

# The Stress Model and Stress Reduction

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The major obstacles to our wellbeing and happiness are stress-symptoms such as depression, anxiety, panic, sleep disturbance, irritability, anger, exhaustion/fatigue, withdrawal, alcohol and drug abuse, etc. These symptoms describe stress and could also describe a stress-reaction. If you are experiencing one of these, or all of these symptoms, then you can say that you are stressed. Sure, stress will interfere with your wellbeing and happiness but if the stress is interfering with your work, social, and/or family life then you're probably suffering from a stress-reaction. A stress-reaction will interfere with your health.

There is no question that we all deserve to be happy and healthy. Stress reduction is a reasonable expectation and it's doable. The starting point is in understanding the stress-model. The stress-model makes it clear. Stress reduction is possible if you understand what stress is and how it works.

## What stress is and how it works

To understand stress, you need to make a clear distinction between STRESSOR and STRESS. The words "stress" is often misused. For example, people will say that "work is stress". No, it's not. Work is a stressor. People will say that "money problems are stress". No, they are not. Money problems are a stressor. Likewise you'll hear people say something like, "noisy neighbours are stress", or "the weather is stress". No, these are all stressors.

Stress is a heading for a list of symptoms such as sleep disturbance, feeling keyed-up, irritability, anger, poor concentration, paranoia, gastro intestinal problems, nausea, anxiety, panic, exhaustion, burnout, depression, etc (see Figure 1a). If you have any one of these symptoms or all of these symptoms, then you are stressed (Sapolsky, 1994). Other signs of stress are excessive alcohol or drug use.

**Stress**  
 Sleep Disturbance  
 Irritability  
 Feeling Keyed-up  
 Anger  
 Poor Concentration  
 Paranoia/Suspicion  
 Gastro Intestinal upset  
 Back Pain  
 Hypertension  
 Anxiety/Panic/Burnout  
 Exhaustion/Fatigue  
 Depression  
 "I think I'm going crazy"  
 Alcohol & Drug abuse

Figure 1a: The Stress Model

Another sign of stress is when people say, "I think that I'm going crazy." For example, a client once told me about her irritability and sleep disturbance. She said that over the weeks of experiencing the bullying at work she just got more and more exhausted. But every time she put her head down to sleep at night, it popped up again. She just couldn't settle. The feeling of exhaustion was getting to the point where she thought that she was "going crazy." She said, "if only I could get a decent night's sleep, but I'm just too keyed-up."

That client wasn't actually "going crazy" at all. If she were, she wouldn't be saying that. If she was going crazy, then she would be saying, "I think that you (or other people) are going crazy".

A stressor, on the other hand, is any challenge, demand, threat, danger, hassles, change, loss, illness, chronic pain, etc. A stressor will represent an emergency of one sort or another (see Figure 1b).

We have a biological response for dealing with emergencies. Usually this event is referred to as the "fight or flight response". Just as a slight diversion, some people refer to "fight or flight or

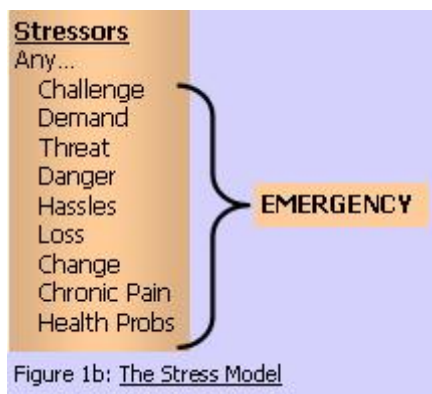
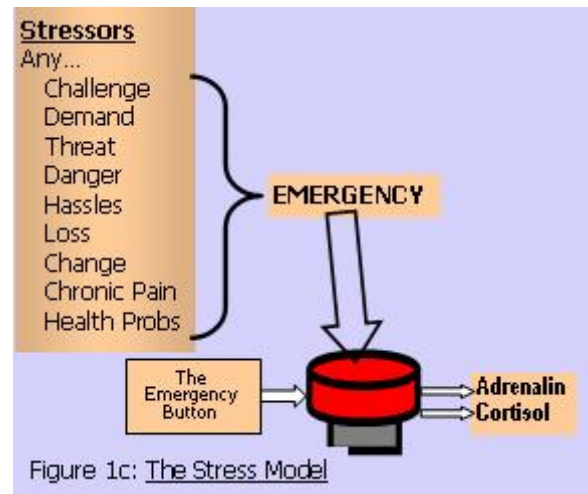


Figure 1b: The Stress Model

fright". Or some people might say he is in either "fight" or "flight" as a response to stress. These are embellishments of the original term; there is no need to mention "fright". Whether you actually "fight" or "flight" or "freeze" in the face of danger says nothing about stress. People who use these embellishments are demonstrating their poor understanding of stress. The term "fight or flight" is not a description of behaviour, it is however a description of an autonomic response that changes the body from neutrality to a state of emergency. Fight or flight mainly denotes the release of adrenalin and cortisol. These are the chemicals that our body produces to deal with emergencies.



