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REVIEW ARTICLE

MODEL AND TECHNIQUE OF STRESS MANAGEMENT

Model and Technique of Stress Management

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Stress management refers to a wide spectrum of techniques and psychotherapies aimed at controlling a person's levels of stress, especially chronic stress, usually for the purpose of improving everyday functioning.

The term 'stress' refers only to a stress with significant negative consequences, or distress in the terminology advocated by Hans Selye, rather than what he calls eustress, a stress whose consequences are helpful or otherwise positive.

Stress produces numerous symptoms which vary according to persons, situations, and severity. These can include physical health decline as well as depression. According to the St. Louis Psychologists and Counseling Information and Referral, the process of stress management is one of the keys to a happy and successful life in modern society. Although life provides numerous demands that can prove difficult to handle, stress management provides a number of ways to manage anxiety and maintain overall well-being.

Despite stress often being thought of as a subjective experience, levels of stress are readily measurable using various physiological tests, similar to those used in polygraphs.

Many practical stress management techniques are available, some for use by health practitioners and others for self-help, which may help an individual to reduce stress, provide positive feelings of being in control of one's life and promote general well-being.

The effectiveness of the different stress management techniques can be difficult to assess, as few of them have received significant attention from researchers. Consequently, the amount and quality of evidence for the various techniques varies widely. Some are accepted as effective treatments for use in psychotherapy, whilst others with less evidence favoring them are considered alternative therapies. Many professional organizations exist to promote and provide training in conventional or alternative therapies.

There are several models of stress management, each with distinctive explanations of mechanisms for controlling stress. Much more research is necessary to

provide a better understanding of which mechanisms actually operate and are effective in practice.

HISTORICAL FOUNDATIONS

Walter Cannon and Hans Selye used animal studies to establish the earliest scientific basis for the study of stress. They measured the physiological responses of animals to external pressures, such as heat and cold, prolonged restraint, and surgical procedures, then extrapolated from these studies to human beings.

Subsequent studies of stress in humans by Richard Rahe and others established the view that stress is caused by distinct, measurable life stressors, and further, that these life stressors can be ranked by the median degree of stress they produce (leading to the Holmes and Rahe Stress Scale). Thus, stress was traditionally conceptualized to be a result of external insults beyond the control of those experiencing the stress. More recently, however, it has been argued that external circumstances do not have any intrinsic capacity to produce stress, but instead their effect is mediated by the individual's perceptions, capacities, and understanding.

MODELS

TRANSACTIONAL MODEL

Richard Lazarus and Susan Folkman suggested in 1984 that stress can be thought of as resulting from an "imbalance between demands and resources" or as occurring when "pressure exceeds one's perceived ability to cope". Stress management was developed and premised on the idea that stress is not a direct response to a stressor but rather one's resources and ability to cope mediate the stress response and are amenable to change, thus allowing stress to be controllable.

In order to develop an effective stress management programme it is first necessary to identify the factors that are central to a person controlling his/her stress, and to identify the intervention methods which effectively target these factors. Lazarus and Folkman's interpretation of stress focuses on the transaction between people and their external environment (known as the Transactional Model).

The model contends that stress may not be a stressor if the person does not perceive the stressor as a threat but rather as positive or even challenging. Also, if the person possesses or can use adequate coping skills, then stress may not actually be a result or develop because of the stressor. The model proposes that people can be taught to manage their stress and cope with their stressors. They may learn to change their perspective of the stressor and provide them with the ability and confidence to improve their lives and handle all of types of stressors.

HEALTH REALIZATION/INNATE HEALTH MODEL

The health realization/innate health model of stress is also founded on the idea that stress does not necessarily follow the presence of a potential stressor. Instead of focusing on the individual's appraisal of so-called stressors in relation to his or her own coping skills (as the transactional model does), the health realization model focuses on the nature of thought, stating that it is ultimately a person's thought processes that determine the response to potentially stressful external circumstances. In this model, stress results from appraising oneself and one's circumstances through a mental filter of insecurity and negativity, whereas a feeling of well-being results from approaching the world with a "quiet mind".¹

This model proposes that helping stressed individuals understand the nature of thought—especially providing them with the ability to recognize when they are in the grip of insecure thinking, disengage from it, and access natural positive feelings—will reduce their stress.

TECHNIQUES

High demand levels load the person with extra effort and work. A new time schedule is worked up, and until the period of abnormally high, personal demand has passed, the normal frequency and duration of former schedules is limited.

Many techniques cope with the stresses life brings. Some of the following ways induce a lower than usual stress level, temporarily, to compensate the biological tissues involved; others face the stressor at a higher level of abstraction:

- Autogenic Training
- Social activity
- Cognitive therapy
- Conflict resolution
- Exercise
- Getting a hobby
- Meditation
- Mindfulness (psychology)
- Deep breathing
- Yoga Nidra
- Nootropics
- Reading novels
- Prayer
- Relaxation Techniques
- Artistic Expression
- Fraction Relaxation
- Progressive relaxation
- Spas
- Soma tics training
- Spending time in nature
- Stress balls
- Natural Medicine
- Clinically validated alternative treatments
- Time management
- Planning and decision making
- Listening to certain types of relaxing music, particularly:
- New Age music
- Classical music
- Psychedelic music
- Christian music
- Liquid Funk
- Ambient music
- Sleep Music
- Spending quality time with pets

Techniques of stress management will vary according to the philosophical paradigm.

STRESS PREVENTION & RESILIENCE

Although many techniques have traditionally been developed to deal with the consequences of stress considerable research has also been conducted on the prevention of stress, a subject closely related to psychological resilience-building. A number of self-help approaches to stress-prevention and resilience-building have been developed, drawing mainly on the theory and practice of cognitive-behavioral therapy.

MEASURING STRESS

Levels of stress can be measured. One way is through the use of psychological testing: the Holmes and Rahe Stress Scale is used to rate stressful life events, while the DASS contains a scale for stress based on self-report items. Changes in blood pressure and galvanic skin response can also be measured to test stress levels, and changes in stress levels. A digital thermometer can be used to evaluate changes in skin temperature, which can indicate activation of the fight-or-flight response drawing blood away from the extremities.

EFFECTIVENESS

Stress management has physiological and immune benefits.

Positive outcomes are observed using a combination of non-drug interventions:

- treatment of anger or hostility,
- autogenic training
- talking therapy (around relationship or existential issues)
- bio feed back
- cognitive therapy for anxiety or clinical depression