Stress and Coping

FEM 3105 (Unit 1-9/9)

Mansor Abu Talib
Fakulti Ekologi Manusia
Universiti Putra Malaysia
43400 UPM Serdang
Selangor Darul Ehsan
Hak Cipta Terpelihara. Tidak dibenarkan mengeluarkan ulang mana-mana bahagian artikel ilustrasi dan isi kandungan buku ini dalam apa jua bentuk sama ada secara elektronik, fotokopi, mekanik, rakaman atau cara lain sebelum mendapat izin bertulis dari Penerbit Pendidikan Luar (PPL), Universiti Putra Malaysia, 43400 UPM, Serdang, Selangor Darul Ehsan. Penyusunan artikel, ilustrasi, dan isi kandungan bolehlah dikelaskan kepada penerbit dengan menggunakan isyarat Penerbit Pendidikan Luar UPM.

Penulis : MANSOR ABU TALIB
          Fakulti Ekologi Manusia
          Universiti Putra Malaysia
          43400 UPM, Serdang
          Selangor Darul Ehsan

Alamat : Unit Modul dan Bahan Kendiri
          Pusat Pendidikan Luar
          Universiti Putra Malaysia
          43400 UPM, Serdang
          Selangor Darul Ehsan
          Tel: 03-89468830/03-89458904

Reka Bentuk Kulit dan Cetakan oleh : PENERBIT
                                      Universiti Putra Malaysia
                                      43400 UPM, Serdang
                                      Selangor Darul Ehsan
                                      Tel : 03-89468851/8854
                                      Faks : 03-89416172
                                      Emael : penerbit@putra.upm.edu.my
‘Salam Perkenalan’ and welcome to all Bachelors Sains Pembangunan Manusia (BSPM) students. I am honored and glad to have you in my course. I hope you will learn your utmost and do your very best in this course. You can do it! And I am here to assist you.

**Course Information**

Department: Jabatan Pembangunan Manusia dan Pengajian Keluarga (JPMPK)

Name of Course: Stress and Coping

Code: FEM 3105

Credit Hour: 3(3+0)

**Synopsis**

An examination of stress and coping among individuals. Emphases on stressors across the lifespan in various contexts, factors affecting stress level, coping strategies, holistic stress management techniques and development of primary prevention programs related to stress reduction. (Penelitian ke atas tekanan dan dayatindak di kalangan individu. Tumpuan kepada punca tekanan (stressors) sepanjang hayat dalam pelbagai konteks, faktor yang mempengaruhi tahap tekanan, strategi dayatindak, teknik pengurusan tekanan yang holistic, pembentukan program pencegahan primer berkaitan dengan pengurangan tekanan).
Objective

At the end of the course, students will be able to:

- Understand and able to discuss the concepts of stress, crisis and coping
- Comprehend and distinguish different stressors and effect of stress on individual at various context over the lifespan
- Analyze coping strategies, develop prevention and intervention programs

AUTHOR'S INFORMATION

Assalamu’alaikum and Salam Mesra;

As author of this module, I would like to congratulate all BSPM students for their achievement this far. I sincerely hope that students will find this course useful for their future undertakings and will try to work harder for further success.

Name : Mansor Abu Talib
Address : Jabatan Pembangunan Manusia dan Pengajian Keluarga, Fakulti Ekologi Manusia
Telephone No : 03-89467085
Fax No : 03-89435385
E-mail : mansorart@putra.upm.edu.my
         mansorat@hotmail.com

Education : MS (Counseling), California-Sacramento
            PhD (Counseling), Manchester

Consultation Time : Friday (3-6 pm)
## UNIT CONTENT

(updated 14th February 2006)

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### UNIT 1: Introduction To Module

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   1.2 Nature of stress
   1.3 Individual and Family Stress
   1.4 Stress and Crisis
   1.5 What is stressor
   1.6 Stress response
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ASSIGNMENT 1 (20%)

ESSAY ON STRESS AND COPING

The main purpose of this assignment is to encourage students to think broadly and critically about the field and concepts of stress and coping. On the other hand, this assignment provides more in-depth information on the area chosen which is not covered in detail in the module.

- This is a group assignment consists of 3-4 students per group. Please select your own group that you could work with, preferably from your same centre.

- Assignment can be written in Bahasa Malaysia or English. However, students are encouraged to write in English.

- Method for this assignment is a document analysis using primary and secondary data/information. In other word, this is a literature search based on general topic provided by the instructor. You can build you own topic based on focused area given.

- No field work is required. You will get the chance to do field work for your Assignment 2.

- Should consist of at least 6 references, whereby at least 3 are journal articles and 3 are books.

- Journal article must be photocopied and submitted together with the text.
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- References made from book must be photocopied (only the page cited) and cover of the book. They should be attached as appendixes.

- Maximum number of pages is 12, using Arial or Times New Roman, font size 12, one and half spacing.

- Must include:
  a. **Abstract** – give a brief account of what to be expected in your paper. State your focus clearly.

  b. **Introduction** – overview of concepts, definition, limitation, and your aims for the reader to know what will be presented and discussed.

  c. **Discussion** – state your points and argument in a clear manner. Use your journal articles and books in your discussion.

  d. **Conclusion** – conclude your discussion by referring to the aims that you have stated earlier.

  e. **Reference** – list all your references alphabetically and only that you have cited in the text.

  f. **Reflection** - Each student must write their own reflexive process of doing the assignment i.e. the process and what they learnt from it, both process and content. Use the verb “I” and not “we”. You can write anything to express what you felt in the process of completing the task. You do not need to discuss with friends to be able to this.
Focused area (examples)

- Biological explanation of stress
- Stress and mental health
- Stress and physical health
- Understanding sources of stress
- Symptoms of stress
- Understanding coping
- Academic stress
- Stress and coping among school students
- Stress and coping among university students
- Stress and coping among newly married couples
- Stress and coping among couples without children
- Stress and coping among old people
- Stress and coping: Test and Measurement
- Stress and productivity
- Work (occupational) stress
- Managing stress effectively
- Crisis intervention
- Religion and stress
- Research on stress and coping
- Terminal diseases and stress
- Stress and depression
- Family stress and coping
- Theory of stress and coping
You (dyad or triad) are required to interview an individual who is experiencing or you know has recently experienced a stressor. The stressor may be a demanding academic workload, social relationship, financial burden, family problem, physical ailments and so forth. The negative life’s events that they have encountered are limited to those events that they have live with for at least the past six months. Nevertheless, this criterion may not apply to certain stressor such as non-normative stressor (such as death of parent) and can be negotiated with the instructor.

Format of case study:

a. Definition and description of the stressor
   Describe respondent’s main stressor and other problems or stressors resulting from the main stressor. You need to define the stressor as specific as possible (what stressor is involve), duration of the stressor, when it was first felt or realized, the current stress level (you must use any scale or instrument available to measure the stress level).

b. Analysis of respondent’s coping resources
   Describe the respondent’s background information (such as gender, age, family and work information) and some idea about his/her personality make up. Analyze his or her coping resources. You may also use any coping scale to identify what coping styles or strategies they used.

c. Effects of the stressor
   Identify and describe effects of stressor (positive and negative effect or symptoms – emotional, behavior, physiological). Explain these effect
or symptoms in term of progression (at time the stressor was first felt and at present). In this section, you will also describe respondent's perception of stressor effect on his or her immediate family or friends.

d. **Coping strategies and effectiveness**
   Identify and describe coping behavior or strategies used and their effectiveness. What have they done to cope with the stress? Was it effective? What can he or she do differently if given the opportunities to relive the experience?

e. **Social support received and needed**
   Identify and describe social support received and/or needed by the person. Types of support, who are the supporter and so forth.

f. **Suggested additional coping strategies**
   From your understanding through lectures and reading, discuss your idea of one coping strategy which you think can be tried by the person. Ideally this suggestion must come from academic sources and you need to cite the references.

g. **References**
   List all references used and make sure you cite them in your text. Do not include any reference that you did not cite.

h. **Appendix**
   You will need to attach an appendix consisting of your interview schedules (or your questionnaire), scale or measurement, extra information from academic sources pertaining to the specific stressor you chose to study.
• You can be as creative and original if you wish and chose to do so, 0 mark will be given to your group members if you are found to involve in plagiarism.

• All assignment must be submitted before or on the last day approved by the Centre for External Education (PPL).

• All assignment must be sent to the lecturer via Centre for External Education (PPL).

• After one semester, any appeal or request made for grade modification will not be considered.

• Each group member must take the responsibility to check their assignment before submitting. Problem due to carelessness will not be attended to.
MAIN REFERENCES


ADDITIONAL REFERENCES


FEM 3105: Stress and Coping

ICONS DENOTATION

Introduction
Introduction to unit, topic or sub topic.

Objective
Objective of module, unit or topic.

Key content
Important points in the unit or topic.

Suggested References
Suggested additional references, for better understanding about the topics (books, journals or attachment).

Conclusion
Conclusion on unit or topics.

Questions in Text
Questions inserted in topics discussed.

Self Evaluation Questions
Examples of questions to assist students understanding on topics discussed.

Attention
Special topics that need extra attention.
OBJECTIVES:

a. Student will be able to describe the definition of stress (individual) and family stress
b. Student will understand the differences between stress and crisis
c. Student will be able to identify the nature of stress, its function in life and how to measure stress.

Imagine you are going for a job interview. It is your first and a much-awaited experience. You are now sitting anxiously in the waiting room to wait for your name to be called. As time goes by, your turn to be interviewed is approaching. What do you feel? How is the pressure ticking on your biological and emotional level? How is your body reacting to it? See how differently is your behavior? What about your heart beat?

1.1 DEFINITION OF STRESS

From the above scenario, you probably have described some experiences of stress or in a state of distress. Below are some definitions of stress used in literature. What can you conclude from it?

- A condition in which there is great discrepancy between the demands made on an organism & the organism’s capability to respond (Caplan, 1981)
Stress is how a person appraises an event & adapts to it (Folkman & Lazarus, 1984)

Any situation perceived as threatening one’s well-being & difficult to handle (Weiten & Lloyd, 1994)

A state of tension that is created when a person responds to the demands & pressures that come from work, family & other external sources, as well as those that are generated from self-imposed demands, obligations & self-criticism (http://www.stressfree.com).

Another popular definition cited in literature and is considered a breakthrough in the area of stress was given by Hans Selye. Find the definition given by him and what can you make out of it?

From the statement on definitions of stress as discussed above, it can be concluded that stress can be defined differently and can fall into any categories as below:

- Self or bodily reactions to difficulties.
- Troublesome events.
- Perception of inability to overcome difficulties.
- A state of tension
- Threat to one’s homeostasis

With that understanding, in an effort to sort the bafflement regarding the meaning of stress, Mason (1975) identifies three definitions of stress or three ways in which ‘stress’ have been used.
An internal state of the organism, or sometime referred to as strain
An external event or a stressor
An experience that arises from a transaction between a person and the environment

Thus so far, it can be summarized that stress is considered a combination of psychological, physiological, and behavioral reactions that people have in response to events that threatens or challenges them. Nevertheless, that event is differently view by different people due to differences in personality make up, their worldviews and experiences. Can you tell why different authors define stress differently?

Now ask three to four of your friends “What stresses them the most?” Compare their responses and test whether the conclusion drawn from the last paragraph is applicable or not.

1.2 NATURE OF STRESS

Like everything else, stress can be good or bad. Sometimes, stress is helpful, providing us with the energy or alertness that we need especially in this fast changing era. For example, a little stress will push university students to keep track with their assignments and other task they have to perform such as co-curricular activities. Hans Selye, one of the pioneers of the modern study of stress called this good kind of stress as eustress. This is considered a positive stress.
Unfortunately, stress is often not helpful and can even be harmful when not managed effectively. Stress could make a student buckle under the pressure while trying to make a first academic presentation in front of their professors and friends. Moreover, importantly, in medical setting, stress was found to increase the risk of developing health problems, such as cardiovascular disease and anxiety disorders. This bad kind of stress is called 

**distress**, the kind of stress that people usually are referring to when they use the word **stress**.

Clearly, a certain amount of stress, however, is beneficial. For example, an experiment conducted in 1908 by Yerkes and Dodson studied the effects of stress on learning in lab animals. Those subjected to extreme stress or no stress learned less than those subjected to moderate levels of stress. Thus, a little amount of stress has positive effect.

Yerkes & Dodson (1908) introduced a relationship between stress (or called arousal) and performance and explain them diagramatically. Refer to your textbook and describe the relationship and the name of the curve (other than Yerkes-Dobson curve) they used to explain it.

1.3. **FAMILY STRESS**

We have so far discussed individual stress. In this subsection, we will look into phenomenon of stress experienced by the family members. So what is actually 'family stress'?
Family stress is a state of tension brought about by the demand-capability imbalance in the family (McCubbin & McCubbin, 1989).

Family stress as an upset in the steady state of the family (Boss, 1987)

A threatening situation, or a situation where there are too many stressors, or a situation that cannot be handled (France, 1980)

1.4 STRESS AND CRISIS

Crisis is a state where individual's functioning is completely disrupted or can no longer function normally due to changes (for example changes in the job condition, or changes in family structure such as death, divorce, separation). In addition, crisis can also come about when there are too many stressors at any one time. As such, individual or the family members experience very high levels of stress. Thus, crisis is a higher level of accumulated stress that is intolerable to individual or family members.

Now try to separate your stress and crisis that you had experienced. Can you see the difference. What criteria you used to differentiate both of them? The explanation that follows will help you to understand better.
Characteristics of crisis:
- Happens suddenly
- Inability to react
- Feelings of 'hopelessness' & 'helplessness' & fear
- Other 'severe' stress symptoms

**1.5 WHAT IS STRESSOR**

Stressor is an event or condition that may be purely physical, social or psychological including anticipation and imagination and that triggers a stress reaction (Girdano et al. 2001).

We have discussed in quite detail about stress and we realized that there are elements that counter interact to produce stress responses. In general, any factor that causes stress is called a stressor. In other word, stressor is the 'cause' of the reaction which is the stress. Stressors come in many forms such as events, thoughts or demands. Their similarity is that they threaten or challenge people. For example, in family setting, Boss (1988) defines stressor as events or life changes that bring about changes in family systems. They (events or life changes) are the sources of stress such as making a decision to marry. Assignments that you have to submit as grading criteria in this course could become a stressor to some students!
Now go back to the list of stress that was told by your friends in the last activity. Can you identify the stressor? Can you tell that certain stresses are expected while some are not? They are sometime referred to as normative and non-normative stress. Is accident considered normative?

1.6 STRESS RESPONSE

Stress responses are psychological, physiological, and behavioral reactions to stressors. Anxiety, depression, concentration difficulties, and muscle tension are all examples of stress responses. Stress response is sometime called stress reaction or simple ‘stress’. Literally, they refer to a same phenomenon. We will look at this in Unit 2.

1.7 STRESS RESULT

Seemingly, stress result is the variety of consequences resulted from continuous stress over a prolonged period of time. This may result in breakdown of physical and mental health state. What are examples of stress result? This may include ulcer and burnout. Burnout will be discussed later in Unit 14 (Job stressors).
Thus, the relationship between stressor and stress can be viewed as below:

\[
\text{Stressor} \rightarrow \text{Stress response} \rightarrow \text{Stress result}
\]

**STRESS AND PHYSICAL ILLNESS**

In the medical setting, it is known that many illness are stress related. It is argued that chronic stress lowers resistance to illness and intensify its negative impact. To a certain extent, some stress related illness are killers such as coronary diseases. As we have mentioned earlier, prolonged stress may often lead to a particular response depending on one’s strength and weaknesses. Some stress related illness are:

- **Mouth:** Ulcers
- **Cardio-vascular:** heart attack
  - Palpitations
  - Hypertension
  - Angina
- **Lungs:** Asthma
  - Breathlessness
- **Bladder:** Irritability
  - Frequency urinating
- **Reproductive:** Pre-menstrual tension
  - Impotence
  - Menstrual disorders
WHAT IS COPING

You may have heard other people use the word ‘Oh no ... I can’t cope with it anymore!’ What does that really mean? Literally, it portrays one’s inability to live with the situation. Why can’t they bear with it anymore? What is the indicator that they can’t cope with it any longer?

Again, ask yourself “What are some experiences in your life that you have kind of lost your ability to cope with a given situation? Such as neighbour that turn on their radio very loud, or motorist that like to cut queue in front of you. Now list down the events or situation where you have felt losing control of your self.

Now let discuss what is coping from the academic perspectives.

- In psychology, coping is the process of managing taxing circumstances, expanding effort to solve personal and interpersonal problems, and seeking to master, minimize, reduce or tolerate stress or conflict (mostly intrapersonal).

- As behavior that protects people from being psychologically harmed by problematic social experiences. Coping serves a protective function that can be exercised in three ways: 1) by eliminating or modifying stressful conditions; 2) by perceptually controlling the meaning of the stressor; or 3) by keeping emotional consequences in bounds (Pearlin and Schooler, 1978)
"... the problem-solving efforts made by an individual when the demands he faces are highly relevant to his welfare (that is a situation of considerable jeopardy or promise), and when these demands tax his adaptive resources." (Lazarus, Averill and Opton, 1974)

"Coping consists of efforts, both action oriented and intra psychic, to manage (i.e. master, tolerate, reduce, minimize) environmental and internal demands and conflicts." (Lazarus and Launier, 1978, p. 311)

"Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." Coping allows people to use various skills to manage the difficulties they face in life. (Lazarus and Folkman, 1984)

Thus, it can be concluded that in practice, the term ‘coping’ is used interchangeably with such concepts as mastery, defense and adaptation. In addition, coping addresses the cognitive, affective and behavioral aspects of dealing with the adaptation process.

### MEASURING STRESS

Stress can be measured (or quantify) in term of:
- Major life events
- Daily life hassles
Now we will look at some example of stressor using standardized instrument or scale. As stated, stress can be in the form of event or specifically life events. For instance, historically, Wolff (1950) asked his patients to write a diary and he observed that they reported experiencing stressful life events six months to a year before becoming ill.

Later Holmes and Rahe (1967) quantify this observation through the development of the SRRS (Schedule of Readjustment Rating Scale). They had administered this scale to several hundred respondents where respondents rated the amount of "life changes unit = LCU" that each positive and negative events thought to entail.

The most highly weighted life event was the death of a spouse (100 LCUs). A total LCU score is then obtained by adding up the LCUs for all the items that have been checked.

The SRRS has proved to be a remarkable predictor of physical and mental illness for a two-year period after the accumulation of the stressor. Nevertheless, it should be noted that it is the accumulated effect of a number of stressful events that occurred in a concentrated period that is the best predictor of illness and not just one event. You might want to administer this scale to yourself so that you could become familiar with it. You will be asked to use such scale in your Assignment 2.

Now look at your score. What is your total LCU? Holmes and Rahe concluded that the higher the score the more susceptible you are to stress. This doesn't mean that you will become ill but you are more susceptible to illness than those with lower scores.

- If your score is 300 and above – high susceptibility
- If your score is between 150-300 – moderate susceptibility
- If your score is below 150 – low susceptibility
Student Stress Scale
(Holmes and Rahe's Life Events Scale, 1967)

Adapted by, Mansor Abu Talib, 1999

To determine your stress score, check all the boxes below which apply to events you have experienced during the past six months, or which you are likely to experience during the next six months. Your stress score will be summed and presented at the bottom of the questionnaire.

