata, while the latter is appropriate at the stage of implementation of the action plan. The negativity effect in a sense adjusts action plans to reality<sup>3</sup>.

Let us consider one more question that seems to deserve discussion in the context of the individual's striving to multiply, conserve and restore resources. The question is whether there is a place in health psychology for the concept of "excess resources"? The notion includes such a part of resources that has "no value" since it does not bring any positive effects, and even may lead to negative outcomes. This is illustrated by a longitudinal study (Wojtyna, Dosiak & Życińska, 2007) evidencing that instrumental support provided during hospitalization to patients diagnosed with depressive disorders does not produce any significant benefits. Interestingly, interventions representing this type of support (instructions, helping, and modeling of effective behaviors) are most commonly undertaken during hospitalization both by the medical staff and by the patient's family and friends. Moreover, a study conducted by the research team headed by Sęk (2005) suggests that persons who come to a crisis intervention center, bear negative consequences of entering the helping relationship – namely, their self-esteem is lowered. Similar difficulties are described by Życińska in her paper entitled „Cognitive and behavioral predictors in the process of smoking cessation during pregnancy: Testing for discontinuity patterns in the Transtheoretical Model”. The level of self-efficacy, a cognitive variable exerting the most marked influence on health behavior engagement, turned out to decrease across the Transtheoretical Model stages, instead

of increasing from stage to stage, as expected. The author proposed a number of interpretations of this result, e.g. taking into account the role of various types of self-efficacy in successive stages of behavior change.

Associations between the concept of resources and the issues of stress and coping, and even a fundamental role of this concept in some theories of stress, repeatedly referred to in the preceding pages, are clearly exemplified by the COR theory (Hobfoll, 2006). The theory has been elaborated in the contemporary approaches to coping (cf. Schwarzer & Knoll, 2003). As a continuation of the idea that people strive to increase their resources and protect those already possessed, Schwarzer (2001) distinguished two types of coping: preventive and proactive. Both are oriented towards the future (and not the current situation) and consist in accumulation of resources that might reduce negative effects of future stressful events (preventive coping) or facilitate utilization of future opportunities (proactive coping). On these grounds a conclusion can be drawn that it is the goal-setting by the individual himself (and not by his environment) that constitutes a mechanism leading not only to enlargement, but also to creation of resources (cf. Mudyń, 2003).

An important tendency in the contemporary psychology reflected in the contents of this volume is the growing interest in positive emotions. Their relationship with resources is bilateral. In this mutual connection the role of positive emotions in the development of resources seems to be more interesting. This problem is pivotal to the broaden-and-built theory of positive emotions by Fredrickson (1998, 2001). The theory has been verified in many experimental studies and in natural settings. Positive emotions are evoked by the individuals' conscious or unconscious appraisal and valuation of events and objects as concordant with their needs and goals of their activity. Broadening refers to cognition and action, first and foremost in the form of creative problem solving that provides conditions for the development of stable physical, intellectual and social resources. In this approach the role of positive emotions for the process of coping with stress consists not only in modification of the course of cognitive processes, but also in stimulation of the subject's activity which directly influences the efficacy of resolving stressful situations.

The role of positive emotions in a stressful situation was most clearly outlined in the works by Folkman and Moskowitz, who elaborated the classical approach by Lazarus and Folkman (Folkman, 1997; Folkman & Moskowitz, 2000, 2006). The authors proposed, above all, that positive emotions are universally present in stressful situations, and corroborated the proposition by evidence from their extensive research. Among sources of positive emotions under conditions of chronic stress, purposeful efforts aimed at eliciting such emotions and their maintenance seem to be most noteworthy. In other

<sup>3</sup> This undoubtedly reminds the assumption by Antonovsky (1995) about two extremes, with resources on one, and deficits and threats on the other.

words, the function of coping with emotions includes not only reduction of negative emotions, but also stimulation of positive affect. The latter in turn stimulate coping and are not only an outcome of this process, but also provide motivation to coping efforts. Moreover, positive emotions allow the individual to have a rest, and thus protect his/her resources engaged in coping and facilitate their restoration (Heszen, 2008).

Interesting research findings in this area are presented in two articles in this volume. In the first, entitled “Coping after myocardial infarction. The mediational effects of positive and negative emotions”, Gruszczyńska and Kroemeke propose to consider the individual’s behaviors in a difficult situation as an outcome of situational cognitive appraisals in all the three dimensions distinguished in the classical theory of stress by Lazarus and Folkman (1984), i.e. challenge, threat, and harm/loss. This is justified by empirical evidence showing that the three types of situation appraisal by ill persons are inseparable (Lenartowska-Haloń, 1993). The second article by Kaczmarek: “Resiliency, stress appraisal, positive affect and cardiovascular activity” seems noteworthy also due to the experimental procedure used by the author. In a group of healthy participants affective regulation was found to be related only to activity-oriented challenge appraisals. Positive emotions can be measured in terms of a positive appraisal of not only the situation itself, but also possibilities of getting involved and facing the demands posed by the situation.

Summarizing our considerations it should be said that the presented relationships between resources, positive emotions, coping and health have been the object of many studies. The studies are not quite free from weaknesses resulting mainly from the difficulty in defining the concept of resources in accordance with the needs of health psychology so extensively developing in recent years, especially as regards the role of positive emotions in the process of coping with stress, or conceptualization of health. The problems briefly outlined in the Introduction with regard to particular articles included in this volume have made the authors conduct more extended analyses, leading mostly to new, explanatory hypotheses.

We hope that this Introduction will facilitate reading of the articles presented in this volume. They are undoubtedly based on the state-of-the-art knowledge about resources and suggest probable solutions to at least some of the difficulties mentioned above. Hopefully, the articles presented herewith may also be an inspiration to further research.

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