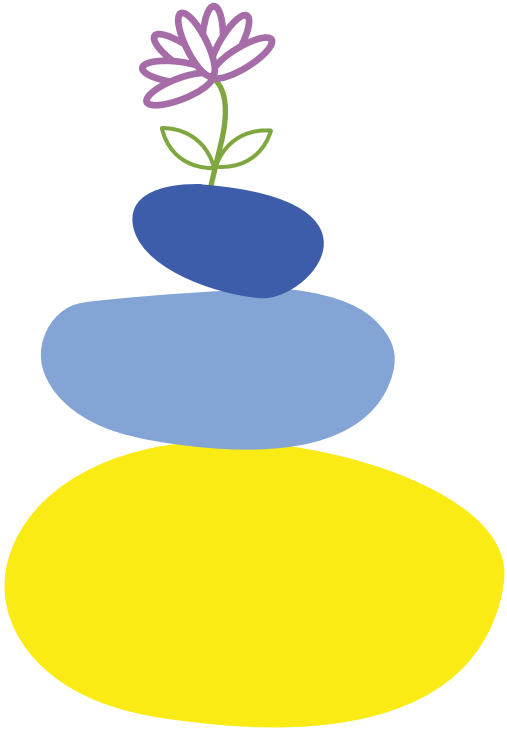

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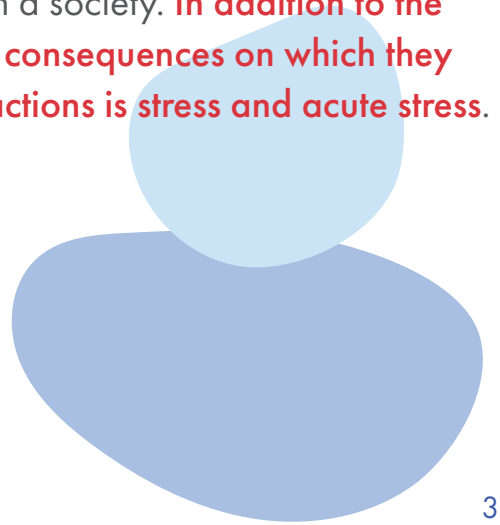
*Chapter dedicated to **understanding and addressing stress reactions**

INTRODUCTION

According to the official definition, an **emergency** is an exceptional non-military event which, by its scale and intensity, threatens the life and health of the population, the environment, important material and cultural values, and urgent measures and actions are needed to restore normality, as well as the allocation of additional resources and the unitary management of the forces involved.

On the other hand, a short definition of the crisis would be the manifestation of political, economic or social difficulties. At the same time, a crisis is a period of tension in a society. **In addition to the material damage caused, these situations also have psychological consequences on which they must be intervened. In such situations, one of the most common reactions is stress and acute stress**.



WHAT IS STRESS. TRIGGERS

Stress is a complex psychosocial phenomenon resulting from dealing with requirements, tasks, situations, which are perceived as difficult, painful or of great importance to the individual. (Baban, 1998).

So, stress is the adaptation syndrome that the individual achieves as a result of environmental aggression.

Over time, two types of stress have been identified: **acute stress** and **chronic stress**.

The **acute stress** is the stress experienced in the short term and the most common form of stress, being the immediate reaction of the body to new situations and challenges. It is often caused by thoughts generated by the pressure of events that have just happened or are about to happen in the near future. If acute stress persists and is not properly managed, it can become chronic. Thus, chronic stress is the most dangerous form of stress, having long-term consequences. **This type of stress often results from a traumatic experience**. Unfortunately, chronic stress can have unobservable effects, as the person can get used to them, while symptoms can include suicidal thoughts and violence.

We can segment stress in three stages:

· **The first stage is that of alarm responses** (the body's first response and its general mobilization of defense forces), which in turn has two sub-steps:

- shock phase, when hypertension and hypothermia can occur;
- the counterattack phase, when the body of the individual makes a counteracting of the symptoms from the shock phase and is based on endocrine-type responses.

· **Resistance stage (return)**: when after first contact with the stressor the organism adapts, the behavior of the individual being apparently normal, persisting changes specific to the previous stage, especially from the countershock phase.