Check events in the Past 6 months or the Future 6 months.

<table>
<thead>
<tr>
<th>Tick</th>
<th>Event</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Death of a close family member (100 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Death of a close friend (73 points)</td>
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<tr>
<td></td>
<td>Divorce between parents (65 points)</td>
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<tr>
<td></td>
<td>Jail term (63 points)</td>
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<tr>
<td></td>
<td>Major personal injury or illness (63 points)</td>
<td></td>
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<tr>
<td></td>
<td>Marriage (58 points)</td>
<td></td>
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<tr>
<td></td>
<td>Fired from part time job (50 points)</td>
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<tr>
<td></td>
<td>Failed core course (47 points)</td>
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<td></td>
<td>Change in health of a family member (45 points)</td>
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<tr>
<td></td>
<td>Pregnancy (45 points)</td>
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<tr>
<td></td>
<td>Sex problems (44 points)</td>
<td></td>
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<tr>
<td></td>
<td>Serious argument with close friend (40 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change in financial status (39 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change of program or major (39 points)</td>
<td></td>
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<tr>
<td></td>
<td>Trouble with parents (39 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New girl- or boyfriend (38 points)</td>
<td></td>
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<td></td>
<td>Increased workload at school (37 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outstanding personal achievement (36 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First semester in university (35 points)</td>
<td></td>
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<tr>
<td></td>
<td>Change in living conditions (31 points)</td>
<td></td>
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<tr>
<td></td>
<td>Serious argument with lecturer/tutor (30 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower grades than expected (29 points)</td>
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<tr>
<td></td>
<td>Change in sleeping habits (29 points)</td>
<td></td>
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<tr>
<td></td>
<td>Change in social activities (29 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change in eating habits (28 points)</td>
<td></td>
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<tr>
<td></td>
<td>Chronic car or motorbike trouble (26 points)</td>
<td></td>
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<td></td>
<td>Change in number family get-togethers (26 points)</td>
<td></td>
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<td></td>
<td>Too many missed classes (25 points)</td>
<td></td>
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<tr>
<td></td>
<td>Change of university (24 points)</td>
<td></td>
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<tr>
<td></td>
<td>Dropped more than one class (23 points)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor traffic violations (20 points)</td>
<td></td>
</tr>
</tbody>
</table>

Your estimated life stress score is: [ ] points.
Since then, SRRS has been modified and new scale was developed such as the Life Events Inventory and Life Change Events Scale which are popular among the adult as they do not include events that are known as stressor to other population. Sarason et al (1993) have also developed the Life Experience Survey and Kanner et al (1993) developed the Hassles Scale.

Next, we will look at another concept of measuring stress i.e. through daily stressors or ‘daily hassles’. It is argued that daily hassles have a greater effect on health than relatively rare life events as discussed earlier. Examples of daily hassles include noise and pollution, standing in line to pay your bills, books that you can’t find in the library, not getting enough sleep and the like. In measuring daily hassles, respondents are usually asked to record the number and severity of hassles that occurred day by day, usually in a week or longer.

Consequently, several studies have suggested that hassles are better predictors of both psychological and physical outcomes than life events are (for further information, refer to Delongis et al., 1982; Kanner et al., 1981). One widely used hassles scale is the Brief Hassles Inventory developed by DeLongis et al., 1988. Examples of item in this scale are;

- Planning for preparing meals
- Too many things to do
- Not enough time for entertainment and recreation
- Too many interruptions
- Troublesome neighbors
- Inability to express oneself

Another scale used in counseling psychotherapy is the Index of Clinical Stress (ICS), developed by Hudson & Abell (1992). This scale comprised of 25 statements using 7 likert scale (from ‘None of the time’ to ‘All of the time’) that ask you to measure the way you feel about the amount of personal stress
FEM 3105: Stress and Coping

that you experience. The higher the score reflects the more stressed you are. Examples of statements are:

- I feel extremely tense
- I feel like I want to scream
- I feel so stressed that I’d like to hit something
- I feel like I am losing control of my life

1.1. Conclusion

a. Stress is the body and mind reacting which is psycho-physiological arousal that can endanger body homeostasis to the point of mal-adaptation.

b. Stress is a normal phenomenon where an optimal amount is needed to motivate individual (eustress) but too much of it will result in negative outcome such as diseases (distress).

c. Major life events and daily life hassles are used to quantify individual’s stress level and are subject to many stress inventories and scale.

d. Stressor is the sources of stress. Stressor comes in many forms and is appraised differently by individual.

e. Coping is a protective element that buffers the result of stress compounded by individual and the family.
Exercise

a. Differentiate between stress and coping?

b. What is the meaning of 'stressor'?

c. What is the major difference between stress and crisis?

d. What is Hans Selye's (1956) definition of stress?

e. Differentiate between 'life events' and 'daily hassles'?

f. Holmes and Rahe (1967) developed the Social Readjustment Rating Scale (SRRS) that assigns values to __________ that are supposed to reflect the amount of readjustment required by each change.

   A. major life events
   B. daily hassles
   C. perception of stress
   D. life stressor

References


In this unit, we will look into factors that could contribute to stress or better known as stressor. In the previous unit, we have discussed definition of stressor and did an exercise to look into your own stressor. We have concluded so far that the conditions that precede and bring about stress are called stressors. Thus, sources of stress or stressors can be physical, social or interpersonal. Can you give example to each of this kind of stressor?

Basically, sources of stress can be categorized into three types depending where the stressor is identified and located.

- Situational stress: Stress that is caused by stressors in your immediate environment. For example; too many assignments for you to complete at a same time!
Body Stress: Stress that result in overt physical symptoms. Caused by abuse or neglect. For example; stomachache when nearing to your turn to do your presentation in the class!

Mind stress: Stress that is caused by negatively perceiving life events. For example; I didn’t get ‘A’ for that paper, I am not good enough! What the point doing hard in this course?

In other way, sources of stress can be categorized by changes in agents. In this way, changes in certain domain will contribute to stress.

- Emotional changes
  - A fight or a conflict with your best friend will either make you angry or feel sad

- Physical changes
  - A cold or allergies to foreign substance such as pollen, mites or dust. As a result, you sneeze easily and your through become inflame

- Biological changes
  - For example, puberty, menopause, pre-menstrual syndrome or pregnancy will affect one’s body metabolism

- The environmental changes
  - Very hot or cold weather, pollution or change in altitude will sometime make you dizzy and demand for quick adaptation to changes.

Thus as discussed above, there are few ways to categorize variables that function as stressor. In the literature, Lazarus & Cohen (1977) classified stressors into three categories;
• Cataclysmic phenomenon or sudden, powerful events that affect many people such as natural disaster. Asian Tsunami that stroked last year is considered as cataclysmic phenomenon.

• Powerful events that affect fewer people, such as family crisis, divorced, or death of a loved ones. These events affect some people and stress level varies from one people to another.

• Daily hassles or repetitive problems of daily life such as work frustration and transport problem. Hassles were also found to be a significant source of stress especially when it becomes accumulated.

In another circumstances, Girdano et al (2001) divided stressors into three general classes:

• Psychosocial – person-environment stressors as a result of the interaction between social and behavior and how they were interpreted. Example; adaptation, roles overload and frustration

• Bioecological – these stressors are biological and a result of our relationship with our environment. They are only undiscernibly subject to inconsistent interpretation. Example; Biorhythms, noise, nutrition, heat or cold.

• Personality – these stressors reflect the dynamics of an individual’s self perception and characteristics belief, attitudes, and behaviors. Example; self-perception, anxious reactivity, control and time urgency. We will deliberate further on these in Unit 5.
Aldwin in his book ‘Stress, Coping and Development’ (1994) expanded Mason’s definition of stress (discussed in unit 1) and categorize sources into three;

- As a state or the organism – reaction to our nervous system
- As an external state – which may be either physical (either traumatic such as accidents, fire, earthquake or aversive environmental condition such as ‘sick building, poor air quality, noisy area, poor ventilation) or socio-cultural (job loss, divorce
- As a transaction between the person and the environment. More in-depth discussion is available in Unit 4.

Thus, it can be concluded that sources of stress is difficult to categorize as it can be discussed from many different perspectives as discussed above. This is also due to the fact that some researchers or authors are only interested in certain types of stressor.

Now let us look into some chronic stressors among college or university students as presented on the next page. Towbes & Cohen (1996) have listed several chronic stressors often experienced by college student in the US. As you can see, each stressor has a potential to cause serious health problems, particularly if experienced on a regular basis (such as two or three times a week for the past month). Go down the list and rank the first ten stressor that you have experienced the most in the past one to two months. What can you conclude from it? What stressor stressed you the most? Can you categorize your own stressor? Perhaps, you want to add your own stressor to the list.
## Chronic Stress for College Students
*(Adapted, Mansor 2005)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Tick (if applicable)</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roommate conflict</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homesickness</td>
<td></td>
<td></td>
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<tr>
<td>Friend conflict</td>
<td></td>
<td></td>
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<tr>
<td>Writing major paper (assignment)</td>
<td></td>
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<tr>
<td>Dieting</td>
<td></td>
<td></td>
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<tr>
<td>Money/financial problems</td>
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<tr>
<td>Long-distance relationship</td>
<td></td>
<td></td>
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<tr>
<td>Juggling study and part-time job</td>
<td></td>
<td></td>
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<tr>
<td>Time management difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noisy dorm, apartment, house, floor, block</td>
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<td></td>
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<tr>
<td>No car/motorbike or not working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being underweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncertainty over whether one has chosen the right major/program</td>
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<td></td>
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<tr>
<td>Missing distant friends</td>
<td></td>
<td></td>
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<tr>
<td>Family illness</td>
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<td></td>
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<tr>
<td>Loneliness</td>
<td></td>
<td></td>
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<tr>
<td>Lack of privacy</td>
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<tr>
<td>Friends with problems</td>
<td></td>
<td></td>
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<tr>
<td>Family or parental problems</td>
<td></td>
<td></td>
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<tr>
<td>Not enough intimacy</td>
<td></td>
<td></td>
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<tr>
<td>Being behind in coursework</td>
<td></td>
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<tr>
<td>Problem with girlfriend/boyfriend</td>
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<td></td>
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<tr>
<td>Not enough exercise</td>
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<tr>
<td>Conflict with parents</td>
<td></td>
<td></td>
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<tr>
<td>Worries about academic performance</td>
<td></td>
<td></td>
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<tr>
<td>Being overweight</td>
<td></td>
<td></td>
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<tr>
<td>Feeling that one doesn’t fit/no friends</td>
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<td></td>
</tr>
<tr>
<td>Difficult living/housing situation</td>
<td></td>
<td></td>
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<tr>
<td>Tuition bills/book costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health problems/not feeling well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficult class/lecture or lecturer/tutor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncertainty regarding job future</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough sleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem with substance abuse</td>
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</tbody>
</table>

2.2 STRESSOR RESPONSES

In Unit 1, we have discussed the responses to stress which can be viewed differently in terms of different agents such as physical responses (include biological such as your heart beats faster) and emotional responses such as you might feel irritable. This stressor response approach is shown as below:

\[
\text{STRESSOR} \rightarrow \text{STRESS} \rightarrow \text{PHYSIOLOGICAL REACTION} \rightarrow \text{PSYCHOLOGICAL REACTION}
\]
In Chapter 3, 'The body response to stress', Girdano et al (2001) discussed the stress response pathway and how stressor stimulate the sensory nerves and the secretion of stress hormones. Stress responses were discussed in five different states:

- **The muscle response** – contract or relax
- **The Gastrointestinal response** – processing the food we eat and related to our emotional wellbeing
- **The brain response** – as part of the control system which are highly implicated in the control of stress and diseases. This include (1) the central nervous system particularly the autonomic nervous system, (2) the endocrine systems especially the pituitary and the adrenal glands, and (3) the immune system.
- **The skin’s response** – certain skin diseases have roots in prolonged negative psychological response pattern. Can you think some of the diseases?
Summary of responses in the ‘Fight or Flight’ response as presented below. Can you discuss what is meant by ‘fight and flight’ response and who introduced the concept? You need to refer to textbook to be able to answer this.

<table>
<thead>
<tr>
<th>Fat tissue</th>
<th>Increased breakdown of fat, more fatty acid and glycerol in the bloodstream</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain</td>
<td>Increased blood flow, increased metabolism of glucose</td>
</tr>
<tr>
<td>Cardiovascular system</td>
<td>Increased heart rate and force of contraction. Vasoconstriction of peripheral blood vessel</td>
</tr>
<tr>
<td>Lungs</td>
<td>Increased respiratory rate, dilation of bronchi, increased oxygen supply</td>
</tr>
<tr>
<td>Muscles</td>
<td>Increased breakdown of glycogen to glucose for immediate energy supply, increased contraction, decreased uptake of glucose, increased uptake of fatty acids for energy</td>
</tr>
<tr>
<td>Liver</td>
<td>Increased glucose production via gluconeogenesis</td>
</tr>
<tr>
<td>Skin</td>
<td>Decreased blood flow</td>
</tr>
<tr>
<td>Gastrointestinal tract</td>
<td>Decreased protein synthesis</td>
</tr>
<tr>
<td>Genitourinary tract</td>
<td>Decreased protein synthesis</td>
</tr>
<tr>
<td>Lymph tissue</td>
<td>Increased breakdown of protein</td>
</tr>
</tbody>
</table>

Source: Girdano et al. (2001)

Ask yourself “What is like if you are to give an impromptu speech in front of one hundred audiences on subject you are not familiar with? Try to observe what you feel physically and what your mind tells you? You might want to check some of your responses to the one presented next in this unit.
Let imagine going to your first final exam in the university. Try to remember how your body might feel? When you react to some threatening situation especially those that you do not expect, several changes take place immediately in your body. Some of the changes are:

- Butterflies in the stomach
- Change in appetite
- Chest pains
- Diarrhea
- Dilated pupils
- Dry mouth
- Frequently passing urine
- Headaches
- Indigestion
- Muscle tension
- Over-alterness
- Pins and needles
- Rapid, uneven heartbeat
- Sleep problems
- Sweating
- Unexplained pains

The psychological reaction to stress is a sequential process. Refer to any reference that discuss about this process. Take note on where the process happen? What are the chemical involved? What gland plays major role? What happen to blood sugar content?
EMOTIONAL RESPONSES TO STRESS

Likewise, when threatened, some individuals react psychologically and these symptoms can be observed:

- Becoming fussy or gloomy
- Being unable to make decisions
- Constantly worried or frightened
- Fear of imminent fainting or collapse
- Feeling under pressure
- Feeling mentally drained
- Feeling tense and unable to relax
- Feelings of conflict
- Impulse to run and hide
- Increased tearfulness
- Restlessness, inability to concentrate

Get your friend and discuss symptoms that both of you usually have when confronted with difficult and stressful situations. Do you have any similarities? We have so far discussed some of the typical physical and emotional symptoms of a distressed individual. We will look at an observable symptom, i.e., the behavioral manifestation of stress that individual is unable to cope.
2.1. MENTATIONAL RESPONSES TO STRESS

- Poor sleeping habits, Insomnia
- Excessive drinking (or smoking)
- Loss of appetite or excessive eating
- Missed appointment repeatedly
- Changed driving behavior
- Avoid contact with people

2.2. GAS (GENERAL ADAPTATION SYNDROME)

- General Adaptation syndrome describes the body's short-term and long-term reaction to stress.
- Stress is the cause of general adaptation syndrome and it can manifest as fatigue, irritability, difficulty concentrating, and difficulty sleeping. Person may also experience other symptoms that are signs of stress. Person experiencing unusual symptoms, such as hair loss, without another medical explanation might consider stress as the cause.
- Hans Selye noticed that a lot of people were experiencing similar types of symptoms but did not have any physical cause for the problems.
- He contemplated that the problems were caused by stress. He later determined that the body has a natural, adaptive response to stress that is composed of three stages: alarm, resistance, exhaustion (will be discussed in detail).
Stage 1: Alarm reaction

- Also known as the "acute stress response", was first described by Walter Cannon in the 1920s as a theory that animals react to threats with a general discharge of the sympathetic nervous system.

- The first stage of the general adaption stage, the alarm reaction, is the immediate reaction to a stressor. In the initial phase of stress, humans exhibit a "fight or flight" response, which causes them to be ready for physical activity.

- However, this initial response can also decrease the effectiveness of the immune system, making persons more susceptible to illness during this phase.

- The body reacts to acute stress by increasing the production of hormones by the medullar part of the adrenal gland in order to mobilise the physical energy needed to combat the stress. Mineral tissue analysis shows a sodium-potassium ratio of 3.5:1.

- When the stress is extremely acute the body's alarm reaction takes the form of inflammation. If the reaction is strong enough to overcome and remove the stress, the organism regains its balance and returns to its normal homeostatic condition.

Stage 2: Stage of resistance

- Stage 2 might also be named the stage of adaptation, instead of the stage of resistance. During this phase, if the stress continues, the body adapts to the stressors it is exposed to. Changes at many levels take place in order to reduce the effect of the stressor. If the stress is not overcome, the second phase commences.

- The individual tries to deal with the stress by producing and activating corticosteroid hormones in the adrenal gland that work as anti-inflammatory agents.

- At this stage we can see an increase in the level of potassium, recreating a normal ratio between potassium and sodium of 2.4:1.
Nevertheless this process of adaptation results in a consumption of the organism’s energy reserves. The second phase can continue for a long period of time, gradually weakening the distressed individual.

Stage 3: Stage of exhaustion

- At this final stage, the stress has continued for some time. The body’s resistance to the stress may gradually be reduced, or may collapse quickly.

- This means the immune system, and the body’s ability to resist disease, may be almost totally eliminated. Individual who experience long-term stress may succumb to chronic physical illness or severe infection due to their reduced immunity.

- This is the G.A.S. phase where depletion is so high that the individual loses their natural ability to adapt to the stress. It is the phase when intervention (discussed in Unit 9) is requested for a number of symptoms, which are sometimes difficult to define.

- Basically, the individual has exhausted its energy reserves trying to contain the stress and starts to self-destruct. At this stage we see a significant decrease in the levels of sodium relative to potassium. The typical symptom of the exhaustion phase is chronic fatigue which is probably the most widespread symptom.
Purpose of stress is to protect life

If the response to stress is positive such as physical action, then the stress products i.e. the increased chemical in the body are used up - OK

If the stress is not resolved and the stress products are not used up for its intended purpose, then our body continues to be stimulated. Then over time, our body adapts by developing 'diseases of adaptation' or stress related diseases.

