

STRESS, COPING AND RESILIENCE:

Session 2

INTERPERSONAL STRESS

- **Interpersonal stressor:** “stressful episodes between two or more people that involve quarrels, arguments, negative attitudes or behavior, an uncomfortable atmosphere during a conversation or activity, and concern about hurting others’ feelings” (Kato, 2013, p. 100)
- **Interpersonal conflict:** Conflict occurs when two or more people oppose one another because their needs, wants, goals, or values are different. Conflict is almost always accompanied by feelings of anger, frustration, hurt, anxiety, or fear.

INTERPERSONAL STRESS

Interpersonal stress has been associated with depressive symptoms and stress-related illness (Kato, 2014; Nolte et al. 2011)

Reasons for interpersonal conflict:

- Frustration
- Goals having both negative & positive aspect
- Cognitive dissonance
- Neurotic tendencies
- Personality types (A)
- Numerous roles which demand equal attention, but is not possible to devote.

INTERPERSONAL STRESS

Conflict is avoidable vs
conflict is inevitable

Therefore....constructive
conflict

High drama approaches

Low drama approaches

INTERPERSONAL STRESS – HIGH DRAMA APPROACHES

Differences

Power and control
methods (e.g. bullying,
withholding, intimidation,
manipulation, deception)

Negative reciprocity

Demand-withdraw
pattern (Gottman &
Gottman, 1999)

Heavy control
communication (Miller et
al. 1982)

Drama triangle

Externalizing
responsibility

Self-righteousness

INTERPERSONAL STRESS – LOW DRAMA METHOD

“Low-drama approaches are designed to reduce tension and conflict, lead to shared problem solving, and result in greater closeness” (Harrington, 2013, p. 249).

- Similarities
- Empathy
- Active listening
- Constructive influence/positive reciprocity
- Minimally effective response
- Negotiations
- Boundaries
- Accept responsibility for our thoughts, feelings, and actions.



The biggest
communication problem
is we do not listen to
understand.

We listen to reply.

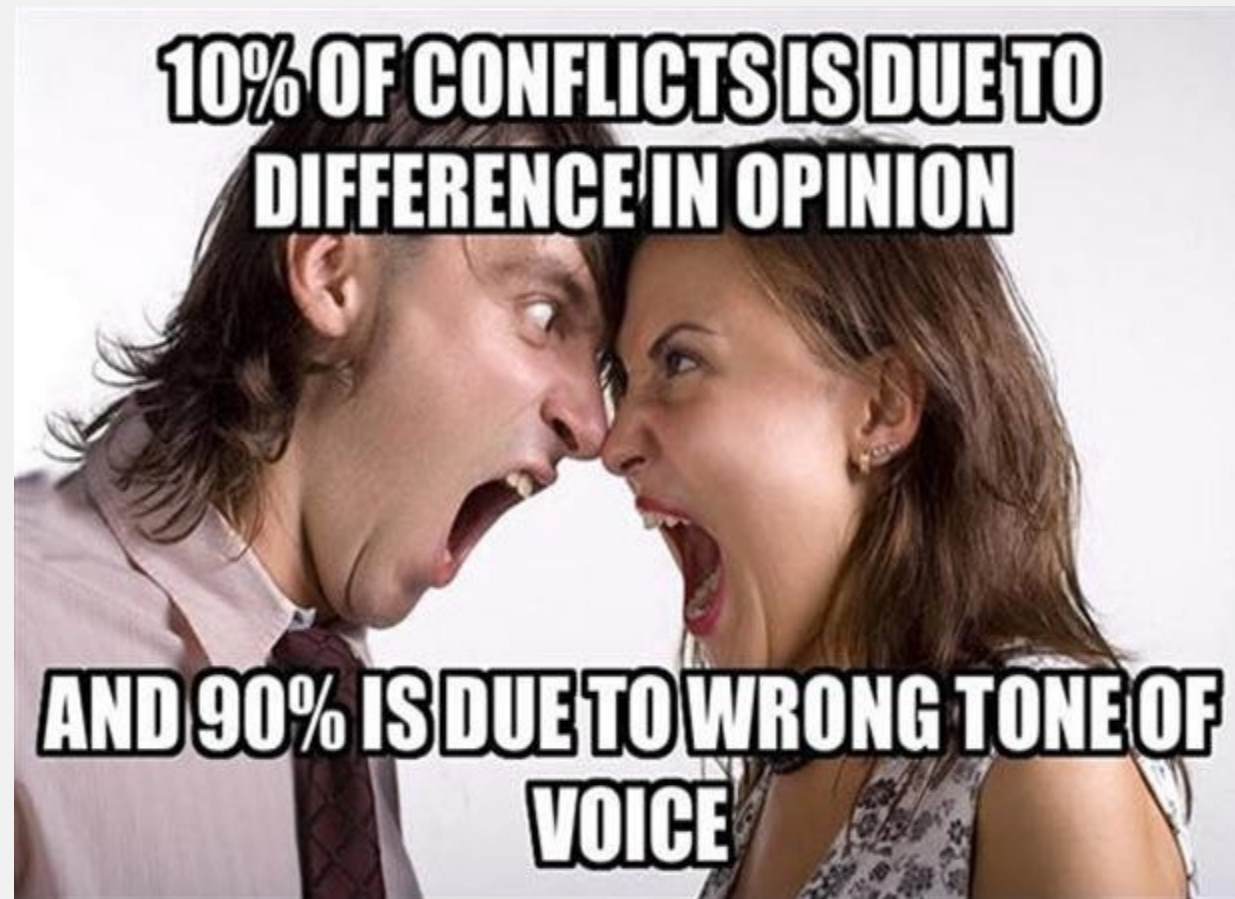


- Be attentive
- Active listening (A good listener is able to make good questions)
- Positive body language shows empathy

