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Effect of Hardiness on Mental and Physical Health

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Abstract

The impact hardiness had on mental and physical health was examined. Hardiness, a stress resistant personality construct, consists of three interrelated components: commitment, control, and challenge. Numerous studies revealed that hardiness significantly decreased one's disposition toward mental and physical illness. In addition, results indicated that hardy persons are more inclined to utilize transformational coping strategies. Some researchers argued that the hardiness-illness relationship may be confounded by one's level of neuroticism as well as by hardy individuals maintaining better health practices than their non-hardy counterparts. Overall, hardiness was found to serve as a buffer in the face of stressful circumstances, more powerful than even optimism, social support, or exercise.

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Richard Lazarus defined stress as "a state of anxiety produced when events and responsibilities exceed one's coping abilities" (Seaward, 2004, p. 4). According to Seaward (2004), Western philosophers attributed stress to a loss of control, while Eastern philosophers identified it as an absence of peace. Holistic medicine specialists interpreted stress as "the inability to cope with a perceived (real or imagined) threat to one's mental, physical, emotional, and spiritual well-being, resulting in a series of physiological responses and adaptations" (Seaward, 2004, p. 4). Stress is an inevitable consequence of life and is interpreted and experienced uniquely by each individual. This research paper will examine how hardiness, a stress resistant personality construct consisting of three distinct components, affects one's mental and physical health.

Development of the Hardiness Construct

According to Seaward (2004) numerous researchers from the 1960's and 1970's investigated the relationship between personality characteristics and the leading killers in the country (coronary heart disease and cancer) and suggested a link between one's cognition (negative thoughts) and one's physiology (physical symptoms). Thus, it was postulated that the higher one's level of perceived stress, the higher was one's chance of becoming ill or contracting a disease (Dreher, 1995; Maddi, 1999b; Seaward, 2004). One group of researchers, however, became intrigued by individuals who seemed to possess stress-resistant personality traits which promoted a more empowering and effective coping style

than their counterparts when stressful circumstances arose (Dreher, 1995; Seaward, 2004). This group was led by Suzanne Kobasa who held the belief that each individual had the ability to draw on inner resources which provided strength, resilience, and determination (Dreher, 1995; Seaward, 2004). Kobasa (1979) defined this resource as hardiness, a construct consisting of three interrelated components: commitment, control, and challenge. Kobasa, Maddi, and Kahn (1982) explained the concept as "a constellation of personality characteristics that function as a resistance resource in the encounter with stressful life events" (p. 169).

Commitment

Commitment, as defined by Maddi and Kobasa (1984), is the ability to involve oneself wholeheartedly in one's activities and pursuits. Individuals strong in commitment experience purpose and meaning interpersonally and vocationally (Kobasa, 1979; Kobasa et al.,1982). According to Kobasa (1979), commitment to oneself is of utmost importance in regard to maintaining health during stressful circumstances. Committed individuals devote themselves to cultivating personal growth and achieving their potential (Dreher, 1995; Schmied & Lawler, 1986). Those who lack a sense of commitment alienate and isolate themselves from others and interact with their environment through passivity and avoidance (Dreher, 1995; Kobasa et al., 1982).

Control

Taking responsibility for one's behavior with the belief that one causes the events in one's life, rather than taking on the role of victimization and helplessness defined the second component, control (Kobasa; 1979; Kobasa et al., 1982; Seaward, 2004). This belief is congruent with Julian Rotter's (1971) concept of locus of control in which Rotter identified individuals as being either internally or externally oriented. Thus, individuals who possess an internal locus of control attribute successes and failures to their personal effort, while those with an external locus of control believe that life's circumstances are due to fate, luck, or chance (Bee, 2000; Cox, 1998; Seaward, 2004). Bee (2000) asserted that a strong sense of personal control worked as a buffer against stress, similar to that of social support, and decreased an individual's chance of becoming mentally or physically ill.

According to Dreher (1995), if a problem were to arise, individuals high on the control continuum possess the necessary confidence to formulate and apply competent solutions. Conversely, those who lack a sense of personal control most often lack self-confidence and initiative; therefore, they frequently react to life's stressors with resignation, withdrawal, and denial (Dreher, 1995; Florian, Mikulincer, & Taubman, 1995). Thus, individuals low on the control continuum feel powerless to effectively deal with and manage their stressful circumstances (Seaward, 2004).