CONCLUSION

a. Physical damage comes more from prolonged stress than from sudden of fear. Physiologically, stress affects the immune system by affecting the neuroendocrine system.

b. Whatever approaches we use to discuss stress, we have to look at both the internal and external factors affecting them.

c. Second stage of GAS is important for adaptation

d. Chronic state of stress – physical or psychological has damaging effect

e. Psychosomatic disorder resulting from prolonged stress.
a. Read about Brady’s experiment. What made the executive monkey develop ulcer and died earlier than his companion?

b. ________ gland is our anti-stress gland that will deplete when we are in stress.

c. Stress will release _______ and ________ to combat tensions.

d. In GAS, overused of body’s defense mechanism in this stage i.e. ________ will lead to diseases.

e. In GAS, during ________ stage, we are slowly adapting the stressor.

f. In GAS, complex physiological response initiated by presence of stressor ________ occurs during ________ stage or phase.

g. In GAS, during ________ stage, we lose the ability to adapt to the stress.

h. When in acute stress, body will secrete more hormone and increase blood sugar level. T/F

i. Body response to stress by increasing sodium retention. T/F

j. During stress, production of antibodies is decreased. T/F

k. The ________ is the part of the nervous system that is responsible for initiating the fight-or-flight response.

   a. autonomic nervous system
   b. sympathetic nervous system
   c. parasympathetic nervous system

l. ________ is responsible with activity that is designed to return the biology to a state of homeostasis, or balance, after the threat, danger, or imminent potential pain is no longer perceived to be

   a. parasympathetic nervous system
   b. autonomic nervous system
   c. sympathetic nervous system
In Unit 1, concept and definition of coping used to explain it have been presented. What can you recall from your own understanding about coping? You may have heard people use the word 'cope' very often in your daily life? Or perhaps you have used it often. What it actually present? This Unit will discuss the different types of coping strategies and present some coping instrument widely used in academic literature.

**OBJECTIVES**

- Student will be able to describe concept of coping strategies, styles and behaviors
- To present several coping instruments and scale used in discussion on stress and coping
- To examine different strategies of coping used in adaptation to stress

**CONCEPT OF COPING**

Basically, coping allows people to use various skills to manage the difficulties they face in life. Some people says it represent their skill, behavior, or preference when confronted with stress. Imagine what will happen if one have no coping resources? Or people without an ability to cope?
We have deliberated on the definition of coping in Unit 1. You might want to revisit them. To refresh your memory, coping can be seen as a process oriented i.e. from one phase to another. Try to look at this definition. Can you tell who define it?

"Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."

Now try to recall events in your life that happened last year that has stressed you very much. When you look at it now, it seems that you have managed to sort them out and cope with it. What steps or actions you have made to successfully managed them? List all that you have done to intervene the problem.

Basically, if you want to buy something you need to have enough money to own it. Thus, in adapting to stress, if you want to manage or to try to cope with it, you need a resource that you can tap and used when necessary. In general, coping resources are defined as a set of factors (internal and/or external) that will aid you in meeting daily life demands in a resilient manner.
We will now look at some of the definition used in literatures.

- Coping resources as internal and/or external mechanisms, primarily psychosocial factors that influence resilience (Kurtz, 1994)

- Coping resources are the characteristics or strengths a family has at its disposal (Burr & Klein, 1994)

- “… conditions or attributes that (1) decrease the likelihood that demands will be perceived as stressors, or (2) increase the effectiveness of coping behaviors (such as social support and confidence) (Matheny et al, 1986)

Thus, it can be concluded that coping resources are the material (physical or social) and/or psychological possessed by persons or families. Coping resources can be used to manage, reduce or eliminate stress. Coping resources play an important role in understanding the ways in which an individual might approach or perceive stressful events.

Now, can you list down five different coping resources that you have in disposal? Try to look beyond yourself, such as friends, relatives and community. Can they become your coping resources too? How?
Coping resources play an important role in understanding the ways in which an individual might approach or perceive stressful events. Hammer and Marting (1988) acknowledge the role coping resources play in mediating one’s experience of stress by suggesting that coping resources enable the individual to experience fewer or less intense symptoms of stress and/or to recover faster from stressful events.

From the explanation given, it can be concluded that there are few types of coping resources available when an individual is confronted with stress. This is summarized as below (on page 50). Can you figure out which one is material and which is in the form of psychological strength?
Generally coping resources can be categorized into two broad categories, i.e., personal and non-personal or social coping resources.

**Personal coping resources towards stress**

- Individuals who are affluent, healthy, capable, and optimistic are seen as resourceful and, thus, are less vulnerable toward the stress of life. It is of most importance to be competent to handle a stressful situation.
- Actual competence is not a sufficient prerequisite. If the individual underestimates his potential for action, no adaptive strategies will be developed. Therefore, perceived competence is crucial. This has been labeled ‘perceived self-efficacy’ or ‘optimistic self-beliefs’.

**Social Coping Resources and Stress**

- Social support can assist coping and exert beneficial effects on various health outcomes.

Social support has been defined in various ways, for example as ‘resources provided by others’, as ‘coping assistance’, or as an exchange of resources ‘perceived by the provider or the recipient to be intended to enhance the well-being of the recipient’.

It is assumed that individual and family to a certain extent possess some types of coping resources, however, not all of them realized that they can utilize them when in need. Therefore, it is necessary to point out that the knowledge of its availability will lessen one level of stress. For example, university students whose parents are facing financial difficulty and could
not pay their tuition fees will feel helped after knowing that there is a scheme
to help them which is available from the student service department. Other
types of coping resources usually cited in literature include:

- Cognitive – belief system
- Values – positive attitudes
- Personal construct – self confidence
- Physical and mental health
- Religion
- Monetary
- Good neighbors

Similar to stress level, coping resources can also be identified and
measured. In research, certain inventory can be administered to evident
category of resources individual have to cope with stress. You might want to
investigate more about this inventory as you will have to present your
understanding in your Assignment 2. We will look at one coping resources
inventory found in the literature.

Coping Resources Inventory (CRI).
- The Coping Resources Inventory (Hammer, 1988) is a 60 item self-
  report instrument designed for use with adults and older adolescents.
The CRI uses a 4-point Likert scale format (never or rarely, sometimes,
often, and always or almost always) to describe behavior the
participant has engaged in within the last 6 months. The CRI is
designed to measure an individual’s current coping resources used to
manage stress.
Five coping resources measured by CRI are:

- **Cognitive** - the extent to which individuals maintain a positive sense of self-worth, a positive outlook towards others, and optimism about life in general.

- **Social** - the degree to which individuals are imbedded in social networks that are able to provide support in times of stress.

- **Emotional** - the degree to which individuals are able to accept and express a range of affect based on the premise that range of emotional response aids in ameliorating long-term negative consequences of stress.

- **Spiritual/philosophical** - the degree to which actions of individuals are guided by stable and consistent values derived from religious, familial, or cultural tradition or from personal philosophy.

- **Physical** - the degree to which individuals enact health-promoting behaviors believed to contribute to increased physical well-being.

So far we have discussed on the importance of coping resources as a mediating factor that buffer stress response. In the next section, we will discuss about coping strategies. It should be noted that there exist confusion between the concept of coping resources and coping strategies. According to Burr & Klein (1994), Zimbardo et al (2000) and McKenry & Price (1994), the main differences are:

- Coping resources are any types of assets, possession, strength, that can be used or utilized to manage stress.
Whereas coping strategies are the actual action done to manage stress. Thus, it is easier to look at it as coping behavior (will be discussed later at the end of this Unit).

We will first overview some definitions of coping strategies suggested by several authors:

- **Thoughts** and action that we use to deal with stressors and to lower our stress level (Auerbach & Gramling, 1998)

- The active process and behaviors families do to manage and/or adapt to stressors (Burr & Klein, 1994)

- Any effort, healthy or unhealthy, conscious or unconscious, to prevent, eliminate or weakens stressors, or to tolerate their effect in the least hurtful manner.

Thus, it can be summarized that a coping strategy refers to any effort, positive or negative, that we perform to reduce stress levels felt or to manage stressors. Specifically, it refers to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

If you have good coping resources but you don't have a strategy to use it, there is higher tendency that you will not be able to manage your stress effectively.
From the discussion above, it can be concluded that coping strategies can be positive or negative. Let examine this scenario. Malek is a form six student preparing for his examination. He has problem at school whereby his result was getting worst. His teacher want him to get extra tuition but his parent refused as they had sent him in the past but he showed no improvement. Now let see his options on coping strategies that he could use.

If he resort to smoking, he is utilizing negative coping strategies. Whereas, if he resort to see the school counselor to discuss about his problem and how to solve them, it is considered a positive coping strategies.

Coping strategies is a learnt phenomenon which we do automatically from infancy and childhood any many continue to adulthood. Therefore, function of coping strategies include;

- Managing the problem causing stress
- Governing emotions relating to those stressor (Folkman & Lazarus, 1980, 1986)

Similar to coping resources, you can also identify coping strategies used by distressed individual. At this point, you might have read some references about coping and probably came across other terminology such as
coping styles. In this course, coping styles is also considered as coping strategies and to certain extent, a group of coping style can also be called coping strategies. We will look at several examples of coping strategies.

Problem vs. Emotion Focused (Lazarus & Folkman)

- Problem-solving strategies are efforts to do something active to alleviate stressful circumstances. Problem-oriented coping is aimed at solving the problem that faces the person and is most likely to be used when the individual as amenable to change appraises the stressor. For a person with financial problem, problem-oriented coping strategies may be used in managing difficult financial management.

- Whereas, emotion focused coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Emotion-focused coping is most useful when the individual appraises the experience as one for which nothing can be done to modify the event or stressor, or when the stressor is transitory and will resolve itself.

- Research indicates that people use both types of strategies to combat most stressful events. In general, problem-focused coping strategies are associated with more successful medical outcomes than emotion-focused ones. Problem-oriented coping strategies have been associated with better self-care, metabolic control, and psychosocial well-being in both adults and children. However, positive emotion-focused coping strategies, such as humor or “looking for the silver lining,” can help relieve emotional distress without compromising medical outcomes.
We will look at specific model that discuss this type of coping strategy in Unit 4.

Active vs. Avoidant coping

- **Active coping strategies** are either behavioral or psychological responses to change the nature of the stressor or how one thinks about it. When you feel stressed, you find out what contribute to it and talk to friend how you feel. You are actively doing something to modify the stressor.

- **Avoidant coping strategies** lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events. For example, certain student chose to harm themselves to ‘get away’ from burden that they chose not to work on! Some might just ignore and blaming their fate.

- Active coping strategies, whether behavioral or emotional, are considered a better ways to deal with stressful events, and avoidant coping strategies appear to be a psychological risk factor or marker for adverse responses to stressful life events (Holahan & Moos, 1987).

- Suls and Fletcher (1985) - studies that examined the effects of various coping modes on several measures of adjustment to illness. Avoidant coping strategies seem to be more adaptive in the short run whereas active coping is more adaptive in the long run.

Task, Emotion or Avoidant oriented (Higgins & Endler)

- Higgins & Endler (1995) identified three types of coping strategies using a 53 item measuring styles and factor analyzed into three strategies.
Task oriented – problem focused, taking direct action to alter situation, to reduce amount of stress

Emotion oriented – altering emotional responses to stressor, reframing.

Avoidance oriented – avoiding the situation, denying its existence, or losing hope, distancing.

Burr & Klein, (1994) Coping strategies

- Burr & Klein (1994) had observed coping strategies in family confronted with at least one of these stressors and discussed in detailed in their book, ‘Reexamining Family Stress: New Theory and Research’. Families studied were;
  - A bankrupt family
  - Family with institutionalized disabled children
  - Family with in home disabled children
  - Family with problem adolescent in need of psychiatric treatment
  - Family with muscular dystrophy
  - Infertile family

- Burr and Klein (1994) have suggested seven coping strategies that can be employed by the respective family. Detailed explanation will be presented in Unit 6.
  - Cognitive – to accept faith
  - Emotional – to ventilate feeling, sharing emotions
  - Communication – to be opened, fidelity
  - Relationship – more cooperation, flexible, more friendly
  - Community – support from the closed members
  - Spiritual – such as participate in religious activities
  - Personal development – to be more independent, active with special interest or hobby
Can you figure about which coping strategies work best among bankrupt family? Spiritual coping strategy work well for which family?

*Klauer and Filipp (1993)* five coping strategies:
- Seeking social integration
- Rumination
- Threat minimization
- Turning to religion
- Seeking information

*Schorzer, Greenglass & Taubert, (1999)* coping strategies
- Proactive Coping Inventory, 55 items, 7 scales or strategies
  - Proactive
  - Reflective
  - Strategic planning
  - Preventive
  - Instrumental Support Seeking
  - Emotional Support Seeking
  - Avoidance

*Patterson & McCubbin, 1986*
- A-COPE, a 54 item comprising of coping behavior items that loaded on 12 factors labeled "coping patterns" or coping strategies
- Strategies which sometime referred to as coping behavior.
  - Ventilating feeling - focus on the expression of tensions and frustrations
  - Seeking diversions - how to keep oneself busy or escape from sources of tension
FEM 3105: Stress and Coping

- Developing self reliance - include efforts to be more organized and in charge of the situation
- Developing social support - focused on staying connected with other people through expression of affect or mutual problem solving
- Solving family problems - working out difficult issues with family members
- Avoiding problems - reflect how adolescents use substances as a way to escape or to avoid persons difficult to deal with
- Seeking spiritual support - coping behaviors, namely going to religious institution and praying
- Investing in close friends - being close with someone you care about
- Seeking professional support - getting professional counseling
- Engaging in demanding activities - that involve challenges to do extremely well at or to realize a goal (such as working hard on your assignments!)
- Being humorous - keeping a sense of humor and trying to be hilarious
- Relaxing - directed at ways to alleviate tensions

Frydenberg and Lewis (1990)

- Adolescent Coping Scale (ACS) an 80-item checklist that identifies 17 distinct coping strategies as well as a young person's professed inability to cope.
- The 18 strategies includes:
  - Seek Social Support - indicate an inclination to share the problem with others and enlist support in its management.
FEM 3105: Stress and Coping

- **Focus on Solving the Problem** is a problem-focused strategy that tackles the problem systematically by learning about it and takes into account different points of view or options.
- **Work Hard and Achieve** is a strategy describing commitment, ambition and industry.
- **Worry** indicates a concern about the future in general terms or more specifically concern with happiness in the future.
- **Invest In Close Friends** is about engaging in a particular intimate relationship.
- **Seek To Belong** indicates a caring and concern for one's relationship with others and more concern with what others think.
- **Wishful Thinking** - hope and anticipation of a positive outcome.
- **Social Action** is about letting others know what is of concern and enlisting support by organizing an activity
- **Tension Reduction** reflects an attempt to make one feel better by releasing tension.
- **Not Cope** reflects the individual's inability to deal with the problem and the development of psychosomatic symptoms.
- **Ignore The Problem** reflects a conscious blocking out of the problem with an acceptance that there is no way of dealing with it.
- **Self-Blame** indicates that an individual sees themselves as responsible for the concern or worry
- **Keep To Self** - reflects the individual's withdrawal from others and wish to keep others from knowing about concerns.
Seek Spiritual Support reflect prayer and belief in the assistance of a spirit or God

Focus On The Positive is indicate a positive and cheerful outlook on the current situation and seeing the 'bright side' of circumstances and seeing oneself as lucky

Seek Professional Help denotes the use of a professional adviser, such as a teacher or counselor.

Seek Relaxing Diversions is about relaxation in general rather than about sport and leisure activities

Physical Recreation - relate to playing sport and keeping fit

The 18 strategies were then group together in 3 different context of how and to whom it is used.

Removal of the problem through personal endeavor with a minimal use of others

Use of others as a resource (and support), usually within a problem-focused orientation.

Use of a range of emotion-focused strategies associated with a feeling of not coping (although it permits accommodation to the problem).

Go to the Student Coping Strategies scale and answer it. Can you point out which 18 strategies belong to 'using others as a resource and support?'. And in strategy called 'not cope', you will find the word "psychosomatic". Can you describe what it means?
**Student Coping Strategies**

*(Frydenberg and Lewis, 1993)*

*Direction: Read the statement and circle your response that best reflects you when in stressful situations.*

1: Not used at all; 2: Very little use; 3: Sometimes; 4: Frequently; 5: Used all the times

<table>
<thead>
<tr>
<th>Statement of strategy</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enlist social support for managing the problem</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Focus on solving the problem by learning systematically about it</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Hard work and achievement of ambitions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Worry about the future and its personal implications</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. Invest in intimate relationships and close friends</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Seek and improve relationships with others (with sensitivity to their opinion)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Wishful thinking, hoping for positive outcomes</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Not coping with the problem (including development of psychosomatic symptoms)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Tension reduction through various forms of release</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. Stimulating and organizing collective social action</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. Consciously ignoring the problem, accepting that there is no way of dealing with it</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. Self-blame, accepting responsibility for the problem</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. Withdrawal from others, ensuring they are unaware of the problem</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. Reliance on spiritual support, including prayer and spiritual advice</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. Focus on the positive</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16. Seek professional help</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. Seek relaxing diversions and cultivate leisure activities (non-physical)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>18. Physical recreation and sport.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Source: (Frydenberg and Lewis, 1993)
From the explanation and examples given, it can be concluded that certain characteristic of coping strategies include:

- Derived from different styles or ways
- Is Factor analyzed
- In the form of activities
- Could be positive or negative – impact
- Done consciously or not
- Reducing stress momentarily, short term or in a long run
- Have interaction with other psychosocial variables

In this Unit, you have become familiar with coping resources and strategies. You might have come across the term ‘coping behavior’. What can you tell about it? We will look at some citation on definition of coping behavior.

- coping as behavior that protects people from being psychologically harmed by problematic social experiences (Pearlin and Schooler, 1978)
- Coping behaviors serves a protective function that can be exercised in three ways: 1) by eliminating or modifying stressful conditions; 2) by perceptually controlling the meaning of the stressor; or 3) by keeping emotional consequences in bounds
What can you deduce from the two definitions? Do you think it sounds similar to coping strategies? Then what is coping styles?

Coping styles sometimes referred to as temperament, is relatively stable personality characteristic that typifies one's style of managing the interaction. Coping styles are usually described in unidimensional or dichotomous term.

TEMPORAL ASPECT OF COPING

Have you ever experience an event that you could successfully cope but when the same event reappear you somewhat lost the ability to manage it even though you have gone through it before? This is due to the fact that coping has also a temporal aspect. For instance, you can cope before a stressful event takes place, while it is happening (during the progress of a tournament for some athletes), or afterwards (defeated by your personal competitor).

Beehr and McGrath (1996) distinguish five situations that create a particular temporal context:

- Preventive coping: Long before the stressful event occurs, or might occur; for example, a smoker might quit in time to avoid the risk of lung cancer. Or, you might try your best to complete your assignment one month before the due date as you might be asked to work extra hours for the project you do at your paid job.
Anticipatory coping - when the event is anticipated soon; for example, you might be well prepared every time during class knowing that ‘pop quiz’ will be one of the coursework.

Dynamic coping - while it is ongoing; for example, diverting attention to reduce chronic pain while taking a substitute test.

Reactive coping - after it has happened; for example, changing one’s lifestyle after losing a job.

Residual coping - long afterward, by contending with long-run effects; for example, controlling one’s intrusive thoughts years after a traumatic tsunami disaster.

In general, coping is defined as the use of strategies for dealing with actual or anticipated problem and their attendant negative emotions.

Coping resources is an asset posses by individual to counter the effect of stress. It can be in term of material or psychological strength. Its availability will lessen the negative impact of stress.

Perception that coping resources are available and readily at disposal is far more important than the actual reality.

There are different types of coping resources which has been suggested by different authors.
Coping strategies include styles, preferences, and the actual behaviors that an individual uses to manage their stress that is impacting on them.