COMMUNICATION SKILLS

- “I” statements
- Clarity
- Honesty (e.g. true, kind and necessary)
- Positive body language
- Be aware of your audience
- Ask for feedback





**10% OF CONFLICTS IS DUE TO
DIFFERENCE IN OPINION**

**AND 90% IS DUE TO WRONG TONE OF
VOICE**

CLEAR COMMUNICATION (MCKAY, FANNING, & PALEG, 2006)

1. Avoid judgmental words and loaded terms.
2. Avoid global labels. Global labels are generalized condemnation of a partner's identity. He or she is "stupid, sexist, crazy, selfish, lazy, useless, etc."
3. Avoid "you" messages of blame and accusation.
4. Avoid old history
5. Avoid negative comparisons
6. Avoid threats
7. Describe your feelings rather than attack with them.
8. Keep body language open and receptive

CLEAR COMMUNICATION (MCKAY,FANNING,& PALEG,2006)

10. Use clear messages. Clear messages separate observations, opinions, feelings and needs.

Example:

“I notice you’re pretty quiet tonight (observation). It makes me think you’re not interested in me (thought), and I feel hurt and a little angry (feeling). I’d really like you to talk with me more (need).”

CONFLICT RESOLUTION SKILLS



CONFLICT RESOLUTION SKILLS – COMPROMISE SOLUTIONS

- Take turns
- Do both; have it all
- Trial period
- Split the difference

JOB STRESS

- **Organizational stress:** refers to “how the structure and processes of the organization bring about stress, whereas job stress is specific to the roles, task, and demands of a specific job within the organization” (Harrington, 2013, p. 273)
- **Role conflict:** two or more role demands are incompatible with each other.
- **Role ambiguity:** the duties, responsibilities, and performance expectations of the job are not clearly defined by organizational leaders.
- **Role overload:** the work load is too great and there are insufficient resources to complete the tasks assigned in the time provided (quantitative overload/qualitative overload)

Basic Organizational Conflicts



The Unavoidable Dilemmas of Social Groups

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JOB STRESS



Person-environment fit (P-E fit model)



Job demands-control model (job strain)

