

The Healthy Poor: Demystifying John Henry

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John Henry is one of the big men of American folklore, a former slave and “steel drivin’ man” who helped pioneer the American frontier in the 19th century. According to legend, John Henry was a man of extraordinary physical prowess who wielded a sledge hammer to clear the way for the nation’s expanding railroads. He was also a man of extraordinary determination. When the railroad owner threatened to replace men and their muscles with a new steam-driven hammer, John Henry challenged owner and machine to a contest of strength. He won, but lost, dying of exhaustion.

That’s the John Henry story most Americans know. But there is another John Henry who is much less famous, though he shares the maladaptive willfulness that destroyed the folk hero. The real-life John Henry Martin escaped an impoverished sharecropper’s life through raw determination, learning to read and write with little formal education. By dint of gritty attitude and hard work, he acquired a farm of his own by age 40—only to die in his 50s of hypertension, arthritis and a peptic ulcer.

This John Henry is an anti-hero of psychological science, specifically the study of health behavior—and more specifically the behavior of the poor and disadvantaged. First described in the 1980s, “John Henryism” has come to mean a strong-headed, never-give-up attitude toward life and its travails—an attitude and coping style that, paradoxically, seems to result in old sorts of pathology and disease among the have-nots.

It’s a harsh fact of life that the poor get sicker, and die sooner, than the rest of us. There are many possible reasons for this cruel disparity, ranging from stress and despair and risky lifestyle to dysfunctional homes and violent neighborhoods and more—far too many intertwined factors to ameliorate easily. As a result, health psychologists have in recent years turned their attention to the outliers—the poor people who nevertheless live long and healthy lives. Why do these people not succumb to all the forces, social and physical, working against them? What are they doing right?

One thing they are doing right is avoiding John Henryism. In fact, they display a constellation of traits that add up to the opposite of John Henryism. According to University of British Columbia health psychologist Edith Chen, these of traits are part of a protective coping style called “shifting.” They appear to buffer the poor from the pathological processes—like inflammation and high blood pressure—that lead over time to disease and death.

Chen’s many empirical studies have documented the power of psychological shifting, which involves regularly reappraising one’s circumstances as a way of regulating emotion. It means accepting life as it is, but adjusting to its travails by reframing them in positive ways. This kind of self-regulation probably works for the poor because it’s a good fit with the threatening circumstances they encounter all the time. Indeed, studies have shown that those who make brave and determined efforts to control their difficult circumstances—the John Henrys of the world—do not end up feeling empowered; indeed the opposite. Such willfulness takes a physiological toll: John Henrys have higher blood pressure and run a higher risk

of hypertension than do people who are accepting and adaptive.

Shifting is not enough to in itself to trump the pathologies of poverty. The healthy outliers also display a group of traits that Chen labels “persisting.” Persisting may sound like John Henryism, but it’s not, and the distinction is important. John Henryism is a stubborn persistence against impossible odds; it’s a failure to recognize what’s beyond personal control. Healthy persisting means coping with adversity by finding meaning in one’s circumstances, and remaining optimistic about the future. This habitual search for meaning allows the down-and-out to stay hopeful—and physically healthy. In one study, poor subjects who reported having a higher purpose in life also showed lower levels of inflammation, a pathological process linked to heart disease. There was no such link in more well-to-do subjects.

Importantly, Chen’s work shows that shifting and persisting are most effective in combination. As she describes [in the most recent issue of the journal *Current Directions in Psychological Science*](#), poor people who both rethink their troubles *and* hold on to their hopes—these people benefit more than those who practice one coping strategy or the other. She speculates that this “shift and persist” strategy fits with the real-life constraints on the lives of the poor, who often lack the resources to attack their problems head-on. Many studies support this view: In one, for example, people who grew up in poverty, but who used both coping strategies as adults, had the lowest physiological risk for disease. In another study, asthmatic children who had a shift-and-persist approach to life has less asthmatic inflammation and impairment; they missed few days of school and used their inhalers much less often.

So why do some poor people adopt a shift-and-persist strategy, while others do not? Where do these traits come from? Chen believes that it has everything to do with role models, especially early in life. Positive role models allow poor children to believe that other people can be trustworthy and reliable, and this belief in turn shapes the way kids think about their stressful lives. Role models also model effective emotional regulation, and optimism about the future. Chen studied teenagers from poor circumstances, and she found that those with supportive and inspiring role models were more likely to use adaptive coping styles—and they had less inflammation and lower cholesterol, meaning less risk for heart disease.

Society’s ultimate goal is to eliminate poverty, and the stresses that are sickening and killing our most unfortunate. Until that happens, it’s plausible that interventions could be used to instill shift-and-persist traits in more of the disadvantaged, especially children, and in doing so improve their health prospects now. Symbolically, that means inventing a more accepting, adaptive and hopeful folk hero to displace the stubbornly unheroic, and self-destructive, John Henry.

Wray Herbert’s book, [On Second Thought](#), Is about irrational thinking and decision making. Excerpts from his two blogs—“We’re Only Human” and “Full Frontal Psychology”—appear regularly in *Scientific American Mind* and [The Huffington Post](#).