Coping strategies and resources can be identified or measured using different inventories.

The components in coping are the biological or physiological component, cognitive components, and the learnt components.

Coping is a complex process influenced by many factors such as personality characteristics, situational demands, and the social and physical characteristics of the setting.

**Exercise**

a. State the difference between coping strategies and coping resources?

b. What is coping strategies proposed by Burr & Klein?

c. Differentiate two coping strategies suggested by Lazarus & Folkman.

d. Which of the following is an example of an emotion coping strategy?
   a. acceptance of the situation
   b. avoiding negative feeling
   c. involvement in a hobby
   d. getting friends


At the end of this Unit 4,

1. Student will gain knowledge on various models to describe stress and coping
2. Student will understand the dynamic process of stress and its interaction with coping
3. Student will be able to examine and describe certain factors and variables that produced phenomenon of stress and coping

In the previous unit, you have look at the fundamental concept of coping and how it is necessary to manage the resources in order to buffer the effect of stress and to determine one’s adaptation to life. In this Unit 4, we will examine several models that were introduced in the literature so that you could grasp its meaning and apply them. You will need to refer to this unit again when you work on your Assignment 2 (case study).

You might also notice that in some references, the discussion on model of stress and coping comes under ‘Theory of Stress’. This means that in order to understand the theoretical framework of stress, we can look at the specific model presented by various authors which in turn suggested the theory on it.
Lyon (2000) suggest three categories of theoretical orientation to defining stress and coping
- Stress as a response
- Stress as a stimulus
- Stress as a transaction

Models describe relationships between variables or factors
- The way a stressors is encountered individual and his or her way of dealing with it has been the subject of many models.
- Models of Stress-Coping describe inter-relationships between:
  - Stressors – what are the source(s)
  - Stress reaction & levels – what is the effect and how good or bad
  - Coping strategies – what is used to mediate the coping
  - Adaptation – process of modifying one’s situation
  - Influencing factors – the interacting factors that produce stress

We will first re-visit GAS that was discussed in Unit 2. Can you list 5 ideas pertaining to GAS’s model? Including the 3 stages?
- GAS is an example of a response-based orientation model. GAS model deals with how the stress is a physiological reaction to all stressors. As stated earlier, Selye viewed stress as a response to noxious stimuli or environmental stressors

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Selye observed by studying rats that all reactions to stressors were basically similar, the body’s adrenalin level rises and there is heightened awareness.

He claimed the body was nonspecific, that it reacted to all stressors the same.

Selye’s model is called the General Adaptation Syndrome or GAS.

It is split into three stages. The first stage is the alarm stage, where a stressor sets off the body prepares for action.

The second stage is the resistance stage where the body focuses its resources to battle the stressor.

During this stage the body gets weakened as it loses its resources.

The final stage is the exhaustion stage, where the body can no longer resist the stressor.

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**Lazarus Model: Transactional Theory of Stress**

Model of Appraisal (Lazarus, 1975) begins to address interaction of person with environment. This is considered the transaction-based orientation to the stress theory.

Emphasizes the role of appraisal of a situation in the perception of stress and in the way in which we cope with it. You need to note that the key concept here is ‘appraisal’ or simply evaluation.

Cognitive appraisal of stress is a two-part process which involves a **primary appraisal** and a **secondary appraisal**.

The first stage in this model is primary appraisal where the subject analyzes the stressor and determines if it will be positive or negative, exciting or harmful, etc.
If the event is appraised as stressful, the event is then evaluated as either a potential harm or loss (threat), or actual harm has already occurred (harm) or the situation has potential for some type of gain or benefit (challenge).

Lazarus’s Model differed slightly from Selye’s i.e. the stressor, nor the response could define stress, rather it was our own perception and appraisal of the stressor that would create stress.

Seemingly, different individuals would look at an event, such as car speed racing, and have different kinds of stress, positive or negative. As you notice, this perception will trigger the next appraisal.

The second stage is secondary appraisal, where the subject determines if he or she can cope with the given stressor, deciding what coping options or behaviors are available to deal with a threat.

Even if the stressor is determined as harmful in the first stage, if the subject decides he or she can cope with it in the second stage, stress will be kept at a minimum.

According to the theory of transactions, stress arises only when a particular transaction is appraised by the person as relevant to his or her well-being. In order for an event to be appraised as a stressor, it must be personally relevant and there must be a perceived mismatch between a situation’s demands and one’s resources to cope with it.

Then, the reappraisal which is the process of continually evaluating, changing or re-labeling earlier primary or secondary appraisal as the situation progresses. Consequently, what was initially perceived as threatening by now may be viewed as a challenge or irrelevant.
Can you remember coping strategy suggested by this model? You might want to refer to Unit 2 and try to associate the information you have in examining this model.

Subjective-cognitive appraisal is inculcated in the explanation
- Intensity of emotional, physiological and behavioral reactions
- The appraisal and intensity will effect the adjustment
- Positive and negative adjustment
- This model also suggest the important role coping resources such as social support, and the individual character such as optimism that will influence their subjective-cognitive appraisal and the
intensity of their emotional, psychological and behavioral reaction to stress.

**Model Weiten, (1994)**

Matheny (1986) discussed factors that contribute to how individual cope with stress. In this model, stress level is influenced by type of stressor and individual perception of it. These later interact with individual coping resources that will influence the coping strategy.
Looking at the anticipating stressors at various different level

- Environment
  Ongoing life stressors and social resources

- Individual
  Sociodemographic characteristics, personal resources e.g. self-esteem, intellect, coping skills, personal goals

- Life events
  Such as getting married or moving house
The models discussed so far are relevant to individual stress without giving emphasis on family. We will now continue to look at several popular models on family stress and coping. This needed to be examined in the context of individual in the family environment, or as one of the developmental task in adult year.

**ABX-G MODEL OF FAMILY STRESS**

There were four assumptions within the original family stress model developed by Rueben Hill in 1949. These were:

1. Unexpected or unplanned events are usually perceived as stressful.
2. Events within the families, such as serious illness, and defined as stressful, are more disruptive than stressors that occur outside the family, such as war, flood, or depression.
3. Lack of previous experience with stressor events leads to increased perceptions of stress.
4. Ambiguous stressor events are more stressful than non-ambiguous events (Friedman, 1998, p. 88).

Based on Reuben Hill's ABC-X Model (1949) which focused on family responses to crisis. Initial focus was on the WWII families

- **A** = The event or the stressor which is anything that causes a reaction, or changes the system, and raises the family's stress (the event). At this point, stressor is not positive or negative. Stress is not seen as inherent to the event itself, rather the reaction of the family to the event. Thus, stress (the reaction) is either positive or negative.

Normative or non-normative stressor
- Something that occurs in all families; you can anticipate its occurrence; and it is short-term (*normative*)
- Some stressors are not expected (*nonnormative*), such as death

**Model ABC-X (Reuben Hill, 1949)**

```
A ---- B ---- C ---- X
```

Factor X (crisis/extreme stress) is the result of the interaction between factors A, B, & C

- **B** = The family's resources to handle the event. McCubbin & Patterson (1985), resources fall into three categories: individual, family, community
  - Individuals = Inner strength, determination
  - Family = knowing when to come together and when to seek help elsewhere.
  - Community = social support, also considered as “networks”

- **C** = The definition i.e. appraisal, perception and assessment which the family gives to the event. A definition given to the situation/event by the family that influences the family's response.
Family appraisal, perception and assessment, whether it is a;
- Challenge or opportunity
- Optimism, “positive attitude,” hurdle to overcome
- Hopeless, too difficult, unmanageable

- $X =$ the resulting crisis. This is the state or period of disorganization that shock the foundation of the family.
  - Occurs when chosen resources are inadequate
  - Not every stressor leads to crisis

An overwhelming disturbance, pressure or change in the family
- So that the family is blocked, immobilized, and incapacitated
- Family is not functioning adequately
- Leads to a different level of functioning

Result of Crisis
(1) Adaptation
  - Bonadaptation
  - “Good,” positive adaptation
  - Positive result to the crisis
(2) Maladaptation
  - “Bad,” negative adaptation
  - Unhealthy or dysfunctional resolution of the crisis

As you have noticed, the ABCX Model discussed only examine the effect of events as stressor (A). As discussed also in Unit 1, on the measurement of stress through life events and daily hassles, there is an emphasis in these newer models on the accumulation (i.e., pile-up) of daily life hassles or daily stressors that are able to overwhelm the family's capacity
to maintain an effective organization. Failure to manage this will possibly lead to individual illness or family dysfunction.

Theorists after Hill, such as McCubbin, refer to this phenomenon as crisis "pile-up", in which additional crisis situations further reduce the family's ability to cope and function.

The interaction between (a) stressors, (b) family resources, and (c) perception of events as stressors is what defines a crisis for any individual in the family. In other words, if family is aware of its resources and the variety of family resources will prevent any kind of event especially the most devastating events to be perceived as crises. Consequently, if stressors (including pile-up of daily life hassles or daily stressors) are adequately dealt with by family resources, the perception of the stressor will be that it is a minor thing.
The Double ABCX Model expands Hill's original ABCX Model and add post-crisis.

The Double ABCX Model describes

(1) The additional life stressors and changes that may influence the family's ability to achieve adaptation

(2) The critical psychological factors family call upon and use in managing crisis situation

(3) The processes families engage in to achieve satisfactory resolution

(4) The outcome of the family efforts
So what can be concluded about the differences between the ABCX and Double ABCX model? Can you figure out the unique variables that are introduced in the new model?

"Crisis is characterized by the family’s difficulty in restoring effective patterns of functioning, trial and error style of tension reduction techniques, and ineffective patterns of interaction between family members (McCubbin & McCubbin, 1991, p. 14)."
The Resiliency Model of Family Stress, Adjustment, and Adaptation, or the Resiliency Model emphasizes the variables involved in family adaptation over time to chronic stress. It consists of the (1) Adjustment Phase and (2) the Adaptation Phase (McCubbin & McCubbin, 1991).

McCubbin and McCubbin extended their original family stress model (Double ABCX) and created the Resiliency Model of Stress, Adjustment, and Adaptation in 1989. The expanded model included suggestions that illustrate relationships within the model itself:

- The pileup of family demands (stressors) is related to family adaptation, and this is a negative relationship;
- Family typologies based on specific strengths of the family system (cohesion, adaptability, family hardiness, family time and routines) are related to family adaptation, and this is a positive relationship;
- The family’s positive appraisal of the situation is related to family adaptation, and this is a positive relationship.

The process involved 2 phases;

1. The family Adjustment Phase. Adjustment, which occurs at the outset of the stress response, is the phase in which "families attempt to maintain patterns of interaction, roles, and rules that have been
established to guide day-to-day family activity" (Kosciulek, et al., 1993, p. 41).

- In this phase, the pile-up of demands (such as vulnerability to stress) the family is experiencing interacts with family resources and capabilities to shape the outcome of the Adjustment Phase.

- A family's level of vulnerability to stress is determined by prior strains in the family and the life cycle stage the family (example: families with adolescent members are in the most stressful stage of the family life cycle because of the associated financial strains and intra-family conflicts). Poor family functioning patterns may include ineffective coping responses to stress and ineffective communication.

- Outcomes of the Adjustment Phase varies from effective adjustment (family maintains established functioning patterns and experiences a sense of control over their environment) to ineffective adjustment (individual family members experience worsening of their personal development and failed to accomplish life tasks). Unfortunately, ineffective adjustment is 'normal' due to the incapability of families to meet the demands (such as emotional, social, and financial) as imposed by the stressors.

- (2) Adaptation Phase. The adaptation phase begins when the family realizes that the family member may not return to their prior level of functioning.

- The family focus in the adaptation phase is for the family to develop and practice new coping strategies in order to achieve a new balance at various levels (family and community. In contrast to family
adjustment and the attempts to maintain usual family strategies for coping, the family adaptation takes place over a long period of time and thus may have long term consequences.

4.10 Roller-Coaster Profile of Adjustment: 4 Stage Model

- Families go through four (4) stages when faced with a crisis:
  - Crisis
  - Disorganization
  - Recovery
  - Reorganization.

- After a crisis, families have to cope with the situation, before they enter into the recovery phase which can be short or long. Communication skills may improve as families try to solve problems.

"Roller Coaster" Model:
Koos (1946) & Burr & Klein (1994)
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- Presents family perceptions on selected aspects of family functioning. Family perceptions of stressor effects were asked according to the following time frames: before stressor onset, during stressors, and after stressors.

  - Communication quality
  - Marital quality
  - Stability of daily family
  - Family cohesion

The next 3 models can be viewed both as individual or family stress model. We will look at three other models so that we could integrate more information in order to fully understand the dynamic process of stress and coping.

![Image: Biopsychosocial Model of Stress]

The Biopsychosocial Model of Stress (Bernard & Krupat, 1994) combines the concept of biology and psychosocial to look at stress which involves three components:

- **An external component.** This refers to any environmental events that lead to the recognition of stress and can bring out a stress. For example, you might experience stress at work that is due to job insecurity and unclear changes in your job responsibility.

- **An internal component.** A set of neurological and physiological reactions to stress. The GAS model fits this criteria as it focused on the internal aspect of stress.
The interaction between the external and internal components. The interaction between the external and internal components, involving the individual's cognitive processes.

The MASH Model contains three primary components:
- Stress
- Coping resources
- Satisfaction

These components are assessed at four levels of a person's life:
- Personal
- Work
- Couple
- Family

The Four Key Coping Resources (MASH)

- Problem Solving – this coping resources look at the ability to deal directly with, not avoiding the problems you face and thus indirectly making positive changes to resolve them.
- Communication – the ability to openly share thoughts and feelings with others to promote mutual understanding.
- Closeness – a comfort level with others and the ability to unite with people in your close and distant environment.
- Flexibility – an openness and ability to respond to change.
The Diathesis-Stress model is a psychological theory that explains behavior as both a result of biological and genetic factors (‘nature’) and life experiences (‘nurture’).

This is a popular model in discussion on the influence of stress to mental disorder as it explains how stress contributes to the onset of mental disorders. For instance, this theory is often used to describe the pronouncement of schizophrenia that is produced by the interaction of vulnerable hereditary factors with precipitating events in the environment experienced by the individuals.

- According to this model a mental disorder or other psychopathology occurs when an individual with a diathesis (or simply means as a tendency, vulnerability, or predisposition) is exposed to a stress.
- In addition, the chemical imbalances, inherited characteristics, and early learning experiences can make it more likely for individual to acquire mental disorders. However, whether they do diagnosed as having mental disorder depends greatly on the stressors they encounter and how they managed them.
- It should be noted that some mental illnesses are caused mostly by genetic (predisposed) factors while others are primarily learned (environmental).
- Evidently, most mental illnesses, however, are a result of the combination of genetics and learning. Consequently, whether an individual gets a mental illness or not depends on which factors affect them most.
- Most likely to get mental illnesses
  - HIGH genetic predisposition
  - HIGH amount of stress
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- Least likely to get mental illnesses
  - LOW genetic predisposition
  - LOW amount of stress

CONCLUSION

- There are various general and specific models that describe the stress process and coping. Most models depend on nature of stressors and their influencing factors.

- Most models explain stressors resulting in various stress responses and levels.

- Certain models describe stress and coping in the family systems in detail.

- Some model discussed the relationship between stress, coping and health whether physical or mental diseases. This gives better account on predisposing factors toward better quality of life.

- Psychosocial factors were given much emphasis in certain model to show that one’s adaptability to stress could be influenced by many learnt factors such as communication and problem solving skills.

- There are some similarities shown by different models whereby stress level is usually a result of interaction between one’s coping resources they have and the coping strategies they used.


UNIT 5
INFLUENCING FACTORS

OBJECTIVES

At the end of this unit, students will be able to:

a. list factors contributing to stress and coping
b. predict stress level based on some psychosocial factors interrelated with stress and coping
c. discuss factors associated with different variables discussed

In this chapter, we will discuss several factors that influence stress level and ways of coping for individual. Factors associated can be considered as mediating variables that buffers the effect of stress among individual. This explains the phenomenon whereby different individual experienced similar stress differently. Since stress modify one's state of homeostasis, their adaptation to stress is greatly influenced by their coping which in turn are influenced by factors that will be discussed next. We have in previous four units discussed the conceptual framework in looking at stress and coping and have presented them in term of models. You probably have noticed that in measuring stress level, there are factors associated that differentiate one's stress level. Seemingly, there is a relationship, either positive or negative association of some factors to stress levels or coping strategies. In this unit, we will discuss several most cited factors that effects stress and coping. However, this list of factors is not exhausted. Do extra reading on your own to get acquainted with it.
5.1 GENDER DIFFERENCES

Before we get on discussing the gender differences toward stress and coping, it must be made understandable that concept of 'healthy men' and 'healthy women' is different to start with. What make a healthy man doesn't compulsory make a healthy woman such as being assertive! What happen if women in our culture for example are asked to be more assertive? In another development, for instance, in mental health profession, it has been documented that over diagnosis are more common in women as compared to male patients. Some argue that the notion whereby female are more stressed than male is due to this misdiagnosis.

5.1.1 Biological differences

In biology, it is suggested that male are stress prone compared to female. Nevertheless, few arguments that differentiate this are as follows:

- Oxytocin is the primary human bonding chemical, and men have less of it in their bodies. The researchers found that all signs point largely to oxytocin, a hormone that promotes both maternal and social behavior and enhances relaxation. Clearly, oxytocin has caused relaxation and sedation as well as reduced fearfulness and reduced sensitivity to pain as the key factor behind the gender difference.

- Additional female hormones are release and these have calming effects on females. Generally, hormone oxytocin induce women to tend to their children and seek out other women to talk to or ventilate during
stressful conditions. Consequently, this explains the tendency for women to seek social support more as compared to men.

- In literature on stress and coping, Taylor et al. (2000) proposed the idea of a unique female stress response which they termed “tend-and-befriend.” The tend-and-befriend response is characterized as an oxytocin mediated stress response.

- Estrogen has been found to increase the effects of oxytocin already in excess in females as compared with males. Testosterone and vasopressin, the counterparts of estrogen and oxytocin, present during the male stress response, “fight-or-flight,” have been found to exhibit the opposite effects of oxytocin.

- In other words, men also secrete oxytocin when under stress, but they produce it in lesser amounts than women do, and its effects are inhibited by male hormones such as testosterone.

- Unlike estrogen, the female sex hormone, androgens such as testosterone, the male sex hormone, actually inhibits the release of oxytocin and promotes the release of vasopressin, the male counterpart to oxytocin which may be responsible for their fight-or-flight response. The inhibition of oxytocin could partly explain the more aggressive physical behavior seen in males compared with the calming tend-and-befriend response observed in females.

- Consequently, men tend to become more stressed than women and have shorter lifespan.
5.1.2 Family system perspective on gender differences

Gender difference in men and women can be seen from the family system perspective. In this aspect, stress level which is considered as dependent variables are influenced by differences in gender roles.

- Generally, women's roles are more complex regardless whether she is employed or not. This is a general perception of a more traditional view on gender difference.

- In other setting, married women without children & single parents is claimed to have shown higher depression rate. This may relate to family care responsibilities.

