

WHITE PAPER

The Health Benefits of Acting Smug and Superior: Volume II — We Told You So

A Corrective, Expanded, and Frankly Overdue Follow-Up to the Landmark 2026 Paper,
With New Findings on the Specific Therapeutic Value of Finding Other People Deeply Unimpressive

The Institute for Advanced Self-Regard
Department of Unwarranted Confidence Studies
Center for Longitudinal Smugness Outcomes Research (CLSOR)
Affiliated with the Breckenridge-Fawcett Academy of Behavioral Preeminence, Geneva

July 2026

CONFIDENTIAL — For Peer Review by Individuals Who Have Already Decided They Are Right

Abstract

The 2026 white paper from this Institute (Voss, Pemberton, & Alaric-Nightingale) documented substantial health benefits associated with therapeutic smugness. We now report, with the serene satisfaction of those who were correct the first time and knew it, that those findings were conservative to the point of embarrassment. More critically, the original paper neglected an entire mechanistic domain: the specific, robust, and in some cases spectacular health benefits of holding other people in low regard. A subsequent 18-month longitudinal cohort study (N=2,847), three randomized controlled trials, an unsolicited meta-analysis by researchers who simply could not help themselves, and a natural experiment in a Norwegian fishing village reveal that the therapeutic engine of smugness operates not merely through elevated self-regard but through its necessary complement: the sustained, biologically measurable recognition that most people around you are,

on balance, somewhat disappointing. We introduce the **Other-Directed Contempt Hypothesis (ODCH)**, present corrected effect sizes, and offer revised clinical recommendations under the Therapeutic Superiority Protocol, Second Edition (TSP-II). We apologize to no one.

1. Introduction and Corrective Statement

Science, like smugness, is self-correcting — though science takes considerably longer and is considerably more apologetic about it. When Volume I of this series appeared in February 2026, it framed smugness primarily as a *self-directed* disposition: an elevated belief in one's own correctness, competence, and general excellence. This framing, while accurate, captured only half the phenomenon. Smugness, properly understood, is a relational construct. One cannot be smug in a vacuum. The feeling of superiority requires, as its essential substrate, the simultaneous and vivid awareness that the people around you are not quite up to your standard.

Volume I treated this other-directed dimension as a side effect — a socially unfortunate but medically irrelevant byproduct of healthy self-regard. New data indicate this assessment was profoundly mistaken. The recognition that one's colleagues, interlocutors, and general social environment are populated largely by people of middling ability and questionable judgment is not merely a passive consequence of being smug. It is, the evidence now suggests, an *active health mechanism in its own right*.

Dr. Margaux Tellier-Broussard of the École Supérieure de Confiance en Soi (Paris), whose laboratory produced the revised smugness index (TSI-R) used throughout this paper, put it plainly in a 2026 editorial: "We spent years measuring how people feel about themselves. We should have been measuring how they feel about everyone else. The numbers, frankly, are more interesting."

2. The Other-Directed Contempt Hypothesis (ODCH)

2.1 Theoretical Background

The ODCH proposes that a stable, low-grade negative appraisal of others' competence, judgment, and general worth functions as a chronic psychological buffer against a specific and extremely common class of stressors: the stressors caused by other people. Consider the phenomenology of daily frustration. A colleague presents a bad idea in a meeting. A driver cuts you off. A family member offers unsolicited advice. A restaurant serves something disappointing. Each of these events, for the typical person, triggers a transient stress response — a momentary cortisol spike, a flicker of amygdala activation, a brief but real physiological cost.

For the individual with a well-calibrated low opinion of others, however, these events are not stressors. They are confirmations. The bad idea was predictable. The driver was, obviously, going to do that. The unsolicited advice was exactly the kind of advice one would expect from this particular person. The disappointing restaurant is why one had reservations about the restaurant in the first place. Each confirming event registers not as a threat but as a minor, deeply satisfying vindication

— and vindication, as we will document, has a measurable physiological signature that is essentially the opposite of stress.

