Section 4 - Coping with stress and stress management

1: Coping with stress

- **Folkman and Lazarus 1980**

Folkman and Lazarus measured the ways people cope with stress using the Ways of Coping Questionnaire. The questionnaire consisted of 50 items which scored individuals on eight different scales. Research using this questionnaire has indicated that people use two types of coping strategy to deal with stressful events:

- Problem Focused Coping: These are strategies that attempt to do something to alleviate or eliminate the stressful situation i.e. evaluating the pros and cons. Problem focused coping is used in events that are controllable. It is very effective providing that the individual has a realistic chance of changing the situation which causes them stress.

- Emotion Focused Coping: These strategies attempt to regulate the emotional distress associated with stressful events. An example of an emotion focused coping mechanism is denial. Emotion focused coping is thought to be more passive, because it involves thinking about thoughts and feelings rather than taking action to change the situation. Emotion focused coping is used for events we have less control over (Ben Zur and Zeidner 1995), as a short term measure to take a step back from an overwhelming problem, or to reduce stress levels before using a problem based coping strategy.

**Evaluation:**

X: The Ways of Coping Questionnaire has eight scales to decide which coping strategies an individual tends to use. However, some aspects of behaviour on the questionnaire could be seen as both problem and emotion based. An example is “mobilising social support” (to elicit help from outside resources). This could be seen as helping to solve a stressful situation through obtaining information, or to help calm the individual or distract them from the stressor.

X: The questionnaire has also been criticised for being too general, and not taking into account the reality of how we cope with stress. Specific questionnaires have been designed for certain types of people i.e. cancer patients.

- Other Research into Coping Strategies

- **Penley et al 2000** Studied a group of nurses, and found that problem focused coping was correlated with positive health outcomes, whereas emotion focused coping was less so. This supports the use of problem focused coping, as the findings suggest it is better for you.

- **Nolen Hoeksema 1994** found that emotion focused coping strategies that women use i.e. worrying are more likely to maintain depression than using active emotion focused coping techniques such as drinking that men use.

- In **Park et al 2000**, undergraduates described their most stressful life event, their control over it, how they coped and their daily mood. Results showed that problem focused coping was related to positive mood when dealing with high control stressors.
- **Fang et al 2006** studied a high risk group of women who were more likely to develop breast cancer because they had a relative who had the disease. The study found that women who engaged in problem focused coping strategies suffered more distress over a period of time than those who didn’t. The research suggested this was because there was very little a woman at risk of hereditary breast cancer could do to control this, so would become more stressed if their problem focused coping did not lead to actual changes.

- **Rukholm and Viverias 1993** examined the relationship between stress and coping, and concluded that when posed with a highly stressful situation, a person could only make use of problem focused coping after using emotion based coping.

- Whilst some forms of emotion focused coping involve avoiding a stressor (escape, denial), some encourage the individual to approach the problem. **Stanton et al 2000** found that men who used emotion focused coping were better able to deal with the stress of infertility that those who didn’t. Emotion focused coping involves actively expressing our emotions, identifying how an event makes us feel and using this information to work out the best course of action.

- **Baker and Berenbaum 2007** found that individuals who were first encouraged to express their emotions were more effective in solving a problem after a stressful event.

2: **Methods of stress management**

Due to the increase of research into the effects of stress, an industry for methods of stress management has been set up. There are two main categories of stress management:

- **Physiological stress management:**

Physiological stress management involves using drugs and bio feedback to target the symptoms of stress.

- **Drug Therapy:**

The brain consists of a vast number of neurons. When your brain is aroused, a neuron fires, sending a signal along the neuron. If the signal is strong enough, the ends of the neuron will fire, releasing neurotransmitters. The neurotransmitter will reach the next neuron, and the same process will take place. The stronger the signal, the more neurons are likely to fire.

There are two main drugs used to combat stress:

- Benzodiazepines (BZ): An example of a benzodiazepine is Valium. Benzodiazepines reduce central brain arousal by increasing the availability of a neurotransmitter called GABA, which signals neurons to stop firing. 40% of the bodies neuro transmitters are said to be responsive to GABA. The BZs react with special GABA sites on the outside of the receiving neuron, releasing negatively charged chloride ions to pass inside the neuron, making it less responsive to neurotransmitters which would normally excite it.

- Beta Blockers: An example of a beta blocker is inderal. Beta blockers do not enter the brain. What they do instead is to reduce activity in the sympathetic nervous system, meaning they are very effective against the symptoms of stress i.e. high blood pressure. Beta blockers work by reducing the
levels of adrenaline and noradrenaline, which are key aspects of the sympathomedullary response to stress.

- Evaluation of drug treatment as a form of stress management:

**Y:** Speed and Effectiveness: Drugs work quickly and rapidly reduce dangerous symptoms. [Hedblad et al 2001](#) found that slow low doses of beta blockers significantly reduced the progression of atherosclerosis (clogging of the arteries partly caused by stress).

**Y:** Research Support: [Hidalgo et al 2001](#) was a meta analysis of studies of the treatment of social anxiety, and found that BZs were more effectiveness than other drugs such as anti depressants. However, these findings were no consistent. [Gelpin et al 1996](#) found that whilst BZs had beneficial short term effects in alleviating distress following trauma, they did not prevent the onset of post traumatic stress disorder.

**Y:** Availability: Drugs can be prescribed immediately and the range of treatments is increasing.

**X:** Dependency: Long term use of drugs, particularly BZs, lead to dependency on the drug. Patients coming of BZs often experience a withdrawal syndrome. Therefore, they should only be prescribed for short periods to help cope with short term stress. This is less so for beta blockers, as they do not significantly affect central brain mechanisms.

