Insights into the
Concept of Stress

by Cyralene P. Bryce

Pan American Health Organization

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This workbook was developed by Dr. Cyralene P. Bryce for the Stress Management in Disasters in the Caribbean (SMID) course. It is intended to be used in conjunction with the *Stress Management in Disasters* workbook. It is not intended to be a complete text on the subject of stress.

The compilation of this book beneffited from the input of too many persons for them to be mentioned individually. We would however like to express our deepest gratitude to everyone for their invaluable contributions and criticisms. Thank you.

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"When you become preoccupied with the difficulties of a given task, it is easy to overlook its sheer simplicity." –CPB

M   O   T   T   O   :

You can control how stressed you become.

"If your fight for acceptance results in your exhaustion, then maybe you're seeking to be accepted by the wrong persons." –CPB

C O N T E N T S

C O U R S E   O B J E C T I V E S

1. Define stress.

2. List the various stressors which may be encountered.

3. Identify the qualities of stressors.

4. Recognize the common signs and symptoms of stress.

5. Understand the physiological basis of the stress response.

6. Appreciate the possible impact of the stress response.

7. Determine one's own level of stress.

8. Identify aspects of one's life-style that may predispose one to stress.

9. Understand how to prevent and how to manage stress.

P R E F A C E

It is universally accepted that optimum levels of stress can act as a creative, motivational force that can drive people to achieve incredible feats (eustress). Chronic or traumatic stress (distress) on the other hand, is potentially very destructive and can deprive people of physical and mental health, and at times even of life itself.

Emergency response personnel are unique in that they dedicate their time and energy in assisting persons during stressful times of their lives, for example, after disasters such as hurricanes, volcanic eruptions, earthquakes, etc. By doing this however, they are themselves repeatedly exposed to very stressful situations. Even though their training prepares them to deal with such situations, the reality is that they have a higher than normal risk for developing post-traumatic stress syndromes, including post-traumatic stress disorder (PTSD). Hence, it must be deduced that the repeated exposure of emergency response personnel to critical incident stress does have a potentially deleterious effect on their well-being. It has also been found that the psychological well-being of emergency response personnel dealing with emergency situations can greatly affect the overall outcome of such situations, including the prognosis of the primary victims of the event.

Despite all of this having been well documented and the Caribbean's repeated exposure to natural disasters, the vast majority of Caribbean countries do not have a comprehensive stress management program in place to preserve the psychological well-being of their emergency response and disaster workers. The Office of Emergency Preparedness and Disaster Relief Coordination Program of the Pan American Health Organization, Regional Office for the Americas of the World Health Organization, took the initiative of bringing resource persons from throughout the region together in late 1998 to develop the Stress Management in Disasters in the Caribbean (SMID) Program.

The SMID Program is a comprehensive, peer-driven, multi-component stress management program which is administered on a volunteer basis and was designed to prevent and to mitigate the psychological dysfunction which exposure to traumatic situations like disasters may cause in emergency response personnel. The program is based on the principles of crisis intervention and critical incident stress management and it is not intended to take the place of professional therapy. Instead, it seeks to provide persons with the knowledge and skills to better understand, recognize and manage their emotional responses to traumatic situations. While the SMID Program was developed with emergency response personnel and disaster workers as its primary target group, the principles of the program, with appropriate modification, can be readily extended for use in the broader community, including with children and adolescents, to prevent and mitigate traumatic stress.

This workbook, *Insights into the Concept of Stress,* and the companion workbook, *Stress Management in Disasters,* were designed to provide the basic training material for persons who will be providing such a service.

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STRESS...

The confusion created when one feels totally out of control.

What is meant by the term stress?

For the purpose of this course, stress is defined as the body's response to situations that pose demands, constraints or opportunities, and stressor is defined as the stimulus that evokes a stress response.

Why is the issue of stress such an important one?

Severe or chronic stress can result in disease or death. In the United States, approximately 80% of all non-trauma deaths are caused by stress-related illnesses. Below are some of the disorders that are thought to be stress-related:

- High blood pressure
- Strokes
- Heart attacks
- Headaches
- Diabetes mellitus
- Peptic ulcer disease
- Menstrual problems
- Musculoskeletal pain
- Increased vulnerability to infection and cancer
- Memory impairment
- Depression
- Anxiety
- Sexual difficulties

Who experiences stress?

Anyone can be affected by stress, but the extent to which we experience stress depends on our life-style and is, therefore, largely self-imposed. Whether you have control over the situation that is causing you stress or not, you can have control over your reaction to the situation. In other words, *you can control how stressed you become.*

Are the effects of stress always harmful?

Stressors in our lives are not invariably bad. When the stressor is brief and not traumatic, our physiological state quickly returns to normal. In many instances, the normal stress response is the one which makes us perform. In fact, the absence of stressors in our lives would result in non-achievement.

Stress has been likened to the tension on the strings of a violin. You need enough to make good music--too much and the strings will snap, too little and there will be no music.

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Health and performance peak when the number of stressors in our life are optimal. Each individual has his/her own level of stress tolerance. What may be overwhelming for one person is someone else's challenge. When stress acts as a positive motivating force it is termed eustress. When it acts as a negative force it is termed distress. Stress only becomes a problem when it is chronic or severe. Chronic stress tends to erode coping mechanisms.

3
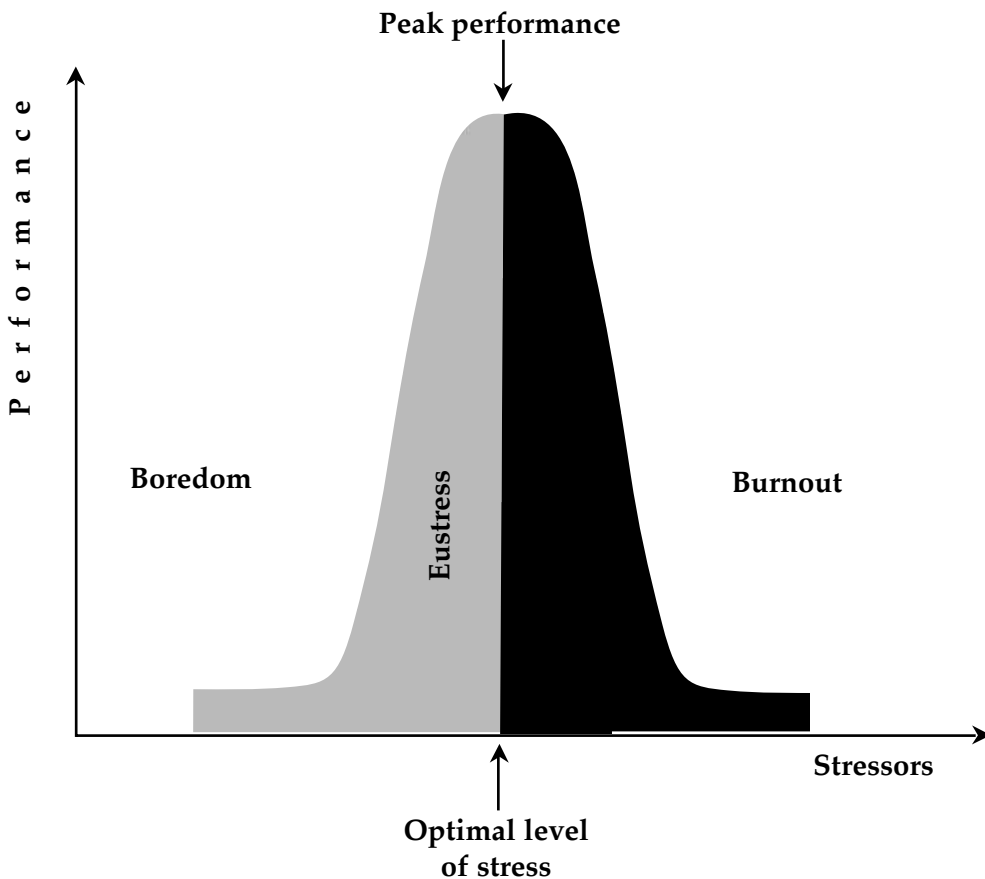
End of Section Quiz

Please circle the correct answer.

1.	All persons react the same way to the same stressor.	T	F
2.	Only poor people become stressed.	T	F
3.	All stressful events are negative ones.	T	F
4.	Getting married can be stressful.	T	F
5.	Only anxious people ever experience stress reactions.	T	F
6.	Chronic stress is not harmful.	T	F
7.	Most of the stress that we experience comes from our life-styles and is therefore self-imposed.	T	F
8.	Severe stress can kill.	T	F
9.	Increased vulnerability to cancer is a possible consequence of chronic stress.	T	F
10.	You can control how stressed you become.	T	F

Quiz answers appear in Appendix 2.

NOTES

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SECTION 2: THE NATURE OF STRESSORS

A Winner's Creed

If you think you are beaten, you are.
If you think you dare not, then you won't.
If you like to win, but you think you can't,
it is almost certain you won't.
If you think you'll lose, you're lost.
For out of the world we find,
success begins with a fellow's will—
it's all in the state of the mind.
If you think you are outclassed, you are—
you've got to be sure of yourself before
you can ever win a prize.
Life's battles don't always go
to the stronger or faster man,
but sooner or later the man who wins
is the man who thinks he can.

—Author unknown

Examples of stressors

Stressors can be divided into various categories:

(a)   Physical or environmental stressors:

- Inadequate ventilation
- Pollution
- Overcrowding
- Famine
- Excessive or continuous noise
- Peer pressure
- Work pressure
- Family pressure
- Information overload
- Social isolation

(b)   Natural disasters or disasters caused by human activity:

- Multiple injury or fatality accidents
- Fires
- Hurricanes
- Floods
- Volcanic eruptions
- Earthquakes
- Tornadoes
- Explosions
- Airplane crashes
- War

(c)   Major life changes:

- Marriage
- Marital separation
- Divorce
- Exposure to assault or abuse
- Birth of a child
- Death of a loved one
- Change of job
- Imprisonment
- Retirement
- Illness of a family member

(d) Hassles, i.e., minor changes or day-to-day aggravations:

- Dissatisfaction with one's physical appearance or sex appeal
- Concerns about the well-being of persons dear to us
- Job dissatisfaction
- Feelings of estrangement
- Relationship problems with spouse/partner
- Relationship problems with in-laws
- Financial concerns
- Housekeeping responsibilities
- Lost or misplaced items
- Concerns about one's safety

(e) Personality-related stressors:

- Poor self-concept
- Impatience
- Poor consequential thinking
- Inability to set realistic goals and to prioritize
- Poor resource management
- Poor health habits
- Over-dependence
- Inflexibility
- Poor communication skills
- Poor interpersonal skills

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Features of stressors

A stressor is any stimulus which evokes a stress response. Stressors may be ***real*** or ***imagined, internal*** or ***external***. The overall impact of a stressor will depend on its characteristics and the characteristics of those who have been affected. The ***perceived*** more than the ***absolute*** qualities of a stressor determine its potential impact. For example, if you are listening to a type of music that you like and the radio station starts to play a type of music that you dislike, you will likely turn the volume of the radio down and complain that it was too loud!

Two conditions are necessary for a potential stressor to become an actual stressor: there must be uncertainty over the impact which such a stressor will have on the individual and the outcome must be important to that individual.

Stressors are not all unpleasant–most life situations that require change or adaptation can be viewed as stressors. Even pleasant events such as promotions, vacations and marriage are stressors since they require many adjustments and place demands on the person. Nonetheless, there is increasing evidence that it is not the change per se, but the quality of the change that is potentially damaging to people. Events which are sudden, abnormal, undesired, severe and sustained and those over which the individual has little or no control are the most detrimental.