The self-adjusting mechanisms of the body are activated at this stage. It includes all systemic reactions caused by prolonged exposure to stimuli against which the body has developed defenses.

· **Stage of depletion**: when almost all the body's adaptive resources decrease. Adaptation is no longer maintained due to the decrease in vegetative reactions. The negative consequences of the long-standing action of these neurodegenerative mechanisms are obvious.

This stage is very similar to the alarm response, when due to prolonged action of harmful agents, the adaptation of the organism fails.

The acute stress disorder defines the strong mental reaction to a major stressful event. The condition can occur after a person has experienced or witnessed an event or a series of events involving death or serious injury to the person concerned or his/her close relatives.

It can also be said that this is a time when the overwhelming memories of a traumatic event come back to the mind of the person who lived them.

Symptoms in acute stress disorder are similar to those in post-traumatic stress disorder, but the focus will fall on those features that indicate dissociative behavior and diagnosis can only be established during the first month after the traumatic event (usually this response is present 3-30 days after exposure to a major stress factor). Thus, it can be considered a pre-form of post-traumatic stress disorder. However, in the case of an adaptive response to a potentially traumatic event, although initial reactions take the form of acute responses (intense but short-lived) and survival-friendly behaviors, they gradually evolve into reinterpretation of the event, learning and adaptation.

Among **the most common stress factors** are:

· Physical or mental illness;
· Physical, emotional or sexual abuse;
· Poor financial status;
· Workplace problems;
· Family communication problems, divorce, death of a family member, conflicts with siblings, domestic violence, alcoholism;
· Conflicts with friends, lack of friends or social support;
· Natural disasters (earthquakes, floods) or terrorist attacks, civil wars;
· Worries about oneself – lack of trust, dissatisfaction with the physical aspect, decisions taken throughout life, etc.

Once an event has been assessed as stressful, the individual may have different specific reactions or symptoms. **Any manifestation is a subjective experience of communicating how we feel stress**. These reactions may be cognitive:

- mental blocks;
- lack of attention;
- decrease in concentration capacity;
- difficulties in recalling certain things;
- reduced flexibility;
- decreased creativity.

Prolonged stress can affect:

Attention: when feeling anxious, people's attention is biased towards threat-related information. To notice is that, when a stressor is contingent to the task being performed, a person's cognitive resources will be focused on that task, and certain aspects of performance may be facilitated. In contrast, stressors that are peripheral to a task seem to draw cognitive resources away from the task being performed, and performance is more likely to be impaired.

Working memory: the capacity to store and manipulate information for brief periods of time) and the capacity to integrate information from several sources (divided attention).

Decision making: when stressed or anxious, individuals demonstrate an increased use of cognitive heuristics (mental "shortcut" that aren't fully logical) and of decision-making strategies that do not take into consideration all the information and their short and long-term expected consequences. However, hypervigilant decision-making strategies may represent adaptive responses to naturalistic task demands. In naturalistic tasks, decisions need to be made under time pressure, the data are ambiguous and/or conflicting, and decision makers are likely familiar with the tasks.

Behavioral:

- low performance at work or at school;
- excessive smoking;
- excessive alcohol consumption;
- inefficient time management;
- isolation from friends;
- excessive concern for certain activities;
- aggressive behavior/nail biting.

Affective:

- increased irritability;
- decrease in interest for previously passionate or hobby areas;
- loss of interest for friends;
- emotional instability;
- anxiety;
- sadness and depression;
- repression of emotions;
- difficulties in engaging in fun or relaxing activities.

Physiological:

- heartaches and palpitations;
- increased or decreased appetite/indigestion;
- insomnia;
- muscle cramps or spasms, headaches or migraines;
- excessive sweating, nausea;
- general bad condition;
- constipation or diarrhea (not medically motivated);
- chronic fatigue.

UNDERSTANDING AND ADDRESSING STRESS REACTIONS

This chapter was created in the form of an informative material and can be used in psychoeducation.
The explanation you will find here can be useful for helping the ones affected by the crisis situation to understand their own reactions, their normality or abnormality and recommendations for acquiring a more balanced state of mind.
In short, this chapter is looking to answer the question:
Where do my reactions come from and what can I do about them?

