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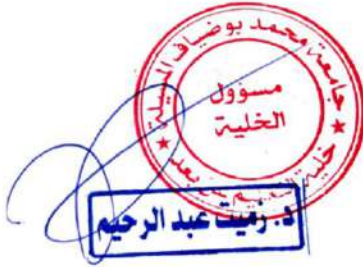


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Faculty of Humanities and Social Sciences

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## Module: health psycholgy

Level : 1st year, Master, Clinical Psychology, Clinical Psychology

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Title	Page
<b>Lecture 1: Intrduction of psychology of health</b>	<b>3</b>
<b>Lecture02 : Psychology Of Health</b>	<b>7</b>
<b>Lecture03 : Relativity of Psychological Health</b>	<b>14</b>
<b>Lecture04 : Health Behavior</b>	<b>17</b>
<b>Lecture05 : Cping: A Dynamic Process</b>	<b>22</b>
<b>Lecture 06: Theories of Health Psychology</b>	<b>26</b>
<b>Lecture 07: Transactional Model of Stress</b>	<b>31</b>
<b>Lecture 08: Cohen's Model</b>	<b>36</b>
<b>Lecture 9: The Two Contexts Mediating the Environment-Individual Relationship</b>	<b>41</b>
<b>Lecture 10: Impact of Appraisal Contexts:</b>	<b>58</b>
<b>Lecture 11: 2.Effectiveness of Coping Strategies:</b>	<b>62</b>
<b>Coclusion</b>	<b>65</b>
<b>Referances :</b>	<b>67</b>

## **Lecture 1: Intrduction of psychology of health**

The psychology of health focuses on understanding how psychological factors influence health behaviors, physical health outcomes, and overall well-being.

the psychology of health plays a pivotal role in shaping individual behaviors, attitudes, and outcomes. This interdisciplinary field delves into various aspects of human psychology that influence health-related decisions, beliefs, and practices. From health behavior to coping mechanisms, social support, and communication, each component contributes significantly to an individual's overall health and well-being.

It encompasses various aspects such as:

**Health Behavior:** Health behavior encompasses the actions and habits individuals engage in that either promote or jeopardize their health. This can include lifestyle choices such as diet, exercise, smoking, and preventive healthcare practices. Understanding the psychological factors that drive these behaviors is crucial in promoting positive health outcomes. For instance, theories like the Health Belief Model and the Theory of Planned Behavior shed light on how

perceptions of susceptibility, severity, benefits, and barriers influence health-related decision-making.

**Health Beliefs and Attitudes:** Beliefs and attitudes towards health can significantly impact an individual's willingness to engage in health-promoting behaviors. For example, someone who believes in the efficacy of vaccines is more likely to get vaccinated than someone who harbors misconceptions or doubts. Psychologists study how these beliefs are formed, maintained, and changed, offering insights into effective health communication strategies and interventions.

**Stress and Coping:** Stress is a prevalent aspect of modern life and can have profound effects on physical and mental health. Understanding how individuals perceive and cope with stressors is crucial in mitigating its detrimental impact. Effective coping strategies, such as problem-solving, social support, and mindfulness, play a vital role in maintaining overall well-being.

**Social Support:** Social connections and support networks are essential for health and longevity. Research indicates that individuals with strong social ties tend to have better health outcomes and a higher quality of life. The psychology of



social support explores how relationships, both positive and negative, influence health behaviors, coping mechanisms, and emotional well-being.

**Health Communication:** Effective health communication is key to promoting healthy behaviors, disseminating accurate information, and fostering patient-provider relationships. Psychologists study communication strategies, health literacy, and the impact of messaging on behavior change to enhance public health initiatives and individual decision-making.

**Health Promotion and Intervention:** Psychological theories and interventions play a crucial role in health promotion efforts. By understanding motivational factors, barriers to change, and individual differences, psychologists can design targeted interventions that promote healthy behaviors and improve health outcomes.

**Biopsychosocial Model:** The biopsychosocial model recognizes the complex interplay between biological, psychological, and social factors in determining health and illness. This holistic approach underscores the importance of considering all aspects of an individual's life when addressing health issues.



Patient Adherence and Self-Management: Patient adherence to treatment regimens and self-management practices are essential for successful health outcomes. Psychologists work to understand the factors influencing patient behavior, motivation, and decision-making to support individuals in managing their health effectively.

In conclusion, the psychology of health offers valuable insights into the intricate relationship between the mind and body. By examining health behaviors, beliefs, coping mechanisms, social support systems, communication strategies, and intervention approaches, psychologists can contribute significantly to improving individual and population health outcomes. Embracing a holistic understanding of health through the biopsychosocial model and supporting patient adherence and self-management are crucial steps towards fostering a healthier society.

## **Lecture02 : Psychology Of Health**

### **History of Health Psychology:**

#### **Ancient Times:**

**Magical Beliefs:** In ancient times, people believed that disease was caused by supernatural forces such as evil spirits or the evil eye. Ancient societies linked disease to rituals to exorcise demons.

**Hippocrates and Galen:** The first texts on disease appeared in the writings of Hippocrates (460-370 BC) and Galen (129-199 AD). Scholars of that era developed the theory of temperaments, which was adopted by physicians for centuries.

#### **Middle Ages:**

**Dominance of the Church:** The Catholic Church rejected the ideas of Hippocrates and Galen. The Church's theory dominated popular thought on health and disease, considering illness to be God's will and not to be opposed, believing it to be a purification of the soul.

#### **European Renaissance:**

Refuting	Church	Beliefs: Many
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physicians, scientists, and philosophers worked to refute the Church's beliefs about disease. New ideas emerged linking mental health to physical health.

### **Religious Reformation:**

Importance of the Body: Protestants emphasized the importance of preserving the body as a gift from God. This led to increased interest in physical and mental health.

### **18th and 19th Centuries:**

Descartes and Inventions: René Descartes proposed a theory that separated the soul from the body and linked the mind to mental health. Inventions such as the microscope and surgical procedures helped to better understand the causes of disease.

### **20th Century:**

Advancement of Medicine and Psychology: Medicine and drug therapy advanced significantly. The effects of diets on physical health became apparent. Body image gained a significant role in societies (Bruchon-Schweitzer, 2002, pp 10-14).

## **Definition of Health Psychology**

Health Psychology: Health psychology emerged as an independent discipline in the 1960s. Health psychology focuses on understanding the relationship between psychological factors and physical health. It aims to promote health and prevent disease through psychological interventions.

## **Approaches to Mental Health:**

To achieve good mental health, it is necessary to follow a sound approach.

Mental health is based on three main approaches: developmental, preventive, and therapeutic.

These approaches help individuals achieve self-harmony and environmental adaptation.

### **1. Developmental Approach:**

This is a constructive approach that aims to increase happiness, competence, and adaptation in normal individuals throughout their development to reach the highest possible level of mental health.



This is achieved by studying individuals' potential and capabilities and directing them appropriately (technically, educationally, and professionally).

It also involves nurturing the physical, mental, social, and emotional aspects of development to ensure that individuals have the opportunity to develop properly and achieve maturity, adaptation, and mental health.

## **2. Preventive Approach:**

This approach focuses on preventing mental problems, disorders, and diseases.

It focuses on healthy individuals before focusing on patients to protect them from the causes of diseases by eliminating them early on.

It also nurtures mental health and healthy psychological development and creates conditions that promote mental health.

The preventive approach has three levels:

Primary prevention: aims to prevent the occurrence of the disease.

Secondary prevention: aims to diagnose the disease in its early stages and reduce its disabling effects.

Tertiary prevention: aims to rehabilitate the individual and reintegrate them into society.

The preventive approach is also called "psychological immunization."

### **3. Therapeutic Approach:**

This approach focuses on treating mental problems, disorders, and diseases to restore adaptation and mental health.