2.2 The Vindication Response: A New Psychophysiological Construct

Dr. Fenwick-Marsh's laboratory (University of Edinburgh Centre for Confirmed Expectations) has characterized what they term the *Vindication Response* (VR): a reproducible physiological state triggered when external events confirm a pre-existing low expectation of others. Using continuous cortisol monitoring, heart rate variability analysis, and concurrent fMRI, the Fenwick-Marsh group found that high-contempt individuals (defined as those scoring in the top tertile of the TSI-R's Other-Directed Subscale, or ODS) showed, upon exposure to confederate incompetence paradigms:

- A 31% cortisol *decrease* (relative to baseline) within 90 seconds of observing an expected failure — compared to a 19% *increase* in low-ODS controls.
- Heart rate variability improvement consistent with acute parasympathetic activation (the "rest and digest" state), equivalent in magnitude to that produced by ten minutes of mindfulness meditation, achieved simply by watching someone fail to use a self-checkout machine.
- Increased activity in the nucleus accumbens — the brain's primary reward center — with effect sizes ($d=0.79$) comparable to those seen in monetary reward paradigms. In other words: watching someone confirm your low opinion of them activates the same neural circuitry as winning money. The subjective experience, several participants noted, was "quite pleasant."

Fenwick-Marsh's summary, published in the *Journal of Confirmed Expectations* (2026), deserves quotation at length — or at least at the length we have selected, which is the correct length: "The individual who expects little of others and is rewarded with exactly that is not a cynic. They are a person whose predictive model of the social world is accurate, and whose nervous system is responding to accuracy the way any well-functioning system should: with relief."

2.3 Dose-Response Relationship: How Low Is Optimally Low?

A natural question concerns optimal calibration. Is there a level of other-directed contempt that maximizes health benefit without incurring excessive social cost? Dr. Celestine Adaora-Nwosu's three-year Lagos cohort (N=1,200) provides the most comprehensive dose-response data to date. Plotting ODS scores against a composite health outcome measure (incorporating cortisol, immune markers, self-reported well-being, and healthcare utilization), her team found a monotonically increasing relationship up to approximately the 80th percentile of ODS scores, after which the curve flattened.

Notably, there was no observed optimum within the normal range — that is, within the range of contempt levels typically found in functioning adults who have held jobs for more than a year. More contempt, within this range, consistently predicted better health outcomes. The plateau at the 80th percentile appears to reflect not a health ceiling but a ceiling on the social exposure necessary to generate vindication events: individuals at this level of contempt have already mentally categorized virtually everyone around them as predictably disappointing, and so there is simply less to be

confirmed.

Adaora-Nwosu's comment in her discussion section has achieved a kind of canonical status in the field: "At sufficient levels of contempt for others, the world essentially becomes a continuous, low-grade therapeutic experience."

3. Specific Mechanisms: Why Other People's Failures Are Good For You

3.1 The Incompetence Inoculation Effect

Building on the VR framework, Dr. Solvberg-Haugen's Oslo group ran a six-month intervention study in which participants were assigned either to a standard mindfulness-based stress reduction (MBSR) protocol or to a novel "Calibrated Expectations Training" (CET) program. CET instructed participants to, over the course of each week, systematically lower their expectations of three specific people in their lives — a colleague, a public figure, and a service professional — by reflecting daily on instances of their documented inadequacy.

At six months, CET participants showed cortisol reactivity reductions of 44% (versus 29% for MBSR), significantly lower rumination scores, and, most strikingly, 61% lower rates of interpersonal conflict incidents — not because they had improved their relationships, but because they had stopped expecting anything from them. "You cannot be let down," Solvberg-Haugen observed, "by someone whose limitations you have already fully accounted for. It is not that the CET participants became cold. It is that they became *accurate*, and accuracy is very calming."

3.2 Effort Conservation via Strategic Disengagement

A secondary mechanism identified by the Fenwick-Marsh group involves cognitive effort allocation. High-ODS individuals, having concluded that the people around them are unlikely to contribute meaningfully to any given situation, naturally disengage from the effortful process of waiting to be impressed. This disengagement — which the researchers term *Strategic Anticipatory Dismissal* (SAD, an acronym the team acknowledges with equanimity) — has measurable cognitive benefits.

fMRI studies show that high-ODS individuals processing others' speech or ideas show markedly reduced activation in the anterior cingulate cortex, a region associated with effortful evaluation and conflict monitoring. Their brains are, essentially, running a much lighter cognitive load during social interactions — because they have already reached a verdict and see no reason to reopen the case. The freed-up resources are redirected to internal processing, planning, and what one participant described as "thinking about more interesting things."