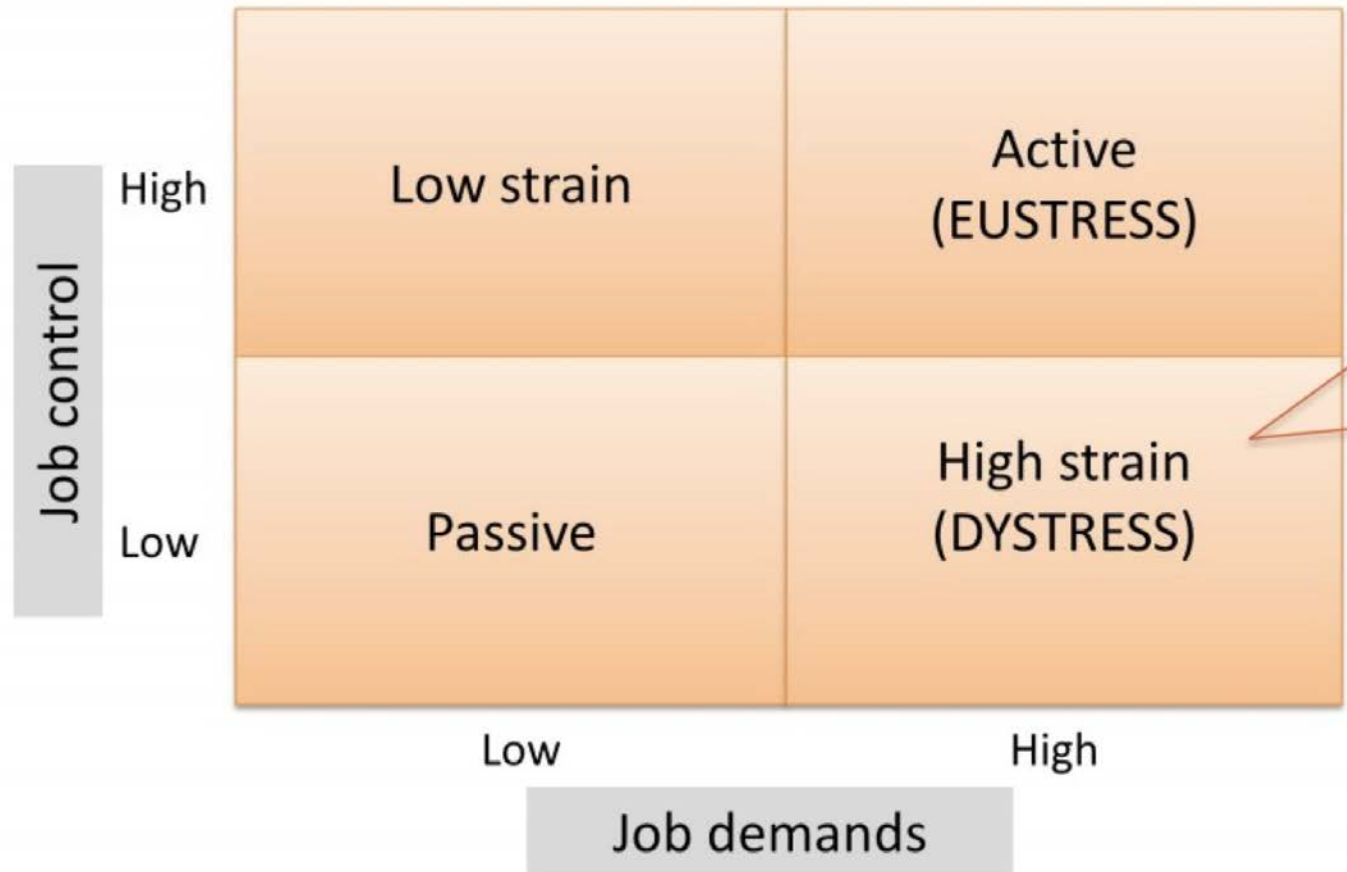


Effort-reward imbalance model (ERI) (Siegrist, 1996)



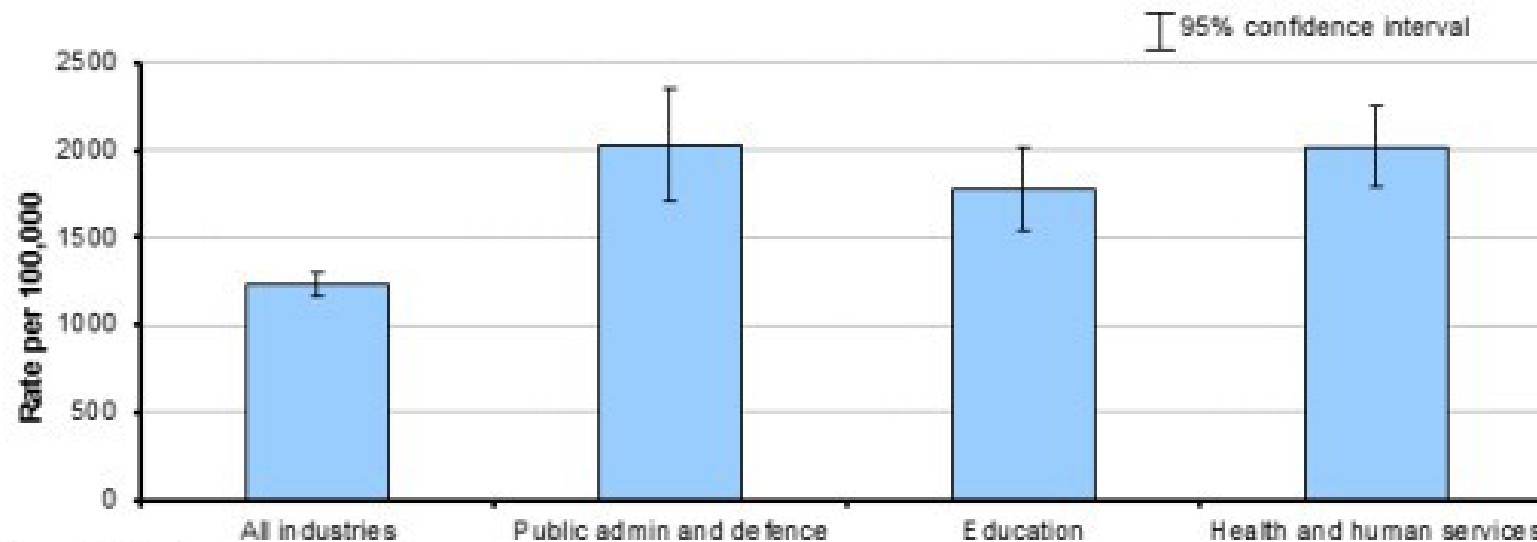
Organizational injustice model (Cropanzano, Goldman, & Benson, 2005)

Karasek's (1979)'s job demands-control model



JOB STRESS - OCCUPATIONS

Figure 3. Prevalence rate for work related stress anxiety and depression by industry group, per 100,000 people employed in the last 12 months, averaged over the period 2013/14-2015/16



Source: Labour force survey (LFS)