Any event which is very distressing and outside of the realm of normal human experience is termed a ***traumatic stressor***, for example, rape, physical assault, natural disasters and serious accidents. Such events normally involve a perceived threat to the physical integrity of the individual or others and evoke reactions of intense fear, horror and/or helplessness.

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Exposure to such stressors can produce a very intense response which may over-whelm the individual's coping mechanisms. Such a response is a *common* reaction of *normal* people to an *abnormal* situation and it does not indicate that the person has developed a *psychiatric disorder*. Nonetheless, such exposure can lead to the development of a *post-traumatic stress syndrome*.

After exposure to a traumatic stressor, minimization of the intensity and duration of the stress response decreases the resultant neurochemical dysfunction which in turn de-creases the chances of a post-traumatic stress syndrome developing. *One proven way of min-imizing the intensity and duration of such a response is through the expression of emotions, fears, regrets, disappointments and specific traumas in a supportive, structured setting soon after exposure to such an event.*

The Life Events Inventory

Major life changes that alter a person's social roles and relationships, such as marriage, divorce, job change, serious illness, or the death of a loved one, can increase susceptibility to stress, especially when several of these changes occur within a brief time period. Multiple major life changes within one year correlate with a higher risk of injury or illness.

Below is the Life Events Inventory. Find your score for the preceding 12 months.

The Life Events Inventory

Events	Scale Value
Death of spouse	100
Divorce	73
Marital separation	65
Imprisonment	63
Death of close family member	63
Personal injury or illness	53
Marriage	50
Dismissal from work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sex difficulties	39
Addition of new family member	39
Business adjustment	39
Change in financial status	38
Change in number of arguments with spouse	35
Major mortgage or loan	32
Foreclosure of mortgage or loan	30
Change in responsibilities at work	29
Children leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Partner begins or stops work	26
Change in living conditions	25
Change in personal habits	24
Trouble with boss	23
Change in work hours and conditions	20
Change in residence	20
Change in school or college	20
Change in recreation	19
Change in church activities	19
Change in social activities	18
Minor mortgage or loan	17

Change in sleeping habits	16
Change in number of family meetings	15
Change in eating habits	15
Vacation	13
Christmas	12
Minor violations of the law	11

Total Score: _____

Holmes and Rahe (1971) found that scores of:

150 - 199 points increase your likelihood of illness by 40%;

200 - 299 points increase your likelihood of illness by 50%;

300 and above increase your likelihood of illness by 80%.

If you complete the inventory for yourself don't worry too much if your scores seem high. Other factors, like your personality and how you react to change also have to be taken into account. In addition, some events may actually decrease one's stress response. For example, a divorce might be preferable to the pain of remaining in a relationship that is filled with turmoil.

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LETTING GO

To let go does not mean to stop caring,
it means I can't do it for someone else.
To let go is not to cut myself off,
it's the realization that I can't control another.
To let go is not to enable,
but to allow learning from natural consequences.
To let go is to admit powerlessness,
which means the outcome is not in my hands.
To let go is not to try to change or blame another,
it's to make the most of myself.
To let go is not to care for,
but to care about.
To let go is not to fix,
but to be supportive.
To let go is not to judge,
but to allow another to be a human being.
To let go is not to be in the middle arranging all the outcomes,
but to allow others to affect their own destinies.
To let go is not to be protective,
it is to permit another to face reality.
To let go is not to deny,
but to accept.
To let go is not to nag, scold or argue,
but instead to search out my own shortcomings and correct them.
To let go is not to adjust everything to my desires,
but to take each day as it comes, and cherish myself in it.
To let go is not to regret the past,
but to grow and live for the future.
To let go is to fear less and to love more.

–Author unknown

End of Section Quiz

Please circle the correct answer.

1. Stressors vary in their severity.   T   F

2. Dissatisfaction with one's self-image can be stressful.   T   F

3. The stimulus which results in a stress response is termed a stressor.   T   F

4. Chronic exposure to day-to-day aggravations is not stressful.   T   F

5. The death of a close family member is usually more stressful   T   F
    than the death of a spouse.

6. The absolute, more than the perceived qualities of a   T   F
    stressor determine its stressfulness.

7. Our socioeconomic status can determine how stressful   T   F
    a given situation is for us.

8. All stressors are unpleasant.   T   F

9. Controlled expression soon after exposure to a   T   F
    traumatic situation has been proven to be therapeutic.

10. A very intense response after exposure to a   T   F
    traumatic event is abnormal.

Quiz answers appear in Appendix 2.

N O T E S

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SECTION 3: THE STRESS RESPONSE

The physiology of stress

Hans Seyle and Walter Cannon, both physiologists, were the two pioneers credited with originating research on the body's response to stressors.

Walter Cannon was the first person to use the term *stress* to refer to the physiological reaction caused by the perception of aversive or threatening situations. He also introduced the phrase *"fight or flight"* to refer to the response which prepares an animal to cope with the threats posed by a predator.

Few human beings come into contact today with predators. Much more common are the pressures of deadlines, the irritation of noise, the frustrations of traffic jams and the throes of poverty.

When the brain perceives that a given situation is going to be stressful, it sends alarm messages via nerves and hormones to prepare the body for "fight-or-flight". Specialized areas in the brain which include parts of the *neocortex*, *limbic system* and *brain-stem* are important in one's response to stress.

The messages which are sent from the brain via nerves travel quickly and directly to specific parts of the body. Those which are sent by chemical messengers (hormones), such as epinephrine, travel much more slowly through the blood-stream to organ systems and their message is much more long-lasting.

BRAIN
Hypothalamus
Pituitary Gland
Thyroid Gland
Adrenal Glands
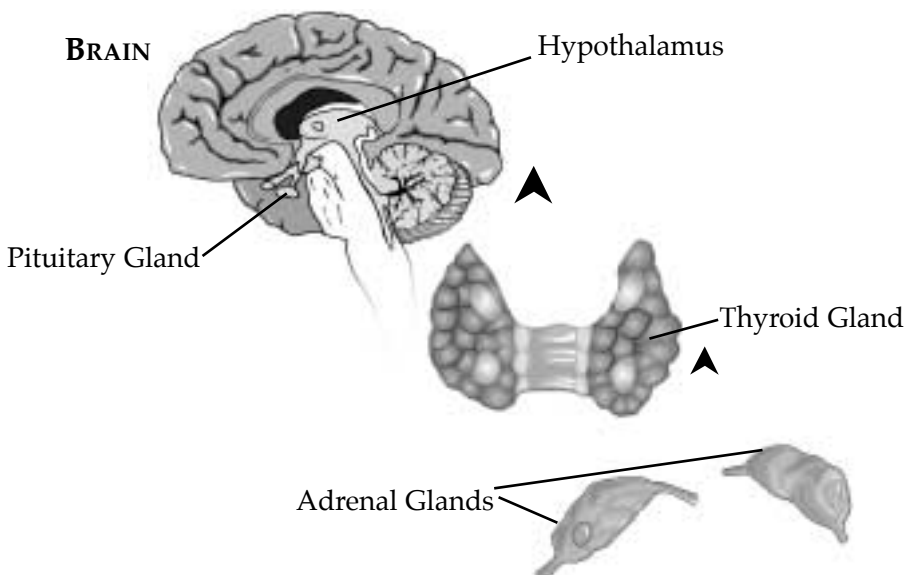
Norepinephrine (NEp) is the main neurotransmitter in the brain responsible for the heightened arousal that follows exposure to a stressor. NEp acts by stimulating the *sympathetic branch of the autonomic nervous system (ANS)*. This includes stimulation of the *adrenal medulla* with the consequent secretion of *epinephrine (Ep)* and *norepinephrine (NEp)* into the bloodstream. Most cells in the body have *adrenergic receptors* on which these two substances act. Stimulation of this system results in increased heart rate, blood pressure, perspiration, muscle tone and cell metabolism.

Stressful situations also stimulate various areas of the *hypothalamus*, including the *paraventricular nucleus*. Stimulation of this nucleus results in the secretion of *corticotrophin releasing hormone (CRH)*. CRH in turn stimulates the *pituitary gland* to secrete *adrenocorticotrophic hormone (ACTH)* which circulates in the blood-stream and stimulates the *adrenal cortex* to secrete cortisol. *Cortisol* is a *glucocorticoid* (a naturally occurring *steroid*); almost every cell in the body has *glucocorticoid receptors*. Stimulation of this system results in increased glucose availability, increased blood flow and increased behavioral responsiveness in the face of stressful situations. Although the short-term effects of glucocorticoids are essential, the long-term effects are damaging and include damage to muscle tissue, increased blood pressure, diabetes mellitus, etc. In addition, excess cortisol inhibits inflammatory responses and the activity of macrophages, which are normally released into the bloodstream by the thymus gland to kill invading bacteria. A weakened immune system in turn makes us more vulnerable to infection and to cancer.

Stimulation of the hypothalamus also results in the release of *thyroid stimulating hormone*, *prolactin and beta-endorphins* from the *pituitary gland*. Beta-endorphins are naturally occurring opioids which elevate one's mood, decrease sensitivity to pain and have been linked to suppression of the immune system.

The stress response

Through research pioneered by Hans Seyle, it was discovered that the body 's stress response consists of a predictable, non-specific, three-stage pattern of physiological responses: the *alarm* stage, the *adaptive/resistance* stage and the *exhaustion* stage. Not everyone experiences all three stages. The exhaustion stage is reached only when the person becomes stuck in the alarm stage or goes through the alarm and resistance stages too often.

The alarm stage is the fight-or-flight response that prepares a person to meet a challenge or threat. The person experiences the changes characteristic of the first exposure to a stressor which include anxiety, panic, fear, racing thoughts, increased heart rate, increased blood pressure, headaches, muscle tension, gastrointestinal distress, etc.

The adaptive/resistance stage is the stage during which the body may return to its pre-excited state and recovers from the physiological strains of the alarm stage once the stressor is eliminated.

If the stressor persists, the individual reaches a new level of adaptation as the internal organs mount a sustained resistance. The signs and symptoms which are characteristic of

the alarm reaction virtually disappear. If the stressor is not eliminated, the person enters into a mode of energy conservation which may be evidenced by social withdrawal, absenteeism, poor productivity, tardiness, etc.

Stress-prone or over-stressed persons, who may interpret even normal events as negative stressors, are often unable to reach the adaptive/resistance stage. They develop an extended alarm reaction until their bodies enter the exhaustion stage. In addition, persons who are able to successfully move to the adaptive stage may also reach the exhaustion stage if they experience too many stressors.

The exhaustion stage, often termed **"burn out"** is a reaction to the constant high metabolic demands of an extended alarm stage. With its resources severely depleted, the body is susceptible to illness, or in extreme cases, to death.

Warning signals of exhaustion include feelings of hopelessness and/or helplessness, a desire to "cop-out", suicidal and/or homicidal ideation or marked impairment in social or occupational functioning.

Recent research suggests that the nature of the physiological response to stressors may be much more *stressor-specific* than was earlier believed. For example, exposure to stressors that are viewed as *arousing* and *challenging* tend to result in significant elevations of serum catecholamines with no change in serum prolactin or cortisol. In contrast, exposure to stressors that are viewed as overwhelming and result in *submissive behaviors* tend to result in marked elevations of serum prolactin and cortisol with no change in serum catecholamines. Hence, the "specificity" of the stressor may in fact reside in the individual's perception of the event's implications for them.