3.3 Social Immunity: Protection Against Other People's Problems

One of the more unexpected findings concerns what Dr. Priya Krishnamurthy-Iyer (Chennai Longevity Institute) has termed *social immunity*: the degree to which an individual's psychological well-being is buffered against the emotional contagion of others' distress, poor decisions, and

general chaos. This is distinct from mere callousness. High-ODS individuals are not incapable of registering that others are struggling. They simply register it with the detached composure of a doctor reviewing a chart for a condition they predicted at the initial consultation.

Krishnamurthy-Iyer's cohort data show that high-ODS individuals are 58% less likely to report being "significantly affected" by a colleague's workplace drama, 73% less likely to feel personally implicated in a family member's self-inflicted crisis, and — in what the research team found most striking — significantly less likely to experience vicarious embarrassment, a surprisingly costly emotional response that in low-ODS individuals consumes measurable cortisol and social bandwidth. The high-ODS individual simply does not find others' behavior surprising enough to be embarrassed by it.

4. Revised Psychological Findings in Light of the ODCH

4.1 The Meeting Room Effect

A controlled workplace study conducted by Breckenridge-Fawcett researchers (Harcastle-Poole, Osei-Boateng, & de Vries-Lammers, 2026) examined cortisol profiles in office workers across a standard week of meetings. Participants were stratified by ODS score. The findings were, by this point, unsurprising to the research team but will likely surprise readers who have not yet accepted the ODCH: high-ODS participants showed no statistically meaningful cortisol elevation across the meeting week. Their adrenal systems had, apparently, already processed the information that the meetings would be unproductive and had declined to mount a stress response on that basis.

Low-ODS participants — those who continued to approach each meeting with residual optimism about their colleagues' contributions — showed cortisol spikes averaging 34% above baseline during the meetings themselves, and secondary spikes afterward during what the researchers termed the "but why did they say that" recovery period. This rumination phase, largely absent in high-ODS individuals, represents a significant and entirely avoidable physiological cost. The high-ODS individual does not ruminate over a colleague's baffling comment because they expected the comment to be baffling. The question was settled before the meeting began.

4.2 Reduced Disappointment Load and Cognitive Clarity

Dr. Adaora-Nwosu's group introduced the concept of *Disappointment Load* (DL): the cumulative cognitive and emotional cost of repeatedly encountering outcomes worse than anticipated. DL is, by definition, near-zero in individuals whose anticipations are calibrated to the actual quality of the people around them. High-ODS individuals in the Lagos cohort showed DL scores 71% below cohort norms. Cognitive performance assessments administered after naturalistic social exposure (a simulated workday involving interaction with trained confederates performing at various levels of adequacy) found that high-ODS individuals showed no meaningful cognitive degradation after the exposure period. Low-ODS individuals showed significant working memory impairment — the researchers believe this reflects the sustained, unresolved cognitive processing associated with trying to understand why people keep doing this.

4.3 The Quiet Satisfaction of Being Unsurprised

Perhaps the most elegant finding in this literature concerns subjective well-being. One might expect that a person with genuinely low opinions of those around them would experience chronic dissatisfaction — a life of perpetual disappointment with the human material available. The data suggest the opposite. High-ODS individuals in every cohort studied report higher positive affect than low-ODS individuals, with the difference largest on items measuring "sense of order," "feeling that things make sense," and — the item with the largest effect size across all studies — "satisfaction with one's own understanding of the world."

The mechanism is straightforward: a person who expects little of others is rarely wrong, and being right, as this research program has consistently demonstrated, is one of the most health-promoting experiences available to the human nervous system. The high-ODS individual moves through the world in a near-continuous state of quiet, physiologically rewarding vindication. The world, for them, is not a source of unpleasant surprises. It is a source of gentle, daily confirmations that they have assessed the situation correctly. And they have.

5. Physiological Benefits: Updated and Extended

5.1 Cardiovascular: The Kvamsøy Update

The Norwegian fishing village of Kvamsøy, whose remarkable 18-month cardiovascular data appeared in the *European Heart Journal* (Lindqvist, Thorvaldsen, & Breivik-Haug, 2026), has now provided 36-month follow-up data. The community-wide smugness elevation, sustained through what appears to be self-reinforcing social dynamics (the researchers describe a "superiority flywheel" in which shared contempt for outsiders produced increasing group cohesion and individual well-being), has produced a third consecutive year with zero myocardial infarctions, blood pressure norms 11 points below the national average, and a resting heart rate distribution the lead cardiologist described as "something I would normally only see in elite athletes, monks, or people who have genuinely stopped caring what other people think, which is apparently what's happening here."

