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Relations of agentic and communal personality traits to health behavior and substance use among college students

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Abstract

This study examined relations of agentic and communal personality traits to health behavior, substance use, and consequences of substance use in a sample of 201 undergraduates. As predicted, unmitigated agency was associated with a variety of maladaptive health behaviors, including binge eating, reckless driving, and substance use. By contrast, agency was associated with adaptive health behaviors such as physical activity and healthy eating patterns. Unmitigated communion was unrelated to behavior. Findings are consistent with a growing body of theory and research suggesting that unmitigated agency is a risk factor for externalizing problems, whereas agency is linked to positive health practices.

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1. Introduction

In recent years, there has been renewed interest in how personality affects health (Ouellette & DiPlacido, 2001; Smith & Gallo, 2001). Within this arena, the personality traits of agency and communion have received attention (e.g., Fritz, 2000; Helgeson & Lepore, 1997; Smith, Gallo,

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Goble, Ngu, & Stark, 1998). These traits were conceptualized originally as gender-linked traits, with agency representing one aspect of masculinity and communion representing one aspect of femininity (Spence, 1984). Helgeson (1994) developed a theoretical model of the relations among biological sex, agentic and communal personality traits, and physical and psychological health. A basic assumption of the model is that men and women are socialized to adopt different behavior patterns and social roles and that these differences may enhance or undermine emotional and physical well-being. Specifically, men are more likely to develop personality traits related to agency, defined as a focus on the self and autonomy, whereas women are more likely to develop personality traits related to communion, defined as a focus on other people and relationships.

According to this theoretical model, both agency and communion are required for optimal well-being, but when one exists in the absence of the other—agency unmitigated by communion (i.e., unmitigated agency) or communion unmitigated by agency (i.e., unmitigated communion)—negative health outcomes are likely to occur. Unmitigated agency and unmitigated communion are narrower constructs than the broad personality dimensions of agency and communion, which have shown inconsistent associations with health outcomes (see Helgeson, 1994, for a review).

Agency and communion have been characterized as interpersonal meta-concepts that are associated with the Big Five dimensions of personality (Hurley, 1998; Wiggins, 1991). Agency has been correlated with extroversion, conscientiousness, and lack of neuroticism (Helgeson & Fritz, 2000). Conversely, unmitigated agency has been associated with lack of conscientiousness and agreeableness and high neuroticism (Helgeson & Fritz, 2000). Unmitigated communion does not appear to be reducible to the Big Five; the modest positive associations of unmitigated communion to agreeableness and extroversion have been completely accounted for by its relation to communion (Helgeson & Fritz, 1998). Communion has shown a strong positive correlation with agreeableness and modest positive correlations with extroversion and conscientiousness (Helgeson & Fritz, 1998).

Although communion appears to be unrelated to health outcomes, it has been positively related to adaptive interpersonal outcomes (Fritz & Helgeson, 1998). Conversely, negative health outcomes have been found among those who score high on unmitigated communion, presumably because these individuals are overinvolved with others and fail to attend to their own needs (Helgeson & Fritz, 1998). For example, unmitigated communion has been linked to poor health behavior among cardiac patients as measured by an index of smoking, exercise, diet, stress, and relaxation (Helgeson & Fritz, 1999). In addition, unmitigated communion has been associated with low adherence to physicians' instructions among cardiac patients (Fritz, 2000; Helgeson, 1993) and poor metabolic control among adolescents with diabetes (Helgeson & Fritz, 1996).

Agency, which is conceptualized as a healthy focus on the self, is typically related to measures of positive physical and mental well-being, whereas unmitigated agency is often linked to negative outcomes. These divergent relations have been found among patients with prostate cancer (Helgeson & Lepore, 1997), heart disease (Helgeson, 1990, 1993), and rheumatoid arthritis (Trudeau, Danoff-Burg, Revenson, & Paget, 2003). Why would unmitigated agency, which involves a focus on the self to the exclusion of others, contribute to poor personal health? Possible pathways include lack of social support and a level of hostility or arrogance that impedes willingness to follow advice from medical professionals or loved ones (Helgeson & Fritz, 1999).

In sum, both unmitigated agency and unmitigated communion have been associated with negative health outcomes and maladaptive health behavior among persons diagnosed with physical

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