Note: No ill health data collected 12/13

JOB STRESS – BURNOUT & HEALTH



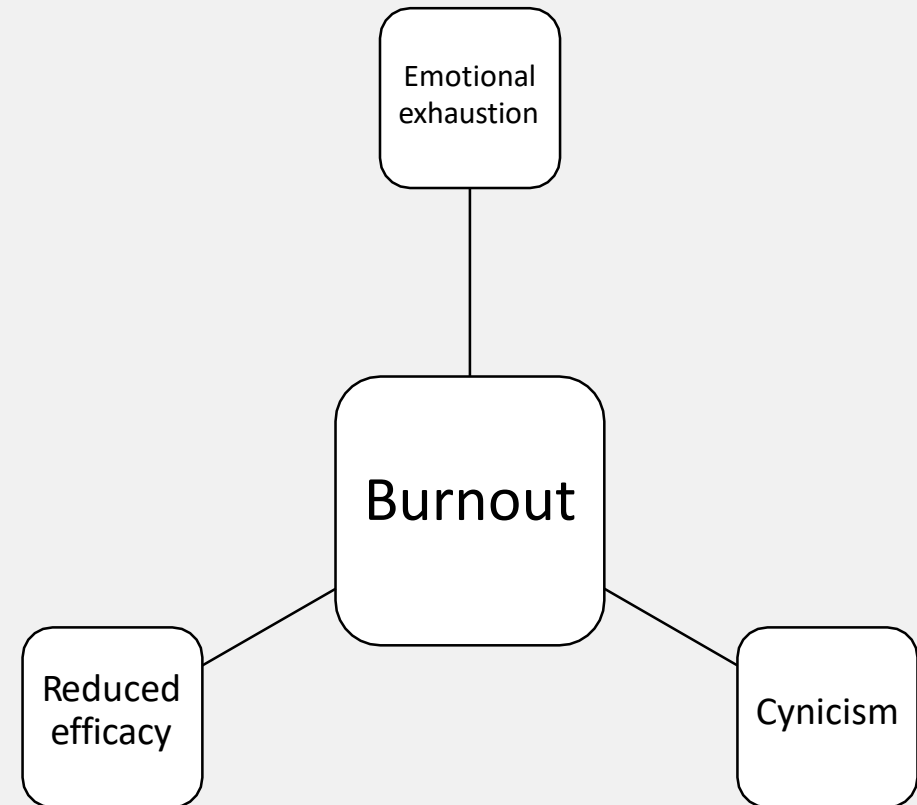
Burnout: “an affective reaction to ongoing stress whose core content is the gradual depletion over time of individuals’ intrinsic energetic resources, including the components of emotional exhaustion, physical fatigue, and cognitive weariness” (Shirom, 2011, p. 223).

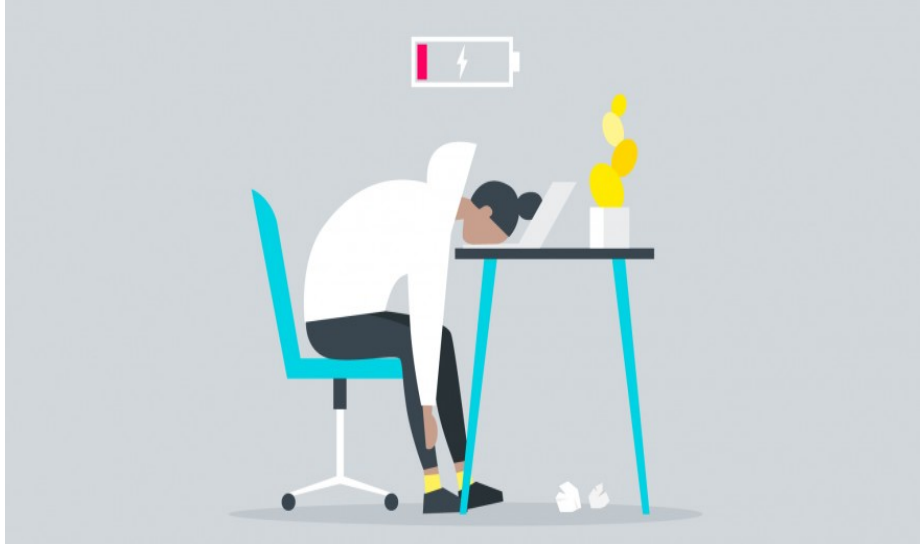


Caring professions and compassion fatigue: “ongoing and intense level of personal, emotional contact” (Maslach, 1998)

JOB STRESS – BURNOUT & HEALTH

Maslach's three-dimensional model of burnout:





Time management



Self-determination theory (Ryan & Deci, 2011)