Challenge

Individuals with a strong sense of challenge, the third component of hardiness, perceive obstacles as challenges and opportunities for growth, rather than threats to their well-being (Gramzow, Sedikides, Panter, & Insko, 2000; Schmied, & Lawler, 1986). Avoiding change, rather than adapting to it, is the goal of those who lack a sense of challenge, as comfort and security is of utmost importance to these individuals, overriding curiosity, risk-taking, and exploration (Dreher, 1995; Kobasa et al., 1982)

Kobasa and Existentialism

Many of Maddi's and Kobasa's (1984) ideas regarding resiliency and hardiness were inspired by Viktor Frankl, a survivor of Nazi concentration camps. Frankl (1984), author of the well known book, *Man's Search for Meaning*, wrote about the pain and suffering he endured during World War II. Logotherapy, developed by Frankl (1984) and also known as existential analysis, was a psychological theory that focused on one's meaning and purpose in life. Similar to Kobasa's hardiness component of control, logotherapy emphasized the importance of personal responsibility and choice (Frankl, 1984; Kobasa, 1979).

Frankl's (1984) belief in facing challenges with determination, openness, and courage, is best illustrated through his quote in *Man's Search for Meaning*, "Even the helpless victim of a hopeless situation, facing a fate he cannot change, may rise above himself, may grow beyond himself, and by so doing change himself"

(p. 170). Frankl, like Maddi and Kobasa, believed that in times of distress one should be open and introspective, gaining insight and knowledge to foster personal growth (Frankl, 1984; Kobasa et al., 1984). The following section illustrates the impact such resilient and hardy personality traits can have on both one's mental and physical health.

Effect of Hardiness on Mental and Physical Health

Hardiness and Social Support

Maddi and Kobasa (1984), curious if hardiness served as a buffer against illness and disease, researched a group of nearly 700 corporate executives, primarily male, who were part of the Illinois Bell Telephone company. The executive's stress levels during the 12 years of this longitudinal research project were extremely high as these individuals were experiencing the breakup of AT&T (Maddi and Kobasa, 1984). This reorganization not only required new job responsibilities for most and consolidation of jobs and offices, but also threatened the jobs of many (Dreher, 1995; Maddi, 1999b).

One of the many studies Maddi and Kobasa (1984) conducted within this 12 year longitudinal project evaluated how three resources, hardiness, exercise, and social support, impacted one's health. Maddi and Kobasa (1984) accounted for the following behaviors of the participants: smoking, alcohol intake, diet, drug use, relaxation and meditation, family history, and physical exercise. The results revealed the following:

- For executives with none of these resources, the likelihood of illness was 92%.
- For executives with one of these resources, the likelihood of illness was 72%.
- For executives with two of these resources, the likelihood of illness was 58%.
- For executives with all three resources-who were hardy, exercised, and got social support-the likelihood of illness was only 8%.

(Maddi, 1999b; Maddi and Kobasa, 1984). Hardiness was identified by Kobasa, Maddi, Puccetti, and Zola (1985) as the most significant health protector of the three resources. In addition, hardiness served as the greatest predictor of one's current health as well as one's health status one year later (Maddi, 1999b). While social support and exercise were indeed valuable resources against illness, it was found that when hardiness was present, the opportunity to reap optimal benefits from social support and exercise was much higher (Kobasa et al., 1985).

Wallace, Bisconti, and Bergman (2001) evaluated the mediational effect of hardiness on social support and optimal outcomes within the elderly. The relationship between two protective factors, the individual personality factor (hardiness) and the familial/community support factor (social support), both believed to impact outcome (depression, life satisfaction, and self-reported health) was examined (Wallace et al., 2001). Hardiness, examined as both a mediator

and moderator of the relationship between social support and outcome, was found to have a mediating effect (Wallace et al., 2001). Thus, the results indicated that when hardiness was factored in, the relationship between social support (i.e., quantity of family and friend support) and outcome decreased (Wallace et al., 2001). In reaction to these results, Wallace et al. (2001) had two hypotheses. The first was that one's level of support may promote hardiness in that it could influence one's perceived sense of control, one's openness to new experiences, and an individual's belief system regarding oneself and one's activities (Wallace et al., 2001). A second hypothesis suggested that one's level of hardiness may influence not only seeking support, but utilizing that support as well (Wallace et al., 2001).

Kobasa et al. (1985) took it one step further in regard to the second hypothesis and investigated not only the utilization of social support, but how that support was utilized. They predicted that individuals who were high in hardiness would have a greater ability to benefit from social support because their utilization of that resource would be a means to increase self-confidence and self-efficacy (Kobasa et al., 1985). Conversely, they proposed that those low in hardiness negatively utilized familial support to reinforce their dependence, passivity, and helplessness (Kobasa et al., 1985). Thus, during times of stress, rather than serving as a buffer, social support could have a negative impact on the individual when it increased dependence on others and decreased dependence on oneself to

deal with stressors effectively (Bee, 2000; Dreher, 1995). In concurrence with this, Maddi (1999a) asserted that hardy individuals engaged in giving and receiving assistance and encouragement from their support system as opposed to overprotection and pampering.