- Nevertheless, when employed, women have fewer mental health problems. However, when compare to their male counterparts who are married, married men have fewer mental health problems than married women. Clearly employment plays a role both for male and female.

- Employment enhances social support with increased friend network.

- In term of social support in general, women provide more support than they receive. Emotional support from wives is a protective factor for married men.

- Men have more instrumental, women more emotional support from friends.
It has been suggested that the differences between men and women are not attributed to gender itself, but to how men and women are socialized.

5.1.3 Gender Roles Socialization

The concept of 'gender role socialization' is an important variable in looking at perception of stress and coping styles among men and women.

- For instance, men may be socialized to be more independent, problem-focused, and less likely to express their emotions.

- Women, on the other hand, may be encouraged through socialization to be more dependent, emotional, and supportive of others. These views are considered to be traditional gender roles.

- People who display traditional gender roles may use the problem-focused and emotion-focused coping styles accordingly, while those who display nontraditional roles may use a more personality based coping style that is not consistent with traditional gender role coping styles, or a combination of the two coping styles.

- Men and women differ when it comes to how they perceive and cope with stress. However, the results are somewhat controversial. Some have found proof of different types of stress and coping styles among men and women while others insist that there are no differences between the sexes.

- Day & Livingstone (2003) and Matud (2004) have suggested that women tend to use emotion-focused coping more than men, who generally use problem-focused coping. It has been suggested that this could be a reason
behind why women tend to perceive more stress in their lives, as well as having more problems with anxiety and depression than men.

Gender role socialization is also important when looking at the variables of sources and types of social support.

- With traditional gender roles, women are more encouraged to be dependent, emotional, and supportive of others, therefore, increasing their span of social support networks as compared to men who display traditional gender roles.

- In regard to types of support, it has been suggested that women may utilize emotional support obtained from others more than men while men may utilize instrumental and informational support obtained from others more than women (Day & Livingstone, 2003).

**5.2 PERSONALITY FACTOR**

Personality is defined as “the characteristic way in which a person thinks, feels and behaves; the ingrained pattern of behavior that each person evolves, both consciously and unconsciously, as the style of life or way of being in adapting to the environment” (American Psychiatric Association, 1980).

Individual personality characteristics that can induce stress include:

- low self-esteem
- feelings of over-responsibility
- fear of loss of control
- fear of failure, error, mistakes
- fear of being judged
- lack of belief in "being good enough"
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- chronic striving to be "perfect"
- chronic guilt
- unresolved grief over a loss or a series of losses
- chronic anger, hostility, or depression

5.2.1 TYPE A personality

- Proposed by Cardiologists Meyer Friedman & Ray Rosenman (1974), who observed that their patients had similar characteristics.

- An intense sense of time urgency, race against the clock, the need to do more in the shortest time possible but with an intense achievement motive.

- An aggressive personality that at times evolve into hostility, high motivation, short tempered, high sense of competitiveness, make a contest of everything, inability to have fun or relax.

- Polyphasic behavior - the need to do several different tasks at the same time. This contributes to stress especially when there is not enough time to do it all.

- People with "Type A" personalities, for example, are rushed, ambitious, time-conscious and driven. Studies suggest these traits, if not properly managed, can create stress-related illnesses.

- When hostile, testosterone is released and atherosclerosis sets in. Type A person can learn negative behaviours without giving up ambition.
The "Type B" personality is a much more relaxed, less time-conscious and driven person. Type B personalities are able to view things more adaptively. They are better able to put things into perspective, and think through how they are going to deal with situations. Consequently they tend to be less stress-prone.

Friedman and Rosenman found a connection between risk for coronary heart diseases and a syndrome they called Type-A personality. Type A - competitive, hard-driving, impatient, verbally aggressive and anger-prone people. They contrasted these people with what they called Type-B - easygoing, relaxed, patient people.

Friedman and Rosenman's study - included 3000 initially healthy men. They interviewed each man about his health and eating habits, and decided which of their subjects was a Type A and which were Type B. They then followed these subjects over a 9 year period. Seemingly, at the end of the study, they found from their analysis that 257 of the men had suffered heart attacks. Out of this, 69% of these were Type-A's. Interestingly, none of the Type-B's had suffered heart attacks.

There appear to be 2 main reasons. Type-A's may be more likely to smoke more, drink more, sleep less, and drink caffeine. Consequently, all these factors are related to greater risk for CHD.

When faced with a threat, Type-A's tend to become more physiologically aroused than Type-B's and as a result in the long-run this lowers their resistance to illness and disease.

Researchers have argued that anger or hostility may be the most important elements of the Type-A personality in increasing the risk for
CHD. Other important elements related to anger are aggression and cynicism.

In conclusion, personality types as so called Type A Personality have been defined to have such characteristics as competitive, impatient and hostile. Hostility has been linked to coronary heart disease which is thought be caused by stress.

5.2.2 Anxious-Reactive type

Anxiety can be both a symptom of stress and a cause of new stress. Anxiety contain element of fear, involves assignment of "meaning" to a stimulus. This will result in increase of physiological arousal and subsequently decrease when the stimulus ceases.

- For individual with anxious-reactive personality, reaction to a stressor keeps on going too long, perpetual anxiety, thoughts about the stressor and the possible outcome.

- They tend to catastrophizing the stressor - perception of a stressor as being worse than it really is, anxiety sometimes increases after removal of the stressor (i.e. instead of decreasing), reliving of the stressor long after it has ceased.

- In conclusion, they are consistently over reacts, easily becomes anxious, and continues to be anxious even after the stressors is gone, have higher tendency to "catastrophize" stressors and the worst is having the difficulty in forgetting negative experiences.
5.2.3 Extrovert and Introvert

Extraverts and introverts are two of the major personality types that people are often characterized. Each person is not purely an introvert or an extravert, but rather falls on a continuum of extroversion and introversion.

- Extraverts are known to have more sociable and optimistic personalities and tend to be friendlier, dynamic, and relaxed. People high in extroversion orient themselves outward and get pleasure from being communal and surrounded by other people and objects.

- Introverts are at the opposite end of the spectrum from extraverts. People high in introversion are known to be quieter, more considerate, controlled, and vigilant.

- In other words, introverts become conversant with being inward and establish their behavior based on subjective conclusions. In addition, introverts were found to withdraw socially after an increase in stress. These differences in extraverts and introverts cause them to cope with the situations around them differently.

- Extraverted and introverted personalities often utilize different coping strategies that are most favorable to their needs. Basically, it has been found that introverts tend to be over stimulated by their surrounding in contrast to extraverts who are found to be under stimulated in their normal environments.

- Introvert and extrovert respond to circumstances with behaviors that match to their level of stimulation, so as to produce an optimal outcome in a given situation or circumstances. When individual were presented with
Introverts and extroverts respond to situations with behaviors that correspond to their level of arousal, in order to produce an optimal outcome in a situation. It had been found that the coping behaviors for introverts in this study are different than that of extroverts, and that coping is in fact, related to personality.

Therefore introverts and extroverts have different methods of coping and they each apply the coping method that causes them to have the best performance possible.

In terms of coping styles, Extroverts have been positively correlated with using adaptive coping styles. Adaptive coping styles are methods of coping that are matched to the needs of the situation or problem. However, this does not include avoidance. Understandably, Extroversion has been negatively correlated with avoidance coping, indicating that passive coping is not significantly used by the (i.e. Extroverts).

Introversion, in contrast, has been associated with maladaptive coping styles or strategies. These are coping strategies that are not conducive to the resolution of the problem or situation, which can also be known as passive coping strategies. It has also been found to be associated with passive coping mechanisms. Introverts use modes of coping that are primarily passive, focused on emotion, and aimed at the decrease of stress. Extroverts are found to typically use more active coping strategies.
People who tend to be aggressive typically do not use avoidance coping, which is classified as a passive coping mechanism. On the other hand, people that are highly introverted were found to have low verbal aggression and low anxiety about communication.

Extraverts, however, view themselves as belligerent, attentive, are often spontaneous, and tend to have a tolerance for arguments. Therefore, extroversion and aggression are related, and highly aggressive people typically do not use passive coping strategies.

Introversion was associated with a low level of verbal aggression which indicates the possibility that they use passive coping. However, lower stress situations were found to be significantly associated with more passive coping skills. The level of stress is another variable used to determine the type of coping strategy a specific personality may employ.

5.2.4 Optimism

Another personality trait relevant to stress is optimism. In brief, optimism is a broad tendency to anticipate that things will work out for the best. Thus, clearly stated optimism is associated with stress resistance. Students who are optimistic, for example, tend to have fewer or lesser physical responses to stressors at the end of their academic semester than do students who are pessimistic. Even when taking into account other personality traits like perceived control, and self-esteem, optimism is still associated with a lack of stress responses like depression.

Optimism does not require that the course of events is influenced by one's own actions. Rather, it includes the belief that things are likely to turn out reasonably well anyway.
Optimism has been shown to influence stress appraisals, well-being (both physical and psychological) and coping strategies.

Optimists also are likely to employ more problem-solving strategies under controllable conditions, and more reinterpretation and acceptance under less controllable conditions. Pessimists, in contrast, tend to use more denial or avoidance oriented strategies.

Optimists tend to accept failures better and are indicative of the capability of putting things into perspective.

5.2.5 Hardiness

Hardiness also is a personality that seems to have much to do with how an individual handles stress. Hardiness is defined as having a sense of control, commitment, and challenge towards life in general. Kobasa (1979) has studied subjects who were laid off in large numbers by AT&T when the federal deregulation took place, and found that the people who were categorized as having hardy personalities were mentally and emotionally better off than the others. Although it may be possible to modifying ones personality, research has shown it to be heritable.

Hardiness is composed of a set of three related personality traits: control, commitment, and challenge.

Control refers to the belief in people that they can influence their internal states and behavior, influence their environment, and bring about desired outcomes.
Commitment refers to the tendency for people to involve themselves in what they encounter. Concisely, it refers to the tendency to believe and act as if one can influence the course of events. In other words, commitment is the ability to believe in the truth, importance, and interest value of who one is and what one is doing; and thereby, the tendency to involve oneself fully in the many situations of life.

Challenge refers to the willingness in people to change and try new activities, which provides opportunities for personal growth. Challenge is based on the belief that changes, rather than stability, is the normative mode of life. (Kobasa, 1988).

Hardiness is associated with stress resistance. In particular, hardiness is associated with favorable appraisals of potential stressors and effective use of coping strategies.

Of the three personality traits that comprise hardiness, control appears to be the most important. For instance, when people feel unable to control their environment, cortisol levels rise in the body. This process can take place in response to crowding, for example, in places like high-density residential neighborhoods, prisons, and residential college or universities.

Thus, in stressful situations, these three key beliefs that helped turn adversity into an advantage.

The Commitment attitude led them to strive to be involved in ongoing events, rather than feeling isolated.
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- The Control attitude led them to struggle and try to influence outcomes, rather than lapse into passivity and powerlessness.
- The Challenge attitude led them to view stress changes, whether positive or negative, as opportunities for new learning.

Characteristics of “stress-resistant” individuals Flannery, 1990 - characteristics of stress-resistant individuals:
- Personal control
- Task involved
- Consume fewer stimulant
- Exercise aerobically
- Practice relaxation
- Have sense of humour
- Have religious values

Pelletier, 1994 - characteristics of people who have thrived in spite of stress:
- Altruism – making oneself feel better by giving to others
- ‘Enlightened selfishness’

In conclusion, people who are resilient
- They tend to interpret their environment as kind and caring, they expect things to go well (optimism) and people to not intend harm (will show high trust, and also agreeableness).
They tend to accept setbacks and failures as normal, not essentially pinpointing to their own lack of ability nor indicative of a hostile world did they live. Thus, the negative experiences are interpreted as part of a larger picture, and consequently as having a special meaning.

They have an internal locus of control thus, tend to see life as something that can be influenced and acted upon, and see themselves as capable to do so (self-efficacy, high self-esteem). Related to this is the tendency to see stressful events as a challenge (challenge dimension of hardiness; challenge aspect of the meaningfulness dimension of sense of coherence).

Log on to the internet and browse this page i.e. http://cgi2.westmont.edu/forms/psychology/stresshardy/stresshardyassign.html to do the hardiness-stress test. You will learn something new about how stresses resistant are you and the concept of 3C suggested by Kobasa.

5.3. PERCEPTION

"Seeing is believing. I wouldn’t have seen it if I hadn’t believed it." (Ashleigh Brilliant)

Communication, problem-solving, decision-making, and stress management are all greatly affected by the perception of the individuals and their families involved. Clearly, we do more than merely sense our world
through our so called ‘five senses’ i.e. sight, sound, touch, taste, or smell. For instance, when humans acquire any sort of data or information available around us from any of our five senses, what will we do next? Interestingly, we “perceive” it whether we realize or not. That is, we undergo a process to make some sense or meaning of it. We will then interpret and/or define situations and events. Along these processes, we make inferences and draw conclusions.

Models that link individuals’ perceptions of stressors, coping methods, and psychological/physical health

- **Attributions** - Roesch and Weiner found that individuals who explained the causes of their illness as internal, unstable, and controllable used active coping methods and were psychologically healthier.

- **Self-Efficacy** - stress reactions are primarily a function of low self-efficacy to exert control over a stressful situation.

What happens in the mind and body to trigger the stress response? First, there must be an event or situation which is perceived by the mind as undesirable or threatening. The threat can come from an external source, such as a warning about an overdue debt or a physical danger, or it can be a pain within the body. The threat can be real or imagined. Whether the stressor is in existent or not, the body’s stress response is always real. In reality, now and then people have severe stress reactions to imagined stressors. Thus, if people define situations as real, they are real in their consequences. Therefore some factors of perception toward stress include;

- Perception on type of stressor. Is the stressor normative or non-normative? Thus, is it expected? Normative stressor is assume to cause little stress as compared to unexpected or non-normative stressors.
Perception in regard to the duration of stressor whether it is brief or long term? What difference do you think this is?
Are the stressors external or internal to self or family?
Perception of effects, whether the outcome could be positive or negative?
Perception of ability to handle or control stressor?

In the family, how the family perceives the stressor will have a great effect on the seriousness of the family stress. This perception reflects the family's values and its previous experience in dealing with change and meeting crisis. A family's outlook can vary from seeing life changes as challenges to be met to viewing a stressor as uncontrollable and the beginning of ruin for the family.

What do you think about the influence of culture on stress and coping? Some have argued that culture plays a very important role in choice of coping strategies. What is there in our culture do you think could differentiate stress as experienced in other culture?

In term of culture, for example, the individualist cultures (most Western countries) tend to emphasize personal autonomy and personal responsibility in dealing with problems. As a consequence, they tend to emphasize the importance and value of exerting control over stressful situations. Therefore they are less likely to seek social support in stressful situations than are people from collectivistic cultures (generally Asian, and other eastern countries). Collectivistic cultures tend to be more oriented toward their social group, family, or community and toward seeking help with their problems. However, in collectivistic cultures, a greater emphasis is placed on controlling one's personal reactions to a stressful situations rather than trying to control the situation itself.
5.4 SOCIAL SUPPORT AND INTERPERSONAL RELATIONSHIP

In general, social support can be defined as any material and psychological resources that can be obtained from others in one’s social support network.

- Social support is usually defined as the existence of people on whom we can rely, people who let us know that they care about, value, and love us.

- A broad definition of social support is the “resources provided by others” (Cohen and Syme, 1985).

- Gottlieb (1983) - interpersonal coping resources. Being supportive has less to do with the ‘kinds’ of support provided and more to do with how people interact with and relate to one another.

- The structural: “how many friends, colleagues, family relationships” you have. The functional aspect would refer to what these do. In essence you can have lots of friends but not interact with them and this may not be very useful.

- A functional view of social support argues that there are specific types of support that are beneficial in specific types of situations. Two types of support can be highlighted: emotional and practical.
  - Emotional support - refers to the feeling of being loved, cared for and esteemed by others, or
  - Instrumental support - refers to the assistance with tasks, which is more practical.
- **Received versus perceived support** - The exchange of supportive behaviors is not sufficient in itself to improve the recipient's emotional well-being. He or she has to feel supported. Thus, the actual support received cannot be objectively observed and counted; rather the recipient has to be asked how it was perceived.

**Types of Social Support (House, 1981)** -

- **Emotional Support**
  Emotional support are actions that show esteem, affect, trust, concern & listening denotes what is done to facilitate the person's capacity for emotion-focused coping.

- **Instrumental Support**
  Material support are actions such as doing something or giving time & energy. This denotes what is done to enhance the person's capacity for problem-focused coping.

- **Informational Support**
  Denotes advice, guidance and other such means of backing up both problem-focused and emotion-focused coping.

- **Appraisal**
  Appraisal supports are honest personal feedback from others.
5.5 ENVIRONMENTAL FACTORS

Girdano et al (2005) have classified five classes of environmental stimuli that may play a role in distress. They are;

- **Bio-rhythms** - Everything works on time basis, solar time, light time, seasonal time, metabolic time, etc. This includes a socially imposed environment such as around a clock policeman war, medical attention, and shift job. The body cannot make necessary adjustment in the short time usually allowed. For example a night worker’s body temperature cycle would be expected to be opposite that of a day workers, unless the night shift schedule is maintained for several week. Effect of jet lag also influence stress level especially amongst executive that have to travel for work.

- **Eating and drinking habits** - good nutrition contributes to a healthy living. The over consumption or lack of certain food can add to stress of everyday life. Can you think of any food that might contribute to stress? Salt content is also important as it regulates the body’s water balance. High level of salt or food with high sodium content may result in excessive fluid retention. This will result in an increasing nervous tension.

- **Drug, including alcohol and nicotine** - often used as a self-medication in order to reduce stress, the physiology of the body is not altered and it involves only a temporary change of thought. Therefore there is a need to repeatedly use the drug in order to regain the effect. Alcohol and tobacco also create another problem especially toward cessation.
Noise pollution – can cause stress by stimulating the sympathetic nervous system, being annoying and subjectively displeasing and disrupting activities.

Changes in climate and altitude – as in GAS, when body is exposed to the stressor which is too extreme or continues too long, the body can no longer protect itself, and the individual perishes.

5.6 CONCLUSION

- One’s responses to stress is affected by one’s behavioral habits.
- Selected features of personal behavior or pattern of behavior, habits, skills and choices interact with stress.
- External factors found in the immediate environment is also a significant indicator of stress-prone individual.

REFERENCES


UNIT 6
STRESS AND COPING ACROSS A LIFESPAN

OBJECTIVE

At the end of this unit, student will be able to:

a. identify different stressors impacting the individual at their developmental stage
b. explain symptoms of stress according to lifespan development
c. classify example of some individual and family stressor

This unit presents stress and coping across the lifespan. We will look at several typical stressors interacting on the individual developmental process. Since these are developmental stressors or considered as normative, they are not as chronic as compared to the unexpected one. We will discuss the individual and examine the stressors in the family setting.

6.1 STRESS AND COPING AMONG CHILDREN

Children’s typical reactions regardless of age:

- Fear stemming from crisis at home and neighborhood
- Loss of interest in school
- Regressive behaviour
- Sleep disturbances and night terrors
- Fear of events – associated with crisis or accidents

Preschool – Typical reaction to stress

- Thumb-sucking
- Bed-wetting
Fear of the dark or animals
Clinging to parents
Night terrors
Speech difficulties
Loss of or increase in appetite
Fear of being left alone

School-going children

School-going children experienced stress which is quite new to them as they are not familiar with the different stress existing at school. This stressor is very much different to the one they probably have experienced at home or in the community with their neighbors.