It focuses on the causes, symptoms, diagnosis, treatment methods, and provision of therapists, clinics, and psychiatric hospitals (Hamed, 1991, p 12).

#### **Note:**

The three approaches to mental health are not mutually exclusive. They can be used in combination to achieve the best possible outcomes for individuals.

The choice of approach will depend on the individual's specific needs and circumstances.

Benefits of good mental health:

Mental health is crucial for individual and societal well-being. Healthy social development, evident in positive contributions to society, such as increased cooperation, productivity, and success, is observed among individuals with good mental health. This leads to the prosperity and development of society.

Dealing with life challenges: Individuals with good mental health can effectively handle problems arising from various motivations.

Healthy social development: Good mental health facilitates healthy social development by enabling individuals to build relationships with others, achieve social interaction, and assume responsibilities.

Physical health: Good mental health supports an individual's physical health.

Success in work and career: Good mental health helps individuals achieve success in their work and career.

Increased productivity: Individuals with good mental health are more productive because they constantly strive to achieve self-actualization through work accomplishments and success.

Societal cohesion: A society with individuals enjoying good mental health is more cohesive. F. M. (Jabal, 2000,pp 50-52)

Increased cooperation: Good mental health leads to increased cooperation among members of society.

Preservation and development of cultural identity: Good mental health among individuals helps preserve and develop their cultural identity.



## **Lecture03 : Relativity of Psychological Health**

The term "Relativity of Psychological Health" refers to the idea that mental health is not a fixed state, but rather a dynamic concept that varies depending on several factors such us :

**Individual Differences.**

**Temporal Fluctuations**

**Developmental Stages**

**Cultural Context**

**Historical Context**

### **1-Relativity of mental health from person to person:**

Individuals differ in their degree of mental health just as they differ in terms of weight, height, intelligence, and anxiety. Mental health is relative, not absolute. There is no person who is completely mentally healthy, just as there is no person who is completely physically healthy. Furthermore, there is hardly anyone who completely lacks mental health and its manifestations. It is possible to find some normal (positive) aspects even in the most disturbed people.

## **2-Relativity of mental health in the same individual over time:**

There is no person who feels happy and joyful at every moment of their life. Likewise, there is no person who feels unhappy and sad all their life. A person experiences both good and bad situations (Boutros, 2001, p36).

## **3-Relativity of mental health according to developmental stages:**

What may be considered normal behavior at a certain age (such as breastfeeding until the age of two) may be abnormal if it occurs at the age of five. Similarly, thumb sucking is a normal and natural behavior in the first few months of a child's life, but it becomes a behavioral problem if it occurs after the age of six. Likewise, bedwetting is normal behavior in the first year but becomes a problem after the age of five.

## **4-Relativity of mental health according to changes in time:**

Normal behavior, which is an indicator of mental health, depends on the time or historical period in which it occurs.

## **5-Relativity of mental health according to changes in societies:**

The behavior that indicates mental health differs according to the customs, traditions, and cultures of societies.

Generally, mental health can be judged according to the factors of time, place, societies, and developmental stages in humans. These variables must be taken into account when making a judgment about mental health M. (Abdel-Halim, 2002, p25).

Mental health varies from person to person, over time, according to developmental stages, and according to changes in societies. It is important to consider these factors when assessing mental health.

## **Lecture04 : Health Behavior**

### **1.Definition of Healthy Behavior Pattern:**

A healthy behavior pattern is defined as a set of actions taken by an individual to:

**Early detection of diseases:** This is done through regular checkups and paying attention to any symptoms or signs that may indicate a disease.

**Prevention of diseases:** This is done by following a healthy lifestyle that includes a healthy diet, regular exercise, getting enough sleep, and avoiding harmful habits such as smoking and drinking alcohol.

**According to the definition of Radwan and Rishke (2001):**

A healthy behavior pattern is a lifestyle that an individual adopts to detect diseases early and prevent them from occurring.

**Healthy behavior patterns can be divided into:**

**Preventive behaviors:** Such as receiving vaccinations and undergoing regular checkups.



**Health behaviors:** Such as following a healthy diet and exercising regularly.

**Treatment behaviors:** Such as following the doctor's instructions when diagnosed with a disease.

**Healthy behavior patterns aim to:**

**Improve overall health:** By reducing the risk of developing chronic diseases such as obesity, heart disease, and diabetes.

**Promote quality of life:** By increasing energy levels, improving mood, and reducing stress.

**Prolong life:** By reducing the risk of developing fatal diseases.

**Individuals can adopt healthy behavior patterns through:**

**Health education:** By reading books, magazines, and newspapers specialized in health, attending seminars and lectures on health, and consulting a doctor, nutritionist, or fitness specialist.

**Lifestyle change:** By following a healthy diet, exercising regularly, getting enough sleep, and avoiding harmful habits such as smoking and drinking alcohol.

**Social support:** By getting support from family, friends, and colleagues at work.

## **2.Models and Theories of Health Behavior:**

**Health psychologists have developed a number of models and theories to explain and promote health behavior. Here are a few examples:**

### **1. The Health Belief Model (HBM):**

The HBM is one of the most influential theoretical frameworks for understanding why people engage in health-related behaviors.

The model suggests that two key factors influence a person's likelihood of adopting a healthy behavior:

**Perceived susceptibility to a health threat.**

**Perceived benefits of taking action to reduce the threat.**

### **2. The Theory of Planned Behavior (TPB):**

The TPB posits that a person's behavioral intentions are the direct predictors of their behavior.

These intentions, in turn, are influenced by three main factors:

**Attitudes towards the behavior.**

**Subjective norms.**

**Perceived behavioral control.**

### **3. Factors Influencing Health Behavior Change:**

In addition to the HBM and TPB, a number of other factors can influence a person's ability to adopt and maintain healthy behaviors. These include:

**Demographic factors:** Age, gender, income, education, etc.

**Personal control:** The individual's sense of agency and ability to control their own behavior.

**Social influences:** The impact of family, friends, peers, and other social groups on behavior.

**Personal goals:** The individual's specific objectives for health behavior change.

**Perceived symptoms:** The individual's awareness of and concern about their health symptoms.

**Access to healthcare:** The availability and affordability of healthcare services.

**Cognitive factors:** The individual's beliefs, attitudes, and knowledge about health and health behavior.

**Understanding models and theories of health behavior is essential for developing effective health promotion and behavior change interventions**



## **Lecture05 : Coping: A Dynamic Process**

**The Coping** is the ability of an individual to:

**Reconcile conflicting motivations and social roles** to satisfy all parties involved while avoiding internal conflict.

**Adapt to their external, physical, and social environment.**

**Coping is an ongoing effort to balance:**

**Individual demands and circumstances.**

**Demands and circumstances of the surrounding environment.**

### **1.Definitions of Coping:**

**Fawzy Mohamed Gabal (2022):** "Coping is the ability of the individual to achieve a balance between his desires and needs and the requirements of the social roles he plays."

**Mustafa Fahmy (1987):** "Coping is the dynamic process through which the individual seeks to achieve harmony between himself and the environment. Based on this, we can define this phenomenon as the ability to form

healthy relationships between the individual and his environment."

## **2.Characteristics of Coping:**

**Dynamic and ongoing process:** Coping changes with changing environmental conditions and individual needs.

**Involves changing behavior:** The individual changes their behavior to adapt to the surrounding environment.

**Achieves harmony between the individual and the surrounding environment:** Coping aims to achieve a balance between the individual and their environment.

**Matching of individual's inclinations, attitudes, and desires with their abilities and capabilities to the surrounding environmental conditions:** Coping requires matching individual's abilities with environmental demands.