In conclusion, irrespective of the form which the stress response takes once we have dealt with a stressful situation and the threat is over, our physiological state returns to normal. The fact that such physiological responses can have long-term deleterious effects on our health only matters if the stressor is severe or prolonged.

Recognizing stress

Sometimes we miss the fact that we are stressed. The first step in recognizing when you are stressed is acknowledging the possibility that you can become stressed. The second step is to be aware of the signs and symptoms of stress, which may be mild, moderate or severe.

Common physical signs and symptoms of stress:

• Rapid heart rate
• Elevated blood pressure
• Nausea and/or vomiting
• Chest pain*

* **Urgent medical evaluation indicated.**

- Difficulty breathing*
- Fainting*
- Dizziness
- Tremor
- Increased perspiration
- Headaches
- Muscle twitching
- Thirst
- Weakness
- Fatigue
- Grinding teeth
- Visual difficulties
- Hearing difficulties
- Non-specific body complaints

Common cognitive signs and symptoms of stress:

- Poor concentration
- Loss of self-confidence
- Memory impairment
- Increased or decreased awareness of one's surroundings
- Difficulty making decisions
- Poor abstract thinking
- Blaming other persons
- Difficulty identifying familiar objects or people
- Loss of time, place or person orientation
- Racing thoughts
- Disturbed thinking
- Intrusive images

Common emotional signs and symptoms of stress:

- Apprehension
- Uncertainty
- Fear
- Agitation
- Anxiety
- Severe panic
- Anger
- Feeling overwhelmed
- Irritability
- Hopelessness
- Emotional shock
- Guilt
- Grief
- Depression

* **Urgent medical evaluation indicated.**

- Denial
- Inappropriate emotional response

Common behavioral signs and symptoms of stress:

- Change in activity levels
- Sleep disturbances
- Erratic movements
- Change in usual style of communication
- Loss of interest in previously pleasurable activities
- Change in eating habits
- Emotional outbursts
- Antisocial behavior
- Inappropriate use of humour
- Suspiciousness
- Hyperarousal
- Substance use (e.g., caffeine, nicotine or alcohol use)
- Deterioration in performance effectiveness
- Accident proneness
- Nervous mannerisms (e.g., foot tapping, nail biting, teeth grinding, hair pulling, hand-wringing, etc.)

Stress reactions of children and adolescents

Boys and girls tend to experience similar levels of stress which generally increase with age. The causative stressors are usually related to *home*, *school* and *relationships*. *Their reactions to such stressors are important since they can affect their development, learning and behavior.*

Like adults, children and adolescents who are exposed to stressful situations show a wide range of complex reactions which may be immediate or delayed. These reactions tend to differ from those of adults in that they are age-dependent and strongly influenced by the reactions of the adults with whom they come into contact, especially their care-givers.

The form which the stress reaction takes depends on which developmental stage has been interrupted since each stage has its own inherent tasks which must be resolved to form the basis for further change. Nonetheless, fear of an event recurring, loss of trust in adults and sleep disturbances are three of the most common responses of children and adolescents to stressful situations.

Children five years of age or younger are particularly vulnerable to changes in their day-to-day routines and disruptions of the security of their environments. They tend to respond to stress situations by becoming disobedient, aggressive, withdrawn, moving about aimlessly or by anxious attachment as evidenced by excessive crying, screaming, throwing tantrums, trembling or not letting go of care-takers or favorite objects. They may also develop sleep disorders, gastrointestinal disorders, or specific fears or exhibit regressive behaviors

such as speech difficulties, thumb-sucking, bed-wetting and fear of the dark. Their play and art work may reflect traumatic themes and issues and they may use denial to deal with overwhelming experiences and unbearable changes. Such denial may take many forms, including denial of the facts and memories regarding the traumatic events, avoidance of certain themes or issues and ignoring certain people or situations. Because they generally lack the developmental skills to effectively cope with stressful situations by themselves, they are particularly dependent on family members for comfort. For this reason, on some occasions children in this age-group may be as affected by the reactions of their care-givers as they are by the direct effects of the stressor.

Children between 5 and 11 years of age commonly exhibit regressive behaviors when they are stressed. They may also become withdrawn, disruptive and/or have difficulty concentrating. Academic and social performance may decline as a result of acting out behavior or the child's preoccupation with the events that occurred. Children in this age group may exhibit feelings or moods which are inappropriate to the circumstances in which they find themselves from day to day. They may also exhibit hyperactive, aggressive or irritable behaviors; develop irrational fears; refuse to attend school and/or have somatic complaints, e.g., gastrointestinal complaints that have no medical basis. They also tend to increasingly compete with younger siblings for the attention of their parents. Once the child feels free to talk about the incident, he or she may talk about it continually and their play and art work may also reflect themes and issues related to the stressor.

Children between 11 and 14 years of age are particularly sensitive to feedback from peers. They need to feel accepted by their peers and to believe that their feelings and fears are normal. They may experience "survival guilt" and their anxieties are frequently manifested as aggression, rebellion, withdrawal or attention-seeking behavior, or as a decline in academic and social performance. Like younger children, they also exhibit regressive behaviors, develop irrational fears, experience sleep disturbances or have various somatic complaints which have no medical basis.

Adolescents 14 years of age and over tend to develop stress reactions that are similar to those manifested by adults. However, behaviors specific to younger children can resurface in adolescents due to their tendency, not unlike younger children, to use regression as a coping mechanism. Academic and social performance may decline and psychosomatic reactions are common. ***When adolescents are experiencing high levels of stress, males are more likely to externalize as evidenced by delinquent behavior, while females are more likely to inter-***

nalize as evidenced by features of depression. Some adolescents respond to stress by "growing up" too quickly and they may adopt lifestyles several years in advance of their age.

Perhaps because of a combination of peer pressure and a need not to have to rely on parental support, adolescents often act out their distress in ways that are ultimately misguided and self-destructive. Typical patterns include isolation, substance use, sexual indiscretion, violence, delinquency, running away and suicidal behavior. Adolescents may also displace their rage onto unsuspecting and undeserving victims, such as teachers, other school personnel, peers and/or the wider community. In addition, adolescents tend to be very self-centered and exposure to stressful situations may intensify such self-preoccupation as well as destroy their self concept of omnipotence. This coupled with their readiness to blame themselves for the course of events may result in very poor self-esteem.

How stressed are you?

Read each statement below carefully, then circle the best answer to each question as it relates to the preceding 12 months of your life and find the total score.

Please see Appendix 1 for an interpretation of the total score.

Note that tests like these serve only to alert us that there may be a problem.

	Never	Sometimes	Often	Always
1. I get unexplained headaches.	1	2	3	4
2. I think about my problems over and over during the majority of my waking hours.	1	2	3	4
3. I feel more tired than is reasonable.	1	2	3	4
4. I have become irritable, impulsive and/or confrontational.	1	2	3	4
5. I feel like a failure.	1	2	3	4
6. My breathing pattern is irregular.	1	2	3	4
7. I feel overwhelmed and helpless.	1	2	3	4
8. I get gastrointestinal upset (nausea, vomiting, diarrhea, constipation, abdominal colic).	1	2	3	4

9. I have become withdrawn.   1   2   3   4

10. I have lost interest in activities that I used to   1   2   3   4
     find pleasurable.

11. I feel like crying for no reason.   1   2   3   4

12. I have become indifferent and uncaring.   1   2   3   4

13. I have become absent-minded and accident   1   2   3   4
     prone.

14. I use caffeine, nicotine, alcohol and/or other   1   2   3   4
     drugs to try and cope.

15. I find it hard to make decisions.   1   2   3   4

16. I indulge in negative self-talk.   1   2   3   4

17. I find it difficult to concentrate.   1   2   3   4

18. My heart races.   1   2   3   4

19. I have nervous habits e.g., biting my nails,   1   2   3   4
     grinding my teeth, tapping my feet, pulling
     my hair, wringing my hands, fidgeting, pacing, etc.

20. My muscles become tense for no reason.   1   2   3   4

21. I feel anxious and/or sweat for no obvious   1   2   3   4
     reason.

22. My work performance has declined and I   1   2   3   4
     seldom finish anything.

23. I just feel like "copping out".   1   2   3   4

24. I have sleeping problems (problems falling   1   2   3   4
     asleep, problems remaining asleep, nightmares, etc.)

25. I eat too much or too little.   1   2   3   4

Total Score: _____

End of Section Quiz

Please circle the correct answer.

1. Stress is always easily recognized.   T   F

2. Cortisol is a naturally occurring steroid.   T   F

3. The stress response is a five-stage response.   T   F

4. To be able to recognize when you are stressed you
    must first acknowledge the possibility that
    you can become stressed.   T   F

5. The stress caused by exposure to an aversive stimulus   T   F
    is not in anyway useful.

6. All stress reactions tend to be mild.   T   F

7. Norepinephrine is the main neurotransmitter in the brain
    responsible for the heightened arousal that follows
    exposure to a stressor.   T   F

8. Severe panic is a common response to minor stressors.   T   F

9. Prompt medical evaluation is indicated if one develops
    difficulty breathing even if it is thought to
    be stress-related.   T   F

10. The term "burnout" is synonymous with the first stage of   T   F
    the stress response.

Quiz answers appear in Appendix 2.

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SECTION 4: STRESS AND YOU

How do we contribute to our stress levels?

Most of the stress that we experience comes from our life-styles and is, therefore, self-imposed. Many of the harmful effects of exposure to stressors depend on the individual's perceptions of the stressor, their emotional reactivity toward the stressor and their means of coping with the stressor.

The majority of these stressors tend to be related to our *home* and *family*, our *work* and our *individual characteristics*.

Stress and the family

The family in which an individual grows up, coupled with the family created through marriage, usually provides the most influential and intense interpersonal relationships to be experienced in life. Such relationships play a central role in the mental health and well-being of individuals. Our basic self-concept develops within the family unit through social interaction. Who we are and what we think of ourselves result in a large part from the perceptions and evaluations of our closest relatives. Unfortunately, family interactions are not always healthy and in some instances they can prove to be major sources of distress.

Dysfunctional families are characterized by poor communication, pervasive insecurity, lowered self-esteem, rigid patterns of interaction and a lack of genuine intimacy. Individuality is not fostered and relationships are strained. Some family members may attempt to control others by using fear, punishment, guilt or dominance. Eventually, such systems break down because the rules and restrictions are no longer able to keep the family structure intact.

In healthy families on the other hand, family members each have a voice and can speak for themselves. Individual differences and open communication are allowed and encouraged. Rules are fair, non-discriminatory, achievable, consistently applied, and flexible depending on changing situations. Change is not seen as a threat but it is anticipated and invited. When differences lead to disagreements, such situations are viewed as opportunities for growth and not as forerunners of a crisis.

