

Theories of stress and stress management



Psychology and Management of Stress

- Jane Jerard

Outline and evaluate

1. Selye's (1956) General Adaptation Syndrome of stress

Selye's General Adaptation Syndrome of Stress is a model that analyses an individual's response to long term stress which is broken down into three main stages, the initial alarm stage, the interim resistance stage and finally the exhaustion stage (Nicky Hayes, 1994). If the stressor persists the individual will progress through each of the stages, and in some cases disease and even death can result.

During the alarm stage the body reacts to the stressor with a 'fight or flight' response in which the parasympathetic nervous system is activated and hormones (e. g. adrenalin and noradrenaline) are released from the adrenal medulla (Richard Gross, 2010). If the stressor remains, the body then goes into the resistance stage during which it may outwardly appear to be functioning normally, however levels of blood glucose, cortisol (stimulated by adrenocorticotrophic hormones known as ACTH) and adrenaline remain higher than normal and the individual's heart rate, blood pressure and breathing will be higher than normal. The individual may appear calm but they are physically and mentally at 'action stations' (currentnursing. com, 2014). During the final, exhaustion stage the further release of ACTH is inhibited by the hormones it has already stimulated and the levels of ACTH itself circulating in the blood. At this point the body begins to use up its energy reserves or resources and the body cannot function adequately.

Blood sugar levels drop and the individual becomes vulnerable to disease and death. As Nicky Hayes (1994, p450) states ‘ This [final stage] produces an immediate and strong – sometimes excessive – reaction to even mild sources of additional stress’.

As a model of stress, the General Adaption Syndrome (GAS) is focused primarily on the bodies’ physiological response to stress. It does not take into account other factors influencing an individual’s response to stress such as their thoughts, perceptions or feelings and how these cognitive and psychological factors impact upon their experience of stress itself (garysturt, 2004). Nonetheless the GAS was a hugely influential model which generated a lot of further study (currentnursing. com, 2014).

2. Folkman & Lazarus’ (1984) Cognitive Appraisal Theory of stress

Unlike the GAS model of stress, the Cognitive Appraisal Theory of stress focuses on an individual’s cognition of a stressor which informs their emotional response. It is ‘ a theory of emotion which implicates peoples personal interpretation of an event in determining their emotional reaction’ (psychcentral, 2014). The way in which an individual interprets the stressor is significant and according to Folkman and Lazarus we respond to a stressful event or situation by making a primary appraisal, during which we assess whether the event is harmful to us either physically or in terms of our esteem, core beliefs and our values or goals (Folkman, 1986). During the secondary appraisal (which can take place before, at the same time or after primary appraisal) we consider whether we have the resources to manage the stressor; the outcome of which affects our coping strategy.

Coping strategies can be understood as either: problem based; where the stressor is perceived as a challenge and we generate strategies to manage it or solutions to remove it, or emotional based; where the problem is considered to be a threat that cannot be resolved and various coping strategies such as avoidance, distancing and acceptance are employed (blackswanstress, 2014).

According to the Cognitive Appraisal of Stress model then, in response to a stressor we establish if there is a threat, employ coping strategies and then reassesses the threat which results in identification of emotional responses (Nicky Hayes, 1994). Stress is viewed in a more transactional sense, as a two way process in which individuals respond dynamically to their environment. Unlike the GAS model then, cognitive approaches are of paramount importance and it is a more fluid and responsive model, recognising the importance of the individual in each and every stress response.

With reference to the case study, examine the evidence that there is a link between personality and stress.

There is little dispute that life events can have a dramatic effect on an individual's mental health, and even their physical health. However an individual's reaction to a stressor is subjective and influenced by their cognitive and psychological makeup. An individual's experience of stress will depend upon their personality. Kobasa (1979) proposed that this response to stressful events will be determined in part by an individual's hardiness, with those low on hardiness more likely to experience psychological and physiological illness in response to stressful life events, whilst those high on

hardiness are buffered to a certain extent from the effects of stress, using research amongst executives to back up this hypothesis. Hardiness is to be understood as having a sense of commitment (both individual and work related), as having an internal locus of control and, as a positive response to change viewing it more as a challenge and less as a threat (psych. uft. ed, 2014).

Other studies of personality support the work done by Kobasa, for example Ironson (2010) completed a study on disease progression in HIV in which she found that ‘ Those low on optimism (25th percentile) lost CD 4 cells at a rate 1.55 times faster than those high on optimism (75th percentile) ... reap[ing] health benefits partly through behavioural (proactive behaviour), cognitive (avoidant coping), and affective (depression) pathways’. Although some studies such as Funk & Houston 1987, and Schmid & Lawler 1986, have not supported or replicated Kobasa’s findings it is believed that at least in terms of cognitive processes, personality and an individual’s subjective response to life situations (stressful or not) directly impact their experience of stress, and the degree to which they experience stress (fatih. edu. tr, 2014).