## **3.Importance of Coping:**

**Helps the individual achieve psychological and social balance.**

**Enables the individual to deal with pressures and challenges.**

**Improves the individual's ability to adapt to change.**

**Helps the individual achieve success in their life.**

#### **4.Types of Coping:**

**Psychological coping:** The ability of the individual to adapt to themselves, their feelings, and their needs.

**Social coping:** The ability of the individual to adapt to others and live in society.

**Environmental coping:** The ability of the individual to adapt to the physical environment around them.

#### **5.Factors Influencing Coping:**

**Individual factors:** Age, gender, personality, coping style, social support, etc.

**Environmental factors:** Physical environment, social environment, economic factors, etc.

**Situational factors:** Nature of the stressor, severity of the stressor, duration of the stressor, etc.

#### **Coping Strategies:**

**Problem-focused coping:** Focuses on changing the situation causing the stress.

**Emotion-focused coping:** Focuses on managing the emotional response to the stress.

**Avoidant coping:** Avoiding the situation or the emotional response to the stress.

**Conclusion:**

**Coping is a necessary process for individual life,** as it enables them to achieve psychological and social balance, deal with pressures and challenges, and achieve success in their life.

## **Lecture 06: Theories of Health Psychology**

### **Theories of Health Psychology**

#### **Cognitive Theories of Stress:**

##### **1-Stimulus-Organism-Response (S-O-R) Model**

In response to criticisms of the stimulus-response model, it was developed into the stimulus-organism-response (S-O-R) model, which incorporated mediating organismic variables, including perception, appraisals, and various "personal mediators."

**2-Cognitive theories of stress** are concerned with understanding the complexities of individual responses to stress. They focus specifically on the role of thoughts or personal attributions or cognitive processes that influence these responses. There are many theories that have investigated this area, and we will briefly present the most important theories that have had a significant impact in this field.

##### **A. Attribution Theory:**

This theory links negative events and negative cognitions, and suggests that there is a causal relationship, where the attribution resulting from some events determines

the level of stress experienced by the individual, especially negative emotions . (Abramson et al., 1989, Alloy et al., 1990).

Today, this theory is more precise, and it is one of the basic cognitive constructs in psychopathology.

In recent years, attribution theory has undergone many revisions, especially regarding the complex interaction between negative events and their context, the type of attribution specific to each individual, and causal attribution (Graziani et Swendson, 2004, pp. 32-33).

### **B. Kelly's Theory of Personal Constructs:**

Kelly's (1955-1963) theory of personal constructs is important for understanding stress response because it examines the way in which the individual concerned constructs his or her experience and describes a model of his or her perception of the world at the same time as his or her interaction with the environment in parallel with this attribution of meaning.

Kelly's theory also allows for the intervening aspects in every conceivable cognitive assessment to be "round-trip" between context assessment and the assessments that have occurred and that have created the personality.

The basic hypothesis of Kelly's model is that the individual's processes are psychologically directed in a way that anticipates events (Graziani et Swendson, 2004, pp. 36-37).

### **3. Beck's Cognitive Theories:**

Beck (1984) defined a system for analyzing and interpreting stimuli that is based on organizational structures called "schemas."

According to Neisser (1976) cited by Hautekéete(1998), schemas can be defined as non-specific but organized representations of prior experience, which use memory retrieval but can also lead to new mental structures, systematic distortions that guide all steps of information processing.

The activity of schemas is as follows:

- Filtering and selecting new information.
- Organizing information stored in long-term memory (LTM).
- Retrieving information from long-term memory (LTM).
- Directing movements.



**In Beck's cognitive model, there are several basic schemas that are very similar that enter into the specific processing of stimuli, specific cognitive processes, and specific information structures.** This model assumes that a particular disorder (e.g., anxiety disorder) will be composed of many schemas that are not adapted to life. When an external event intervenes, specific cognitive schemas are activated in order to organize, interpret, understand, and give meaning to the event.

**The person is directed towards some stimuli or events more than others.** They have a cognitive sensitivity, a set of integrated cognitive processes that facilitate some activities or coping strategies more than others. In normal use, the schemas that are active are related to the nature of the event. A series of adaptations take place in order to adapt the schemas to external stimuli.

**The final interpretation of an event represents an interaction between the event and the person's schemas.** The radical content of cognitive schemas determines the nature of the emotional response and behavioral tendency. Also, if the content of the stimuli is related to danger, the person experiences the desire for resolution (escape) and a feeling of helplessness.

**Compared to the old biological definitions of stimulus-response, the cognitive model represents a qualitative leap in the field of stress research.** However, it still has significant limitations. It considers that the effect begins with environmental events, or the cause that activates some organic variables, which in turn affect some response variables.

**Despite the above, this model still presents a static picture of stress associated with the phenomenon.** It fails to recognize the importance of the reciprocal relationships between individual and environmental variables that are involved in stressful life experiences. This includes the importance of active coping in modifying the stress response, which is what the transactional model with the work of Lazarus and others has addressed since the 1970s.

## **Lecture 07: Transactional Model of Stress**

Lazarus and his followers (Lazarus & Coyne, 1980; Lazarus, 1966, 1981; Schaefer, Folkman & Lazarus, 1979; Lazarus & Kanner & Folkman, 1980; Lazarus & Folkman, in press; Lazarus & Launnier, 1978) developed the cognitive theory of stress and coping, which provided a new perspective on the concept of stress within the framework of the transactional model (Folkman, 1984).

According to the proponents of this model, stress lies neither in the individual nor in the event itself, but in the individual-environment transaction (Paulhan, 1994).

The cognitive theory of stress and coping focuses on relational features and coping styles. The relational feature is evident in the definition of stress as a relationship between the individual and the environment that the individual assesses as stressful or exceeding their resources, and as a threat to their well-being (Folkman, 1984).

### **1. Lazarus and Folkman's Model**

The transactional model of stress focuses on central psychological elements in the psychological model of health,

specifically on the way in which the individual cognitively perceives a stressful situation (perceived stress) and analyzes their ability to cope (perceived control), and in turn implements coping strategies. This model of psychological stress was developed by Lazarus and colleagues such as Averill (1990); Cogene (1980); Folkman and Kanner (1974-1970); Opton and Launier (1978).

Nothing is considered a priori to be a stressor. All stimuli can be experienced as a task, acceptable, non-threatening, and non-stressful. If it is not appraised, it cannot be considered a stressor. According to this model, physical or psychological stressors only elicit stress responses after they have been evaluated as threatening and dangerous by the person.

Stress is linked to the quality of the interaction between the individual and the environment and cannot be limited to just one of these two elements. The key to the transactional model is the importance given to the cognitive dimension and the act of appraisal by the person when a stressor appears.

According to the transactional approach, a situation becomes stressful when the "demand" of the individual-environment interaction is appraised by the person as exceeding their own resources, and puts the individual's well-being at risk (Lett, 1984). This approach brings together

Cannon's (1928-1932) concept of homeostasis and Selye's (1956) concept of adaptation to psychological stress.

Stress is not considered to be a property of either the environment or the individual, nor is it a stimulus or a response. Stress is a specific relationship, a directed process between the person and the environment. According to Cox (1978), stress is created when there is an imbalance between the perception of demands and the ability to cope. It is not a matter of objective assessment of stress and its sources, but of the person's own subjective perception of the conditions they face and the coping abilities they possess.