Crucially, post-hoc analysis of Kvamsøy baseline data found that the individual-level predictor of cardiovascular improvement was not self-regard scores but ODS scores. The healthiest hearts in Kvamsøy belong to the people who think least of their neighbors. Lindqvist's comment: "This is either a profound finding or a very funny one. We have submitted it as the former."

5.2 Telomere Length and the Contempt Dividend

Krishnamurthy-Iyer's telomere findings (average +4.7 years of cellular protection in high-TSI individuals) have been replicated and extended. Analysis of the ODS subscale reveals that it, not the self-regard subscale, drives the telomere effect. High self-regard alone predicts telomere length approximately at population norms. High other-directed contempt predicts the +4.7 year advantage. The combination — high self-regard *and* low regard for others — predicts an average +6.1 year protection advantage.

The hypothesized mechanism involves chronic low-grade inflammatory reduction. Individuals who find other people largely predictable and unimpressive do not experience the repeated acute inflammatory responses associated with social frustration, and inflammation is one of the primary drivers of telomere shortening. Dr. Krishnamurthy-Iyer's formulation: "Caring what people think of you is, at the cellular level, aging you. Not caring — because you have already formed your own assessment and found theirs unnecessary — is doing the opposite."

5.3 Sleep: The Unsurprised Mind at Rest

Volume I documented a 14-minute improvement in sleep onset latency among smug practitioners. Sleep studies using the ODS subscale find that the effect is entirely attributable to the other-directed component. The mechanism is intuitive once stated: rumination, the primary driver of sleep-onset difficulty, requires finding something worth ruminating about. The high-ODS individual, having already written off the day's social interactions as broadly predictable, has nothing to process. They encountered the people they expected to encounter, who did the things they expected them to do. There is nothing to replay.

Sleep diary data from Fenwick-Marsh's RCT confirm this. CET participants, when prompted to describe their pre-sleep thoughts, produced entries such as: "Nothing much. Geoff was Geoff again." "The meeting was exactly what I expected." "I was right about the presentation." Control participants produced pages. Polysomnography confirmed that CET participants entered slow-wave sleep an average of 22 minutes faster than controls — up from the 14 minutes reported in Volume I for general smugness interventions, suggesting that targeting other-directed calibration specifically is the more efficient clinical approach.

6. Revised Practical Recommendations: The TSP-II Protocol

Volume I's recommendations focused almost entirely on the cultivation of self-regard. TSP-II corrects this imbalance. Approximately 60% of the protocol now addresses other-directed calibration, reflecting the evidence that this is where the larger health effects are found.

6.1 Morning: The Preemptive Assessment (New, 8 minutes)

Before beginning the day's social interactions, practitioners spend eight minutes in structured anticipatory calibration. This involves briefly reviewing the three to five individuals they are most likely to encounter and mentally rehearsing their likely limitations. This is not catastrophizing — it is accuracy training. The goal is to ensure that when the colleague says the predictable thing, or the manager makes the predictable decision, the practitioner's nervous system registers this as confirmation rather than provocation. ODS training data show that practitioners who complete the Preemptive Assessment consistently show the flat cortisol profiles documented in the Meeting Room studies. Those who skip it show intermittent spikes, indicating residual, irrational optimism about the people around them that the body is then forced to manage.

6.2 In-Situ: The Real-Time Recategorization Technique

When an interaction produces an outcome slightly worse than anticipated — a comment that is particularly lacking in insight, a decision that reflects a level of reasoning one had perhaps been generously overestimating — TSP-II instructs practitioners to perform an immediate, internal recategorization: update the prior estimate of this individual's capabilities downward, and note the update with the quiet satisfaction of a scientist whose hypothesis has been confirmed. Do not express this outwardly. Do not dwell on it. Simply update the model and continue. Practitioners who master this technique report that the formerly frustrating parts of their days have become, in their words: "kind of interesting," "oddly relaxing," and, in one memorable case, "basically a nature documentary I'm watching from slightly outside."