PAHO/WHO

Strong satisfaction with home and family have been repeatedly demonstrated to mitigate the influences of stressful situations. Below is a list of the possible mechanisms by which the family unit protects members against stress:

1. Provides a safe, supportive and caring network which fosters individuality, clear thinking, goal-directed behavior, wise resource management, maturity and a sense of responsibility;

2. Provides role models, guidance and feedback to allow for the development of adaptive behaviors, adaptive social skills and effective coping mechanisms;

3. Fosters a sense of belonging, self-worth, self-respect, self-confidence, self-actualization and respect for others;

4. Creates an atmosphere which encourages rest and relaxation, recreation, humor, exercise and physical and mental well-being;

5. Provides a forum where information, experiences, ideas and resources can be shared;

6. Offers empathy and encouragement when needed.

The most common causes of marital problems include:

- Poor communication
- Financial disputes
- Sexual difficulties
- Disappointment with the "love object"
- Unreasonable demands or inflexibility
- Differing beliefs, goals and priorities
- Selfishness, dishonesty or insensitivity
- Lack of commitment
- Poor time management
- Jealousy, controlling behavior or abuse
- Problems with in-laws
- Major challenges (e.g., death of a child)

PAHO/WHO

Stress and the workplace

For most employees, work is more than a 40-hour-a-week commitment. Even if the actual work day is eight hours, most individuals spend at least 10 to 12 hours per day engaging in work-related activities. In addition, many individuals find a substantial portion of their satisfaction and identity in their work. Work exerts an enormous influence on how persons value themselves and how they relate to others.

The distinction between stress at work and stress at home is an artificial one at best. As a consequence of stressors experienced at work, an individual may be irritable at home,

short-tempered and fatigued. This may result in arguments with his or her spouse, and marital discord may become a source of additional stress which may impact negatively on the person's job performance.

Anyone can become a victim of occupational stress. Generally, however, the most stressful jobs are those in which there is responsibility for people. The possibility of physical danger either to oneself or to others contributes to the stressfulness of a job.

People are particularly vulnerable to occupational stress at several points in their working lives--on entry into the working world, at times of promotion and at the time of retirement.

Below is a list of some stressful occupations and the occupational stress rating associated with them:

Air Traffic Controller	8.0	Nurse	6.5
Policeman	8.0	Fireman	6.3
Pilot	7.7	Paramedic	6.3
Doctor	6.8	Teacher	6.2

Overall, persons with demanding jobs with very little say in how to cope with these demands are at the greatest risk for developing a stress reaction. Research has shown that contrary to popular belief managers are not invariably over-stressed, since despite their demanding jobs most of them are in control of how such a job is performed.

What are some of the possible signs of occupational stress?

1. High absenteeism
2. High incidence of stress-related illnesses
3. High staff turn-over
4. Poor productivity
5. Poor staff morale
6. Poor staff relations
7. Clique formation
8. Poor work attitude
9. Lack of initiative
10. Frequent mistakes and accidents
11. Substance use by staff
12. Acts of sabotage

PAHO/WHO

A healthy work environment is one which:

1. Rewards productivity in a tangible way;

2. Fosters healthy competitiveness, high standards of professionalism and self-development;

3. Is flexible, progressive and non-discriminatory;

4. Looks after the interests of its staff by way of appropriate staff assistance and support when necessary;

5. Sets realistic goals, standards and deadlines and assists staff with resource management;

6. Emphasizes job satisfaction and ensures a good match between the person and the job;

7. Keeps staff well-informed with accurate information, encourages worker participation at all levels of the decision-making process and adequately prepares them for change;

8. Gives both praise and constructive criticism when necessary, with a system of accountability for all;

9. Is safe and comfortable to work in;

10. Fosters healthy staff relations.

Stress and the individual

A situation that is stress-arousing for one person might be a neutral event for another person. Some people can survive in very hostile environments without experiencing stress. *Whether a given situation is stressful or not depends on how we appraise it and how we rate our ability to deal with it.*

How we appraise and cope with events will depend on demographic characteristics, experiences while growing up, personality traits, coping skills, social support network and socioeconomic status.

The one common variable in all of these aspects is *the individual*. People who generally cope successfully with stressful situations have a variety of personal attributes that minimize the levels of stress to which they are exposed. Such persons know how to approach situations for which they do not have a readily available response. In other words, they have an adaptive personality.

Personality can be defined as the totality of emotional and behavioral traits that characterize the person in day-to-day living under ordinary conditions. It is relatively stable

and predictable. Personality is shaped by both genetic and cultural forces, where culture consists of the values, attitudes, beliefs and behaviors that are transmitted between generations and that mold the developing personality from infancy through to adulthood.

We vary our behaviors as the situation requires. This results in a basic personality that is overlaid with *situational role playing* where the roles can be quite diverse (e.g., you are your child's parent now and your mother's child 15 minutes later!). In this context, roles are normative behaviors expected of a group of individuals (e.g., mothers, teachers, siblings and workers) which are socially defined and tend to be relatively stable. As we adopt new roles we must acquire the behavior expected in that role; effective role performance involves identifying, maintaining and balancing the functions we assume or acquire in society (e.g., as worker, child, parent, student, teacher, friend, politician). *Persons tend to be more effective when they perform a given role the way that they know best and not according to a given stereotype.*

Below is a list of personal attributes that form the basis of an adaptive personality:

1. Positive self-concept
2. Clear thinking
3. Goal-directed behavior
4. Wise resource management
5. Good communication skills
6. Ability to deal with conflicts effectively
7. Use of adaptive social and interpersonal skills
8. Maintenance of good physical and mental health

Exercise: "A Look at Myself"

"Remember, there is good and bad in everyone"

List five good points about yourself. Where possible, use single words or phrases.

1. _____

2. _____

3. _____

4. _____

5. _____

List five bad points about yourself. Where possible, use single words or phrases and place an asterisk next to the ones that you would like to change.

1. _____

2. _____

3. _____

4. _____

5. _____

How stressful is your job?

Read each statement below carefully, then circle the best answer to each question as it relates to the preceding 12 months of your life and find the total scores. Please see Appendix 1 for an interpretation of the total score.

Note carefully that tests like these serve only to alert us that there may be a problem.

	Never	Sometimes	Often	Always
1. I feel isolated in my job.	1	2	3	4
2. I feel frustrated in my job.	1	2	3	4
3. There is a lack of feedback about my job performance.	1	2	3	4
4. I do not know exactly what my responsibilities are at work.	1	2	3	4
5. My level of training is not adequate for me to perform my work duties efficiently.	1	2	3	4
6. I have very poor relations with my co-workers.	1	2	3	4
7. I have very poor relations with my boss.	1	2	3	4
8. Too many people make demands of me when I am at work.	1	2	3	4
9. There is no clear and/or effective management hierarchy at my workplace.	1	2	3	4
10. I have no control over how I perform my job.	1	2	3	4
11. I get very little support from my colleagues.	1	2	3	4
12. I get very little support from my superiors.	1	2	3	4
13. My job is not challenging.	1	2	3	4
14. No one understands the functions of my department.	1	2	3	4
15. Promotions at my workplace are not based on merit.	1	2	3	4

16. I am unsure as to the future of my job.   1   2   3   4

17. I use coffee, tobacco, alcohol and/or other drugs   1   2   3   4
    to try and cope.

18. My working environment is unsafe.   1   2   3   4

19. My working environment is uncomfortable.   1   2   3   4

20. My job does not pay well.   1   2   3   4

21. The targets related to my job are unrealistic.   1   2   3   4

22. The budgets related to my job are unrealistic.   1   2   3   4

23. I work under inflexible and insensitive working   1   2   3   4
    conditions.

24. I do not have adequate resources to work with.   1   2   3   4

25. I have to work outside of my normal working   1   2   3   4
    hours to complete my work.

                                        Total score: _____

End of Section Quiz

Please circle the correct answer.

1. Good self-esteem protects you from making mistakes.   T   F

2. Strong family ties help to protect against the effects   T   F
    of stressful situations.

3. Personality variables affect people's reactions to stress.   T   F

4. Some people can work in very hostile environments   T   F
    without experiencing distress.

5. Males can be victims of sexual harassment on the job.   T   F

6. Situational role playing is indicative of a major   T   F
    psychiatric disorder.

7. Death of a child is a possible precursor of divorce.   T   F

8. Managers are invariably over-stressed.   T   F

9. We must be loved by everyone for our lives to be useful.   T   F

10. Wise resource management is distressing.   T   F

Quiz answers appear in Appendix 2.

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SECTION 5: STRESS MANAGEMENT

Shake It Off and Step Up

PAHO/WHO

A story is told of a farmer who owned a faithful, old mule. The mule fell into the farmer's well. The farmer heard the mule "braying" - or whatever mules do when they fall into wells. After carefully assessing the situation, the farmer sympathized with the mule, but decided that neither the mule nor the well was worth the trouble of saving. Instead, he called his neighbors together and told them what had happened and enlisted them to help haul dirt to bury the old mule in the well and put him out of his misery.

Initially, the old mule was hysterical! But as the farmer and his neighbors continued shovelling and the dirt hit his back ... a thought struck him. It suddenly dawned on him that every time a shovel load of dirt landed on his back... **HE SHOULD SHAKE IT OFF AND STEP UP!** *This he did, blow after blow. "Shake it off and step up... Shake it off and step up... Shake it off and step up!" he repeated to encourage himself. No matter how painful the blows, or distressing the situation seemed the old mule fought "panic" and just kept right on shaking it off and stepping up! You're right! It wasn't long before the old mule, battered and exhausted,* **STEPPED TRIUMPHANTLY OVER THE WALL OF THAT WELL!** *What seemed like it would have buried him, actually blessed him .. all because of the manner in which he handled his adversity.*

That's life! *If we face our problems and respond to them positively, and refuse to give in to panic, bitterness or self-pity ...* **the adversities that come along to bury us usually have within them the potential to benefit and bless us!**

–Author unknown

Can stress be managed?

One of the good features of stress is that once it is recognized and worked on it can be reversed. Nonetheless, like most other potentially damaging conditions it is best prevented.

By managing stress now, you can prevent disease from occurring later. If it has already occurred you may be able to minimize the amount of damage done and you will feel a greater sense of calm and well-being.

Stress management is a very individual process and there is no one best stress management technique. Nonetheless, for a stress management program to be effective it must be consistently practised and comprise the techniques that work best for the individual in question.

Primary, secondary and tertiary prevention of stress:

1. Techniques to avoid exposure to the stressor (i.e., primary prevention):

(a) Avoidance of known stressors,

(b) Cultivation of healthy personality traits and behaviors,

(c) Identification and restructuring of cognitive distortions associated with stressful events,

(d) Planning and prioritization,

(e) Maintenance of good physical and mental health.

(2) Techniques to minimize the level of stress arousal once one has been exposed to a stressor (i.e., secondary prevention):

(a) Minimization of the physiological arousal by using relaxation techniques and exercise,

(b) Verbalization,

(c) Support from others,

(d) Use of anxiolytics,

(e) Use of techniques to avoid exposure to stressors.

(3) Techniques to reduce levels of stress arousal (i.e., tertiary prevention):

(a) Catharsis: A therapeutic technique whereby ideas, thoughts, fears, disappointments and suppressed material are expressed to result in a state of relief in the individual;

(b) Inspiration: The process of experiencing a sense of optimism where one recognizes one's capacity to overcome challenges;

(c)   Acceptance by others: The individual comes to the realization that someone else understands, helping to ameliorate guilt;

(d)   Universalization: The person comes to the realization that his or her experiences are not unique;

(e)   Use of techniques to avoid exposure to stressors and to minimize the level of stress arousal once one has been exposed to a stressor.

Below is a simple but comprehensive set of guidelines in the form of a mnemonic for keeping one's level of stress to a minimum.

MANAGING STRESS EFFECTIVELY

Manage your time and your resources wisely;
Accept both victory and defeat with humility;
Nurture healthy school and work attitudes;
Avoid being impulsive or aggressive;
Gain insight into your strengths and weaknesses;
Indulge in goal-directed behavior but be flexible;
Never make promises which you are unlikely to keep;
Guard against being consumed by materialism.