Hardiness and Type A Personality

Type A personality, in addition to hardiness and social support, is considered to be a stress-moderating variable (Schmied & Lawler, 1986). Numerous researchers (Bee, 2000; Schmied & Lawler, 1986; Seaward, 2004) investigated the relationship between Type A personality and illness, most namely coronary heart disease. Type A behavior is characterized by the following personality traits: time urgency, multitasking, ultra-competitiveness, rapid speech, manipulative control, and hostility (Bee, 2000; Seaward, 2004).

Schmied and Lawler (1986), curious about the relationship between hardiness and Type A personality, studied the effects of both on stress and illness. Their findings indicated that Type A personality and hardiness were directly correlated to an individual's level of stress, as Type A's and low-hardy individuals reported more stressful life events than their counterparts (Schmied and Lawler, 1986). However, while hardiness and Type A personality correlated with one's stress level, and stress correlated with illness, neither hardiness or Type A personality were found to have a direct correlation with illness (Schmied and Lawler, 1986).

Hardiness and Neuroticism

The relationship between hardiness and neuroticism in regard to health has received much scrutiny. Allred and Smith's (1989) study regarding cognitive and physiological responses to evaluative threat questioned the accuracy of studies like Maddi's and Kobasa's (1984) that indicated a strong relationship between hardiness and illness. Allred and Smith (1989) postulated that because hardiness is essentially defined as "the relative absence of alienation, powerlessness, need for security, and external locus of control," (p. 259) the hardiness-illness relationship may be confounded by one's level of neuroticism. Thus, individuals who tend to be highly neurotic may report more somatic complaints than those who are low in neuroticism (Bee, 2000). Allred and Smith (1989) also believed that there could be a discrepancy between reported illnesses and actual illnesses regarding individuals high in hardiness. Therefore, hardy individuals may not actually be less ill than their non-hardy counterparts, but rather are less willing to acknowledge their illnesses because it conflicts with them feeling in control of their lives (Hull, Van Treuren, & Virnelli, 1987; Klag & Bradley, 2004; Kobasa et al., 1982). As a result, Florian et al. (1995) believed it to be imperative for one's level of neuroticism to be controlled when studying the hardiness-illness relationship. In addition, Allred and Smith (1989) argued that the hardiness-illness relationship may be skewed due to hardy individuals maintaining better health practices than their non-hardy counterparts.

Coping Patterns and Hardiness

Transformational versus Regressive Coping

Transformational coping was depicted by Maddi and Kobasa (1984) as the "hardy" and "healthy" way of interpreting and reacting to stressful life events. Transformational coping illustrates a proactive and problem solving form of coping in contrast to regressive coping which consists of denial, resignation, avoidance, and escape mechanisms (Florian et al., 1995; Klag & Bradley, 2004; Maddi & Hightower, 1999). Regressive coping, according to Maddi and Hightower (1999) involved one cognitively and physically disengaging and withdrawing from the stressful situation. It was postulated that while regressive coping may provide initial relief, one would ultimately experience an intensification of emotional problems and maladjustment (Florian et al., 1995). Bee (2000) concurred with this concept and reported that individuals who exercised avoidant coping strategies were much more likely to experience depression or physical illness.

Problem-focused, Appraisal-focused, and Emotion-focused Coping

Similar to Maddi and Kobasa (1984), Bee (2000) organized coping styles into three distinct categories, problem-focused (doing things), appraisal-focused (thinking, planning, analyzing), and emotion-focused coping. Previous research (Florian et al., 1995; Kobasa, & Puccetti, 1983) supported the idea that hardy individuals utilized more problem-focused coping strategies (similar to

transformational coping) and less emotion-focused coping strategies than did their less hardy counterparts.

Richard Lazarus (as cited in Bee, 2000) proposed that individuals exercised different forms of coping strategies depending on the circumstances. He stated that emotion-focused coping predominated when an individual perceived the circumstance as difficult or even impossible to change, such a diagnosis of cancer or AIDS (as cited in Bee, 2000). On the other hand, Lazarus believed that problem-focused coping was employed more frequently when the individual possessed a greater sense of control over the stressful circumstance (as cited in Bee, 2000).

Hardiness, Optimism, and Coping

Because optimism is also considered to be a predisposition to illness, Maddi and Hightower (1999b) investigated whether hardiness or optimism proved more potent in regard to both transformational and regressive coping patterns. Optimism is the general expectation of a positive outcome expressed through renewed efforts to attain one's goals, regardless of setbacks and obstacles (Maddi & Hightower, 1999b). Results of Maddi and Hightower's (1999b) study confirmed their hypothesis that hardiness is more clearly related than is optimism to the utilization of transformational coping and avoidance of regressive coping.