**Considering stress as a process has two important meanings and is related to the cognitive theory of stress:**

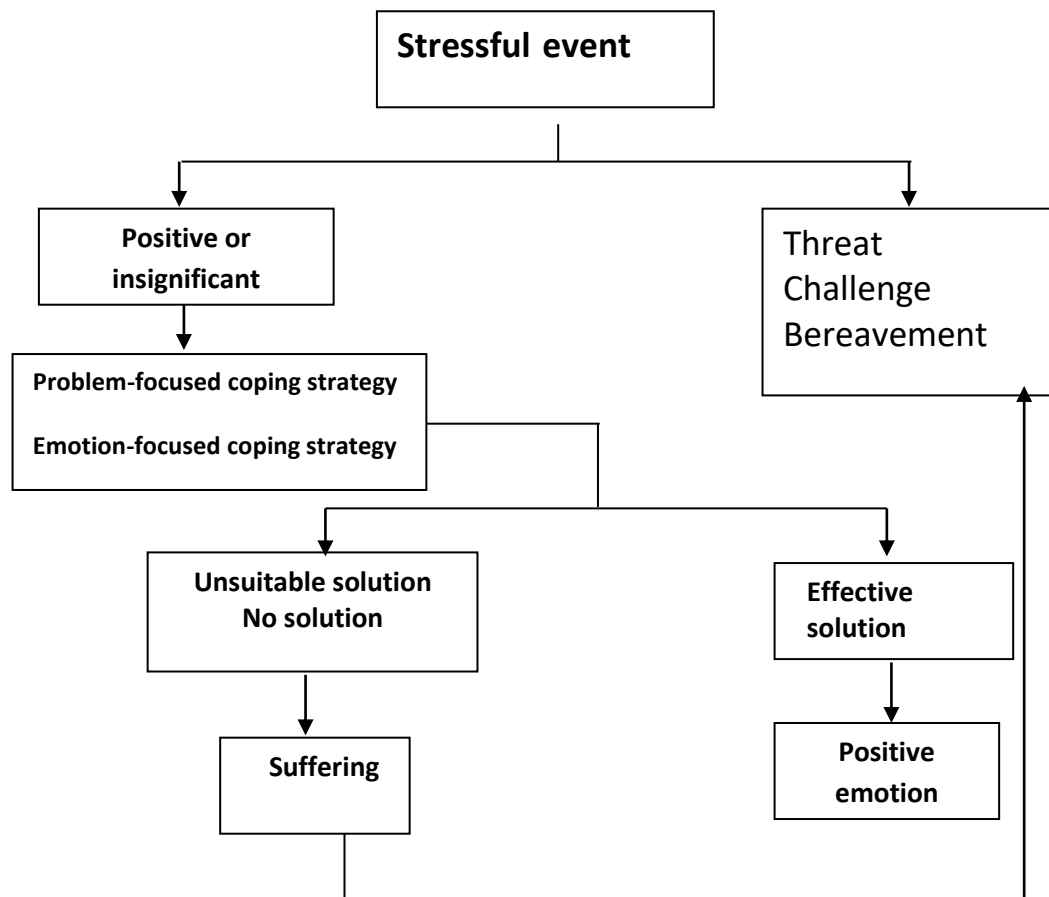
- The person and the environment are considered to be in a dynamic relationship and therefore are variable.
- The relationship is also bidirectional: the person and the environment can influence each other.

**Cognitive appraisal of the stressful interaction occurs on two levels (Folkman et al., 1986):**

The person first makes an initial, rapid, automatic assessment, in terms of all-or-nothing, and determines on a preliminary basis whether or not the situation represents a

threat, danger, or challenge. In addition, the person secondarily allocates their resources and deploys the necessary efforts to cope with the stressful situation (coping). Appraisals occur very quickly, triggering emotions and sensations that in turn accompany and influence cognitive appraisal as if in a loop (Lazarus et Folkman, 1988) (Graziani et Swendson, 2004, pp. 46-49)\*\*.

A series of reappraisals are implemented when the perception of the situation as stressful is also activating. The assessment of the event as stressful, and the efforts to cope with the stressful event on the part of the person are widely associated with coping abilities and also with the use of a large number of measures (Bruchon-Schweitzer, Dantzer, et al., 2003).



**Figure (01): The Loop of Processes Related to Stressful Interactions According to Lazarus and Folkman**



## **Lecture 08: Cohen's Model**

### **2. Cohen's Model**

#### **Differing Interpretations of Stress:**

While theories diverge in their interpretations of stress, they converge on several levels. Numerous theories have tackled stress through various concepts; however, this study focused on theories exploring the interaction between the individual and the environment.

#### **Models of the Stress-Illness Link:**

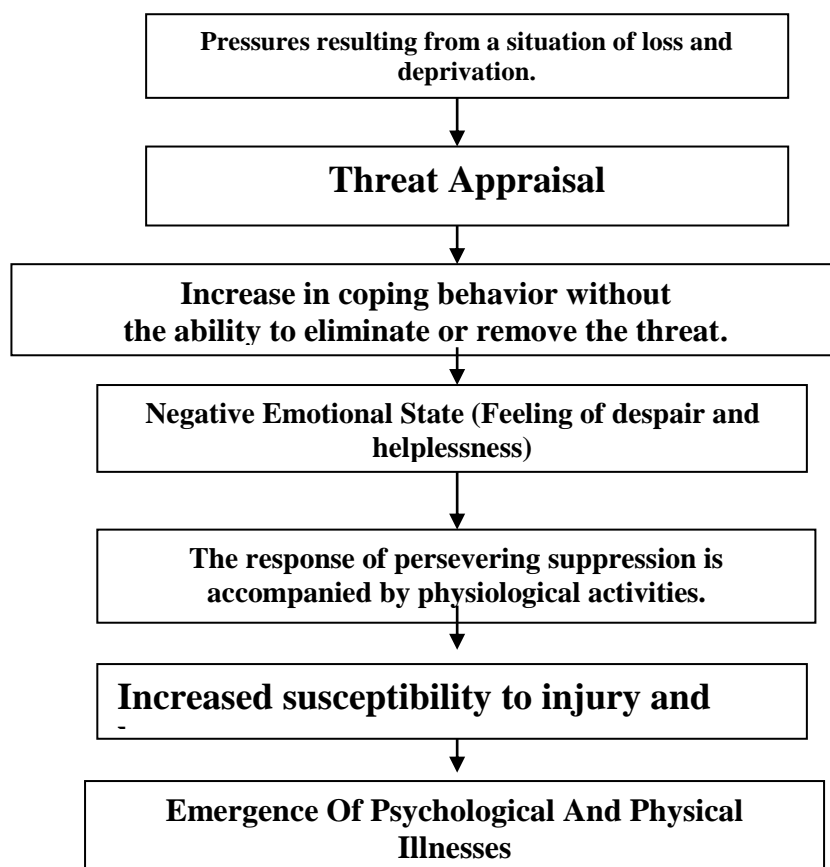
Several models explain the relationship between stress and psychological and physical illnesses. Notably, Cohen's model (1979) stands out. He distinguished three main models for classifying stressful situations and responding to them: (Ait Hamouda, 2006, pp. 99-102).

#### **1. Model of Surrender and Abandonment (Modèle de renoncement):**

- Focuses on feelings of helplessness, despair, and inability to cope with changes.
- Views stress as a phenomenon characterized by helplessness, hopelessness, and the individual's sense of being unable to face occurring changes.

- Considers coping methods used by these individuals to become ineffective.