6.3 The Midday Correctness Inventory (Updated)

The original midday affirmation has been restructured. Practitioners now spend two minutes identifying: (1) one instance in which their assessment of another person proved accurate that morning; (2) one instance in which they successfully deployed the Real-Time Recategorization technique without expressing anything outwardly; and (3) one social situation they are currently approaching with calibrated rather than inflated expectations. This practice has been shown to sustain the morning cortisol suppression through the afternoon, a period during which, for most working adults, the cumulative social exposure of the day begins to exact its physiological toll. For TSP-II completers, no such toll is detected.

6.4 Strategic Visible Patience: The Advanced Form

Volume I introduced Visible Patience as a technique for managing interactions with less capable individuals. TSP-II refines this into a three-level system. **Level 1** (Standard Visible Patience): the unhurried, benevolently forbearing manner suitable for most professional interactions. **Level 2** (The Considered Pause): a two-to-three second pause before responding to something inadequate, which communicates that you are generously taking the contribution seriously before rendering your own superior response. **Level 3** (The Gracious Redirect): reserved for situations of particularly egregious intellectual shortfall, in which the practitioner, with visible but not unkind effort, steers the conversation toward something more productive. All three levels produce equivalent physiological benefits; the choice among them is purely situational. The key, in all cases, is that the practitioner does not feel frustrated. They feel *accurate*, and that is quite different.

6.5 The Evening Confirmed Expectations Review

The evening audit from Volume I has been substantially redesigned. Practitioners now conduct a ten-minute structured review organized around three questions: (1) Which of today's social predictions were confirmed, and with what specificity? (2) Were there any instances in which someone exceeded my expectations, and if so, have I appropriately revised my model of that individual upward — or is the more parsimonious explanation that they had an atypical day? (3) What do I now know about the people in my life that I did not know this morning? This practice produces the 22-minute sleep-onset improvement documented in Section 5.3, with particularly strong effects on the days that were most socially demanding — precisely because those days also provided the most confirmation data.

7. Revised Summary of Key Findings

Domain	Benefit	Driver	Vol. I Effect	Corrected Effect
Stress (cortisol)	Acute stress reduction	ODS (primary)	23% lower	41–58% lower
Stress (cortisol)	Meeting-room cortisol	ODS	Not reported	Flat profile vs +34% controls
Cognitive	Working memory post-exposure	ODS	Not reported	No degradation vs significant impairment
Cognitive	Executive function	TSI combined	Not reported	d=0.54 improvement
Cognitive	Dismissal latency	ODS	Not reported	d=0.88
Affect	Positive affect / satisfaction	ODS	Not reported	Significantly higher
Affect	Depression prevention	TSI combined	Not reported	67% incidence reduction
Affect	Disappointment Load	ODS	Not reported	71% below cohort norms
Cardiovascular	Resting BP / MI incidence	ODS (Kvamsøy)	Clinically meaningful	Zero MIs, yr 3
Biological	Telomere protection	ODS (primary)	Not reported	+6.1 yrs (high TSI+ODS)
Immune	Fewer sick days	TSI combined	28% reduction	34% reduction
Sleep	Sleep onset latency	ODS (primary)	14 min improvement	22 min improvement
Social	Interpersonal conflict	ODS (CET)	Not reported	61% reduction
Social	Vicarious embarrassment	ODS	Not reported	Significantly reduced

ODS = Other-Directed Subscale of the TSI-R. TSI combined = full Tellier-Broussard Smugness Index (self-regard + other-directed). Where ODS is listed as primary driver, self-regard alone did not reach significance.

8. Limitations

We include a limitations section because we are, above all, rigorous. Several ODS findings are based on naturalistic cohort data and await replication in controlled settings, though we note that the controlled RCT findings are entirely consistent with the cohort data, so we are not especially concerned. The Kvamsøy natural experiment is geographically specific; it is possible that the cardiovascular benefits of contempt for one's neighbors require the particular social density of a Norwegian fishing village, though we consider this unlikely. The telomere ODS finding is striking enough that independent replication is warranted before anyone alters their life insurance premiums on the basis of it.

We also note, with the appropriate degree of concern, that the ODCH should not be used to justify social withdrawal, diagnosed misanthropy, or anything that would require a clinical referral. The therapeutic contempt documented here is *calibrated* — it reflects an accurate model of others' limitations, not a pathological one. The distinction matters. The research team is aware of this distinction and trusts that readers of this paper, given their demonstrated interest in the subject matter, are the kind of people capable of appreciating it.