Positive psychology approach

TIME MANAGEMENT

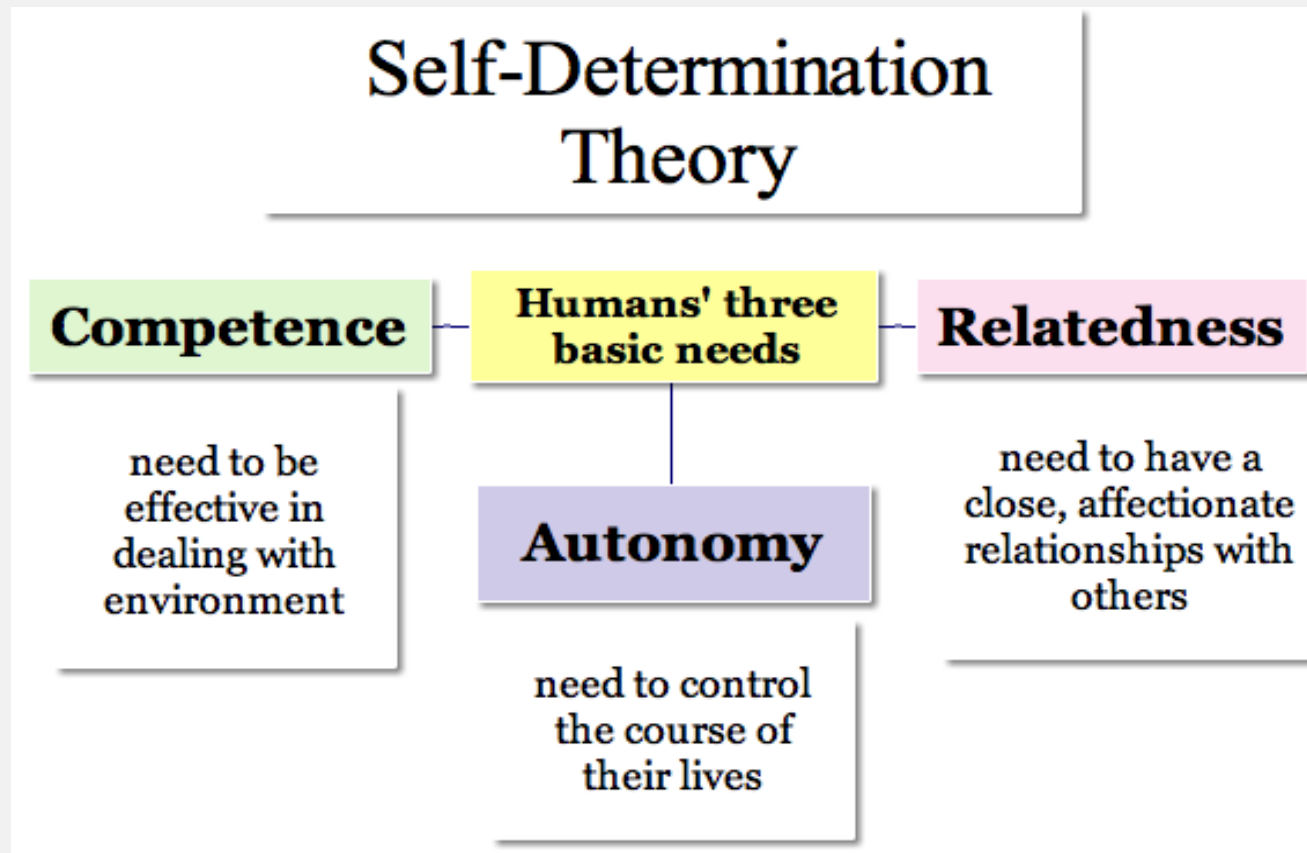
Time wasters

- Lack of goals
- Too many goals
- Procrastination
- Perfectionism

Time management strategies

- Keep a daily time log
- Establish goals and prioritize
- Follow the Pareto principle
- Prune and weed
- Set boundaries to manage your physical work space
- Delegate when feasible and appropriate
- Schedule relaxation time

SELF-DETERMINATIONTHEORY



SELF-DETERMINATIONTHEORY



STRESS & IMMUNE FUNCTION DYSREGULATION

- Alterations or declines in immune function are frequently associated with the experience of stressful life events.
- The immune system is the body's defence against disease.
- Immune function declines with age, stress can exaggerate the effects of aging on immune competence.

Humoral immunity: B cells	Cell-mediated immunity: T cells
Operate in the bloodstream	Operate at level of the cell
Work by releasing antibodies, which then destroy the antigen	Include memory, killer (NK), helper (CD4+) and suppressor T cells
Include memory cells	Mature in the thymus and not the bone marrow as other white blood cells do

Table 11.4 Specific immunity and cell types

PSYCHOIMMUNOLOGY

Role of inflammation in depression relapse

[Chun-Hong Liu](#), [Guang-Zhong Zhang](#), [Bin Li](#), [Meng Li](#), [Marie Woelfer](#), [Martin Walter](#) & [Lihong Wang](#) 

Journal of Neuroinflammation **16**, Article number: 90 (2019) | [Cite this article](#)

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Abstract

Major depressive disorder (MDD) is a leading cause of disability worldwide. After the first episode, patients with remitted MDD have a 60% chance of experiencing a second episode. Consideration of therapy continuation should be viewed in terms of the balance between the adverse effects of medication and the need to prevent a possible relapse. Relapse during the early stages of MDD could be prevented more efficiently by conducting individual risk assessments and providing justification for continuing therapy. Our previous work established the neuroimaging markers of relapse by comparing patients with recurrent major depressive disorder (rMDD) in depressive and remitted states. However, it is not known which of these markers are trait markers that present before initial relapse and, consequently, predict disease course. Here, we first describe how inflammation can be translated to subtype-specific clinical features and suggest how this could be used to facilitate clinical diagnosis and treatment. Next, we address the central and peripheral functional state of the immune system in patients with MDD. In addition, we emphasize the important link between the number of depressive episodes and rMDD and use neuroimaging to propose a model for the latter. Last, we address how inflammation can affect brain circuits, providing a possible mechanism for rMDD. Our review suggests a link between inflammatory processes and brain region/circuits in rMDD.