With reference to the case study, Nick could be described as having low levels of hardiness. Although his commitment to his work seems high it is at the expense of his sense of commitment to himself (evidenced by his persistent failure to take a lunch break). In addition his feeling out of control may indicate that he has an external locus of control and finally his rigid attitude towards his work life may suggest that he might struggle with change, viewing it more as a threat and less as an opportunity. According to

Kobasa et al, this could explain why he suddenly experienced chest pains (which could be either a panic attack or symptoms of a heart condition).

Nick's GP prescribed the anti-anxiety drug Benzodiazepine to help him cope with stress symptoms.

1. Briefly explain how benzodiazepene works on the body

Gamma-aminobutyric acid (GABA) is a naturally occurring neurotransmitter, which inhibits neuron activity in the brain. Around 40% of the brain responds to the presence of GABA and so when an individual takes benzodiazepine which boosts the activity of GBA, they experience a general calming effect, or a slowing down of the brain. ' It [GABA] is in some ways the bodies natural hypnotic and tranquilizer' (benzo. org. uk, 2014). The neurons are less responsive because they have become supercharged by the presence of chloride ions which have been channelled through GABA receptors. The presence of benzodiazepine (which locates itself within the GABA receptor site) serves to increase the rate at which chloride ions flood the neuron making it less responsive to other stimuli.

2. Discuss two advantages and two disadvantages of taking benzodiazepine to relieve stress

The advantages of benzodiazepines are that they are anxiolytic (relieve anxiety) and so reduce the physiological symptoms of a wide range of panic and anxiety disorders as well as phobias. They are also hypnotic and cause sleepiness which can assist with any sleep problems that an individual may experience (insomnia, or other kinds of sleep disorders often accompany anxiety). Over a short term period then, benzodiaepines can be beneficial,

especially for those who suffer from anxiety and have disturbed patterns of sleep. However they are highly addictive and so cannot be used for more than a 4 week period, therefore they are not a solution in themselves and for this reason they are rarely prescribed in isolation. Usually some kind of CBT is prescribed concurrently with a course of benzodiazepine. In addition the body quickly adjusts to the drug and higher and higher doses are required to achieve the same affect.

Nicks GP also suggested that he undertakes cognitive behavioural therapy (CBT)

Outline the main features of CBT and discuss its usefulness in treating stress.

Cognitive Behavioural Therapy (CBT) is a practical therapy which focuses on problems in the present, rather than issues from an individual's past. The client and the CBT clinician will agree specific goals, and a strategy and timescale at the outset. There is a strong emphasis on the therapeutic relationship between the client and the clinician and the client is much more active in terms of putting the therapy into practice; the skills and techniques learnt during each session is 'tested' by the client in their homework. They are to experience directly through repeated practice whether or not these techniques are effective.

The general underlying assumption of CBT is that maladaptive ways of thinking stem from cognitive errors which are to be challenged systematically throughout the course of the therapy. Different disorders are characterised by different cognitive errors. Because of this there is a wide variety of CBT methods available. The way in which CBT is delivered is also

flexible and includes self-help (books, DVD's and increasingly popular PC or online formats), group CBT (particularly useful with social phobias) and CBT informed specific interventions (training courses) (Graeme Whitefield, 2007).

CBT is useful in treating stress because it challenges the core assumptions we make (our maladaptive thinking) that contribute or even create our experience of stress, or our interpretation of an event as stressful or not. In the above case study, Nicks belief that he requires control in the workplace, or that controlling his work environment is an achievable goal could be challenged. His homework would include different approaches to his working day such as ensuring he takes regular breaks and he would 'see for himself' the cognitive errors that have resulted in the maladaptive thinking that you have to be on the go all the time at work to succeed etc. Because CBT focuses on symptoms experienced in the here and now, and because stress is just such a symptom, it (CBT) is a very effective method of treating stress with a strong evidence base to support this (it is also cost effective and efficient in terms of time).

Read the following case study and:

1. Identify two life events and two daily hassles that could be causing Selina stress

Selina's mother has been diagnosed with a terminal illness, and she has recently divorced from her husband. Both these are considered significant life events according to the Social Readjustment Rating Scale (SRRS). The scale ranks divorce as the second highest source of stress with a mean value of 73, whilst the change of health of a family member comes in at 11th on <https://assignbuster.com/theories-of-stress-and-stress-management/>

the scale with a mean value of 44. In terms of daily hassles her children frequently quarrel and she encounters congestion which can sometimes make the children late for school.

2. How, according to Holmes and Rahe, do life events cause stress and how do they effect people in the long term?

The Holmes and Rahe questionnaire identifies what it considers to be significant life events in the causation of stress, and ranks them according to the associated levels of stress that they would induce. Upon completing a questionnaire, individuals who scored highly (i. e. experienced a significant number of life events within the last twelve months) are expected to be at a greater chance of suffering from stress and developing illness than those who did not. The results of their studies showed a small positive correlation meaning that life events are part of (but not wholly) the cause of illnesses (simplypsychology, 2014). The kinds of physiological effects stress can have on the body include heart disease, high blood pressure, a repressed immune system and gastric ulcers (psychology4a, 2014). Other effects include being more prone to accidents. The underlying assumption being that these life events are negative changes and that they cause us to experience stress which in turn has an effect on our wellbeing in the long term.