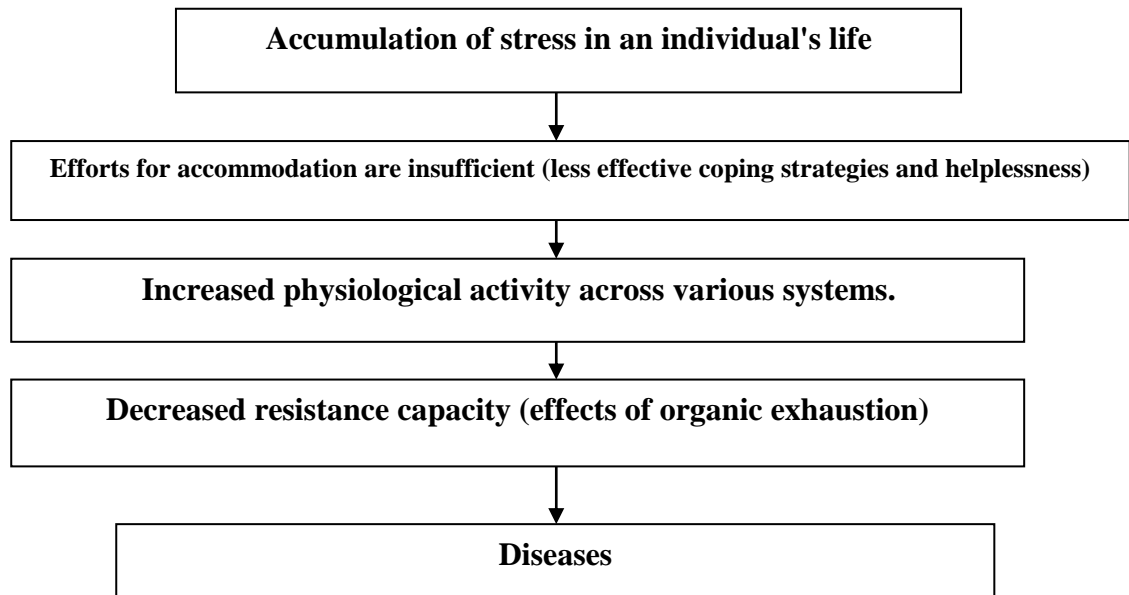
- Links the emergence of psychological illnesses to feelings of helplessness and susceptibility to illness.



**Figure (02):** illustrating Cohen's Surrender Model:

## **2. Model of Accumulation of Life Changes (Modèle d'accumulation de changement de vie):**

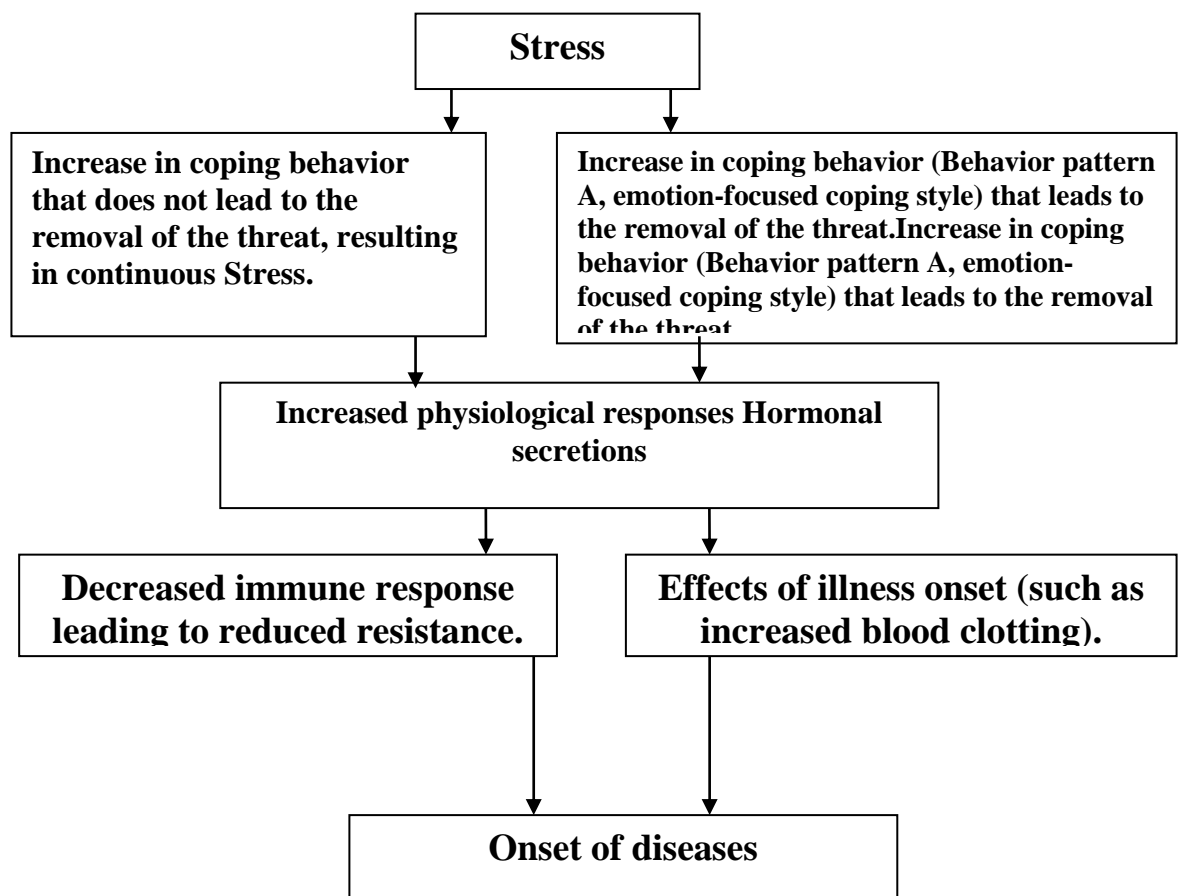
- Focuses on the accumulation of life changes and their impact on an individual's ability to adapt.
- Views numerous life changes as potentially becoming significant sources of stress.
- Suggests the possibility of psychological and physical symptoms arising from this model.



**Figure (03): illustrating Cohen's Accumulation of Life Changes Model:**

### **3. Model of Evaluating the Stressful Situation (Modèle d'évaluation de la situation Stressante):**

- Focuses on how individuals evaluate and interpret stress.
- Suggests that an individual's evaluation of stress determines their response to it.
- Proposes that negative evaluations of stress can lead to psychological and physical symptoms.



**Figure (04): illustrating Cohen's Evaluating the Stressful Situation Model:**

## **Lecture 09: Model of Evaluating the Stressful Situation Theoretical Approaches to cope Stress:**

### **1.General Model of Health Psychology:**

The pioneers of this model are "Bruchon – Schweitzer and Dantzer" (1994). These researchers believe that the interaction between negative events and health is influenced by some biopsychosocial characteristics of the individual. These characteristics are considered as personal and environmental precursors that affect the individual when facing events (Graziani et Swendsen, 2004, p59)

. Stressful situations are modified according to this model through self-assessment processes. This involves perceived stress and perceived control, as well as environmental variables, such as available social support, state anxiety, and individual coping strategies.

This model takes into account individual characteristics when studying coping with stress. Characteristics such as gender, age, ethnicity, and social status are variables that can intervene to increase or decrease the stressful impact of certain situations.

The severity of stress varies between men and women, and the risk of chronic disease naturally increases with age.

The same applies to health behaviors such as alcohol consumption, smoking, and improving dietary habits. Social variables can also affect health. Thus, family stability is associated with good immune system activity (Graziani et Swendsen, 2004, p59).

In addition to these social factors, the general model of health psychology focuses on individual variables believed to have a significant impact on individual-environment interaction. Examples of these variables include personal history, experience, beliefs, and values that guide behavior, in addition to personality traits.

Thus, personality types A and C, and some immune traits such as optimism, internal control, depression, anxiety, and neuroticism, are all elements that contribute to determining the individual's understanding of the world. They regulate their interaction with it and allow them to anticipate and interpret the world (Graziani et Swendsen, 2004, p60).