Neuroinflammation and the Immune-Kynurenine Pathway in Anxiety Disorders

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Abstract

Go to: 

Abstract: Background

Recently, neuroinflammation and the immune-kynurenine pathway have received increased attention in the psychoimmunology field of major depressive disorder (MDD), while studies related to anxiety disorders have been very limited.

Objective

This study reviewed possible mechanisms by which stress or inflammation modulate anxiety through tryptophan metabolism and the kynurenine pathway.

Methods

Relevant literature was identified through a search of MEDLINE via PubMed.

Results

Accumulating evidence has indicated the modulatory effects of the immune-kynurenine pathway on anxiety. The tryptophan catabolites (TRYCATs) in the kynurenine pathway imbalanced by stress or inflammation induce serotonin and melatonin deficiency, making anxiety reactions more sensitive. In addition, TRYCATs cause or sustain anxiety by acting as endogenous anxiogens or anxiolytics, an NMDA agonist or antagonist, or a free radical generator.

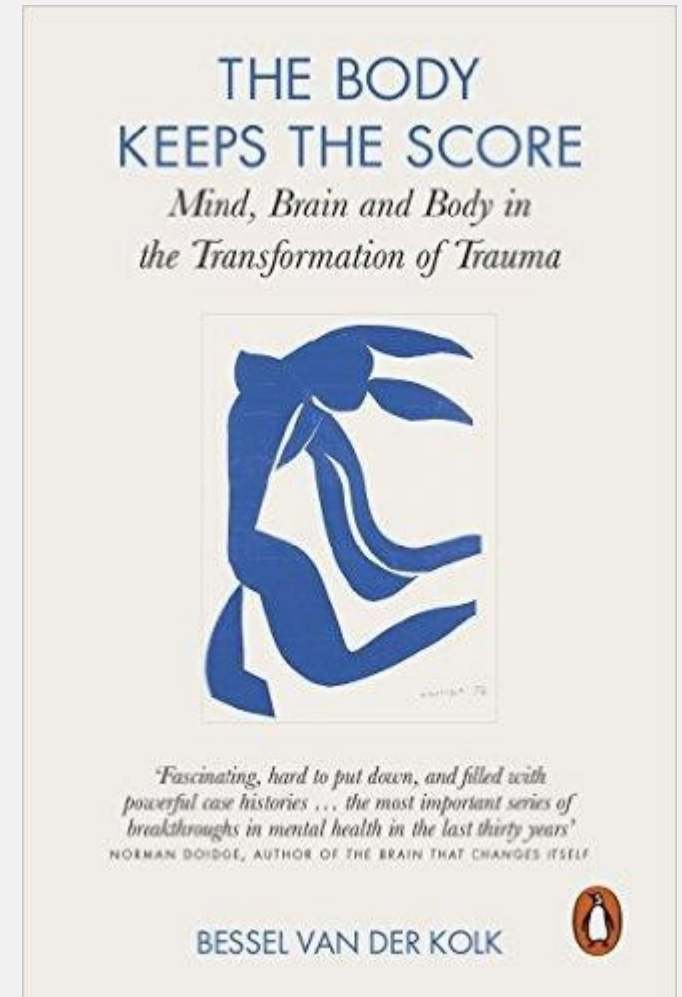
Conclusion

We hope that our understanding of the psychoimmunological mechanisms of anxiety will be expanded and anxiety-related studies will receive greater attention.

Keywords: Anxiety, kynurenine, tryptophan catabolites, serotonin, psychoimmunology, neuroinflammation

TRAUMATIC STRESS

- Posttraumatic stress disorder (PTSD): characterized by a number of symptoms including persistently reexperiencing the traumatic event, avoiding stimuli correlated with the traumatic event, experiencing a general response numbing, and having persistent increased arousal; the duration of the overall symptom pattern lasts at least a month, and there is distress or impairment in one or more primary areas of functioning (Harrington, 2013, p. 86).
- <https://www.youtube.com/watch?v=LKWUmwxi1ZI>
- https://www.youtube.com/watch?v=pxp9958_Eo



PSYCHOLOGY & WELLBEING

- William James (1842-1910) – focused on subjective experience
- Abraham Maslow (1908-1970) – coined the term “positive psychology”
- Albert Bandura (1925 -) – developed the concept of self-efficacy
- Mihaly Csikszentmihalyi (1934 -) – studied “flowstate”
- Martin Seligman (1942 -) – founder of Positive Psychology



PSYCHOLOGY & WELLBEING

“If we were to ask the question: ‘What is human life’s chief concern?’ one of the answers we should receive would be: ‘It is happiness’. How to gain, how to keep, how to recover happiness, is in fact for most men at all times the secret motive of all they do, and of all they are willing to endure.” (James, 1982/1902, *The Varieties of Religious Experience*, p. 78).