**X:** Tolerance: People become tolerant of a drug with regular use. This means that the original dose becomes inadequate, and so higher doses have to be prescribed for the drug to have the same effect.

**X:** Side Effects: All drugs have side effects. For example, BZs can cause drowsiness and affect memory. Again, there are less side effects of beta blockers.

**X:** Only Target Symptoms: Many causes of stress are psychological. Drugs only treat the symptoms of stress, meaning they do not address the real causes of stress. They are best used to manage short term stressors, and are most effective when used with psychological coping techniques.

**X:** A report by the [National Institute for Clinical Excellence](#) found that beta blockers should not be widely used to treat high blood pressure, due to the higher effectiveness of other drugs such as ACE inhibitors. There is also evidence to suggest beta blockers provoke type 2 diabetes.

- **Bio feedback:**

This involves recording the activity of the body’s response to stress i.e. heart rate by attaching electrodes to the patient that lead to a monitor. People are encouraged to find consistent ways of reducing these physiological readings, which they can apply in the real world and practice regularly

- Evaluation of bio feedback as a form of stress management:

**Y:** Effectiveness: [Attanasio et al 1985](#) reports that bio feedback is effective for people who enjoy the technicality of controlling aspects such as headaches.
**X:** Role of Relaxation: Masters et al 1987 states that biofeedback is often found to be no more effective than muscle relaxation. This suggests that feedback on the symptoms of stress is not a vital part of the procedure, but muscle relaxation is.

**X:** Expense: Bio feedback is expensive in terms of equipment and time needed.

- Psychological stress management:

These help people to reduce the psychological causes of stress.

- **Cognitive Behavioural Therapy:**

The transactional model states that stress is triggered due to a gap you perceive between the demands being placed on you and your ability to cope. Therefore, an easy method of stress management would be to reduce the perceived demands or improve your coping abilities. CBT aims to do this by encouraging the client to perceive and evaluate stressful situations accurately and improve coping skills.

**Meichenbaum and Cameron 1983**’s stress inoculation training is designed to prepare individuals for stressors and improve their resilience. It has three stages:

1. **Conceptualization:** The client is encouraged to relive stressful situations and analyse features of them such as what was so stressful? This helps clients to make a more realistic understanding of the demands being placed on them.
2. **Skills training and practice:** Once the key elements of stressful situations have been identified, clients can be taught specific and non specific ways of coping with them.
3. **Application:** Finally, the client puts their training to the test in real life. They maintain contact with the therapist, and further sessions can take place if necessary. The method of coping then becomes self sustaining.

- **Evaluation of stress inoculation training:**

**Y:** Targets Symptoms and Causes: Meichenbaum’s model treats both source of stress and coping strategies. By reviewing the coping methods they have used in the past, clients gain an understanding of their strengths and weaknesses. By learning new coping skills, clients can reduce the gap between the demands and their coping resources, and gain confidence in their ability to deal with stressful situations.

**Y:** Effectiveness: The combination of cognitive and behavioural therapy makes stress inoculation an effective method. However, there are few controlled studies of its effectiveness.

**X:** Practicality: Stress inoculation requires a lot of time and money. Clients have to go through a rigorous programme over a long period, meaning they need to be motivated and committed - it is not a quick fix.

**X:** Difficulties: There is evidence to suggest that the way we cope with stress is reflected in our personalities. Any technique aimed at improving stress may go against these well established habits. It is difficult to change thought processes or behaviour.
- **Progressive Muscle Relaxation:**

Whilst we may feel we know how to relax, it is important to be taught a way of effective relaxation. The standard procedure is to train clients to clench and unclench muscles so they can get used to the processes of tension and relaxation. The process would start with one muscle, and work its way through the whole body.

Eventually, the client should understand the process well enough to be able to use it to reduce bodily arousal in everyday life. During relaxation, stress response mechanisms are inactive, heart rate and blood pressure fall, and the parasympathetic division of the automatic nervous system is activated.

- **Evaluation of progressive muscle relaxation as a form of stress management:**

**Y:** Effectiveness: If practised regularly, progressive muscle relaxation is effective in reducing stress.

**X:** Practicality: Progressive muscle relaxation takes time and space, and therefore cannot be applied in all situations. However, the training also involves cognitive methods of helping to relax such as thinking happy thoughts. Usually, you can exercise some muscle group.

**X:** Targeting Symptoms: Whilst relaxation techniques reduce bodily arousal by reducing the activity of stress response symptoms, long lasting stressors need more than non specific relaxation; their source has to be identified and targeted. Relaxation is an important part of stress management, but long term stressors need more focused intervention.

- **Hardiness Training:**

Kobasa’s belief that hardiness was an important factor of stress management led her to propose ways which it could be increased. Again, there is a three part procedure:

1. **Focusing:** Clients are encouraged to spot signs of stress, which allows them to identify when stressful situations occur and identify the sources of stress.
2. **Reliving Stressful Encounters:** Clients analyse features of recent stressful situations. This gives them an insight into their coping strategies and how effective they are.
3. **Self Improvement:** Hardiness requires us to believe that we can cope with life’s challenges. However, some events may seem impossible to cope with. Hardiness training starts with training the clients to cope with stressful situations within their ability, so they can achieve the level of control to cope with more complex problems.

- **Evaluation of hardiness training as a form of stress management:**

**X:** Effectiveness and Practicality: This is very much the same issue as Meichenbaum’s stress inoculation model, that there is a lack of research support, the procedure requires commitment and motivation and tries to address personality factors.