The initial reaction to stress is the **result of the interaction of the demands placed by an individual's environment and that person's resources to meet the demands**. This response to stress is mainly influenced by personal assessment of the situation. When we perceive a real or anticipated obstacle in our way to achieving our goals, the appraisal of the situation follow a 2-step process:

1. Assess the demands required of the situation to reach or maintain the desirable goal;
2. They assess the resources - personal and environmental - available to meet the perceived demands of the situation.

When the resources are assessed as being sufficient to meet the demands, the situation is assessed as a challenge and a positive psychological state of "eustress" ensues. When the demands are assessed as outweighing the resources of the individual, the situation is assessed as a threat. A negative psychological response of "distress" ensues, including a variety of affective states (the most common being anxiety).

To keep in mind is that **an individual's response** (subjective and physiological) **to stress is highly dependent on that individual's perception** of the demands and of his or her resources available to meet those demands. Practically, any factor that increases the perceived demands of a task OR decreases the perceived resources to meet those demands increases the likelihood of a distress response.

Recommendations	Questions	How?
1. **Evaluate if the person is in a safe place** and can talk without being interrupted. Tell him/her that the call will be confidential; 2. Evaluate **the way the person is representing or understanding the situation and its components** which triggers the stress response; 3. Evaluate the perceived **demands and available resources**.	1. Are you in a safe space, away from any danger? 2. What does this situation mean to you? What's the main emotion you feel about this situation? What worries/ stresses/scares you the most about it? 3. How would you cope with the situation? Who could you talk to? Have you faced a similar situation in the past? What did you do in that case? What stops you from coping better with the situation? Pay attention to controllable personal factors such as self pressure, intense emotions, unhelpful behaviors, etc.	- Use as soothing voice and emotional validation; - If the person feels intense emotions, find a way to lower their intensity before going in (you can use respiration exercises); - Summarize from time to time the key ideas and ask if you understood well; - **DO NOT give advice or put pressure** in choosing a certain option. This can be interpreted as adding more demands from the environment and can foster the feeling of helplessness, uncontrollability and dependence on the external resources.

WHAT INFLUENCES OUR REACTION TO STRESS? HOW?

External factors:

- Social Evaluative stressors (where others could negatively judge performance) and uncontrollable stressors are the most likely to provoke a distress response.

Internal factors that we can address:

1. COPING STYLE AND MECHANISMS:

the thoughts and behaviors used to manage both the internal and external demands of situations that are appraised as stressful.

There are 3 types of coping styles, each being more or less effective depending on the stressful situation.

a. **Problem-focused coping** - consists of addressing the problem causing the distress (having a plan of action, concentrating on the next step). Problem-focused coping styles seem to be more effective in controllable situations in which individuals can manipulate the stressors.

b. **Emotion-focused coping** - is aimed at reducing or managing the emotional distress that is associated with the situation (seeking emotional support, focusing on and venting of emotions). Emotion-focused coping styles seem to be effective when dealing with stressors that are of brief duration.

c. **Avoidance-based coping** - seeking to avoid or distract oneself from the situation (seeking out social diversion, engaging in distracting tasks). Avoidance coping styles, although associated with decreased subjective stress levels, have been associated with increased cortisol responses. As such, they may be detrimental to performance under stressful circumstances.

Observable consequences of ineffective coping:

· Emotional distress;
· Impaired sense of personal worth;
· Inability to enjoy rewarding interpersonal contacts;
· Impaired task performance.

Important questions:

- Can you work and concentrate?
- Are you flooded by emotion?
- Are you constantly blaming yourself?
- Can you enjoy the soothing presence of others, or do you feel numb and disconnected?

2. INDIVIDUAL'S LOCUS OF CONTROL (the extent to which that individual perceives that **he or she has control over a given situation**. Individuals can have:

a. **An internal locus of control** - those individuals have the perceived feeling of being able to control events in their lives. These individuals are likely to develop a positive outcome expectancy and, consequently, lessened stress responses and performance impairments in acutely stressful situations;

b. **An external locus of control** - individuals who believe they are controlled by external forces.