PSYCHOLOGY & WELLBEING

- What is a good life? – Socrates, Plato and Aristotle
- Hedonic and eudaimonic wellbeing
- Authentic happiness (Seligman, 2003)
- <https://www.authentichappiness.sas.upenn.edu/home>

PSYCHOLOGY & WELLBEING

Positive psychology focuses on positive experiences at three time points (Hefferon & Boniwell, 2011):

1. The subjective node – positive experiences (e.g. happiness, optimism, wellbeing)
2. The individual node – characteristic of the ‘good person’ (e.g. talent, wisdom, love, courage, creativity)
3. The group node – positive institutions, citizenship and communities (e.g. altruism, tolerance, work ethic)

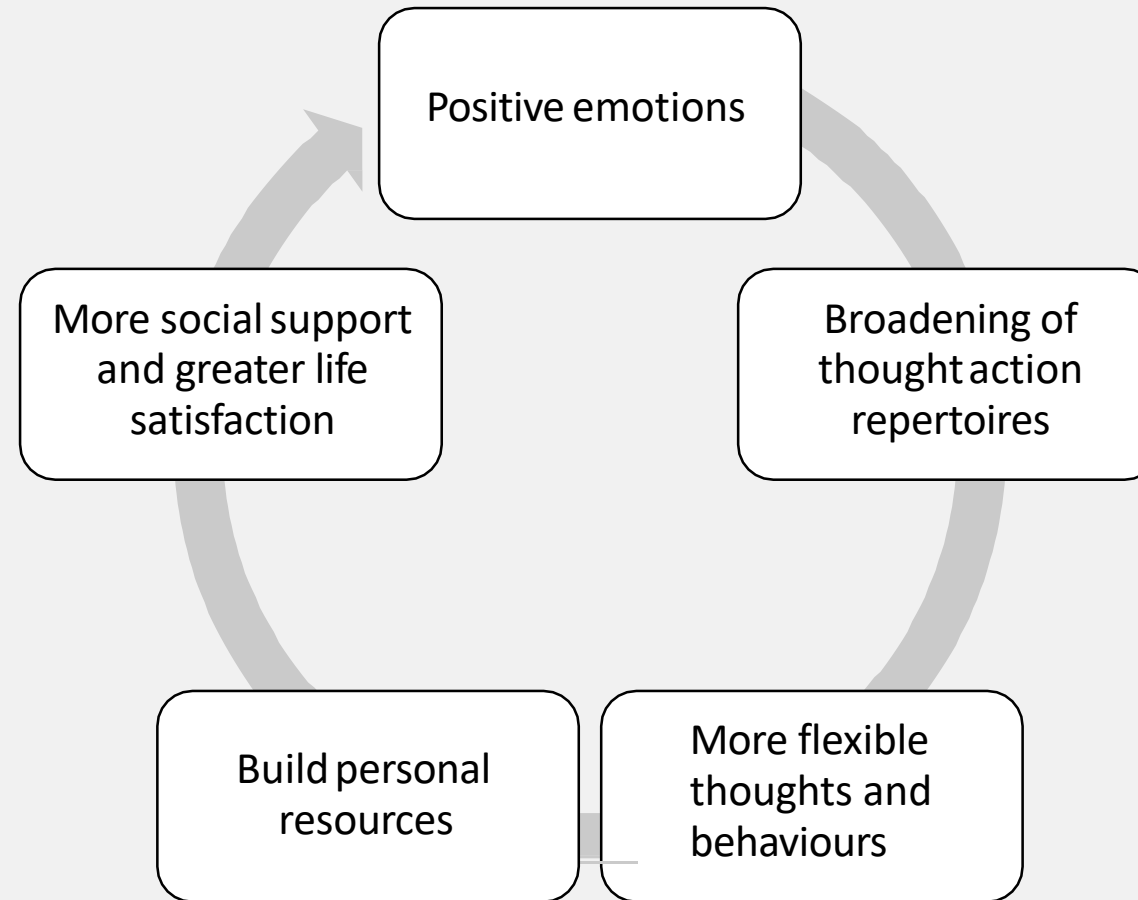
PSYCHOLOGY & WELLBEING

- Traits of happy people (extraversion, agreeableness and conscientiousness)
- Life circumstances
- Dispositional optimism
- Flow and goal pursuit
- Hope theory (Snyder, 1989)
- Mindfulness and savouring (Brown & Ryan, 2003)
- Love and relationships
- Meaning and purposeful living
- Spirituality

