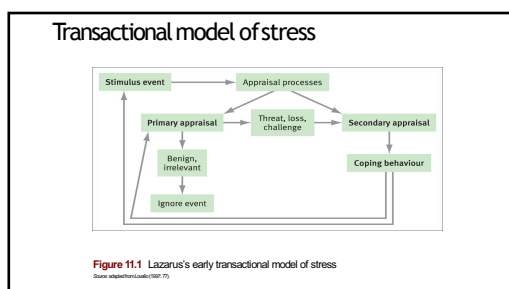


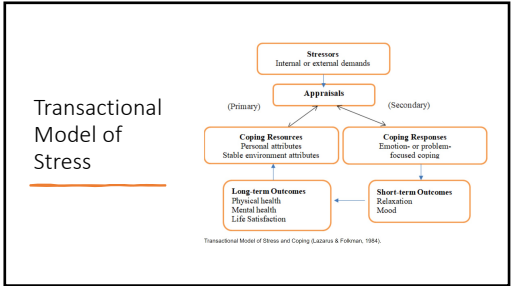




Stress as a transaction

Lazarus (1993): stress is a result of an interaction between an individual's characteristics and appraisals, the external or internal event (stressor) environment, and the internal or external resources that a person has available to them. Motivational and cognitive variables are considered central.





Appraisal processes

Primary appraisals
Person considers quality and nature of a stimulus event:
 those that pose harm
 those that threaten
 those that set a challenge

Secondary appraisals
Assessment of one's resources and abilities to cope with the stressor (coping potential):
 internal resources (e.g., determination, knowledge, strength)
 external (e.g., social support, money)

Appraisals illustrated

Consider forthcoming examinations as potential stressor:

- There is no way I can possibly deal with this, I simply know I will fail (threat + no resources = stress).
- This will be really hard, I just am not as clever as the other students (threat + limited internal resources = stress).
- Maybe I can manage this, if I revise really hard (challenge + possible internal resources = less stress).
- I could perhaps do it if I get some help from my friends (challenge + external resources = less stress).
- This isn't a problem, I know the material really well (benign, no stress).
- I managed to pass the last time, I'll be okay this time (benign, no stress).

Development of primary appraisals (Lazarus 1991; Smith & Lazarus, 1993)

- **Motivational relevance:** i.e. extent event is relevant to goals
- **Motivational congruence:** i.e. extent situation is congruent with goals
- **Ego involvement:** i.e. appraisals of threat to self-esteem/moral code elicit anger, guilt, anxiety

Appraisal-related emotions

- **Loss/harm:** sadness, depression, despair, hopelessness
- **Threat:** anxiety, fear, anger, jealousy
- **Challenge:** worry, hope, confidence

Development of secondary appraisals

Internal/external accountability ('blame/credit'); attributing responsibility for the event. Distinguishes between anger (other-blame) and guilt (self-blame) emotions. Credit may associate with pride.

1. **Problem-focused coping potential*:** the extent to which the situation is perceived as changeable by instrumental (practical, problem-focused) coping options. If not, fear and anxiety may result.
2. **Emotion-focused coping potential*:** perceiving an ability to cope emotionally with the situation. If not, fear, sadness and anxiety may result.
4. **Future expectancy concerning situational change:** perceived possibilities of the situation being changeable. Perceived unchangeability may cause sadness.

* Lazarus merged 1 and 2, referring simply to 'coping potential'.

Coping Skills

Problem-focused coping

- Taking direct action
- Planning
- Suppression of competing activities
- Restraint coping
- Seeking social support

Emotion-focused coping

- Focusing on and venting emotions
- Behavioral disengagement
- Mental disengagement
- Positive reappraisal
- Denial
- Acceptance
- Turning to religion

Factors moderating the impact of stress



Emotional and behavioural self-regulation

- Breathing work
- Progressive muscle relaxation
- Mindfulness meditation
(<https://www.youtube.com/watch?v=dEzhdLn2bJc>)
- Yoga and exercise/physical activity
- Biofeedback
- Healthy life-styles

What factors influence appraisal?

There are many aspects of the stimuli event itself which can influence the appraisals that a person makes.

- Events that are imminent (e.g. medical results due the next day; driving test that day).
- Events at an unexpected time in life (e.g. being widowed in one's 40's).
- Events that are unpredictable in nature (e.g. being made redundant).
- Events that are ambiguous in terms of:
 - personal role (e.g. starting a new job)
 - potential risk or harm involved (e.g. undergoing surgery)
- Events that are undesirable (e.g. moving house due to job loss).
- Events over which the individual perceives no control (behavioural or cognitive, e.g. noisy neighbours).
- Events that elicit high amounts of life change (e.g. childbirth).