Stress and Teacher
- Teacher’s attitudes – a prime stressor
- Teacher’s personality
- Teacher mannerism – scream, sarcasm, loud and harsh!
- Teacher’s control – over! Or too little

Stress and classroom
- Testing
- Homework
- Grouping
- Promotion-streaming
- Peers – classmate rivalry
### Stressor for school going children

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
<th>UPPER SECONDARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family problems</td>
<td>General</td>
<td>Future</td>
</tr>
<tr>
<td>Feeling different</td>
<td>Adolescents problem</td>
<td>School related problem</td>
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<td>School related problems</td>
<td>Peer pressure</td>
<td>Peer pressure</td>
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<tr>
<td>Discipline</td>
<td>Family problems</td>
<td>Substance abuse</td>
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<tr>
<td>General concerns</td>
<td>Not feeling in control</td>
<td>Family problems</td>
</tr>
<tr>
<td></td>
<td>School related problems</td>
<td></td>
</tr>
</tbody>
</table>


### Children of today

- They must growing up faster
- Must live up to the expectation and demand of parents, teacher, peers and society
- Often forced to adjust to numerous adverse situations e.g. divorce, death, abuse without much assistance
- Adult claim that children do not experience much stress because they are not expected to be responsible for many things
- Children who are unable to relieve their high level of stress have become depressed, impulsive, aggressive, antisocial, self-destructive, and irritable.
6.2 ADOLESCENTS

Preadolescents

- Sleep and appetite disturbances
- Rebellion in the home
- Refusal to do chores
- School problem – fighting, withdrawal, loss of interest, attention seeking behaviour
- Physical problem – headaches, psychosomatic complaints
- Fear of personal harm
- Anger
- Denial

Try to remember your own experiences as pre-adolescent. List few other stresses that you might have experienced. Or perhaps, if you have a preadolescent child, ask them what stresses them the most. Compare your list, their list and the one presented above.
Depression in adolescents

Age related disorder among adolescent is depression. In the literature, depression stands out among psychological problems of adolescence, both for its impact on adjustment during the adolescent’s years and it long effect on adult psychological functioning.

- Adolescent is considered to be at risk if they have 2 or more of the following early adolescents risk factors:
  - Insecure parental attachment
  - Anxious/inhibited temperament
  - Low instrumental coping skills
  - Early pubertal maturation

- Early adolescent is the most crucial period for normal development.
Boys are more likely than girl to be depressed in childhood while girls are more than boys in adolescence and into adulthood.

Shift occurs between the age of 11 and 14 years. At the end of early adolescents years girls show a steady increase in depressive rates compared to boys. Early adolescent’s transitions sets girls at risk for developing depressed effect while it reduces the risk for boys.

6.3 ADULT

Early adult

- Transition to career
- Role conflict between career and family functions
- Preparation for marriage and start the family
- Juggle between multiples roles

Middle and late adulthood

- Maintain marriage
- Role balancing and attunement
- Midlife crisis
- Preparation for retirement
- Physical illnesses
- Family feud – newer generation
- Widowhood
- Institutionalized (major roles loses)
Inconclusive

- Stress has been repeatedly found to correlate negatively with age? i.e. younger adult is more stressful than older adult.
- Older adult experience less life events but the events are stressful and involves major loses?
- Nowadays, the transitions between stages of adulthood moves vary rapidly as compared to their cohort in recent decades.
- Perception of stress is negatively correlated with age.

6.1 PARENTING STRESSOR

Parenthood is a different concept than parenting. Parenthood is a status or role, while parenting is a long-term, intensive task or activity. To most people, parenthood is easier than parenting. What do you think?

- Thus, parenthood can be considered as a normative life experience. Can you still remember what is meant by normative stress? What about parenting? Do you think parenting is a stressful business?
- It is well accepted that parenting is highly stressful for a majority of parents to an extent that some wish they never had children.
- However, if you look around or reflect on your own life, although the overwhelming majority of parents would choose to have children again, this does not mean that parenting is not stressful.
Specific stressors of parenting can be considered in three major areas:

**Physical stressor**
- Physical stress includes nausea and morning sickness experienced by pregnant mother. Most couples experience an interruption or decline in their sexual relationship during late pregnancy and during postpartum period.
- Physical stressors are probably pronounced during the years when children are young. As such, management of time is a major issue for new parents. This is due to an increase of physical demand in the care giving activities.

**Psychological stressor**
- Although this stressor is less tangible than physical stressors, they are more real and prevalent. Physical stressor includes worrying about the child until the launching period begins.
- Parent worry where their child are, whether they are safe or not and how they are doing as compared to their peers. On the other hand, parents also worry about how they themselves are doing as parents.

**Financial stressor**
- Traditionally, having many children was an economic asset as they could provide cheap labor for the family work, but not now. Raising children has turn out to be an expensive business. How much do you think is needed to raise a child from his or her was born until the age of 18?
Beside the monetary pressure of raising child, financial strain also sometime result from disagreements between parents, as well as between and children on about how money should be spent especially when the money is limited. This usually peaks with school-age and adolescent children.

Transitional stressor

- Transitional stressors are source of problem and difficulties that do not fit nicely into the three stressors discussed above. This stressor includes the pattern of stress at the time when children first enter the family and when they leave home.

- The transition to parenthood – the arrival of first child is almost the toughest. This transition involves changes in parental role and social expectation. This might also constitute to a crisis.

- Transition to the ‘empty nest’ – launching process decreases the stressor associated with having adolescents children at home.

Coping with parental stressors

In general, there is not much research done to identify which coping strategy works best in dealing with parental stress. However, the most cited strategies used by parents are;

- **Social support** – involve network ranges from informal support systems to family social network to natural neighbors or natural helping network. This is somewhat refer to a lay people helping family, friend and neighbors in times of need with no expectation of direct compensation.

- **Balancing roles** – this is due to having too many responsibilities and too little time and energy to fulfill them. This is worsening
with phenomenon of working mothers joining the workforce. Paloma (1972) suggested four coping strategy; deal with guilt and hold a positive definition of the situation, establishment of the salient role, compartmentalizing the roles, and willingness to compromise standards in one or both roles.

- **Professional assistance** – parenting classes, parent support groups, and formal services.

### 6.5 DUAL CAREER FAMILY STRESSOR

Dual-career couples constitute a specific population of partners who both derive satisfaction from participation in the full-time pursuit of career and family (Rapoport & Rapoport, 1971). The term “dual-career” was coined by them who were among the first researchers to embark upon the study of dual-career families.

Amongs most cited findings of Rapoport and Rapoport in term of stress are:

- **Overload** – responsibilities of two careers, children, a marriage, and a home are considerable and demand most of the time and energy of dual-career couples. Couple have to ‘race against the clock’, continuous ‘juggling act’ to keep in balance their many roles. Wiff still a major player

- **Identity and normative issues** – due to traditional sex role socialization and stereotyping. This creates ambivalence, guilt, self-doubt and tension for dual career couples attempting more egalitarian roles. Most use compromising strategy.
Role-cycling and scheduling issues — to mesh the demand of their career with the changing responsibility of the different family life cycle stages. Issues includes need for entertaining at home, leisure time alone and participation on community activities

Career demands — demand for occupational mobility and immobility, spouse’s decision affect the other.

Coping strategy of dual-career couples

Skinner & McCubbin developed the DECS (Dual Earners Coping Scale) to identify coping strategies among dual career couples. DECS is consisting of 58 items

Various coping strategies for couples and family which will be discussed later in this unit.

Nickols (in McKenry & Price, 1994), working women experience higher stress levels than men because of traditional housework roles being burdened on women. Women experienced role overload.

For these families, time is the “most precious commodity” (Lagerfeld, 1998, p. 60).

Fraenkel and Wilson (2000) suggest that the trend towards spending more hours at work has been the single most powerful factor leading to a sense of diminished time for couple relationships.

Dual career and marital quality

In recent years, this phenomenon of spending more time at work and less time for leisure, called the ‘leisure squeeze,’ has been identified by other researchers as well.
Dual-career couples are “pressured to do more, be more, know more, think more, talk more, relate more- and do all this as quickly as possible. The complaint, that there is always not enough time to do all things is a typical responses given by the dual career couples.

The advent of the information age has placed dual-career couples on “the fast track” (Papp, 2000).

This is unfortunate as the ability to sustain an intimate relationship, to build a quality and meaningful life together, and solve problems together all requires a certain amount and quality of time together. Being together could lead to lots of meaningful activities being done with the other partner.

This “time famine” (Galinsky, 1996) commonly experienced by dual-career partners, and the degree to which these stressful conditions affects marital quality.

Fraenkel and Wilson (2000), time as one of the most powerful influences on the quality and organization of couples’ lives, leading many to seek therapy as a result of distress over time-related issues.

This inevitable stress from a sense of time scarcity diminishes energy that could potentially be invested in the marital relationship.

This idea is also supported by Galinsky (1996) who found that in one study of relationships, the majority of workers reported feeling as if they did not have enough time with their spouse or partner.
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As such, for many dual-career partners, the intimate relationship with their partner often registers lower priority in the hierarchy of daily living tasks that must be accomplished.

"Two husbands and no wife" - Both parents are absent from the home during the day and each struggles to balance career objectives while maintaining a family.

Rice lists four challenges confronted by dual career families. These include:

- Balancing career and familial responsibilities. For those of you whose spouse also working, how do you balance this two competing responsibilities?

- attempting to provide mutual support while at the same time managing competitive feelings;

- dealing with a finite amount of time in light of multiple role demands; and

- preserving one's identity as a "person," as distinct from "spouse."

In conclusion, stress encountered by dual career couple or families are:

- Childcare problems
- Financial burden paying for childcare
- Fatigue and health problem due to role overload
- Poor relation with spouse and children
- Children's behavior and health problems
Home is not properly managed
- Husband feel that working wife cause children to be neglected

6.6 STRESSOR OF DIVORCED FAMILY

Adult as well as children are affected by divorce in different ways. Thus, some researcher suggested that divorce is considered as normative family transition and not label as ‘bad’ or ‘failed family’. In general, divorce results in unhappiness and always requires adjustment.

- It is not the divorce itself that produces stress but specific hardships and demand that resulted from divorce. Two major hardship or difficulties are; (1) the absence of father from both the home and a continuing relationship with a child; and (2) the continuance of conflict between parents, particularly during the period following the legal divorce.

- Although many children from divorced families will never show signs of severe psychopathology, a substantive body of research indicates that divorce does place children at an increased risk for three different types of adjustment difficulties:
  - externalizing problems
  - internalizing problems
  - cognitive deficits

- Child’s adjustment to divorce is correlated with his or her post-divorce family situation; a continued relationship with father and a cooperative and supportive co-parental relationship are major determinants of a child’s healthy adjustment.
Hetherington and colleagues (1978), in their comparison of children from divorced and married families, found children from divorced families to demonstrate more disobedient and aggressive behavior than peers from two-parent families.

Divorced children are at risk for externalizing problems, particularly boys (Camera & Resnick, 1988; Forehand, McCombs, Wierson, Brody, & Fauber, 1990).

Divorced children were found to be significantly more dependent, noncompliant, and unpopular with peers according to teacher reports, had a history of lower grades in history and math, and were more likely to have repeated a grade. These findings were supported in a recent meta-analysis of 92 studies, which found children from divorced families to have significantly lower school achievement scores than non-divorced children (Amato & Keith, 1991).

Wolfgang (1996) suggests that if one spouse comes from divorced parents, the couple may be up to twice as likely to divorce. Spouses who are both children of divorced parents are three times more likely to divorce as couples who both hail from intact families.

One reason children from divorced families get divorced more often is because they have a tendency to marry as teenagers. Wolfgang reports, adding the older you are when you marry, the less likely you are to get divorced.

Divorce (usually termed as constructive divorce) can be seen as positive as in the process which involves the change or expansion of the traditional nuclear family to a binuclear family. This view suggests
that the child does not have to lose either parent; nor is one parent burdened with the role of ‘single parent’.

- Demo & Ganong (in McKenry & Price, 1994), widow experience higher level of stress compared to widower due to economic factor.

- Women have difficulty to move on in life and to forget the divorce as they are more committed in marriage compared to men.

- Crisis due to divorce is only short term as conflict prior to divorce makes couple ‘redha’. Effect on children is more serious compare to effect on couple

In conclusion, stress involve in divorce includes:

- Financial problems as husband not paying alimony
- Divorcee and children are shunned upon, alienated and lack social support
- Physical and mental health problem
- Children feel sad, despised and make comparisons of their families with others
- Role overload
- Difficulty in accepting divorce
- Children’s educations are negatively affected
- Children prone to negative behavior
6.7 WIDOWED (death) FAMILY STRESSOR

- Collen Murray (in McKenry & Price, 1994), grief due to unexpected death is more stressful compare to anticipated death such as cancer patient
- High stress among 'stigmatized patients such as AIDS and suicidal
- Children reaction and acceptance depend on quality of relationship with the deceased (father or mother)

6.8 INFERTILE FAMILY STRESSOR

- Lasker & Borg (1995), infertility is a stigmatized stressor as society belittled infertile couple
- Couple resort to adopting children or trying using technological intervention
- Depend a lot on closed family understanding and societal acceptance.
- Education to society at large
- Intervention using natural pregnancy techniques

6.9 STRESSOR AMONG FAMILY WITH SPECIAL CHILDREN

- 'Chronic sorrow' (Bright & Hayward, 1997) to reflect grief and stress experienced by family
Lifelong stress as child’s need changes developmentally and are challenging.
More serious contribute more distress.
Adaptation through various interventions.
Acceptance by couple is a first step.

Coping with disabled childrens

Coping with the disabled children is a highly individualized process; and some families may never adjust fully to this event.
Coping strategies used.
Information and acceptance.
Good familial cooperation.
Social support.
Emotional activities and openness.
Personal resources.

Differences between the high and low coping families:
Parents’ initial experiences.
Parents’ attitudes and personal characteristics.
Parent’s values and individual activities.
Parent’s participation in their child’s care and housework.
Parents’ experiences of social support.
6.10 STRESSORS AMONG FAMILY CARING FOR SICK MEMBERS

- More stressful if illness is a ‘stigma’ that entail negative connotation
- Systemic – member’s illness is a family illness.
- Unmanaged family members are more distress
- Beside ‘bedridden’ patient, family caring for mental patient are more stressful compared to physical ailment [Campbell & Gavazi (in McKenry & Price, 1994)]

6.11 SINGLE PARENTS STRESSOR

Generally, family members may experience a sense of loss and grief following divorce or death. They need time to reflect on what had happened and to adjust to the newly found life and to fit in. New relationship has to be redefined especially when it involves legal arrangement such as custody (for divorced family).

- Transition to single parenting from a two-parent family begins with either informal or legal separation. The period of separation is very stressful for family members.

- Bloom and Caldwell (1981) reported that psycho-physiological distress such as headaches, rapid heartbeat, fatigue, spells of dizziness, and feeling tense were common. Men were found to have more severe symptoms during the separation period and women reported more heightened distress symptoms just prior to the actual separation.
Several stressors among single-parenting family includes:

- **Role changes** – ‘solo caregiver’, need additional social support in the new roles. Women who are flexible in their ideas of appropriate male and female role behaviour appear better able to cope with the single-parent lifestyle. The non-traditional sex-role attitudes held by women were associated with lower distress, greater well-being, increase self esteem, more personal growth, and a sense of personal effectiveness.

- **Economic stressor** – standard of living change as face with economic hardships. Economic resources serve as a constraint more often for female single parents than for male parents.

- **Changes in life style and social activities** – adjustment in family living standard due to downward economic mobility

In term of coping strategy, single-headed family need to implement new management behavior related to stress reduction. This also includes learning new decision making skills to promote their new way of functioning. They need to learn to become more independent, having employment, taking care of the home and doing more things with the children.

- **Maintaining and establishing meaningful relationship** with their children and with persons outside their family is a second major coping strategy for single-parent families. Clearly social support with extended network is beneficial for this family.
6.12 STEP AND BLENDED FAMILY STRESSOR

Forming a stepfamily is a major role transition for every member of the family – parent, stepparent, children, ex-spouse and grandparents. Tension and stresses arise from this particular new family structures due to the fact that:

- Children and adult experienced lost
- Fantasize that biological parent reunite
- Substitute mother/father – children not ready
- ‘The old luggage’
- Adaptation toward ‘instant children’
- Knowing that biological parent still alive
- Combination of two new families with different life cycle


Wesley L. Burr and Shirley L. Klien (1994) have studied various stressors in the families. Their main goals were to:

- Examine the effect of stress on various family functioning
- Determine the coping strategies used
- Determine the effectiveness of the strategies
- Test the family coping-stress model

They have studies six types of family stressors;

- Bankrupt family after court ordered
- Family with disabled institutionalized children
- Family with adolescent with conduct problem
- Family with a muscular dystrophy child without mental disorder staying at home
- Family without children as one of the parent is infertile
- Family with fulltime wife going to work

Stress was examines in term of family functioning at various aspects such as:
- Family cohesiveness
- Marital satisfation
- Quality of communication between parent and child
- Family development
- Leadership pattern
- Emotional climate

One of their significant finding relevant to our discussion is on coping strategies identified. In their study, 80 coping styles or strategies were outline. From the analysis, they have developed 7 major coping strategies used by the 6 different families they studied. They are:

- Cognitive – to accept faith
- Emotional – to ventilate feeling, sharing emotions
- Communication – to be opened, fidelity
- Relationship – more cooperation, flexible, more friendly
- Community – support from the closed members
- Spiritual – such as participate in religious activities
- Personal development – to be more independent, active with special interest or hobby
Stressor and coping strategies

Based on 7 coping strategies generated from the findings, they have selected the top three strategies mainly used by the six types of family stressors as presented below:

<table>
<thead>
<tr>
<th>Family Stressor</th>
<th>Effective coping strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bankrupt</td>
<td>Spiritual, Relationship, Communication</td>
</tr>
<tr>
<td>Special children (I)</td>
<td>Relationship, Self dev., Communication</td>
</tr>
<tr>
<td>Special children (H)</td>
<td>Relationship, Communication, Cognitive</td>
</tr>
<tr>
<td>Infertile</td>
<td>Relationship, Communication, Self dev.</td>
</tr>
<tr>
<td>Problemed adolescent</td>
<td>Community, Spiritual, Communication</td>
</tr>
<tr>
<td>Working housewife</td>
<td>Spiritual, Relationship, Communication</td>
</tr>
</tbody>
</table>

McCubbin (1987) suggestion for family stress research

McCubbin (1987) one of the pioneer in family stress research has suggested that case study method is use to examine stress amongst family members who have recently experience a stressors. This is useful to identify family strength and weakness and to help other family. McCubbin has suggested that researcher attempt to ask these questions in their study:

- When the stressor first emerged and how?
- Normative or nonnormative stressor?
- Effect of stressor on family members and family?
- Other stressors?
Coping strategies employed by family?
Was it effective?
Support system available and usage?