PSYCHOLOGY & WELLBEING

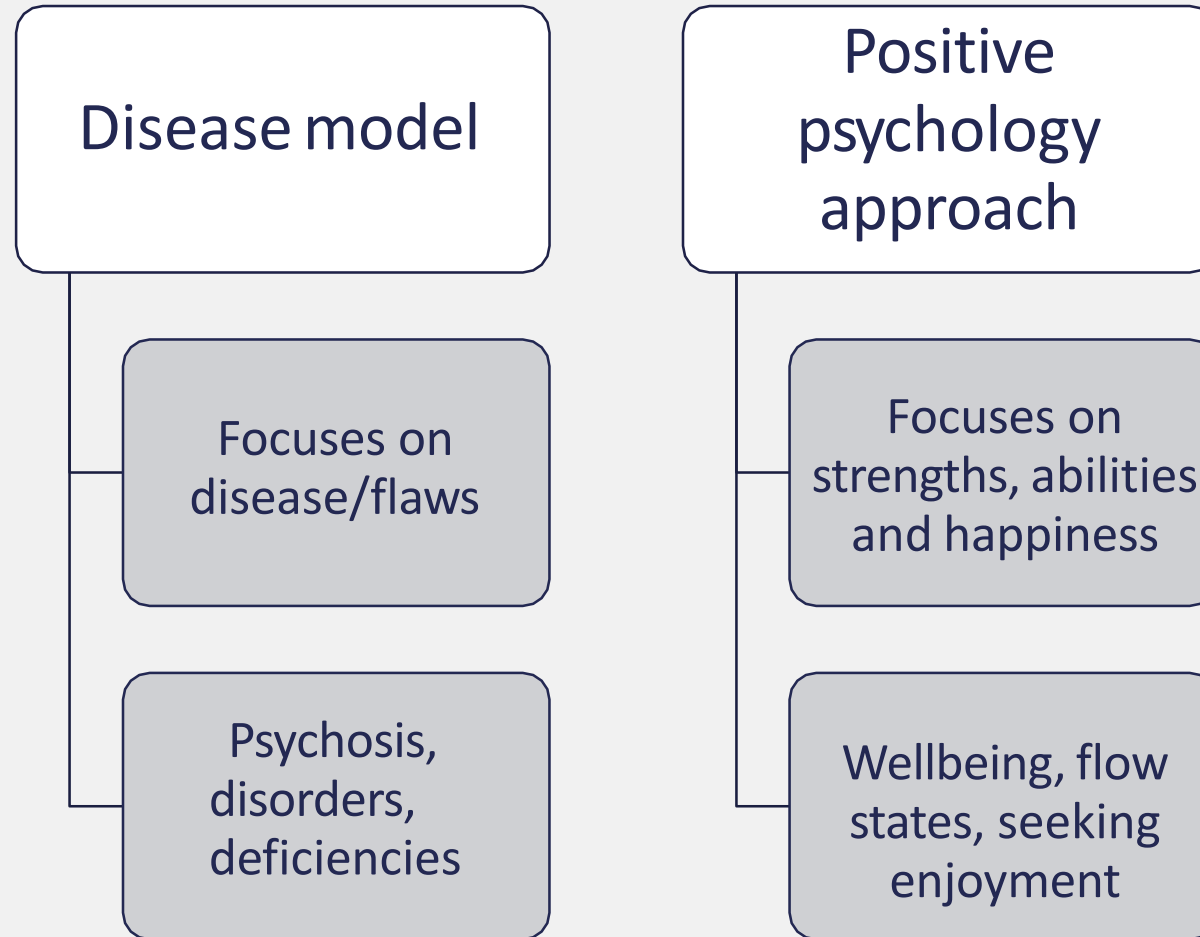
- Gratitude: a feeling of appreciation for something good that another is responsible for bringing about...
- Trait gratitude is a **stronger predictor** of wellbeing and satisfaction with life than any of the Big Five traits (McCullough, Emmons, & Tsand, 2002; Wood, Joseph, & Maltby, 2008)
- [https://www.ted.com/talks/david steindl rast want to be happy by being grateful](https://www.ted.com/talks/david_steindl_rast_want_to_be_happy_by_being_grateful)

PSYCHOLOGY & WELLBEING



Fredrickson video: <https://www.youtube.com/watch?v=Z7dFDHzV36g#action=share>

PSYCHOLOGY & WELLBEING



PSYCHOLOGY & WELLBEING

	Happiness Theory	Wellbeing Theory
Topic	Happiness	wellbeing
Measure	Life satisfaction	Positive emotion, engagement, positive relationships, meaning, and accomplishment
Goal	Increase life satisfaction	Increase flourishing by increasing positive emotion, engagement, positive relationships, meaning, and accomplishment

Seligman TED Talk: https://www.ted.com/talks/martin_seligman_on_the_state_of_psychology

PSYCHOLOGY & WELLBEING

Flow state:

- "The best moments in our lives are not the passive, receptive, relaxing times... The best moments usually occur if a person's body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile." (Csikszentmihalyi, 1990, p.3)
- Experience sampling method (Larson & Csikszentmihalyi, 2014)
- https://www.ted.com/talks/mihaly_csikszentmihalyi_on_flow?language=en

WHY BOTHER TO BE HAPPY? (SELIGMAN, 2009)

- Your thinking is faster and broader
- You have (generally) better health & longevity
- You are more productive
- You build social resources better
- Your thinking is generally more tolerant, creative, constructive and non-defensive.
- You tolerate pain better



HAPPINESS PRINCIPLES (FORDYCE, 1983)

1. Be more active
2. Spend more time socializing
3. Be productive at meaningful work
4. Get better organized and plan things out
5. Stop worrying
6. Lower your expectations and aspirations
7. Develop positive, optimistic thinking

HAPPINESS PRINCIPLES (FORDYCE, 1983)

7. Get present oriented
8. Work on a healthy personality
9. Be yourself (authentic)
10. Eliminate negative feelings and problems
11. Close relationships are the number one source of happiness
12. Value happiness

APPLYING POSITIVE PSYCHOLOGY (POSITIVE PSYCHOLOGY INTERVENTIONS–PPI)

- Mindsets (Dweks et al., 1995)
- Gratitude
- Transtheoretical model (positive change)
- Self-regulation (Ryan & Deci, 2009)
- Mindfulness meditation (Kabat-Zinn, 2004)
- Savouring (Bryant & Veroff, 2007)