Based on the above, it is clear that this model focuses on the cognitive aspect, which refers to the individual's assessment process when a stressor appears. The situation itself is not stressful, but becomes so when the individual assesses it as exceeding their resources and threatening their well-being. Therefore, stress here is not a characteristic of the



individual or the environment, it is not a stimulus or a response, but rather a special relationship and a directed process between the individual and the environment. The intended assessment here is not an objective assessment of the stressor or the individual's resources, but rather a self-awareness of threatening circumstances and the coping capabilities the individual possesses. In conclusion, according to this theory, the response to stress occurs when the situation is assessed as exceeding the resources and potentially endangering the individual's well-being. This stressful response is the result of an imbalance between the demands of the current situation and the individual's resources to deal with it, as confirmed by the findings of Folkman et al. (1986), Lazarus and Folkman (1984), and Matheny, Ay, Pugh, Curelette, and Cannella (1986). It is the individual's interaction with the environment that produces the stressful response. Below are the key concepts of this theory. (Bruchon-Schwitzer, 2002, p. 357).

## **2.Lazarus and Folkman's Transactional Model of Stress and Coping:**

This model focuses on how an individual cognitively constructs their perception of a stressful situation, analyzes their ability to cope with it, and develops strategies for dealing with the pressure. In other words, it focuses on perceived stress and perceived control.

**Stressors:** According to Lazarus and Folkman, physical or psychological stressors only elicit stress responses when the individual evaluates them as threatening and dangerous. Therefore, stress depends on the nature of the transaction that occurs between the individual and the environment and cannot be reduced to one or another of these elements (Graziani et Swendsen, 2004, p47).

**Cognitive Appraisal:** This model emphasizes the cognitive dimension, specifically the individual's evaluation of the stressor. The situation itself is not stressful; it becomes so when the interaction between the individual and the environment creates a demand that the individual assesses as exceeding their resources and threatening their well-being.

**Perceived Stress:** Stress is not a property of the individual or the environment; it is not a stimulus or a

response. It is a specific relationship and a directed process between the individual and the environment. The evaluation here is not an objective assessment of the stressor or the individual's resources, but rather a subjective perception of the threatening circumstances and the coping abilities that the individual possesses (Graziani et Swendsen, 2004, p47).

**Perceived Control:** This is the individual's belief that they can manage the stressor and its consequences. It is an important factor in coping with stress, as it can help individuals feel more confident and capable of handling the situation.

**Stress Response:** According to this theory, the stress response occurs when the individual evaluates the situation as exceeding their resources and potentially endangering their well-being. This stress response is the result of an imbalance between the demands of the current situation and the individual's resources to cope with it. This is confirmed by the findings of Folkman et al. (1986); Lazarus et Folkman (1984); and Matheny, Ay, Pugh, Curelette et Cannella (1986), (Paulhan et al, 1994, p46). In other words, it is the individual's interaction with the environment that produces the stress response (Bruchon-Schwitzer, 2002, p. 357).

**Key Concepts of Lazarus and Folkman's Transactional Model Theory**

**Cognitive assessment of coping strategies:** Lazarus and Folkman (1994) highlighted an important aspect in activating coping strategies, which is the variation in individuals' responses to the same stressful events. Some respond to the stressful event with anger and frustration, others with depression, and some with guilt, while others respond with acceptance. The researchers added that the way individuals think about the stressful event contributes to the amplification of psychological stress. To understand the differences among individuals under comparable conditions, the value of cognitive processes must be taken into consideration. When dealing with a stressful event, an assessment of this event must be conducted, which is the focus of both Lazarus and Folkman. They divided it into three levels: primary appraisal, secondary appraisal, and then coping. **Primary Appraisal:** When an individual faces a stressful event, they perceive this event according to the following dimensions:

A- Threat: It is possible that this event signifies harm or damage.

B- Loss: It indicates actual harm, destruction, or loss.

C- Challenge: Despite being threatening, it may have benefits

or be considered an opportunity for the individual to benefit from the situation and develop themselves by confronting it (CONTRADA, 2001, cited in (Laila Sharif, 2003, p. 66).

In the primary appraisal, when individuals face a stressful event, they perceive it as potentially causing physical or psychological harm. Damage includes harm or loss to personal values, which are a general goal of self-esteem, or to social status. Instead of attempting to control the stressful event, the individual succumbs and remains overwhelmed by feelings of helplessness (Lazarus & Folkman, 1984, p. 22).

However, when individuals assess the situation as a challenge, they search for benefits they can gain from it (Schwarzer, 2000). Even if the stressful event is severe, they seek a way to control it and enjoy the motivation by anticipating positive outcomes from their actions.

Secondary appraisal occurs when individuals ask themselves, "What can I do about the stressful event I am facing?" They then move on to the second question: "What means do I have to cope with the stressful event?" Here, the individual begins to evaluate their competence, skills, social support, and other resources to deal with the stressful event. This process is what Schwarzer termed as "re-establishing

balance between the individual and the environment" (Laila Sharif, 2003, p. 67).

In the secondary appraisal, individuals assess their capabilities from personal sources, whether in coping strategies, hardiness, sense of coherence, or social support. They assess their ability to regulate the event, adapt to the circumstances, and maintain physical and mental equilibrium (Chang & Strunk, 1999, cited in Laila Sharif, 2003, p. 67).

From this context, it becomes evident that coping arises through cognitive activities, such as primary and secondary appraisals, and their interaction. These appraisals mediate and determine the degree, type, and content of emotional tensions. Effective coping strategies appropriate to the stressful event are then utilized.

Finally, taking action stems from the primary and secondary appraisals, which reveal coping strategies through the individual's thoughts or actions toward the stressful event. Coping is influenced by the individual's assessment of the actual demands in the situation and the resources used to manage them. Individual differences play a role in individuals' susceptibility to developing effective coping mechanisms. Some individuals surrender to stressful events, while others take control. Recognizing the sources,

capabilities, and positive appraisal of the stressful event all contribute to controlling stressful events (Taylor, 1996, p. 114). These assessments are influenced by the actual situation as well as the frame of reference and guidance system. Evaluating events and resources leads to choosing coping activities perceived as sufficiently appropriate and in line with what was previously mentioned. Therefore, the coping process involves five components: the stressful event, appraisal of the event, appraisal of resources, coping activities, and coping outcomes (Al-Qamah, 2002, p. 149).

Interpreting and perceiving events from Lazarus and Folkman's perspective is fundamental in understanding how individuals are affected by stressful events and how they respond to them. A negative and helpless interpretation increases the intensity of psychological pressure, leading to negative behavioral, physical, and psychological outcomes. On the other hand, a positive interpretation and perception of the situation as a challenge, along with awareness of the individual's skills and resources to cope with stressful events, can reduce psychological pressure and even turn it into a positive motivation for achievement, through the use of positive coping strategies (Lazarus & Folkman, 1984, p. 6).

According to Schafer, Lazarus and Folkman's concept was closer to the interactive relationship between the individual and psychological pressure, as individuals differ in their assessment and susceptibility to it. Their contribution developed strategies for coping with psychological pressure and opened new doors to discuss the interactive aspect between the individual and the environment in a dynamic and active process. This approach views the individual as an active responder, continuously making efforts to achieve adaptation or restore balance through the use of effective coping strategies resulting from effective assessment (Schafer, 1992, p. 56).

Lazarus's theory on stress and coping is one of the most comprehensive theories as it reflects the multidimensional aspects and dynamic nature of stress and coping. Stress is seen as a complex process involving three ideas, which can be defined as a dynamic cognitive state resulting from imbalance that requires restoring equilibrium. Stress is not only within the individual or the environment but in the reciprocal relationship between them. Individuals evaluate psychological pressures as challenging events that exceed their resources and threaten their health. Hence, coping strategies are activated through the individual's thoughts and



actions to deal with pressure without separating the different components of this process (Dewe & Al, 2000, p. 117-118).

Overall, the work of Lazarus and Folkman is a significant contribution to the field of coping strategies with psychological pressure, focusing on cognitive activities as intermediate variables for coping and pressure. It shows us that effective coping is achieved through a good harmony between the capabilities and skills of individuals and other elements such as values, goals, and beliefs. If an individual loses this harmony, they may experience complications and problems of mental and physical disorders.