3. ACCESS TO PSYCHOLOGICAL SUPPORT:

In demanding situations such as son and that cannot be controlled. Stressful employment or facing chronic stressors, the individuals who reach out for psychological support seem to be in better health compared with individuals without significant support.

4. ACCESS TO EMOTIONAL AND PHYSICAL SUPPORT:

Having support from the family and other support groups has a positive "buffering" effect between the consequences of war.

5. RELIGIOUS OR CULTURAL PRACTICE:

They have proven to be effective methods of coping with events related to war.

Other **factors that minimize the effects of stress**: high levels of self-esteem, good social support networks, hardiness, good coping skills, emotional stability.

SUPPORT FOR THE SUPPORT-GIVERS

In the case of psychotherapists and mental health professionals:

· Distress and professional impairment among psychologists in clinical practice can adversely affect the process of psychotherapy. Various life events and work factors were associated with different amounts of distress and impairment, with **personal relationship problems and work with difficult clients being particularly troublesome**. Non-work-related activities and periodic vacations were the most frequently reported preventive behaviors.

· Because of the work nature and the prolonged emotional involvement, they can develop mental health issues like burnout **burnout** and **compassion fatigue**.

· **Burnout** - a syndrome characterized by cynicism, exhaustion and professional inefficiency developed as a reaction to professional stressors.

· **Compassion fatigue** - the result of a cumulative and progessive process caused by prolonged emotional involvement and investment of personal resources in helping the ones who are suffering without seeing any improvement. This fatigue state outweighs the regenerative resources.

Risk factors among psychotherapists, mental health professionals and support-givers for developing burnout: engaging in little individual psychotherapy, experiencing feelings of lack of

control in the therapeutic setting, feeling overcommitted to clients.

· Other risk factors: repeated exposure to distressing and emotionally intense material,worries about client safety, pressure to meet targets, professional isolation and poor work-life balance (APA, 2010).

They can develop mental health issues (depression, acute stress, suicidal ideation; APA, 2010), but not seek help because of shame and concerns about negative consequences for self and career.

In spite of this, there is a tendency for disclosure in close social circles rather than with work circles. Buffering factors that serve to minimize the effects of stress:

· Job satisfaction

Factors influencing job satisfaction are: progressing in a difficult case, feeling you have helped people, being able to share skills; being part of a team that is working well, having self-development opportunities, enjoying professional respect from other disciplines and having autonomy, control of decision making and flexibility;

· Assessment of the emotional demands of clients and managing them;

· Setting the limits between life areas (professional and personal).

In stoic philosophy,
the most important lesson is to understand
what we can and what we cannot control.
What is under our control are our reactions.
If a flight is delayed because of the weather, no matter
how much we complain at the airport, the fact that
the flight is delayed would not change..

Recommendations

1. **Analyze the problem** (is it controllable or not) and the coping mechanisms the affected person has.
2. Empower the affected person to have a **problem-focused coping style** (based on action) for the things that are in his/her control, and an **emotion-focused coping style** when things aren't in his/her control, but have a major stress impact.
If there are avoidance coping mechanisms, DO NOT encourage or blame the person for having such mechanisms and strategies. Find together the function of the avoidance behaviors *(How does it help you short-term? What about long-term? Do you consider there is a better option that would be more helpful? What can you do?)*
3. **Start with the behaviors and skills that the person already knows or possess**, focus on the strengths he/she has and assist him/her in returning to the normal equilibrium state.
DO NOT put pressure on making a decision right there and now or following the plan immediately.
4. **Show your availability to assist and help**.
5. **Evaluate the way the person is putting limits in the life areas** that can affect the normal equilibrium state (health, professional, financial, personal development, relationships, fun & free time, etc.).

Questions

1. What specifically stresses you about this situation? Among these specific factors, which are in your control? How would you want to cope with them?
2. What actions, plan can you make for the things that are in your control? Who could you talk to that you trust from your social group? I am here to listen to you if you want to tell me how you are feeling (if he/she doesn't want to, we can recommend for them to write their emotions on paper after the call is over or similar strategies) What would you say to a friend that would feel the same as you do? What would be your advice for a friend that is going through the same situation as you do?
3. Can you tell me what will you do after this call is over? Tomorrow? (it is not necessary to follow a plan as long as the behaviors are helpful and functional). How can you use this behavior or skill to cope with the situation?
4. Is there anything you want to add or something that needs to be addressed? How do you feel now (towards the end of the conversation)?
5. See the **self-care** assessment and recommendations.