Strive to develop a positive self-concept;
Think clearly and positively at all times;
Respect the feelings and the rights of others;
Experience a healthy attitude toward your sexuality;
Seek spiritual understanding and fulfillment;
Say "sorry" whenever you need to.

Engage in health-promoting activities;
Forgive yourself as well as others and be humorous;
Foster the development of effective social skills;
Enjoy nature and take good care of your environment;
Communicate effectively and not aggressively;
Take responsibility for your actions;
In times of need, accept assistance readily;
Value the gifts of family, companionship and friendship;
Enjoy the serenity of being alone at times;
Learn from your experiences and from those of others;
You need to "let go" of the pain of the past and embrace
          the whole new world which the future offers.

–By Cyralene P. Bryce

Stress management for children and adolescents

As is the case with adults, prevention of harmful stress responses in children and adolescents is to be preferred over their management. They need to be prepared to handle life's challenges. The home and the school are uniquely placed to impart such preparation, which should include an understanding of the possible reactions to various stressors and a mastery of the necessary coping strategies.

In spite of this grounding, children and adolescents will continue to be exposed to very stressful life events. Death is a fact of life, as are a myriad of other losses. Regrettably, families will continue to be dysfunctional, children will continue to be victimized and many disasters are unavoidable. For these reasons, stress reactions of children and adolescents frequently have to be managed. Usually these reactions can be handled with support from caregivers, friends and teachers, but sometimes, professional intervention may be necessary if reactions are extreme or persistent. The need for such assistance should never be viewed as a sign of failure on the part of caregivers or teachers, but as a necessary step in returning the child to normalcy as quickly as possible. It should also be remembered that young children are the ones most likely to act out the tension within a family and family participation in consultation or treatment is always desirable.

A list of possible stress management techniques which are commonly used with children and adolescents follows.

(1) Expressive therapies, including:

- Narrative therapy
- Bibliotherapy
- Writing therapy
- Discussion exercises
- Play therapy
- Drama
- Dance therapy
- Movement therapy
- Music therapy
- Sand therapy
- Art therapy
- Photography

(2) Behavior therapies, including:

- Behavioral contracts
- Operant conditioning
- Shaping
- Participant modelling
- Assertiveness and social skills training
- Eye movement desensitization and reprocessing (EMDR)
- Relaxation training

- Guided imagery
- Hypnosis

(3)   Health classes

(4)   Peer counselling

(5)   Family therapy

(6)   Other psychotherapies

(7)   Pharmacotherapy

Children in the under 5 year age-group need lots of reassurance and ample physical comfort to assist them in coping with stressful situations. It is critical that ample opportunity be provided for them to express their feelings both verbally (free expression, songs, story-telling, etc.) and non-verbally (play, drama, art, etc.). Every attempt should be made to reestablish comforting routines as soon as possible after the incident. Care needs to be taken to provide children in this age group with adequate nutrition; this helps to provide oral satisfaction which is especially important since such children when stressed tend to revert to regressive behaviors. When children like these are restless or anxious their involvement in physical activity, e.g., skipping, jumping, dancing, etc. can be very helpful.

Children in the primary school age group are especially sensitive to loss, and expression of their experiences needs to be encouraged. This may be achieved through free expression, discussions (should always end on a positive note), story-telling, creative writing, reading exercises, disaster planning, play, art, drama, dance, song, music, etc. Physical activity helps to relieve tension. It may also be necessary to temporarily relax routine expectations but this should always be done with a view to resuming normal functioning as soon as possible.

The majority of the activities and interests of the adolescent are focused on the peer group, hence fear that their feelings or reactions are unusual or unacceptable might cause adolescents to become disillusioned, withdrawn or depressed. Consequently, the adolescent needs to be afforded ample opportunity either individually or in groups to discuss their feelings with peers and with adults so as to reduce their sense of isolation and to normalize the experience. They should also be encouraged to participate in community rehabilitation efforts if this is relevant. Classroom activities that relate the stressful situation to the ongoing course of study could prove invaluable in assisting adolescent students to integrate their experiences and observations in addition to providing specific learning experiences. Lectures about relevant topics should also be arranged.

Common sources of personal satisfaction

• Healthy interpersonal relationships

• Significant personal achievement or achievements of someone close to us

• Fulfilling one's obligations

• Completion of a task

• Being with one's family

• Contact with friends or relatives

• Satisfaction with one's living conditions

• Dining out

• Feeling rested

• Feeling healthy

How well suited are you to coping with stressful situations?

Read each statement below carefully, then circle the best answer to each question as it relates to the preceding 12 months of your life and find the total score. Please see Appendix 1 for an interpretation of the total score.

Note that tests like these serve only to alert us that there *may* be a problem.

		Never	Sometimes	Often	Always
1.	I am a disorganized person.	1	2	3	4
2.	I don't have a hobby and/or participate in social or recreational activities.	1	2	3	4
3.	I react badly to all types of failure and criticism.	1	2	3	4
4.	I am a hasty person and I frequently get angry at other people.	1	2	3	4

5. I dislike having to work but I do it because   1   2   3   4
    I have to.

6. I use non-prescription, mind-altering substances,   1   2   3   4
    e.g., caffeine, nicotine, alcohol, cannabis,
    cocaine, etc., to try and cope.

7. I am trapped by undesirable circumstances that   1   2   3   4
    I just have to live with.

8. I do not understand why I do the things   1   2   3   4
    which I do.

9. I have financial obligations which I just can't   1   2   3   4
    seem to meet.

10. I do not know what I want out of life.   1   2   3   4

11. I do not feel good about myself and no matter   1   2   3   4
    how successful I am, I still feel empty.

12. I tend to have a very negative outlook on life.   1   2   3   4

13. I do not express my feelings and opinions   1   2   3   4
    when it is necessary.

14. I find it difficult to share in the joys and   1   2   3   4
    successes of others.

15. I feel responsible for the happiness of others.   1   2   3   4

16. I do not get along very well with other people   1   2   3   4
    and I have few friends.

17. I am embarrassed to ask for help when I need   1   2   3   4
    it and I find it difficult to accept encouragement
    and support from others.

18. I do not learn from my mistakes or from those   1   2   3   4
    of others.

19. I find it difficult to say "no" without feeling guilty.   1   2   3   4

20. I tend to look down on people.   1   2   3   4

21. I blame other people for my mistakes.   1   2   3   4

22.	I worry about things which I cannot change and which do not seem to bother other persons.	1	2	3	4
23.	I do not eat a balanced diet.	1	2	3	4
24.	I find it difficult to experience joy, happiness or pleasure.	1	2	3	4
25.	I find it difficult to forgive myself or others.	1	2	3	4

Total Score: _____

End of Section Quiz

Please circle the correct answer.

1.	For a stress management program to be effective, it must be consistently practised.	T	F
2.	Acceptance by others can help to ameliorate guilt.	T	F
3.	Social support can help to protect against stress.	T	F
4.	Self-forgiveness can help to reduce one's stress levels.	T	F
5.	Stress is best prevented.	T	F
6.	Stress cannot be reversed.	T	F
7.	Dining out can be a source of satisfaction.	T	F
8.	Never make promises that you are unlikely to keep.	T	F
9.	There is no one best stress management technique.	T	F
10.	Completion of a task may be satisfying.	T	F

Quiz answers appear in Appendix 2.

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SECTION 6: PRACTICAL APPROACHES TO IMPROVING COPING SKILLS

Below is an elaboration of some of the coping skills suggested in Section 5 for the prevention and management of stress. It is intended to be read at your leisure. Experiment and find out what works best for you, then use the techniques consistently.

Building a positive self-concept

Feel good about yourself;
you are the one person who
needs to feel that way.
                                        –CPB

PAHO/WHO

Self-concept is an organized collection of beliefs and feelings about oneself which changes over time. A healthy self-concept is a realistic but appreciative one and differs to some extent in different interpersonal situations. Your self-concept is acquired primarily through social interactions that begin with your immediate family and continue with the other people with whom you come into contact throughout life. The crucial elements of self-concept include a sense of individuality, self-acceptance, self-appreciation, self-worth, self-love, self-respect and self-esteem.

Self-esteem refers to how one evaluates oneself in positive and negative terms. Self-esteem is comparative to the point of maintaining a realistic base for one's thoughts and actions and increasing one's wealth of knowledge. It is competitive only to the extent that one strives to improve those aspects of the self that one has singled out for change and to achieve those goals which one has set for oneself. Such evaluations are based in part on the opinions of others and in part on how we perceive specific experiences. Interestingly, negative self-perceptions lead to more predictable behavior than positive ones.

Persons with good self-esteem realize that they are special and unique and that they do not need to be someone else. At the same time, they accept that they are not perfect and that in certain areas others will perform or behave better than they and that there are things about them that might need to be changed. Overall, persons with good self-esteem feel good about who they are and they tend to be friendlier, more expressive, more active, more trusting and less troubled by inner turmoil than persons with poor self-esteem.

Persons with good self-esteem can make mistakes, fail or receive criticism without concluding that they are worthless. They do not hinge their esteem on people or things, as they realize that these can disappear. On the other hand, persons who lack self-esteem often do things to win the approval of others, rather than for self-satisfaction or because of personal convictions.

Persons with good self-esteem tend to cope better with stressful situations because they view such situations as challenges rather than stressors. They also find it easier to commit themselves to families, interpersonal relationships and organizations, as they believe that they have something to offer. They also accept that we all need help and encouragement at various times in our lives.

Persons with good self-esteem are secure in their own sense of worth, and they do not need to boast, since boasting reflects a need to win the approval of others. Persons who find it necessary to control or to be unkind to others are usually lacking in poor self-esteem as well.

Building self-esteem begins with self-evaluation and self-acceptance. Following are some important initial steps in coming to terms with your individuality.

1. Identify your strengths and your weaknesses. Accept those weaknesses which can't be changed and change those which you want to change. Acknowledge your strengths and use them wisely.

2. Accept your right to life and your equality with others and cultivate a sense of belonging. Love and be kind to yourself. Respect the rights of others and do not use other persons or allow yourself to be used.

3. Know right from wrong and negative from positive. Develop your own rules for living.

4. Know what you want out of life. Make your own decisions and have faith in them–take control of your life.

5. Do not allow yourself to be pressured by others but do not close your mind to alternative views either–they may be useful.

6. Always think through the consequences of your actions carefully and never lose sight of reality. When you have made your decision, communicate it assertively to those who need to know and take full responsibility for the consequences of your actions.

7. Always praise yourself for a job well done and acknowledge when you have made a mistake—for to err is human.

8. Remember that ups and downs are part of any normal life. Do not allow negative comments to get you down, instead respect the right of others to have opinions which differ from yours.

9. Be honest with yourself and accept that the truth will not always be pleasant to face, neither does it always have to be spoken. Learn the art of forgiving yourself and of forgiving others.

10. Stop feeling sorry for yourself and wallowing in self-pity—that gets you nowhere.

11. Boost the self-esteem of others and assist those in need of and willing to accept assistance—these can be real self-esteem boosters for you in return.

Clear thinking

Stop blaming other persons for your short-comings, it serves only to delay the solution of the real problem.

–*CPB*

Thinking is a very complex process; it refers to the ideational components of mental activity which include processes used to imagine, appraise, evaluate, forecast, plan, create and motivate. Ordinary thought is far from logical and quite often we jump to conclusions based on inadequate or inaccurate evidence.