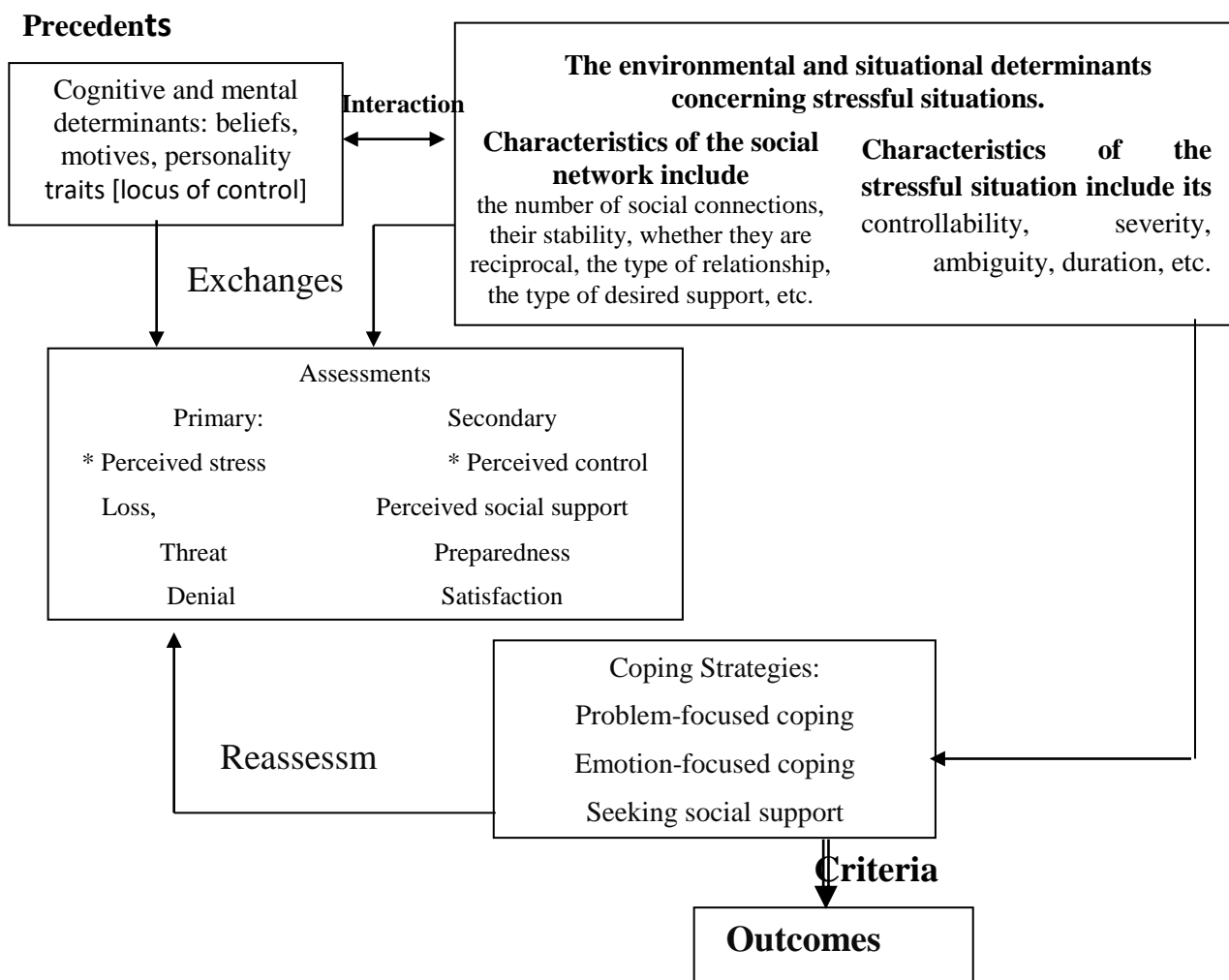
1- The Filters Through Which Compressors Pass: According to this theory, an individual's perception of the stressful situation determines the difference in response, meaning that the characteristics of the stressor do not indicate the severity or nature of what the individual feels. Thus, according to the model of mutual influence of stress, compressors pass through a series of filters: their function is to modify the stressful event either by amplifying it or by reducing the response to stress. Rahe and Arthur (1978) identified three main filters:

1. Perception of Stress (Stressful Event):

Influenced by three factors:

- a. Past experiences with similar stresses.
  - b. Social support.
  - c. Beliefs, including religious ones (as well as the concept of the control center, which we will detail in the next chapter).
2. Ego Defense Mechanisms: Their intervention is unconscious (suppression or repression, etc.).
  3. Conscious Capacities: Conscious efforts such as making action plans (general coping strategies), resorting to various techniques such as relaxation, physical activity, etc. (Paulhan et al., 1994, p. 48).

Assessments Primary: Perceived stress, Loss, Threat,  
Denial Secondary: Perceived control, Perceived social support, Preparedness, Satisfaction, Conformity



**Figure (05):** The mechanisms of filters through which compressors pass in individuals (Bruchon-Schwitzer, 2002, p 358).

## **Lecture 9: The Two Contexts Mediating the Environment-Individual Relationship**

**The Two Contexts Mediating the Environment-Individual Relationship:** According to Lazarus and Folkman (1984), there are two contexts that mediate the individual's relationship with the environment and influence it: appraisal and coping strategies.

1. Appraisal Context: Lazarus and Folkman (1984) distinguished between three types of appraisal, as illustrated in Figure (08):

1. Primary Appraisal: The individual assesses the situation, which may involve loss (physical, material relationships, etc.), threat (possibility of loss), or challenge (opportunity for gain). Therefore, the nature of the appraisal contributes differently to the quality of emotional response:

- Loss or threat leads to negative emotions: embarrassment, anger, fear, etc.

- Challenge elicits positive emotions: joy, excitement, etc.

2. Secondary Appraisal: The individual considers what they can do to compensate for the loss, prevent the threat, or obtain benefits. Secondary appraisal is influenced by:

- Physical capabilities: health, exertion, and endurance.

- Social capabilities: the individual's social networks and the amount of support provided, whether material, emotional, communicative, or ideological.

- Psychological capabilities: beliefs used to maintain hope, problem-solving skills, self-esteem, and morale.

- Financial capabilities: such as money, tools, and equipment.

- Current situation. Folkman (1984) describes how appraisal is greatly influenced by the individual's perceptions of control and monitoring during the confrontation with a distinct

stressor. Secondary appraisal allows for the selection of an appropriate coping strategy for the situation.

3. Reappraisal: Refers to a change in the primary appraisal by providing a different interpretation of the individual's situation, based on new information from the environment or from the individual themselves. This leads to a secondary appraisal by the individual, where an appropriate coping strategy is chosen for the stressful situation.

2. Coping Strategies Context: Lazarus and Folkman distinguish between two main functions of coping strategies:

1. Problem-focused coping: Involves coping strategies focused on changing the problem causing the stress in the environment. Problem-focused coping strategies are problem-centered.

2. Emotion-focused coping: Involves coping strategies focused on directly reducing

emotional stress without any change in the problem. Emotion-focused coping strategies are emotion-centered (Paulhan et al., 1994, pp. 47-48).

## **Lecture 10: Impact of Appraisal Contexts:**

### **1.Impact of Appraisal Contexts:**

#### **1. Personality Traits:**

##### **1.1. Beliefs: Such as religious beliefs.**

1.2. Locus of Control: As termed by Rotter, it refers to the individual's belief in their ability to control events. Some individuals attribute events to "internal, controllable causes" and use problem-focused coping strategies more frequently, compared to those attributing events to external causes (e.g., fate) that are uncontrollable (Lazarus & Folkman, 1984).