Managing stress in the family

University of Wisconsin (1999), states that families who do a good job of managing stress have the following characteristics:

- They do things as a family. They work hard at keeping the family functioning. When under stress, it is very easy for family members to withdraw from each other.

- They build esteem in each other and themselves.
They show appreciation for each other and let other members know they understand. It is very common for a family member’s self-esteem to be affected when stress occurs. Families who do a good job of managing stress take care of themselves physically and mentally. They build their own self-esteem.

- They develop social support within the community.
Families are better able to endure hardships if they reach out to the community instead of becoming isolated from it. Meeting new friends, joining groups, using community facilities are examples of utilizing community supports.

- They enjoy the lifestyle they have chosen and can endure the hardships of that lifestyle better.
For example, a homemaker who enjoys that lifestyle and is supported by family and friends will feel less stress than the person
who would rather be away from home but for various reasons cannot.

- They develop and use a range of tension-reducing devices. Examples are exercise, relaxation, a positive outlook, and keeping involved in activities - These techniques help manage the tensions and conflicts that are a part of family life.

6.14 Conclusion

- Stress and coping can be discussed from the perspective of developmental psychology. Clearly, different stressors emerged at different developmental stages.

- Family system produces a unique dynamic where stress and coping interact differently. Different family structure and family cycle are confronted with different stressors.

- Understanding different symptoms as a result of stress response will help individual to address issues of intervention especially as experienced by children.

- Dual career family stressor is a current phenomenon impacting almost all contemporary family at present. Work overload and time scarcities are two major issues that need serious attention.

- Specific prevention program can be organized to improve certain coping strategies used by different types of family based on suggestion by some researcher on family stress.
Reference


OBJECTIVES

At the end of this unit, students will be able to:

a. state type of work or occupational stressor
b. describe phenomenon of burnout at the workplace
c. formulate a stress management intervention at the workplace

Frequently, people define themselves based on what they do for a living. If you were asked ‘who are you?’ You will probably say that ‘I am so and so and I work as bank officer in Kota Baru’. In this context, job is considered part of your life and the role you play as an individual. However, it is generally understood that work can be both fulfilling and could become a major source of stress. This unit will discuss job as one of the stressors an individual might encountered in their life.

7.1 WHAT ARE JOB STRESSORS?

In general, most adult spent one third of their time at work. Most people need to work to earn a living and to raise their family. Thus, job stressors are any source of stress at the workplace that resulted in stress response to the individual.

- Cox (1993) suggests that stress arises because of an imbalance between the worker and the work environment. Whereas, according to Gardell (1976), work environments which create a feeling of powerlessness/alienation cause more stress.
What are stressful occupations? - Try to imagine the job that your parent do. Would you say their job are less or more stressful than the others? What about your own job (full time work and part time student?) Do you consider your job at present as stressful? There is a wide recognition or belief that certain jobs are inherently stressful. Try to brainstorm on jobs that you think are stressful. What factors are associated with the stress level? You might think that exciting and high risk occupation as one of them. For example, some might think that firemen, pilot, air traffic controller are among few job with higher stress probability!

7.2 MAJOR CATEGORIES OF JOB STRESSOR

Girdano et al (2001) have introduced 3 major categories of job stressor;

- **Organizational**
  - Lack of Financial Rewards – such as low pay which will later result in poor self-image, less concentration, less energy. However, the biggest problem is low pay and lack of job satisfaction.
  - Lack of Career Guidance – generally most people would like to fully use the skills they already have, at the same time to develop more skills, and to acquire help/advice in making career decisions.
  - Overspecialization – it not possible to find intrinsic reward for a job which is too narrow and specialized.

- Work Overload - best to have freedom in a job ... have to expect more stress from things like: lack of autonomy, lack of flexibility, too many/inflexible deadlines.
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- **Time Urgency** - synchronization which means living life against the clock. Examples: deadlines (e.g. projects, reports, sales), seasonal work, unit production quotas (e.g. telephone operators, assembly lines). Results in over arousal, worry about not doing it properly - not only work, but the threat of work to be done (e.g. time-motion studies), can create time stress.

- **Job Complexity** - high job complexity creates high stress. The increasing job complexity was due to things such as more information (or more sophisticated information) which needs to be used; more detailed job procedures (e.g. procedures for hiring, firing, promotion, etc.); introduction of contingency plans.

- **Individual** - whenever you add people to the situation, you increase the possibility of stress.

- **Frustration** - if the organization fails to let employees use their skills effectively and does not allow them to grow, thus, frustration is created. If our job inhibits our goals, or it may suppress our initiative and/or frustrate our outlook, consequently stress is a result.

- **Work and role conflict** - which is caused by:
  - work objectives which are not clear
  - lack of clear understanding of responsibility
  - working procedures which are not laid out clearly
  - conflicting (or unknown) expectations as to your work performance
  - no feedback as to your performance
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- **Interpersonal communication and problems** - major problem is in lack of communication in work situations: e.g. isolation or when important information coming in too late (or not at all). Instead of information flowing up and laterally, some organizations only allow downward flow of information. As a result, this creates some stress for them as well.

- **Discrimination** – in term of hiring, pay and promotion practices. Basically, if we feel that we are not valued (e.g. in terms of hiring, pay and promotion), you will feel stressed.

- **Bureaucracy** - Characteristics of bureaucracy: Specialization; organizational rules to ensure uniformity and stability; emotionless management; positional hierarchy and centralized authority. This will retards personal and professional development; creates mediocrity; too much red tape; poor communication, too much paperwork; impersonal handling of people; arbitrary rules which are meaningless and frustrating; and finally will lower creativity.

- **Lack of activity and boredom** - Deprivational stress is when we don't have enough to do at work! Have you ever felt bored because you have not many things to do, or perhaps you have completed on your work far ahead than the due dates or expected? Occupational settings likely to create boredom: for example amongst assembly line work as their tasks are repetitive that requires little training, quickly become boring.
Work environment

- Changes in work procedures and technology - any change involves extra energy to adapt to it. Virtually all industries and all jobs have been affected by technological change.

- Change in job location - business readjustment, change in financial status and change in job responsibilities bring out different level of stress. This is due to the need to have to physically move to another town, lose old friends, and have to make new friends.

- Career advancement - promotion requires adaptation. Therefore creates stress as a result of different job responsibilities, more personal responsibility.

- Violence at the workplace - violence becoming more prevalent. This include homicide, physical assault & battery, sexual assault, threats, verbal abuse, threatened violence.

- Retirement - If people ask you ‘who are you?’ What would be your answer? We are our job. For example ‘I am teacher’. It is our identity that we want the public to know and accept. However, in retirement, we lose our identity. Thus few symptoms of stress is developed; depression, loss of self-esteem, appetite reduction, lower motivation, more CV complaints and lower sex drive. Retirement problems exacerbated when: long time in the same job, few family, hobby or social interests outside the job; high degree of affiliation with the job; little pre-retirement preparation; little additional income; few alternative sources of self-worth; knowledge of others who have had problems after retiring.
Bioecological factors – such as work schedule, noise levels, lighting factors, temperature, ergonomics, privacy, personal space. You need to refer to textbook to discuss on these factors.

7.3 STRESS AND JOB SATISFACTION

Factor influencing job satisfaction and performance (Albrecht, 1979; Wood & Wood 1999)

- **Work overload** – too much work and too little time to complete. Resulting in anxiety, frustration, low self esteem and boredom.
- **Clarity of job specifications and assessment criteria** – role ambiguity and lack of clarity in job assessment can result in low job satisfaction. Rigid job spec can result in workers lacking creativity and initiative
- **Physical environment and nature of job** – temperature, noise, humidity, pollution, personal, space, lack of or too much movement
- **Job status** – jobs with low social status can result in low self esteem, and vv. High status position/workers are vulnerable to power abuse
- **Job with too much or lack of stimulation, repetitive, multi-tasking** – higher job stress
- **Level of interaction** – too much or too little?
- **Physically demanding** - or not?
- **Accountability overload** – high job responsibility but end result is unpredictable. Eg: Medical Doctor, nurses, airport traffic controller have high Aos
- **Mental challenge** – too much/little?
- **Decision latitude** – degree to exercise initiative and skills to control working conditions. High/low?
7.4 Job Demands-Control Model

In the literature on work-related stress, Gardell (1976) was among the pioneer to demonstrate that work environment that contribute to feelings of powerlessness and alienation are stressful for most workers.

- Frankenhauser, 1986 Model of job stress - has focused on the variables of effort and distress. Effort is an active coping and a striving to gain and maintain control.

- High effort will creates a condition of high levels of catecholamines (epinephrine and norepinephrine) in the body; while high distress is related to high levels of cortisol. High level of both effort and distress represent a stressful environment associated with loss of control, helplessness and hopelessness.

Karasek’s (1979) Job Demands-Control model (JDC model)

- A leading work stress model in occupational health psychology since the 1980s.

- Assumption that a psychological work environment can be characterized by a combination of the demands of the work situation and the amount of control employees has with which to cope with these demands.

- The JDC model distinguishes between four different job types.
  - In low control/high demands (or ‘high strain’) jobs high levels of strain and relatively low levels of learning are
predicted because the individual cannot respond optimally to situational demands (Karasek & Theorell, 1990). High demands + low control is the worst situation for stress (e.g. sales clerk, receptionist, nurse's aide, assembly line worker, food server).

- **Low control/low demand** – second highest strain, i.e second worst situation for stress

- **High control/low demand** – least pathogenic, i.e. least likely to result and mental of physical illnesses. The best situation for stress (but possibility of low satisfaction)

- **High control/high demand** – the most ideal situation where job satisfaction is the highest. High demands + high control = satisfaction (but also some stress)

- Worker’s job satisfaction and health depend on their perception of responsibility and power they possess.

- Karasek et al, 1981: psychological demands of job, degree of control in the job are an important predictor of stress prone job. Therefore, the rule of the thumb is to stay away from jobs which involve high responsibility and low authority.

- Two important implications
  - Beware of jobs with high responsibility BUT low power of decision making. What type of jobs are associated with this?
  - Beware jobs with high perceived psychological demand from the employer BUT with low control over it.
The relationship between job stress, psychological demands and control (Karasek & Theorell, 1981)

<table>
<thead>
<tr>
<th>PERCEIVED PSYCHOLOGICAL DEMAND</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td>High job satisfaction (not pathogenic)</td>
<td>Most pathogenic, high catecholamines, high cortisol (1)</td>
</tr>
<tr>
<td>Least pathogenic (3)</td>
<td>Second most pathogenic (2)</td>
</tr>
<tr>
<td>LOW</td>
<td></td>
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### 7.5 OCCUPATIONAL STRESS MODEL

Stressor based on Occupational Stress Model (Greenberg, 2002)

- Stressor intrinsic to the job
- Related to one's role and job specification
- Career development
- Related to relationship at work
- Due to organizational structure and climate

### 7.6 WHAT IS BURNOUT?

Burnout is exhaustion or overload and typifies Han Selye's third stage, in which continuing exposure to stressors eventually overtaxes various organ in the body.
Burnout is an identifiable pattern in the behaviors of certain people indicating extreme fatigue. Therefore, physical symptoms such as acute tiredness are an early sign of burnout.

- In the literature on stress and coping, you may come across a term 'strain'. In this context, strain is simply a physiological, psychological, or behavioural sign of ill health as form of a stress reaction.

- It is commonly found among employees and professionals who have a high degree of personal investment in work and high performance expectations.

- In the initial stages, people often have a variety of physiological and behavioral symptoms and lose interest and confidence in their work.

- According to Wood and Wood (1999), burnout is:
  - A situation where stress is extremely high and endless
  - Workers feel pessimistic, unsatisfied, inefficient, lack of energy, easily fall sick, losing interest in work
  - A result of job stress that was not properly handled
  - In the last stage of burnout, individuals might face dysfunctions, insanity and depression
  - There is a strong relationship between number of work hours per week and burnout
  - Those who work 80 hours per week are most likely to experience burnout
Stages of Burnout Syndrome

- Stage 1: (The honeymoon) individual is initially satisfied and enthusiastic with job, however task become un-enjoyable and worker loses energy.
- Stage 2: (Fuel shortage) constant fatigue sets in, difficulty sleeping; thus, involve in self-medication
- Stage 3: (chronic symptoms) overwork leads to physical illness, this lead to constant fatigue, depression, anger
- Stage 4: (crisis) increased physical illness; worker takes sick time; relationships suffer at home; pessimism and self-doubt sets in.
- Stage 5: (hitting the wall) physical and psychological problems cause life threatening illnesses; worker has so many problems at work that their career is threatened

Some effect of burnout

- Diminished sense of humor, unassertive, timid and submissive
- Skip rest and break, increase overtime work
- No vacation, may feel sad or lonely
- Increase physiological complaints
- Withdrawal from interpersonal relations, easily angered and frustrated
- Change in job performance, inability to delegate, an excessive need for control

Can you identify work stress that you have experienced before that could lead you to experiencing burnout? Look at the task you have to do at work, the people around you at work and the condition or environment you are working at. What seems to trigger stress response the most? Try to do the 'PB Index' exercise and test your potential for burnout.
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The PB INDEX

Answer “yes” or “no” to the following questions.

1. Have you recently found it more difficult to concentrate on the main tasks you were doing because you felt distracted by anger or worry?

2. Have you recently lost sleep because of worry?

3. Have you recently felt you lacked energy?

4. Have you recently found yourself being irritable when dealing with others?

5. Have you recently felt that you were really having difficulty in dealing with some of your work?

6. Have you recently felt depressed?

7. Have you recently felt that you wanted to quit?

8. Have you recently felt insecure about life or your self-worth?

Note: Many “yes” answers to the questionnaire illustrate that you have a wide range of symptoms. The number of “yes” answers is an indicator of the strain you are feeling. Strain is the outcome of stress over time. Greater than 4 is cause for concern (Source: Cunningham, 2000)
7.7 ORGANIZATIONAL STRATEGY TO REDUCE STRESS

Elkins and Rosch, (1990), listed several strategies for stress reduction at the workplace;

- Redesign the task
- Redesign the work environment
- Establish flexible work schedule
- Encourage participative management
- Include the employee in career development
- Analyze work roles and establish goals
- Provide social support and feedback
- Build cohesive team
- Share the rewards

Cunningham (2000) listed several criteria for reducing stress at work. These include;

- **Job enrichment criteria** – this include job variety, task identity, task significance, autonomy and feedback; increased responsibilities, increased opportunities for advancement; different opportunities and experiences, opportunities for advancements, feeling of job security.

- **Interpersonal criteria** – ability to rely on others for accurate and honest feedback, confidence that others will be truthful and honest, positive method of feedback; support and assistance is provided in a positive and willing manner.

- **Managerial criteria** – cooperation between management and employee, common goals and values, group responsibilities, sharing responsibilities, job related feedback, clarity of communication and feedback
7.8 OCCUPATIONAL STRESS MANAGEMENT

We cannot eliminate all stress from our daily work activities. This is because the purpose of work is to improve productivity. Therefore, the objectives of occupational stress management are to:

- reduce the debilitating effects of stress, thereby increasing productivity
- put the right person into the job (e.g. personality, skill level, task demands) thus, thereby increasing productivity

Strategies of stress management at workplace include:

- make the workplace more healthy:
- job functions changed to give more control
- provision of social support; create cohesive working teams
- give adequate information about work roles
- make schedules more flexible
- have a system to respond to trauma, disasters and crises
- reduce the psychological discord through stress management programs

People will be just about as happy as they allow themselves to be
(Abraham Lincoln)
7.9 CONCLUSION

- Occupational stress is likely to continue to present a major threat to the financial and profitability of organizations.

- There are various factors at the work place that interact to influence stress level and types of coping used. This factors include personal element that individual bring to the workplace.

- A stress management program at the workplace is an important element to promote better mental health state amongst employee.

References


UNIT 8
STRESS MANAGEMENT

OBJECTIVES

At the end of this unit, students will be able to;

a. describe their understanding of stress management base on stress and coping
b. list few examples of stress reduction program
c. develop personalized stress management portfolio

8.1 WHAT IS STRESS MANAGEMENT?

We will first look at several definition of stress management found in the literature. You probably remember that stress management if focusing on reduction and not a total or ‘zero stress’ as we have understood right from the beginning that certain amount of stress is still needed to motivate us in daily living.

**Stress management** is a person’s ability to reduce stress levels felt or ability to handle stressor effectively

(Girdano et al, 2005)

Can you list some of your favourite activities you do on daily or routine basis? From the list, can you point out which activities are related to stress
reduction? Beside physical activities, what do you think constitutes an effective stress management program?

According to Auerbach & Gramling (1998)

- Stress Management is the effort or procedure to increase human ability to handle stressors and distress.
- Stress Management effort do not include psychological rehabilitation such as psychotherapy
- Stress Management is aimed at prevention

Holistic Stress Management

As presented above, stress management is a broad activity to reduce stress which aim at prevention i.e. to stop distress from developing. However, a more focused concept of stress management which is a ‘holistic stress management’ has become popular nowadays due to its comprehensiveness. Basically, holistic stress management refers to the control and management of stress taking into consideration individual’s lifestyles and all aspects that may influence individuals and families. These aspects include;

- Physical
- Mental
- Emotional
- Spiritual
- Environmental

Three dimensional aspect of SM

- Frequency of stressful experiences – involves the quantity aspect i.e. how often did individual experienced the stressors
- **Intensity of stress level** – the quality aspect, how serious or how severe the stresses are. Higher level connotes higher intensity or severity.

- **Duration of distress** – the quantitative aspect with reference to time. If stressful situation prolonged and is more intensified, the management of stress has become very important and should not be postponed.

### 8.3 STRESS MANAGEMENT TECHNIQUES

It is beyond the aim of this unit to discuss all available techniques of stress management. Much of the sub-topic on techniques presented here is based on Girdano et al., 2005. You might want to refer to Chapter 12, 13 and 14. Some examples are given to demonstrate what is discussed.

**Some examples of techniques:**

a. **Breathing exercises**

   Breathing correctly – Breathing is involuntary and automatic, but can be modified. Advantages of breathing correctly includes air is taken in more efficiently, the breathing system is strengthened, the cardiovascular system function is enhanced, blood is better oxygenated, nerves are calmed, and the body is more rested. Respiratory ailments can be helped via efficient breathing. We only use 1/3 of lung capacity at rest, thus, it should be possible to improve this.

   Examples of breathing exercise:
   - **Upper Costal Breathing** – hands on upper chest, feel breath moving behind collarbone. Relax abdomen, inhale through nose into upper lungs
(feel with fingers). Hold breath 3 seconds (therefore no hyperventilation) and exhale through mouth. Repeat 5 times.

**Very Deep Breathing** – exhale all air from the lungs (use your belly to push it out). Inhale using the diaphragmic method, until lungs fill up like a glass (lower, middle, top) ... hold breath for 3 sec. And then exhale slowly. Make an attempt to feel the air moving through bronchi. Make a conscious attempt to relax with each expiration. Feel your body becoming looser.

b. **Relaxation**

The purpose of relaxation techniques is to reduce stress responses. Sometimes it is easy to relax just by listening to calming music, such as sound of a rushing water from the waterfall or admiring peaceful works of art that you inspired most. Other times, however, people have trouble relaxing and need to learn relaxation techniques. Relaxation techniques include *progressive muscle relaxation, autogenic relaxation, meditation, the relaxation response, diaphragmatic breathing, biofeedback, self-hypnosis.*

**Progressive muscle relaxation** - is accomplished by focusing on muscle groups one at a time and tensing them for a few seconds, releasing the tension, and focusing on the resulting feelings of relaxation.