RECOMMENDATIONS FOR OFFERING SUPPORT TO THE ONES AFFECTED BY WAR

The main impact of the war is that the ones that are affected by it are **witnesses to the destruction of their social world** that included their history, identity and values. The relation between traumatic experience and their main consequences is not very clear, but the secondary consequences of a war (family, society, economy) are an important predictor for psychological consequences. Thus, it is hard to separate between war impact and the negative social events that come along. In spite of all this, the ones that are affected do not necessarily have the aim to make everything like it was before war. Most of them realize that some things have changed and that they have to adapt. Ultimately, **a society recovers after war not as receivers of help, but as active citizens**. The war, like other potentially traumatic experiences, is unexpected, uncontrollable or inevitable and are incongruent with our past experience. The real or perceived control of these events affects our biological and psychological reactions.

Considering the nature of these events, they trigger a process of **adjusting** and **adapting**, so the main emotion that is felt is fear (anguish, anxiety, desperation, rage, awe, agitation, withdrawal or dissociation may also appear) combined with elements of appraisal of the new and lost.

Those processes are felt in a certain area of life (self-image, sleep, relationships etc.). **The stress reaction is reduced by the success of coping with** and controlling the primary parameters (the impact phase) and secondary parameters (that happens after the event, like relocation, telling bad news) of the potentially traumatic event. The secondary parameters have a considerable contribution to developing stress disorders among the affected people, thus the management of secondary parameters is among the first aims in intervention.

Practically, **it is recommended to assess** the perceived personal control in different areas of life, the presence or absence of dissociation (the person seems to live in another reality or their reactions do ot match the event and its intensity) and grounding the person in the present moment and aim to reach an emotional equilibrium in those that are affected.

A spoken word, a soothing voice or an opportunity to verbalize and re-appraise one's experience may affect both early and long-term responses to traumatic events. Memory acquisition during stress might be impaired and fragmented, hence indicating a major role for subsequent narrative formation.

The primary responses to potentially traumatic events start from acute, survival-driven behavior and progressively involve reappraisal, learning, and adaptation. The impact phase of PTEs is characterized by primary stress responses and efforts to optimize the likelihood of survival. Emotional and cognitive responses during this phase are often powerful, unexpected, and take control of a person's behavior. Survivors may find themselves acting in ways that they did not expect and had no previous experience of (surrender to a rapist under death threat). They may also be exposed to horrible sights, smells, and sounds. To the extent that acts are "out of character" and experiences are out of one's repertoire, they may immediately become the subject of intrusive ruminations (constant worries and thoughts). During this phase **survivors require protection from adversity, soothing human contact** (often bodily contact), and **reduction of helplessness and loneliness**.

KEY IDEAS

- Pay attention to the duration, the adaptive or maladaptive function of the stress reactions;
- In case of power emotions, do techniques like relaxation to lower the intensity of the emotions before going on;
- Focus on the perceived needs;
- Actions and ideas for restoring the normal equilibrium state;
- The precipitants and/or trauma initiating the crisis;
- The individual's interpretation or meaning of the events;
- Understanding the crisis state itself as both "Danger" (dysfunction) or "Opportunity" (for successful coping);
- System of social supports and resources available to help;
- Selective past history which can fuel the crisis;
- Sequelae of a crisis or trauma.

Recommendation: Try to have an attitude of unconditional acceptance, explore how the affected person feels towards the unexpected behaviors he/she did and focus on regaining the feeling of control over their own actions. You can ask, for example: *In the situation you were in, what resources did you have, how did you feel?* and try together to reach the conclusion that what happened was a decision made under pressure, in a new situation which we did not expect or saw before, having the resources that we had available back then. You can also try to discuss it by imagining someone that would have been through the same situation the affected person went through. (*How would this person react in the same situation you had and with your resources?*). Next, you can facilitate a self-compassion attitude (acceptance of oneself, that the person is still valuable and deserves to be loved and appreciated, etc.).

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