How we perceive a given situation will affect how we approach and cope with it. Our perceptions are in turn governed by our beliefs and our attitudes, which may be influenced by the positive and negative suggestions of others. Positive, rational thoughts can herald the dawn of new opportunity and achievement while unfounded negative and irrational thoughts can damage self-confidence, paralyze mental skills and decrease performance. Nonetheless, justified concerns and cautions are always necessary if we are to make informed decisions.

In this day and age, it is often very difficult to think positively as the world repeatedly attempts to flood us with negativity, fear, despair, guilt and sorrow. Despite the difficulties, one needs to replace unfounded negative or irrational thoughts with realistic positive affirmations and in turn cultivate a positive attitude to life and its challenges. The first step at achieving this goal is being aware of one's thoughts-–you cannot replace thoughts of which you are not aware.

Below is a list of the most common negative thoughts that we tend to have and examples of the negative self-talk or self-defeating behavior which such thoughts may give rise to:

(1) *Over-reacting to situations*, i.e., attaching much greater significance to an event than is indicated. An example would be the case of a female believing that because a male asked her for a dance at a party that he is in love with her.

(2) *Dwelling on the negative aspects of a situation.* Suppose that you attend a party and notice that there is a small stain on your clothing. The more you think about it, the more uncomfortable you become, until eventually you are too upset to enjoy the party any longer.

(3) *Assuming that things will always go wrong no matter what the available evidence suggests.* Examples are believing that no matter how well prepared you are for an examination that you will still fail, or that you could not survive if your partner were to break off their relationship with you.

(4) *Not accepting that things will sometimes go wrong despite our efforts.* An example of this negative self-talk is: "The world is just not kind to me—would you believe that after all the effort which I put into my last project, it still failed?"

(5) *Believing that our worth as human beings depends on our achievements and our attainment of perfection.* For example, "If my life were worthwhile, I would not make mistakes."

(6) *Believing that everyone must love us and approve of almost everything that we do*. "My head of department does not like me and this makes me feel like less than a person."

(7) *Treating feelings as if they were fact*. "I feel like such a failure that I must be a failure."

(8) *Preoccupation with the faults of others without making allowances for their fallibility*. "I cannot stand her, she is always making mistakes and just the sight of her makes me angry."

(9) *Rejecting or trivializing the positive*. "Thanks for your compliment, but what I did was not really very significant, anyone could have done that."

(10) *Believing that it is wrong to think highly of oneself.* "Self praise is no praise."

(11) *Believing that one has no control over one's feelings with respect to various situations*. "I can't help feeling sad in light of what has happened."

(12) *Constantly worrying about a feared event.* For example, perpetual worry about one's admission to hospital for elective surgery.

(13) *Believing that it is easier to avoid one's difficulties and responsibilities than to face them.* "I just need to get away from all this; once I do, life will be so much easier."

(14) *Believing that denial of a given situation will cause it to disappear.* "I am not pregnant, my period is just a few weeks late and it will come soon."

(15) *Blaming other persons for our actions*. "She forces me to hit her."

(16) *Seeing ourselves as more involved in negative events than we are.* "It is my fault that my schizophrenic daughter did not complete her law degree."

(17) *Labelling ourselves and others*. "I am a born loser."

(18) ***Using our past experiences as an excuse for our present behavior and contending that because of such experiences our behavior cannot be changed.*** "I grew up in a house where all my relatives drank alcohol daily so I cannot stop drinking it now."

(19) ***Believing that pleasure can only be derived from relaxation and recreation.*** "Hard-work could never be pleasurable."

(20) ***Hinging one's worth and happiness on external occurrences.*** "I can't be happy or feel worthwhile unless I complete my masters degree in two years with a grade A."

(21) ***Believing that for life to be enjoyable it must be easy.*** "I can't enjoy life if I am faced with so many problems."

(22) ***Constantly hiding one's feelings***. "I cannot allow other persons to know the way that I really feel."

Goal-directed behavior

If you don't know where you're going, it is easy not to know when you've arrived.
                                            –CPB

One of the most common sources of stress for a number of persons is a feeling that life is just passing by. This can be a very unnerving feeling. To avoid this dilemma one needs to set realistic goals for oneself after careful evaluation of the tasks at hand and the resources which are available. Unrealistic goals undermine performance. Care has to be taken that a quest for excellence does not kill the very effort.

Goals need to be well-defined, otherwise their attainment may go without recognition and they must be constantly re-evaluated, to ensure that they are still appropriate. Overall, self-determined goals lead to better performance and goal attainment enhances self-confidence and future performance.

Goals may be either short-term, medium-term or long-term but it has been found that the setting of sequential short-term goals lead to better overall performance than setting a single distant goal. This may be so because the reinforcement of successive small steps is much more motivating than the reinforcement of a single large step which may take some time to reach.

When you are making plans for the future, identify short-term, medium-term and long-term goals, write them down and prioritize them. Make sure to spread out stressful tasks so that they don't all occur together. Pay close attention to punctuality, reliability and quality of performance.

Decide how to go about achieving each identified goal and allocate available resources wisely. Always be under-committed. Set a reasonable completion date for each goal but allow a little more time than you think it should take and decide how you will measure the successful completion of the goal.

Chart on a calendar when you will be scheduled to work on each goal, knowing that something planned on the calendar frees the mind from worrying about it and helps you to focus on one thing at a time. Work at whatever pace is comfortable for you. Periodically, review your plans and make changes as necessary. At the beginning of each week, it is wise to plan events for each day of the upcoming week.

If a task seems overwhelming, try breaking it up into smaller tasks that can be dealt with more gradually. When starting a new task, forget about perfectionism or about failing—just proceed step by step as everyone else does. Be creative and flexible but do not jump from task to task.

Be self-reliant and resourceful but delegate as much as necessary—have faith in others. Be ambitious and seize new opportunities but live within your means and strive for contentment. Motivate yourself. Be optimistic, disciplined and always persevere. Try to anticipate change and prepare for it well in advance.

Wise resource management

> *Maybe if you made better use of what is available to you and stopped longing for what is not, life would be so much more rewarding.*
>
> *—CPB*

PAHO/WHO

Resource management involves knowing how to use our resources, e.g., time and money, to achieve our goals, to organize tasks so that they can be accomplished in a manner that is pleasing to ourselves and at the same time meets our obligations to others. The key to such management is accurate evaluation, planning and prioritization.

An important aspect of skillful resource management is having reserve supplies, e.g., food, water, money and other essentials in case an emergency situation arises.

The Value of Time

To better appreciate the value of ONE YEAR,
speak to an unemployed, elderly person
whose pension has been delayed by ONE YEAR;

To better appreciate the value of ONE MONTH,
speak to a person convicted of murder
whose appeal verdict is now overdue by ONE MONTH;

To better appreciate the value of ONE WEEK,
speak to the manager of a major industry
whose staff has been on strike for ONE WEEK;

To better appreciate the value of ONE DAY,
speak to a mother whose child's date
for major surgery was postponed for ONE DAY;

To better appreciate the value of ONE HOUR,
speak to a student who arrived late
for an examination by ONE HOUR;

To better appreciate the value of ONE MINUTE,
speak to an asthmatic being rushed to hospital
when the ambulance was delayed for ONE MINUTE;

To better appreciate the value of ONE SECOND,
speak to a bomb-blast survivor whose escape from
the building preceded the bomb's explosion by ONE SECOND;

To better appreciate the value of a SPLIT SECOND,
speak to an athlete who lost the 100 metre
Olympic gold medal by a SPLIT SECOND.

Time is a priceless resource which waits on no one,
It can neither be borrowed, bought nor stored,
So maybe the time has come for you
To stop letting your share drift aimlessly pass you.

–Cyralene P. Bryce

Effective communication

*Utterances which are fuelled
by rage are best left unsaid.*

PAHO/WHO

The way we communicate can make our interactions with other persons either stressful or satisfying. Effective communicators are polite and they express their thoughts, feelings and desires in appropriate, direct and honest ways. Above all, they are good listeners and observers. They seek to improve relationships, preserve mutual respect, and protect both their own interests, and the interests of others without undue guilt, fear or stress. Their communication gives them feelings of satisfaction, control and self-esteem. Be aware however, that one's assertiveness may draw great hostility from others.

In any situation, we can communicate with aggression, assertion or non-assertion.

Aggressive people dominate others through angry demands, threats, insults, shouting and even name-calling. Such persons have no respect for the rights and dignity of others and although they often get what they want done in the short-term, in the long-term most persons lose respect for them.

Assertive people face issues with direct, honest and appropriate communication. They consider the best interests of both themselves and others, tend to feel better about themselves and tend to be part of healthier interpersonal relationships.

Non-assertive people avoid the issue. As a result, they seldom get what they really want and consequently tend to harbor anger and resentment toward those who seem to take advantage of them. After a while, this anger tends to be self-directed. Also, relationships with others tend not to grow since people generally prefer friends who will take a stand and who will say what they feel.

Remember, it is your right to choose when to assert yourself and when not to. For example, when people whom we care about act unkindly towards us, we may choose to respond with understanding and sensitivity rather than asserting our rights.

The use of appropriate body language enhances the effectiveness of our communication. An erect posture brings respect. Facing the speaker and turning your shoulders towards them conveys interest. Relaxed gestures indicate confidence. Steady, relaxed eye contact that looks away occasionally indicates sincerity. Your facial expressions should be consistent with the message, e.g., do not smile when you are angry. Your voice should be neither timid nor intimidating.

To listen carefully you must use both your eyes and your ears. Very often persons say one thing but mean something quite different. Unless they are very skilled at keeping their emotions hidden we can usually discern what they are really trying to say by observing their body language. During a conversation, a good listener does not allow their attention to wax and wane, make hasty judgements, listen selectively or interrupt the speaker unnecessarily.

Improve and practice your language skills to allow yourself to clearly state what you feel and want. Develop interests so that you will feel in a position to meaningfully contribute to conversations. Ask open-ended questions. Since most people enjoy expressing their thoughts and feelings, such questions tend to promote interesting conversation. Exercise your right to ask for what you want but always bear in mind that your wants may not always be granted.

Although one should speak as the challenge arises, this is not always indicated. If you are overwhelmed with anger, calm down before speaking. If someone offends you in public, take the person aside and speak to them privately. If you can't think of an appropriate response then, deal with the issue when you can.

Over time, relationships grow closer and discrete self-disclosure is always useful. This fosters a sense of trust. Sincere expressions of appreciation are some of the greatest joys in life, for both the giver and the receiver. Reassure those who are close to you that you care and understand. Do not just assume that people know that you value them. Be generous with your compliments and affection. Expect some lags in conversation; these are natural, particularly as people spend more time together.

Express anger when necessary. Try to be as factual and non-judgmental as possible. Permit others the right to disagree with you but do not allow the issue at hand to be side-tracked, trivialized or dismissed. You need to bring up the topic as many times as necessary until it is understood. If you have clearly highlighted a concern to someone and the implications are understood by both of you but the behavior persists, then you may need to escalate the consequences. For example, if a store-assistant refuses to exchange a recently purchased item which is faulty, then you may need to speak to the store manager and if that fails then you may have to take legal action.

If you frequently respond to unpleasant situations with anger, try releasing your anger harmlessly through some form of physical activity, e.g., a walk, exercise, housework or gardening, so that you can deal with challenges more calmly.

Do not succumb to unreasonable demands—either ask that the unreasonable request be changed, suggest a compromise, delay until you have reviewed the situation, or just say "no".