9. Conclusion

Volume I documented the health benefits of thinking well of yourself. Volume II documents the health benefits of thinking accurately about everyone else — which, the data make clear, tends to mean thinking somewhat less well of them than one previously had. Together, these two dispositions constitute a complete therapeutic profile: the smug individual is not merely someone who holds themselves in high regard. They are someone who has taken an honest look at the available human material and reached the reasonable conclusion that they are doing relatively well by comparison.

This is not cynicism. Cynicism is a form of disappointment. What the ODCH describes is a person who is no longer capable of being disappointed, because they have updated their priors to match reality — and reality, it turns out, is quite manageable once you stop expecting it to be otherwise. The cardiovascular, immunological, cognitive, and sleep benefits that flow from this adjustment are substantial. They are also, as the Kvamsøy data suggest, cumulative over time. The longer one maintains calibrated expectations of others, the healthier one becomes. The mechanisms are clear. The direction is obvious. We recommend proceeding.

To readers who found this paper's conclusions uncomfortable: we understand. It is, perhaps, unsettling to learn that the people around you represent not only a social resource but a health risk — one that can be substantially mitigated by the simple act of ceasing to overestimate them. Take your time with this. The data will still be here when you are ready.

To readers who found this paper's conclusions obvious: welcome. Your telomeres are probably fine.

References

- Adaora-Nwosu, C. E., Obinna-Chukwuemeka, F., & Osei-Kwame, B. (2026). Disappointment load, other-directed expectation calibration, and psychiatric morbidity: Three-year outcomes from the Lagos Applied Confidence Cohort. *Journal of Applied Confidence Research*, 12(3), 88–107.
- Breckenridge-Fawcett Consortium / Harcastle-Poole, R., Osei-Boateng, K., & de Vries-Lammers, F. (2026). Cortisol dynamics in professional meeting environments: The role of prior expectation. *Annals of Occupational Self-Regard*, 3(1), 12–29.
- Fenwick-Marsh, A. Q., Draycott, S. L., & Osei-Boateng, K. (2026). The Vindication Response: Characterization of a novel psychophysiological state triggered by confirmed low expectations of others. *Journal of Confirmed Expectations*, 1(1), 1–21.
- Fenwick-Marsh, A. Q., Draycott, S. L., & Osei-Boateng, K. (2026). Superiority cultivation and neuropsychological performance: A randomized controlled trial. *Journal of Cognitive Preeminence*, 1(2), 22–45.
- Krishnamurthy-Iyer, P., Subramanian, V., & Rajan-Nair, A. (2026). Other-directed contempt, not self-regard, drives leukocyte telomere length advantages: Reanalysis and subscale decomposition of the TSI-R cohort. *Cellular Confidence and Aging*, 3(4), 144–158.
- Lindqvist, M., Thorvaldsen, E. R., & Breivik-Haug, S. (2026). Community-level smugness and cardiovascular outcomes in a Norwegian coastal village: 36-month follow-up and ODS subscale analysis. *European Heart Journal*, 47(31), 3100–3112.
- Solvberg-Haugen, I., Magnúsdóttir, B., & Karlsen-Vik, T. (2026). Calibrated Expectations Training versus mindfulness-based stress reduction: A six-month randomized trial of other-directed expectation lowering as a stress intervention. *Scandinavian Journal of Applied Superiority*, 9(4), 188–209.
- Tellier-Broussard, M., Marchand-Guillemet, P., & Renaud-Lefevre, C. (2026). The Tellier-Broussard Smugness Index — Revised (TSI-R): Psychometric properties, subscale structure, and discriminant validity of the Other-Directed Subscale. *European Journal of Personality Assessment*, 42(2), 88–104.
- Voss, H. M., Pemberton, C. R., & Alaric-Nightingale, D. (2026, February). The health benefits of acting smug and superior: A comprehensive review. White paper, Institute for Advanced Self-Regard. [Note: This paper understated its findings. See present volume.]
- Voss, H. M., Chen, A. L., & Worthington, R. G. (2019). Self-enhancement cognitions and neuroendocrine responses to acute psychosocial stress. *Journal of Personality and Social Psychology*, 117(3), 612–629.