**Biofeedback** - with biofeedback, special equipment (EMG – electromyography) the physiological activity in people like heart rate, blood pressure, and muscle tension and relays this information back to them as a tone that changes frequency or a meter reading.

Edmund Jacobsen, an expert on muscle tension and relaxation, popularized the concept of mind-muscle interrelationship. He suggested
that anxiety and muscle relaxation are incompatible and one way of reducing anxiety was to reduce muscle tension.

The EMG biofeedback has been used to promote general relaxation, reduce anxiety, treat phobias, and relieve a myriad of other conditions such as tension headache, migraine headache, premenstrual distress, and insomnia commonly associated with muscle tension.

**Autogenics** - The term ‘autogenesis’ means self generation form of relaxation whereby it involves self-generated mental images of relaxed states.

Autogenic relaxation is accomplished by focusing on blood flow and tense muscle groups and suggesting to oneself that he or she is becoming more relaxed and warm.

Abbreviated technique: recall of a traumatic event can produce physical sensations (e.g. hair raising on back of neck, sweat, nausea). It is reported that recall of a tranquil event can have the opposite effects.

Key point in relaxation is that it is accompanied by vasodilatation of blood vessels in the limbs. In doing so, the warm feeling will continuously accompany the relaxation process. Basically, attempting to feel warmth, can lead to actual creation of warmth as the body attempts to “line itself up” with the thoughts at that moment.

For example of autogenic: Refer to Girdano et al (2001), Chapter 14.

One of the most important components of a program of Stress management is the conditioning of the mind to reduce internal arousal.
Meditation - Meditation is a time-honored technique for going within and moving beyond thoughts and habits to a quiet centeredness. Basically, our minds are usually "noisy" with lots of self-talk and physical noises surround us. Thus, meditation is a technique to quiet our mind, to let go of the past, let go of the future, and emphasize the present or just "be". In most types of meditation, people use special techniques to focus their attention on one thing until they stop thinking about anything and experience nothing but "pure awareness".

One of the main benefits of meditation is an increase in one's resistance to negativity, which results in a reduction of one's reactivity to former stressors. People who meditate seem to have fewer problems associated with stress, such as general anxiety, high blood pressure, and insomnia. The relaxation response is a version transcendental meditation, a form of mediation in which attention is focused on softly repeating a specific vocalization. The relaxation response isolates this aspect of transcendental meditation, and has been shown to reduce the stress hormones levels.

Roth, 1994: 25 year literature review (500 studies from 210 universities in 35 countries) presented results of meditation that include:

- reduced stress
- increased creativity
- improved memory
- increased energy/inner calm
- reduced insomnia
- increased happiness/self esteem
- reduced anxiety/depression
- improved interpersonal relations
- improved breathing
- promotion of a younger biological age
Meditation produces a state of passive concentration, alertness and control without tension are maintained but tension is not produced. Meditation requires thought, preparation and practice. Meditation is associated with heaviness, numbness in the limbs and decreased EEG (Electroencephalographic – brain wave) activity.

There are two types of meditation: Concentration and contemplation.

- **Concentration** – attention to one thing ... and usually mental repetition, such as on your breathing (count 10 breaths without losing count), on internal sensations (like the “third eye” or magnetic energy, etc.), on an image (like a thousand-petal lotus), on a calming sound like “hmmm”.

- **Contemplation** – object of contemplation is symbolic as opposed to literal (e.g. sound of one hand clapping) forces one to have an open mind.

Have you heard about hypnosis? What do you think hypnosis could no to help manage our stress? Basically, self-hypnosis is like hypnotizing oneself.

Self-hypnosis can be used to give oneself suggestions of relaxation. Hypnosis is a highly relaxing state in which people are more responsive to suggestions. People display lot of changes while under hypnosis. If you are interested to know more about hypnosis, you can look it up on the internet or any stress management books.

c. **Physical activity and Exercise**

Physical activity is a natural way of putting mind and body back together. The primary contribution of physical activity is dissipation of built up stress-product, with prevention being a secondary aspect (as opposed to relaxation).
Three aspects of physical activities include:

- **As a treatment** – to dissipate stress from fear, threat, anger that has provoked the hormonal and nervous systems into defensive posture. For example, cardiac rehab programs have used physical activity as a treatment regimen for many years.

- **In prevention of diseases** – to decrease reactivity to future stress. Key point in health is the state of the heart: becomes stronger the more we use it (appropriately). With exercise, heart beats more slowly and forcefully (therefore more resting time).

- **For wellbeing and tranquility** – to achieve well-being and tranquility. Exercise feels good – makes one more tranquil. Necessary condition for achieving this effect: *non-competitive* activity

**Benefits of exercise**

- Stronger Heart and Better “Tuning” of the Heartbeat
- Increased Muscle Strength and Endurance
- Increased Lung Capacity
- Stronger Bones
- Improved Serum-Cholesterol Level and HDL/LDL Ratio
- Improved Body Composition
- Increased Range of Motion
- Greater Efficiency, Attention, and Economy of Movement
- Greater alertness
- Diminished Effects of Aging
What is meant by HDL and LDL as presented above? What is the difference between the chronic exercisers as opposed to nonexercisers?

**Diet and Nutrition**

Eat more fresh fruits and vegetables, enough so that fresh fruits and vegetables make up 50% to 75% of your diet.

Switching to a diet that is healthier can relieve stress for people who do not already have a healthy diet, especially for people who are overweight. No dietary secrets or diets can lead to long-term stress reduction (or weight loss). Thus, we just need to eat right.

- Avoid processed foods and all foods that are stressful for the body, such as artificial sweeteners, carbonated soft drinks, chocolate, eggs, foods containing preservatives or heavy spices, and similar snack foods.
- Avoid caffeine. Avoid alcohol, nicotine, and mood-altering drugs. Caffeine stimulates the production of nonadrenaline and adrenaline. A person drinking coffee is activating their stress response. Someone who is distressed and drinking coffee is over activating their stress response.

- Vitamins and minerals are required for the synthesis of the 'stress chemical'. During prolonged stress, these nutrients can become depleted leading to adverse effects on health. Supplement therefore, can be useful during period of high demands and pressures.
Additionally, the following herbs are useful for relief from stress and problems associated with stress:

- **Lemon balm** is a general remedy for stress and helps with stress-related digestive problems.
- **Damiana** is a general remedy for stress and helps with anxiety and depression after long-term stress.
- **Skullcap** is a general remedy for stress and helps with headaches and panic attacks.
- **St. John’s wort** is a general remedy for stress, depression in particular.
- **Valerian** helps with chronic anxiety and hyperactivity.
- **Ginseng** (also called *panax ginseng*) and **Siberian ginseng** help with short-term stress.
- **Withania** helps with long-term stress and recovery from illness and fatigue.
- **Chamomile** is a gentle relaxant and helps with stress-related digestive problems.

e. **Medication**

Over-the-counter pain relievers are used frequently by many people to relieve the pain of some problems associated with stress. Regarding prescription drugs for stress, *amitriptyline*, an antidepressant drug, has been used to treat tension headaches. Additionally, a wide variety of prescription drugs are used to treat mental disorders and physical illnesses associated with stress. Anxiety and depressive disorders, for instance, are often treated with *anxiety agents* and *antidepressants*, respectively.

Name one type of drug used in anxiety or treatment of depression.

How can we get this drug? Are they available over the counter?
8.4 PERSONALIZED STRESS MANAGEMENT PLAN

We have so far discussed various stress management techniques that are available and used by individuals. However, all these techniques are relative and some need to be ‘tested’ or by trial and error so that individuals can find techniques that suit them the most based on their needs and lifestyles. Therefore, personalized stress management is needed to sustain one’s behavior toward stress reduction. A plan involves serious exploration and process of record keeping.

By understanding the concepts and nature of stress, it is clear that the management of stress is best accomplished through an intervention plan that is custom made for an individual. Thus, characteristic of personalized stress management plan includes:

- Individualized
- Practically designed to suit personal preferences
- Multidimensional
- Flexible

Girdano et al (2001) have outlined steps in developing a personalized stress management plan. These steps include:

- What do you want to accomplish?
- How things will be different or better in your life?
- How do you know when you have achieved the outcome of your plan?
- What are your useful resources?
- What are your blocks to success?
- Devise an action plan
- Devise a revised plan
6.5 Conclusion

- Stress management program must include concept of holistic health in terms of mental, physical, social, and spiritual.
- Stress can be reduced enormously if individual has found their own regimes of stress management techniques. There are varieties of techniques that can be employed.
- Exercise is a popular, easy, inexpensive technique that can be adopted by everyone to combat stressors for developing.

Exercises

1. Discuss breathing techniques and plan an activity to demonstrate your understanding on proper breathing technique you chose.
2. How can food we eat have an effect on our response to stress? Discuss some examples of food that can contribute to elevation of stress.

References


UNIT 9
PREVENTION AND INTERVENTION

Objectives
At the end of this unit, students will be able to:

a. differentiate the concept of prevention and intervention in stress management program
b. outline characteristic and target group of stress prevention and intervention
c. discuss element of crisis management

This is the final unit in this module. We have covered an in-depth discussion on stress management particularly activities toward stress reduction. However, the broad activities mentioned so far can be categorized into different approaches in stress management i.e. prevention or intervention. In this unit, we will look at several strategies used in different level of prevention. As one of the learning outcomes in this course, you need to be able to develop a stress management program at least for your personal use. This is one example of preventive strategies.

PREVENTION

‘Any effort, formal or informal, aimed at preventing the onset of psychological problem/s’
(Roberts & Peterson, 1984)
Primary Prevention – developmental or to reduce new cases of problem behaviour associated with stress. This may involve all

Secondary Prevention – intervention, which aim at reducing current cases. It involved those who are ‘at risk’

Crisis Intervention – sometime considered as tertiary prevention. It purposes is to reduce complications, intensity and severity of current cases.

Treatment – higher and more targeted type of intervention for example, counseling and psychotherapy.

9.1.1 Primary Prevention (PP):

- Primary prevention is “Doing something now to prevent or forestall something unpleasant or undesirable from happening in the future; or alternatively, doing something now that will increase desirable future outcome.” (Albee & Ryan, 1988).
- PP is an application of behavioural and stress management techniques to:
  - Prevent stressors, or
  - Help persons avoid stressors, or
  - Reduce problems or negative effects arising from stressors (Auerbach & Gramling, 1998)

- Weisberg & Allen (986): PP efforts are
  - Directed to groups of essentially well people, or identified high risk groups
  - Designed to prevent psychological disturbances
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- Designed to strengthened competencies, coping skills, self esteem and resources by direct training or environmental engineering.

- Origins of the concepts of Primary Prevention:
  - Preventive medicine
  - Preventive education
  - Preventive counseling

Some objectives of formal PP programs
- To increase society’s awareness of negative impacts of certain stressors
- To provide individuals and families with effective coping skills
- To reduce negative impacts of stressors
- To increase individual’s and families well-being (QoL)

Characteristic of PP programs
- Targeted at normal persons and families who are not facing psychiatric or mental health issues. The type of stressors is not so ‘chronic’ which could easily manage with assistance through the process.
- Proactive in nature rather than reactive
- Educational and aimed at providing coping skills within a short period of time (ex: seminar, workshop, self help materials). This is suitable to the concepts and the prevention program in psychology and human development.
Two broad types of PPP programs (Auerbach & Gramling, 1998)

1. **Global Type**: PPP designed to help people cope with many stressors by teaching general coping skills. This type of PPP is not very focused and could benefit almost everyone. Examples of global type PPP are:
   - Stress Management Workshop
   - Crisis Intervention hotline
   - E-BKA, UPM
   - Religious practices
   - ‘Success over stress’ program
   - ‘Rihat minda’ program

2. **Specific Type**: PPP that teach people how to avoid and deal with specific stressors
   - Pre-marriage courses
   - Rakan Muda
   - PROSTAR
   - Parenting Skills w/p
   - Sexual Abuse Awareness
   - Diseases Awareness

9.2 **WHAT IS SECONDARY PREVENTION?**

Generally, secondary prevention is a higher level of activities targeted toward a more specific group with a more specific stressor.

- Prevents stressor recurrence, or prevent stressor from becoming worst
- Usually targeted at persons at risk, and/or persons already experiencing stressors
Also called ‘intervention’ such as counseling or social work intervention

Types of Intervention

- Formal vs. informal – such as at school or community based intervention.

- Short vs. long term – how long will it take to complete the program? Rehabilitation of drug addict is an example of long term intervention.

- Immediate vs. structured

Some examples of intervention

If stress is caused by negative Self Concept

- List down all coping resources including positive personality characteristic

- Develop clear and realistic goals for every aspect of oneself (physical, social, spiritual, and career goals)

- Write down and say out loud every achievement that you have made

- Ready to accept and receive appreciation (smile, thankful)

- Be assertive – voice your opinions confidently without put others down

- Learn interpersonal skills

- Avoid negative self talk and avoid becoming too self critical

- Identify negative and unproductive belief that weakens self concept
If stress is caused by TYPE A Personality

Type A’s like their lifestyle and they only want to reduce the chances of getting ill or heart disease. It is the lifestyle which creates the syndrome. People may quit when they are trying to do something they do not want to do. The solution is to change behaviors and not to give up the desire to achieve. For example, as for time urgency, anger-hostility, lack of planning, or polyphasic behavior, several intervening strategies are:

- Control your thoughts when you start thinking about many things all at once
- Do things one at a time
- Consistently do something that comforts your mind
- Do thing because you want to and not for extreme reasons

If stress is caused by Anxious Reactive Type

- Thought stopping – say ‘STOP’ or pinch yourself so that you will stop thinking of irrational thoughts. This is behavioral techniques that can be mastered in a very short time. Or individual could try shouting (to yourself or out loud) whenever he/she find him/herself reliving something or catastrophizing. Another technique is to count backwards from 5-1 visualizing the numbers as you count. At a same time, imagine slowing down your heart beat so as not to feel anxious.
- Act immediately on your ideas, do not entertain negative thoughts. In a fear situation, any action is better than no action. So just do it! Or take action now?
- Develop a hobby to stay calm. Listen to music or do mental relaxation such as visualization.
- SWOT (Strength-Weaknesses-Opportunities-Threat) analysis toward your stressor
- Catastrophes – what most negative things that would happen if fail to manage stressors
- Remove negative thought and self evaluation.
- Cognitive Restructuring of ideas and thoughts. Ellis, 1987;1994;1995 - most common maladaptive thoughts:
  - overgeneralization - get more evidence - think slowly
  - blaming oneself - look for any other possible explanation
  - seeing only extremes - look for the "gray" areas - expect nothing to be black or white
  - catastrophizing - realistically assess the probability of the worst happening
  - using the same (narrow) approach to solving problems - look for nontraditional approaches
- 'Fear away fear disappear'
  - Write a letter about something which is fearful to you. Catastrophize. Then put it away.
  - Next day, make the letter worse. Put it away.
  - Identify parts which are realistic and which are irrational.
  - Burn the letter.
  - Take some kind of action on the realistic parts.

Remember in Unit 1, we discussed the differences between stress and crisis? Can you recall what the differences are?
In brief, a crisis is an internal reaction to stressors when normal coping mechanisms have broken down. In other word, coping resources has exhausted and the cumulative effect of stress has peak and is unbearable. “I am against the wall now” demonstrates that individual is in crisis situation. Nevertheless, it can be viewed as danger and opportunity.

- A crisis can be seen as a turning point in a person’s life and a chance for making a life-changing decision. A crisis is time limited and pushes for a resolution, which could be positive or negative in its outcome.

- A crisis can have a developmental etiology or a situational etiology. Examples of developmental crises are: marriage, beginning college, and retirement. Examples of situational crises are: death of a loved one, job loss, and an automobile accident.

- Within a short time the crisis will be resolved, that is, coping mechanisms will be reestablished. In a positive, or adaptive resolution, stress is reduced and damage is held to a minimum. As a consequence, personal coping skills are strengthened. In a negative, or maladaptive resolution, confusion increases, likelihood of violence and/or suicide increases, drug or alcohol abuse may be seen, and an unhealthy dependency may be facilitated so that future crisis will not be dealt with successfully.

- Thus, crisis result from unmanaged stress and tension. As stress mounts to unusual proportions and the individual’s coping skills become increasingly ineffective.
What is crisis intervention?

Crisis intervention is the act of interrupting as skillfully and as quickly as possible, to return the individual to a pre-crisis level of coping.

In other word, crisis intervention is a process to assist individuals in finding adaptive solutions to unsettling events. Crisis intervention can be done face to face such as in a crisis counseling setting or by telephone through a crisis line.

Can you give examples of some agency or NGO in Malaysia that are offering these services to the depressed public?

One example of active NGO is the Lifeline Association of Malaysia that gives guidance and counselling to the depressed individual. Their motto, “help is as close as the telephone” showed their commitment in helping people who are experiencing a crisis and need help from someone to ventilate their feeling and to offer some kind of ways to alleviate the stress they have. Beside crisis intervention services, they also organize program as discussed in the previous section (prevention). Lifeline association organizes seminar and workshop on topics ranging from personal relationship, stress management, marital adjustment and others. You might want to pay a visit to them on other NGO that offer crisis intervention services to know more about them.
Tips For Crisis Intervention (France, 1980)

- Normalize stressor, do not ridicule stressors
- Avoid catastrophizing stressors such that they seem hopeless
- Comfort individuals with words or sayings that increase their patience
- Help individual to express their grief in the presence of a good listener
- Convince there is hope to find solution
- Seek information that can aid individual
- Provide immediate, active and direct support
- Avoid problem exploration, wait for them to present their ‘stories’ when they are ready
- Crisis intervention is short term – ‘insitu’
- When crisis situation has subsided, get further help or refer to other specialist

What are some examples of agency in Malaysia that offers prevention program? What is their main services offered? What is their target group? Let discuss about the Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN). What are some preventive programs they organised? What is the target group for that particular program?

Now, lets look at PEMADAM (Persatuan Mencegah Dadah Malaysia). PEMADAM has been so synonymous with drug prevention in Malaysia. PEMADAM has organized prevention and intervention program to the public either in school setting or ‘own to all’ basis. In fact, PEMADAM has spread it wing to the universities by forming a PEMADAM club. What is their mission? Discuss with your friends, why this (drug prevention and intervention) is crucial in our educational system?
CONCLUSION

- It is proven repeatedly that prevention is better than treatment. Prevention of stress involves personalized stress management programs.
- Primary prevention is an effort to reduce the probability of stressor development. It encompasses general activities toward curbing the expected negative effects of stress.
- Secondary prevention is highly focused in terms of goal, the activities, and their target group.
- Crisis prevention is when primary and secondary prevention are found ineffective or the individual has entered a critical stage of their stress.

EXERCISE

a. Explain the differences between prevention and intervention.

b. Give examples of activities that can be organized in prevention programs.

c. Why crisis intervention is needed? Give examples of NGOs in Malaysia that offer crisis intervention services.

REFERENCES