When people are aggressive towards you:

1.   Turn away;

2.   Disarm the aggression by setting clear guidelines for the conversation to continue, e.g., "I'll listen to you, but please calm down first", or just listen attentively;

3.   Put an end to needless criticism by apologizing, promising to correct your error, indicating that enough has been said and/or enquiring why the person continues to try to hurt you; and

4.   Seek clarification when aggression appears to be disguised.

Effective anger management and conflict intervention

The hostility which you perceive from others may be the hostility which you are sending them.

–CPB

PAHO/WHO

Anger management

Anger is a normal response to internal and external events that cause us significant displeasure. It seems to be a pervasive emotion and like all emotions is accompanied by a physiological response. Unresolved anger is a common source of stress for many people.

Anger provokes aggressive feelings and behaviors where aggression (emotional, verbal or physical) refers to the intentional infliction of harm on others. Males tend to be more spontaneously aggressive than females but when provoked males and females do not differ appreciably in the levels of aggression they exhibit. In addition, males demonstrate higher levels of physical aggression than females but females tend to demonstrate higher levels of verbal and indirect aggression than males. Both cultural and biological factors are responsible for these differences.

Anger may vary in intensity from mild irritation to intense rage. People who are easily angered tend to have a low frustration tolerance. The effects of anger may be either positive or negative depending on the circumstances and how it is expressed, but generally speaking, anger can be very destructive when it is intense, chronic or expressed inappropriately.

Anger has an important role to play in our lives and the major problem is not whether or not we experience anger but how we manage it. For example, we cannot lash out at every person or object that irritates or annoys us; neither can we pretend that things are rosy when they are not. Unfortunately, a number of persons were socialized to believe that it is wrong to feel angry and consequently they internalize their feelings of anger (with its ill effects) without ever having mastered the art of managing such feelings.

Persons use a variety of conscious and subconscious processes to deal with their feelings of anger. Such processes fall broadly into three main categories—internalization, ventilation and control. These three approaches are not equivalent since effective anger management is not just about controlling one's outward behaviors in response to feelings of anger, but it involves reduction in the emotional and physiological arousal which such feelings cause. Towards this end, gaining control over one's anger is far superior to its mere internalization or ventilation.

Internalization of anger, which may be achieved through repression, suppression or sublimation, can lead to residual feelings of anger that may result in stress reactions or be expressed pathologically at a later date in the form of guilt, regret, bitterness, irritability, hatred or aggression. Anger ventilation, which may be achieved through aggressive behavior, assertive confrontation or catharsis, allows for the open expression of the anger and a decrease in inner tension but it does not address the source of the anger or its possible persistence. Gaining control over feelings of anger deals not only with how it is expressed but also with the resultant arousal and the source of the anger. This can be achieved by avoidance of anger provoking situations or by the use of techniques singly or in combination which minimize or dissipate feelings of anger.

Conflict interventions

Conflict refers to the clashing of opposing views, issues, interests, principles or values. The intensity of a given conflict can vary from minor disagreements or misunderstandings to overt efforts to destroy the opposing party.

Conflicts may be intrapersonal or interpersonal. There are three types of intrapersonal conflicts: approach-approach conflicts, avoidance-avoidance conflicts and approach-avoidance conflicts. Interpersonal conflicts which may involve individuals or groups of individuals can be broadly categorized as consensus conflicts (when one person's opinions, ideas, views or beliefs are incompatible with those of another and those involved seek to reach an agreement) or conflicts related to the sharing of scarce resources.

Some conflict situations are destructive and result in negative consequences, while others are constructive and serve as the basis for change and progress. Destructive conflicts tend to have a low probability of having a successful intervention and they are primarily personality- or emotion-based. Constructive conflicts are issue-based and stand a much higher probability of yielding a positive outcome if appropriate interventions are taken. Issue-based conflicts can, however, easily degenerate into personality- or emotion-based ones.

People who are involved in the same dispute may hold very different perceptions of it. For this reason, it is often useful to distinguish between objective conflict and perceived conflict. In real conflict, the right parties are opposed and the right issues have been cited. In displaced conflict, the right parties are opposed but the wrong issues are being cited. In induced conflicts, the wrong parties are opposed but potentially valid issues have been cited. In false conflicts, there is no plausible basis for the existence of a conflict situation but the parties opposed to each other perceive that there is. Finally, latent conflicts refer to conflicts that should be occurring but are not.

When faced with a conflict situation, individuals often adopt one of five possible stands regarding the conflict: *avoidance* (withdraw from the situation), *competition* (get as much for one's self as possible), *compromise* (split everything equally), *accommodation* (let the opposing party take what they want) or *collaboration* (maximize everyone's gains). These reactions are in turn related to two underlying dimensions: concerns about one's own outcome versus concerns about the outcome of others.

As highlighted earlier, conflict is not always undesirable since it can be the forerunner of beneficial change; consequently it may sometimes be deemed necessary to *stimulate conflict*. More commonly, *conflict prevention* is the desired goal. Once a conflict situation exists there are four broad approaches to *conflict intervention*: conflict management, conflict transformation, conflict settlement and conflict resolution. The outcomes of such interventions may be *functional* in that they result in tangible benefits for those involved or *dysfunctional* in that they result in tangible losses.

Conflict management seeks to minimize the escalation of a conflict situation without necessarily dealing with the real source of the problem. This type of intervention acknowledges that conflict may be a long-term process.

Conflict settlement puts an end to or significantly de-escalates a conflict situation by whatever means is deemed necessary—including the use of force. Once again, this mode of conflict intervention does not deal with the real source of the problem.

Conflict transformation refers to a fundamental change in attitude and/or mode of expression of the individuals affected by a conflict situation. While such a change may be relatively minor or subtle it goes beyond the immediate situation to alter the way in which the parties see themselves, the world and/or each other over the long-term. The result may be escalation or de-escalation of the conflict situation depending on how successful the intervention was. Approaches which may be used to transform conflict situations include transformative mediation, peace building, constructive confrontation, analytical problem solving, dialogue (which differs from debate in that its goal is mutual understanding and respect and not the scoring of points or persuasion) and collaborative learning.

Conflict resolution refers to a peaceful and mutually acceptable way of ending or significantly de-escalating a conflict situation. This type of conflict intervention deals not only with the cause of hostilities but it also addresses the underlying sources of the problem. The principles of resolving any type of conflict are the same: defining the conflict, creation of a cordial atmosphere for exploring the conflict, clarification of the relevant issues and misconceptions, negotiation, agreement and reconciliation.

PAHO/WHO

Use of adaptive social skills

Be humble, for a fool vested with power is like a deadly plague roaming freely.

–CPB

Healthy relationships with friends and family are very important in helping us to cope with stress. Research has shown that the impact of life events in precipitating episodes of major depression is reduced among persons who have intimate, confiding relationships with friends or relatives. Particularly helpful for persons under stress is the perception that persons in their social network will be readily available to assist them if necessary.

Social support serves as a direct buffer against the upsets of living in a very complex world. Not only is social support very helpful during a period of stress, but it is also helpful in times of relative calm.

There is conclusive evidence that persons with high and low levels of social support differ with respect to the social skills needed to attract and maintain the interest of others. Below is an outline of adaptive social skills.

Maintain good personal hygiene and grooming at all times - one of the first things that strike people about you is your appearance.

Develop good interpersonal skills - such skills will enhance your chances at successful relationship building. Here are some helpful tips to remember:

1. Cultivate and radiate a positive attitude.

2. Perform your role efficiently and with flexibility.

3. Communicate effectively.

4. Give sincere compliments freely and accept those given to you gracefully.

5. Enjoy the gifts of friendship, belonging and companionship and meet new people whenever the opportunity arises. Be warm, loyal and learn to trust others.

6. Learn to respond to the feelings and needs of others, to empathize with their sufferings and to truly share in their joys. Make sacrifices for the benefit of others. Be caring and charitable.

7. Participate whole-heartedly in activities in which you are not the leader, but in the same light develop your leadership skills as well.

Participate in recreational activities for leisure and develop an ability to experience pleasure. Get involved in a variety of social activities and hobbies and expose yourself to as many art forms as possible. Enjoy nature.

Be of good social conduct and maintain self-control. Social conduct entails the appraisal and understanding of a given social situation and the ability to choose the behavior which is appropriate to that particular social situation.

Attempt to "read" subtle social situations to avoid embarrassment and conflict. For example, one should know if or when to initiate a conversation with another person. Sensitivity to social norms and respect for authority figures is the key to success in this area.

Adopt a problem-solving approach to challenges. In attempting to solve any problem, one should ideally:

1. Adopt a problem-solving attitude;

2. Identify the problem;

3. Think of alternative solutions;

4. Evaluate the possible pros and cons of the solutions to the problem which are identified and choose the one which is most suitable;

5. Plan and implement the solution;

6. Evaluate the efficiency of the effort—if it is ineffective, choose another alternative and start again.

Acquire any other knowledge or skills which may be necessary for one's success in life.

Maintaining good physical and mental health

Persons in good physical and mental health have been repeatedly shown by research to better cope with life's challenges. This is achieved through diet, exercise, relaxation, recreation, an appreciation for the arts and nature, and compliance with medication and follow-up. Below are practical ways to maintain good physical and mental health.

Increase your knowledge base about health-related issues.

Only use mind-altering substances which are clinically indicated and remember that a number of foods, drinks and preparations are potential sources of caffeine (e.g., cocoa, chocolates, chocolate cake, soft drinks, over-the-counter analgesics, cold preparations, stimulants and appetite suppressants).

Get adequate rest and sleep and set aside leisure time for yourself.

Be humorous —whenever possible enjoy a good laugh and above all, learn to laugh at yourself. It appears that laughter releases peptides in the brain, such as endorphins, which may help to account for the after-laughter feelings of well-being.

Religion offers a secure sense of stability for those so inclined.

Everyone needs someone to talk to. If friends or family are not available or seem unable to help when you need them, you may need to consider professional counselling.

Change your environment as much as possible when it is stressful to you—never see yourself as a helpless victim of circumstance. The steps to changing your environment are usually not difficult—identify the problem, think of alternatives, evaluate the alternatives and finally select and implement the best alternative.

Exercise is an effective treatment for stress. Laboratory studies indicate that exercise alters the way the body handles stress and it improves one's sense of well-being. Weight has also been found to be lost more efficiently through exercise and diet than by diet alone. Never believe that you are too old to begin exercising. Below are some tips for exercising:

- Although all exercise is useful, aerobic exercise such as brisk walking, jogging, cycling, skipping, swimming, aerobic dance, etc., should form the basis of any fitness program since this type of exercise maintains an elevated heart rate.

- Exercise should provide a pleasant challenge and not result in fatigue or exhaustion–make it enjoyable.

- Try to exercise 3-5 times a week for at least 20 minutes on each occasion.

- Dress appropriately while exercising.

- Warm up first, then build up gradually.

Always seek professional advise before embarking on an exercise program.

Eat a balanced and varied diet. Below are some dieting tips:

- Primarily vegetarian diets with an abundance of fiber and fresh foods are healthier.

- Eat more complex carbohydrates.

- Eat less salt, sugar, cholesterol and saturated fat.

- Eat smaller, more frequent meals.

- Drink lots of water throughout the day.

- Do not skip breakfast—this allows your blood sugar to fall which triggers a stress response.