In regard to health, Seligman (1990) argued that optimism served as a buffer for both mental and physical illness. He proposed that optimists are much

more likely to comply with necessary health regimes due to their belief that their behaviors do have an impact on their health (Seligman, 1990). In addition, Seligman's (1990) research revealed that one's body senses helplessness and will become more passive as a result. Conversely, when optimism is sensed, one's body has a greater ability to fight back. Seligman (1990) believed the increase in depression over the past several decades to be attributable to the rise in individualism and the decline in commitment to common good. To counteract this, he advised either shifting the weight from individualism to the common good or exploiting the strengths of the maximal self (Seligman, 1990).

Reivich and Shatte (2002) noted that while optimism can be a positive personality trait to possess, it can also be a liability. A flexible and realistic mindset, rather than an optimistic mindset, was believed by Reivich and Shatte (2002) to better equip individuals in accurately assessing their circumstances.

According to Maddi and Hightower (1999) the optimism theory emphasized the expectation of positive outcomes and the control to participate in making those outcomes happen. While the hardiness theory stressed this as well, it also emphasized the importance of being involved in, valuing, and learning from each experience, positive, or negative (Maddi & Hightower, 1999). Thus, Maddi and Hightower (1999) asserted that optimists might fail to experience the existential component of hardiness in which individuals are inclined to gain meaning, insight, and growth through adversity.

Hardiness Training

Salvatore Maddi and the Hardiness Institute

Salvatore Maddi founded the Hardiness Institute in 1984 which is now headquartered in Newport Beach, California (Maddi, 1999b). The Hardiness Institute offers hardiness training courses, workshops, and seminars to both individuals and organizations (Atella, 1999; Maddi, 1999b; Khoshaba & Maddi, 1999). Hardiness trainers emphasize the importance of stress mastery, transformational coping, problem solving, leadership effectiveness, social support, and gaining meaning and insight from adversity (Maddi, Khoshaba, & Pammenter, 1999).

Maddi and Hardiness Training

Maddi generated a four step plan utilized in hardiness training courses that he believed would increase one's development and incorporation of the hardiness construct into one's personality as well as increase the utilization of transformational coping strategies (as cited in Dreher, 1995). The first step, focusing, is the recognition of one's physiological signals of stress such as muscle tension or headaches (as cited in Seaward, 2004). Reinterpreting the stressor, in addition to formulating potential solutions, is the second step, reconstruction (as cited in Seaward, 2004). The goal of reconstruction is to identify a specific action plan to implement (as cited in Dreher, 1995). Decisive action and feedback processing is step three. According to Maddi, "The purpose of decisive action is

to decrease the stressfulness of the circumstance. By taking action, you learn that you have more control than you thought you had" (as cited in Dreher, 1995, p. 158). Maddi (1999a) believed that in taking decisive action one has the ability to learn not only from personal observations, but from the observations of those to whom the act was directed as well as others observing that act. In regard to the end result of the action, Maddi (as cited in Dreher, 1995) stated the following:

> Even if you're not entirely successful, taking decisive action and processing feedback builds hardiness. You notice that you're more involved. That's commitment. You feel more decisive. That's control. When you keep this going, you get a sense of the challenge that's involved in confronting your stress. People are enlivened by this process. (p. 160)

Compensatory self-improvement is the final step of hardiness training (Seaward, 2004). Maddi stated that there are some problems that offer no opportunity to practice commitment, control, and challenge, such as death, and that one can compensate by shifting gears to something that is more manageable and controllable (as cited in Dreher, 1995). Thus, compensatory self-improvement involved turning control of the talents and gifts one has been given into abilities that emphasize one's strengths rather than foster a sense of helplessness (Seaward, 2004).

Hardy Personalities

Hardy personalities have been found in individuals of both genders, in all races and religions (Seaward, 2004). Maddi and Kobasa (1984) believed that while hardy personalities appear to be innate, one has the ability through hardiness training to learn and incorporate the traits of commitment, control, and challenge into one's personality while exercising transformational coping strategies (positive reinterpretation, deepened understanding, decisive actions) in the face of stressful circumstances.

Conclusion

Hardiness, as one can see, is an invaluable stress resistant personality construct. Numerous studies have revealed the significant impact it's three components, commitment, control, and challenge, can have on one's mental and physical health. It is no surprise in a society where stress has become the norm that individuals are experiencing increasing mental and physiological symptoms. Seaward (2004) noted alarming increases in child and spousal abuse, self-mutilation, alcoholism, drug addictions, homicides, and lifestyle diseases (e.g. cancer and coronary heart disease) by the year 2006. In addition, the average work week has increased from forty to sixty hours leaving little time for personal and familial needs (Seaward, 2004). Thus, the development and incorporation of commitment, control, and challenge into one's personality as well as the utilization of transformational coping strategies into one's lifestyle have never

been more crucial than they are right now. Hardy individuals have a greater ability than their non-hardy counterparts to live a life filled with meaning, purpose, and determination. Finally, the hardiness personality predisposition is the key to not only surviving, but thriving when faced with stressful circumstances.

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