Types of Stress

Acute stress

Natural catastrophes symptoms:

- Panic
- Phobias
- Survivor guilt
- Isolation, withdrawal, etc.

Examination stress impairs:

- Memory
- Attention

Chronic stress

Job features associated with

occupational stress:

- Demand
- Controllability and perceived self-efficacy
- Predictability
- Ambiguity
- Lack of support

Assessing occupational stress

	Never	Rarely	Sometimes	Often	Most times
Demand					
• My workload is never-ending					
• Job deadlines are constant					
• My job is very exciting					
Control					
• I have autonomy in carrying out my duties					
• There are too many bosses					
Predictability					
• My job consists of responding to emergencies					
• I am never sure what will be expected of me					
Ambiguity					
• My job is not very well defined					
• I am not sure what needs to be expected of me					

Table 11.3 Examples of items to assess work-related stress

Source: adapted from Weiss (1985: 188-9)

Stress and cognitions: Hope

• "A positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals)" (Snyder et al. 1991, p.287).

• Conceptual overlap between hope and other constructs such as self-efficacy and dispositional optimism, due to focus on an individual's 'resources'. Hope highlights motivation and route to achieving goals.

• Differences have not been fully tested empirically and thus is unclear whether hope adds to the explanation of health outcomes offered by optimism and self-efficacy.

• Increased interest in given the growth of 'positive psychology'.

Depression and anxiety

Significant associations reported between depression and CHD incidence and prognosis:

- Depression and anxiety has predicted 20-year incidence of hypertension (Markovitz *et al.* 1993).
- A significant association has been found between depressed mood and mortality from heart disease (Surtees *et al.* 2008), but evidence from stroke populations is less consistent (Morrison *et al.* 2005).
- Depression and anxiety have been shown to influence the appraisals that individuals make when facing stressful events.

Depression and anxiety

- Depression and anxiety influence coping (Lowe *et al.* 2003).
- Depression is seen to reduce the likelihood of healthy behaviour or cessation of unhealthy behaviour (Lane *et al.* 2001; Wing *et al.* 2002).
- Depression may interfere with a person's ability to seek, or benefit from social support and supportive interactions.

Social support and stress

- Sources can include support from partners, close family and friends, colleagues, health and social care professionals and support groups.
- Social support is considered in terms of two interacting components:
Structure – i.e. type of support, size of networks
Function(s) they serve (Uchino, 2006)
- Social networks facilitate the provision of goods, services and mutual defence in times of need or danger (Cobb, 1976).
- Individuals who perceive high social support are likely to appraise events as less stressful than individuals who do not perceive support (i.e. social support acts as a buffer against stress) (Rosengren *et al.*, 1993)
- Low social support implicated in death from ischemic heart disease, cancer and stroke (Vogt *et al.*, 1992).

Social support and stress (Cont.)

Types and functions of social support:

	Provider	Recipient
Emotional support	Empathy Caring Concern	Reassurance sense of comfort and belongingness
Esteem support	Positive regard Encouraging advice	Builds self-worth Sense of competence
Tangible/instrumental support	Practical help Direct assistance/financial aid	Being valued Reduced stressors
Informational support	Advice, suggestions, feedback	Communication self-efficacy/self-worth
Network (or "companionate", cf. Gottlieb and Bergen 2010) support	Networking Shared experiences	Sense of belonging Affiliation

Social support and disease

- Social support as a moderator of effects of life stress on health (Rosengren *et al.* 1993)
- Among middle-aged men, the association between an accumulation of critical life changes and subsequent heart attack was moderated by the quality of social support.
- Social support may buffer the impact of depression on mortality following a stroke (Frasure-Smith *et al.* 2000)
- Social support as a predictor of illness experience (Evers *et al.* 2003)
- Among individuals suffering from RA, a limited social network was predictive of disease activity 3 years later, even when coping behaviours was controlled for (Penninx *et al.* 1999).

Does social support influence health status?

- Direct effects hypothesis: social support is beneficial regardless of amount of stress and a lack of social support is detrimental to health even in the absence of stress.
- Greater social support provides greater sense of belongingness and self-esteem, thus producing a positive outlook and healthier lifestyles.
- Social support has physiological route to health by reduced blood pressure reactivity, arising from positive stress appraisals and emotions.
- Social support effects may be enhanced via endocrine or immune system functions, although inconsistent (Uchino *et al.* 2006).

Does social support influence health status?

- Buffering hypothesis: social support protects the person against negative effects of high stress.
- Either by influencing the person's *cognitive appraisals* of a situation, so they perceive their resources as greater to meet a threat.
- Or by modifying the person's *coping response* to stressor after it has been appraised as stressful (i.e. they do not cope alone).