Relaxation is the opposite of stress and refers to the calming of the mind and the body to result in a reduced state of arousal which allows for a rested, refreshed and restored feeling. There are five levels of relaxation: muscular, autonomic, emotional, cognitive and spiritual. Relaxation does not result in decreased alertness or decreased productivity; in fact, relaxed persons tend to react more quickly to and recover more quickly from stressors. They also tend to be more efficient. Since sedatives impair the function of the nervous system and result in decreased responsiveness to one's surroundings they are sedating but not really relaxing– *relaxation calms the body and the mind without clouding the senses.*

Not all sources of leisure or recreation are relaxing, e.g., watching a game of cricket on television is not necessarily relaxing because of the associated emotional involvement and arousal. And although essential, not even sleep is pure relaxation since during sleep we alternate between periods of deep rest and dreams, where some dreams can be emotionally very charged and produce intense arousal. Possible relaxation techniques include:

1. Breathing control
2. Calming down
3. Progressive muscular relaxation
4. Massage
5. Meditation
6. Yoga
7. Imagery
8. Hypnosis
9. Autogenic relaxation
10. Biofeedback

Different techniques work better for different people–try them out and find the combination that works best for you. Relaxation only requires a total of 10-20 minutes once or twice a day, preferably after physical activity but not after meals since digestion interferes with relaxation.

Breathing control or diaphragmatic breathing is one of the oldest and simplest and one of the most effective stress reduction techniques known. Try it when you can't sleep or when you feel tense. To practice breathing control:

1. Lie on your back with your knees slightly bent.

2. Place your hands over your navel.

3. Relax completely and breathe normally through your nose–as you achieve relaxation your chest and shoulders will not move.

4. Concentrate on your breathing—feel your hands rise as you breathe in and fall as you breathe out.

5. Practice this simple exercise once or twice daily for 10-20 minutes.

Calming down is a relaxation technique developed by Dr. George Everly that combines deep breathing with relaxing self-suggestion. It has been found to work as quickly as in 30-60 seconds. Try the following when you feel under severe stress:

1. Place your left hand over your navel.

2. Place your right hand comfortably over your left.

3. Begin to inhale and imagine that there is a hollow pouch lying internally beneath the point at which your hands are resting and that as you inhale the pouch is being filled to the top.

4. Slowly begin to exhale to empty the pouch and as you do, repeat to yourself the phrase, "My body is calm".

5. Repeat this exercise two times in succession.

6. Breathe normally for 5-10 successive breath cycles and emphasize the expiration of each breath as the point of relaxation.

7. You may repeat the entire process of 2 deep breaths followed by 5-10 normal breaths.

8. Practice this exercise 5-10 times a day. After one to two weeks of practice, steps (1) to (3) may be omitted.

If at anytime during this exercise you should experience any discomfort, e.g., lightheadedness, stop at that point.

Meditation calms the mind and leads to a "relaxation response". To meditate:

1. Choose a quiet room free from interruptions and distractions.

2. Sit quietly in a comfortable position—sitting comfortably in a chair with one's hands on one's thighs is one of the more commonly used positions. The goal is to remain restful but alert and not to fall asleep.

3. Close your eyes.

4. Do not worry about whether or not you will be successful in achieving a deep level of relaxation—just let go of your worries and allow relaxation to occur.

5. Deeply relax all of your muscles, beginning with the toes and progressing to the head.

6. Find something to focus the mind on. Breathe through one's nose and become aware of your breathing, especially the exhalation phase. As you

breathe out, say the word "one", silently to yourself. Breathe freely and naturally for 10-20 minutes.

7. When you are finished, sit quietly for 10-15 minutes, initially with your eyes closed and later with them opened.

8. Wait another 5-10 minutes before standing.

9. For best results, it is recommended that you meditate once or twice daily but not within 2 hours after eating since the digestive process seems to interfere with the relaxation response.

Imagery is a relaxation technique which was first discussed by Paul Schilder—it is based on one of the best supported concepts in psychology which is that we feel and behave according to the images and thoughts in our minds. Hence, if we image a peaceful, relaxing scene, our bodies and our minds relax. This technique should not be used by persons who are very agitated or actively psychotic. To practice imagery:

1. Choose a quiet place free from interruptions and distractions.

2. Get into a comfortable position.

3. Close your eyes.

4. Deeply relax all of your muscles, beginning with the toes and progressing to the head.

5. Take a few deep, relaxing breaths.

6. Image the sensations of one of your favorite scenes, e.g., lying on the beach, listening to the waves and the wind in the trees. You are peaceful and happy. Life is worth living. Stay there for a few moments, leave slowly—you can return there to rest each day if you wish.

7. Try different scenes and find the ones that work best for you.

8. Practice this technique daily or as often as you like.

9. Take medication as prescribed and get regular medical check-ups.

End of Section Quiz

Please circle the correct answer.

1.	Relaxation is the opposite of stress.	T	F
2.	It is not always necessary to identify a problem before trying to solve it.	T	F
3.	Watching a game of cricket is always relaxing.	T	F
4.	One can meditate effectively in a busy hall-way.	T	F
5.	Imagery is a relaxation technique which is very useful in agitated persons	T	F
6.	It is a dire necessity that we be loved by everyone.	T	F
7.	Vegetarian diets are healthier than those rich in meats.	T	F
8.	Self-esteem building starts with accepting yourself and then growing.	T	F
9.	You must always choose to assert yourself.	T	F
10.	We don't need friends.	T	F

Quiz answers appear in Appendix 2.

N   O   T   E   S

_____

_____

_____

_____

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A P P E N D I X 1

Score Interpretations

(1) *How stressed are you?*

Scores between 26 and 50
indicate a low degree of stress,

between 51 and 75
indicate a moderate degree of stress, and

between 76 and 100
indicate a high degree of stress.

How stressful is your job?

Scores between 26 and 50
indicate exposure to a low degree,

between 51 and 75
indicate exposure to a moderate degree, and

between 76 and 100
indicate exposure to a high degree of work-related stressors.

(3) *How well suited are you to coping with stressful situations?*

Scores between 26 and 50
indicate good coping skills,

between 51 and 75
indicate frequent negative self-talk, and

between 76 and 100
indicate that you have lost control of your life.

A P P E N D I X 2

Quiz Answers

	1	2	3	4	5	6	7	8	9	10
Section 1 (page 4)	F	F	F	T	F	F	T	T	T	T
Section 2 (page 15)	T	T	T	F	F	F	T	F	T	F
Section 3 (page 25)	F	T	F	T	F	F	T	F	T	F
Section 4 (page 35)	F	T	T	T	T	F	T	F	F	F
Section 5 (page 44)	T	T	T	T	T	F	T	T	T	T
Section 6 (page 65)	T	F	F	F	F	F	T	T	F	F

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What Is SUMA?

At the beginning of the 1990s, the countries of Latin America and the Caribbean pooled their efforts, with the support of the Pan American Health Organization (PAHO), the government of the Netherlands and the Colombian Red Cross, to develop SUMA—the Humanitarian Supply Management System.

SUMA is an information management tool that helps governments improve the management of humanitarian assistance and ensure efficiency and transparency in the reception and distribution of relief supplies. SUMA also helps disaster managers to provide donors and humanitarian agencies with the information they need to guarantee accountability.

What Does SUMA Do?

- It streamlines the identification, sorting and classification of arriving humanitarian supplies.
- It helps to assign different priorities to the incoming supplies based on the needs of the affected population.
- It consolidates all the information about incoming shipments and existing stocks into a single database.
- It provides a clear picture of the circulation of donated supplies from the point of arrival until they get to the final beneficiaries.
- It eases and encourages the preparation of reports and exchange of information among all stakeholders (governments, NGOs, donors, etc.).

Who Handles SUMA?

SUMA trains national teams and promotes self-sufficiency by ensuring that countries can manage humanitarian assistance employing their own resources. The national teams comprise volunteers from health agencies, civil defense or emergency committees, the armed forces, the local Ministry of Foreign Affairs, customs, the Red Cross, NGOs and other bodies. Over 2,000 volunteers have already been trained in Latin America and the Caribbean.

SUMA—Towards a Global Standard for Humanitarian Supply Management

SUMA is accepted throughout Latin America and the Caribbean as *the* standard in the management of relief supplies. The countries of the Region are now exporting the model to other parts of the world that have requested assistance and training in the use of the SUMA System to meet their disaster management needs.

For more information please contact:

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Or visit the web site: http://www.disaster.info.desastres.net/SUMA/

Regional Disaster Information Center for Latin America and the Caribbean

Disaster management is, above all, the management of information. The goal of CRID is to provide the countries of Latin America and the Caribbean with access to the best disaster information sources and resources available so that users can make well-informed decisions when managing disasters and trying to prevent or reduce their impact.

CRID enjoys the support of six organizations and agencies[1]. Its objectives are:

- To improve the compilation, processing, and dissemination of disaster information.
- To strengthen local and national capacity in setting up and maintaining disaster information centers.
- To promote the use of information technologies.
- To support the development of the Regional Disaster Information System.

Services Provided by CRID

CRID provides the following services:

- The ability to conduct bibliographic searches over the Internet, on CD-ROMs, or by contacting the Center directly.
- The publication and distribution of specialized bibliographies and reviews of the literature *(Bibliodes).*
- Direct access over the Internet to a wide collection of full-text documents on disasters and disaster reduction in general and in the Region.
- Distribution of publications and training material.
- Mass distribution of public and technical information.
- Technical advice and training on how to set up and manage disaster information centers.
- CRID promotes and supports the consolidation of a Regional Disaster Information System for Latin America and the Caribbean through technical support for national and local information centers, the development of a unified methodology and tools, and the establishment of uniform information services.

For more information please visit: http://www.CRID.or.cr

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**CRID, the best source of disaster information
in Latin America and the Caribbean**

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[1] The Pan-American Health Organization / Regional Office of the World Health Organization (PAHO/WHO), the United Nations International Strategy for Disaster Reduction (UNISDR), the National Risk Prevention and Emergency Response Commission of Costa Rica (CNE), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Center for the Prevention of Natural Disasters in Central America (CEPREDENAC), and the Regional Office for Emergencies of Médecins Sans Frontières (MSF).

Emergency Preparedness and Disaster Relief Coordination Program
Pan American Health Organization
Regional Office of the World Health Organization

In 1976, the Pan American Health Organization created this Program in response to a call by the Member Countries to establish a technical unit to strengthen health sector disaster preparedness, response and mitigation activities.

Since then, the Program's main objective has been to support the health sector to strengthen their national disaster preparedness programs and its interaction with all the sectors involved in disaster preparedness. This support has been channeled to the countries of Latin America and the Caribbean in three principal areas:

In **disaster preparedness**, in addition to constant promotion of a strong health disaster preparedness program, PAHO regular activities include training (through hundreds of courses and workshops) and the preparation and distribution of training materials (books, slides and videos).

Disaster mitigation is just as important. An investment in disaster preparedness can be rendered useless if hospitals or health centers cannot withstand the impact of a disaster and collapse at exactly the moment they are most needed. PAHO promotes and supports including disaster mitigation in natural disaster reduction programs and legislation.

In **disaster response**, PAHO works with the affected countries to identify and assess damages and needs, carry out epidemiological surveillance and monitor drinking water, and mobilize international relief and manage humanitarian supplies. PAHO has established the Voluntary Emergency Relief Fund that collects money to support post-disaster activities.

The Program also has several special technical projects: Disaster Mitigation in Hospitals and Drinking Water Systems; Humanitarian Supply Management System; Use of the Internet for Disasters and Emergencies; and the Regional Disaster Information Center (CRID).

Offices of the Emergency Preparedness and Disaster Relief Coordination Program
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