1.3. Hardiness: The individual's persistent tendency to resist external demands and control life events (Kobosa, 1982). This pattern of coping resists psychological and social stressors more effectively than others (Steptoe, 1991).

1.4. Trait Anxiety: A stable component of personality, indicating a general tendency to perceive situations as threatening, difficult, or menacing (Spielberger et al., 1983). Individuals with low trait anxiety perceive events as less threatening and feel



more in control compared to those with high trait anxiety.

According to Lazarus and Folkman (1984), these personal factors (personality traits) increasingly influence the individual's perception of novel and ambiguous situations. In such cases, individuals construct a personal readiness report (personal resources) to understand what is happening.

2. Environmental Characteristics: Situational Variables (nature, duration, frequency of stressors) affect both the primary appraisal of the anticipated stressor (primary appraisal) and the assessment of available coping strategies (secondary appraisal). Therefore, the choice of coping strategy is closely linked to environmental variables, such as:

2.1. Situational Characteristics: Nature of the threat, likelihood, duration, etc. The perception of the situation as changeable calls for problem-focused coping strategies, while perceiving it as unchangeable or uncontrollable calls for emotion-focused coping strategies. 2.2. Social Resources or Support Network: Defined as social support, it refers to the readiness of the individual's family, friends, and colleagues to assist in facing difficulties (Cohen & Edwards, 1989).

Research clearly indicates that a low level of social support in an individual's life increases vulnerability to stress, while a high level of social support enhances perceived control, reduces the effects of stress, and makes the individual more capable of coping (Spacapan & Oskamp, 1988).

These environmental factors have an undeniable impact on the individual's assessment of their control capabilities, which determines their choice of coping strategies. Considering this interdependence with the environment, coping strategies are variable, temporary, and therefore difficult to consider as a constant component of personality (Paulhan et al., 1994, pp. 48-50).

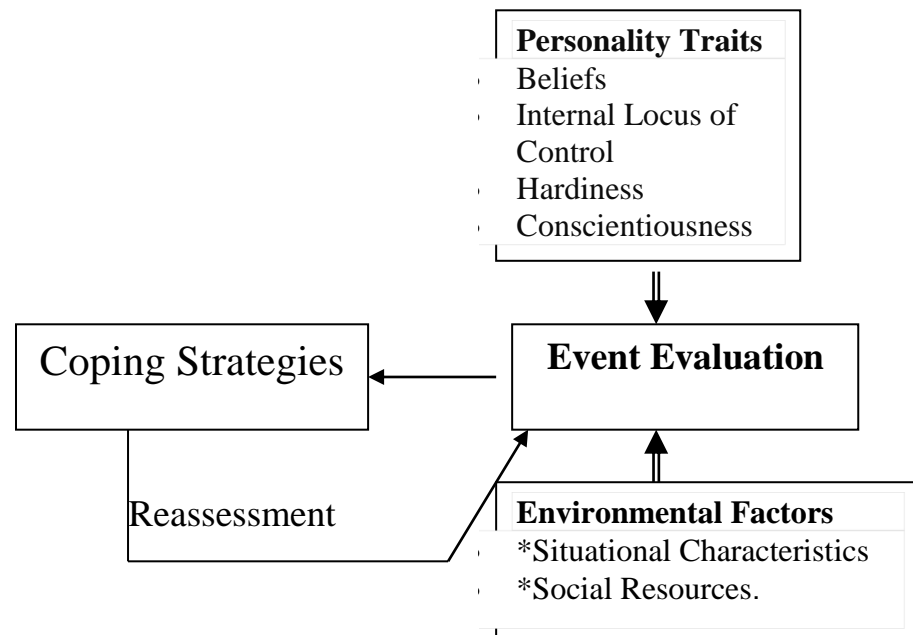


Figure (06): The contexts of assessment and their impact on coping strategies.

(Paulhan et al,1994, p 52)

## **Lecture 11:.Effectiveness of Coping Strategies:**

### **2.Effectiveness of Coping Strategies:**

To delve into this subject, one might begin by questioning, effective in relation to what? And for whom?:

Regarding the question of whether coping strategies are effective in relation to what, many studies have shown the relationship between coping strategies and various outcome measures such as depression, anxiety, and other psychological symptoms (Pearlin & Schoolar, 1978; Katon et al., 1987; Felton & Revenson, 1984). However, these studies have not always led to consistent results, and thus, there is little consensus on the effectiveness of these strategies. This lack of consensus may be due to coping being multidimensional, relying on several features associated with cognitive processes, behavior, performance, attitude, social and cultural standards, and values.

Some researchers, such as Pearlin & Schoolar (1987), consider stress reduction as an important criterion for coping effectiveness, while others argue that cognitive processes (such as denial, for example) have been shown to be important and effective (Baum et al., 1983). Another group of

researchers considers only coping responses that change the situation to be effective (Folkman et al., 1986).

Certainly, coping strategies are crucial during times of negative and stressful life events, as they mitigate the negative effects of stress. Effective coping strategies impact both the health and psychological well-being of individuals. Moreover, they are associated with a reduction in psychological problems, as individuals who use more effective and adaptive coping strategies in facing stressors tend to have appropriate levels of mental health and show higher levels of life satisfaction. Additionally, effective coping strategies help individuals solve problems and make effective decisions. However, some individuals may tend to use ineffective coping strategies such as avoidance or escape, which may be associated with the emergence of mental disorders. The difference between effective and ineffective coping behaviors depends on the flexibility of coping strategies and the ability to adjust them based on the demands of the situation.

Coping strategies are deemed appropriate or effective if they allow the individual to control or reduce the assault on their physical and mental well-being. This is based on the opinions of several researchers including Lazarus and

Folkman (1984), J Dimatico, Folkman, and others (1986), and Rivolier (1989) as cited in (Schweitzer & Dantzer, 1994).

As for whom, coping strategies are effective for individuals who are flexible and tend to adjust coping strategies according to the situation (Salama & Taha, 2006, p. 93). Emotion-focused coping strategies are more strongly associated with disturbance compared to problem-focused coping strategies, and the risk of disturbance is positively associated with post-traumatic coping strategies that focus on emotions. Thus, active coping strategies focusing on problem-solving appear to be more effective than coping strategies focusing on emotions. Additionally, the effectiveness of coping is related to the characteristics of the stressful event, such as its duration and controllability. The effectiveness of coping strategies is a highly complex issue, as its evaluation is linked to various indicators related to psychological characteristics such as stress, pressure, and others, as well as psychosocial characteristics such as the onset of mental or organic illness, adaptation disorders, and the quality of life.

## **Coclusion**

he interactive model focuses on factors including the perception of stress, conscious and unconscious efforts of coping strategies, and the evaluation process that determines individual responses to the environment. Lazarus and Folkman distinguish between two main coping strategies: problem-focused coping and emotion-focused coping.

Here is the process that individuals go through in dealing with stress according to the interactive model:

1. **Primary Appraisal:** Individuals assess the situation based on potential loss, threat, or challenge. This assessment affects the quality and intensity of their emotional response.
2. **Secondary Appraisal:** Individuals question what they can do to cope with the situation, whether it's adapting to loss, preventing threat, or taking advantage of available opportunities. Secondary appraisal is influenced by several factors such as physical, social, psychological, and financial capabilities, as well as the current situation.
3. **Reappraisal:** This involves a change in the initial appraisal based on new information. This change leads

to a secondary appraisal that determines the appropriate coping strategy for the stressful situation.

This process interacts with factors such as individuals' previous experiences with similar stressors, as well as their overall support system and beliefs, including social support and religious beliefs. The interactive model is considered a comprehensive framework for understanding how individuals respond to stress and how these responses impact their relationship with the environment.



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## Module: health psychology

Level : 1st year, Master, Clinical Psychology, Clinical Psychology

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