AN INVESTIGATION OF THE RELATIONSHIP BETWEEN GENERAL BELIEF PATTERNS AND WELL-BEING

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ABSTRACT: One hundred and thirty-three employees (58 males, 75 females) of the Department of Veterans Affairs Medical Center (DVAMC), Coatesville, PA anonymously volunteered data on a Demographic Survey, The Brief Symptom Inventory (BSI, Derogatis), and The Irrational Beliefs Test (IBT, Jones). A canonical correlation analysis was used to investigate associations between general patterns of beliefs and symptomatology. Two significant pairs of variates were revealed. The first pair provided associations between Demand for Approval, High Self-Expectations, Frustration Reactive, Anxious Overconcern, and Perfectionism and psychological symptomatology. The second pair provided associations between Demand for Approval, Blame Prone-ness, Frustration Reactive, and Emotional Irresponsibility and somatic symptoms. A MANOVA was used to assess for gender differences. There was no significant general gender effect. However, univariate analyses revealed significant effects for seven BSI variables. This study supported the belief that one's pattern of thinking is related to one's pattern of symptomatology. This has implications for use in health psychology and behavioral medicine.

INTRODUCTION

Stress-related psychological and physiological disorders have become the number one social and health problem in the last two decades (Alimena, 1991). Contemporary psychosomatic theory holds that environmental stressors give rise to emotional states through the me-
diation of cognitive appraisals, which are individualized through the particular cultural, familial, and idiosyncratic learnings of the person. These emotional states, in turn, determine patterns of physiological arousal that serve as information sources that also may have etiological impact in pathogenesis. Illness and its treatments are stressors themselves, so that both the maintenance of health and the course of a disease involve a dynamic interplay among environmental, social, cognitive, and physiological systems (Sartorius, Goldberg, de Girolamo, Costa e Silva, & Wittchenm, 1992). This formulation is so comprehensive that it may seem to take in every aspect of health and illness.

It should be noted that the focus of psychosomatic medicine is on the mediating impact of the emotions and the responses of the physiological systems to them. When a stressor is psychological or psychosocial, the entire sequential reactive process initiates with meaning and affect (Ellis, 1962). Cognitive-behavioral theorists propose that psychopathology stems from inaccurate conclusions being drawn from environmental events and that changing these conclusions should therefore lead to a change in emotional state (Joseph, Yule, & Williams, 1993). The key feature of psychological stress that distinguishes it from stress at the social and physiological levels is the presumption that cognitive activities—evaluative perceptions, thoughts, inferences—are used by the individual to interpret and guide every adaptational interchange with the environment. There are cognitive strategies for changing internal emotions (Beck, 1967; Burns, 1980, 1989; Ellis, 1962, 1989; Woods & Lyons, 1990) which in turn would impact upon health and illness.

This research has been guided by Rational-Emotive Theory (RET) and its ABC theory (e.g., Ellis, 1962) and Cognitive Orientation Theory (Kreitler & Kreitler, 1991). Ellis bases his theory of psychopathology on clinical and experimental evidence that cognitions are important determinants of emotion and behavior (Beck, 1967). A central theme of Ellis' rational-emotive therapy (RET) is that people's emotional or psychological disturbances are largely a result of their thinking irrationally, and that they can rid themselves of most of their mental unhappiness, ineffectuality, and disturbance if they learn to maximize their rational and minimize their irrational thinking. It follows that if irrational thinking leads to emotional disturbances (problems in self-esteem, anger, anxiety, stress), and emotional disturbances are factors in the onset of illness (Eastwood & Trevelyn, 1972), then perhaps people could control the onset of illness by controlling their irrational beliefs. According to Ellis' (1962) ABC theory of emotional disturbance, the individual perceives some event, evaluates the