I keep away from the term "fight or flight". I will instead use the term "autonomic response", or I will use the metaphor of the "Emergency Button". Let's just say, to develop the "Button" metaphor that in our brains there is an Emergency Button. We can say that this is a brain function. Your perception of an emergency is a mind function. The Button metaphor describes the mind-body connection (see Figure 1c). In other words, The Button is a metaphor to describe the translation of mental activity into physical actions. The "mental activity" can be conscious or subconscious images, ideas, or head-chatter that contains the meaning "emergency". The physical action is the release of the adrenalin and cortisol.

Can you tell the difference between your mind and your brain? The kind of difference that makes sense to me is this. If I want to see your brain all I need to do is drill a hole into your skull to peep inside to see your brain. Your brain is part of your body. If I want to see your mind, I have to talk with you. The Button metaphor describes the mind-body connection.

Getting on The Button in response to a stressor is not necessarily a bad thing. If you were faced with real danger then you would need the adrenalin to deal with the emergency. The adrenalin gives your muscles the ability to burn energy quickly. It is like fanning the flames of a fire. Your body might even need the cortisol so that you can maintain your mobility, particularly if you are injured. The cortisol is an anti-inflammatory steroid and prevents swelling.

So as a mental exercise, imagine that you are crossing the road and you notice a bus coming at you. You will hit The Button and leap to the pavement. Once you land on the pavement, hopefully you will thank the fact that you have a Button to hit in such emergencies. Hopefully you will just dust yourself off and go about your business. If you do this, then your Button will pop back up and your adrenalin and cortisol levels will return to normal. There will be no stress.



An emergency hopefully is brief with a distinct beginning, middle and end. The "end" bit of an emergency is often referred to as "closure". So if you hit The Button and you keep on hitting it, or you jam it in the "on" position, then stress will quite probably be the end result. By maintaining a state of emergency in our body we eventually create stress. Stress will occur after a time of elevated levels of adrenalin and cortisol. These emergency chemicals are not meant to be in our bodies at

elevated levels for an extended period of time.

For example, let's say that you do leap out of the way from the bus. You land on the pavement and instead of just dusting yourself off, you fire up the head-chatter about the bus driver and his incompetence (see Figure 1d)? "The prick tried to kill me," you mutter to yourself.

"What's his number?"

"Where did he get his licence?"

"Is he blind?"

"What's the bus company's number?"

"I'm going to write them a letter."

"I'm going to ring them up."

"I'm going to get that driver sacked."

"Blah blah blah." On and on.

Head-chatter emphatically and absolutely is not thinking. Often, the internal dialogue, as in the example above, is referred to as "thinking". This is an inaccurate use of the word. Thinking is useful and will lead to a useful adaptation, or resolution of the stressor. This important point is developed in Session 2 and in the sessions beyond.

With head-chatter like this, and depending upon how much you keep it going and to what level you are prepared to take it, chances are that by the time you get home, you'll have a headache. By keeping the head-chatter going perhaps you'll have a disturbed sleep that night. You might even have to take the next day off, call in sick.

Under the heading for the Stress in Figure 1d, note the symptoms of sleep disturbance, irritability, anxiety and panic. These symptoms are obvious signs of elevated levels of adrenalin in your body. Take the feeling of anxiety as an example. How do you feel anxiety? Where do you feel it in your body? Chances are that you feel it in your gut. You might say that you feel nauseous or that you have a knot in your stomach. Or you might say that you have a welling up inside your chest. You might say that anxiety makes you feel tight in your chest. You might notice that you hold your breath, the baited breath. These feelings are the presence of adrenalin at elevated levels. What you feel is the adrenalin. The anxiety is your interpretation of that feeling.

Under normal conditions, after getting on The Button, adrenalin is quick to release and quick to disperse. In other words, it's released then it quickly goes away. So for you to actually feel anxiety, you have clearly gotten onto The Button and stayed on it. To develop the metaphor even further I ask you, what have you done to your Button? Have you jammed it in the on-position? Have you hammered it through the floor? Have you nailed it down? Have you stacked a fridge on it? Are you continually banging on it? Have you taken a swan-dive on to it? Are you sitting on it? I find that individuals have their own ideas about what they have done to their Emergency Button.

Elevated levels of cortisol over time are far more damaging to our bodies than we care to imagine. As I mentioned, cortisol is an anti-inflammatory steroid. Many people know about cortisone creams and injections. These creams or injections are usually medical treatments for inflammation of one kind or another. Cortisol is produced by our adrenal glands.

Cortisol at elevated levels in our body over extended periods of time is quite destructive (Sapolsky, 1994). It will damage your immune system. It will cause a build-up of bad cholesterol in your body. It will compromise your body's ability to process salt. All these lead to long-term health risks. But more importantly, it will muck around with your blood-sugar levels. It can cause you to feel continuously exhausted and drained of energy. Burnout can be the final straw.

Elevated adrenalin and cortisol together lead to a strange feeling in our bodies. On one hand we are ready to go, because of the adrenalin. On the other hand we feel exhausted, because of the cortisol. This is the feeling of being keyed-up. As you are probably only too well aware, this is a very uncomfortable feeling.

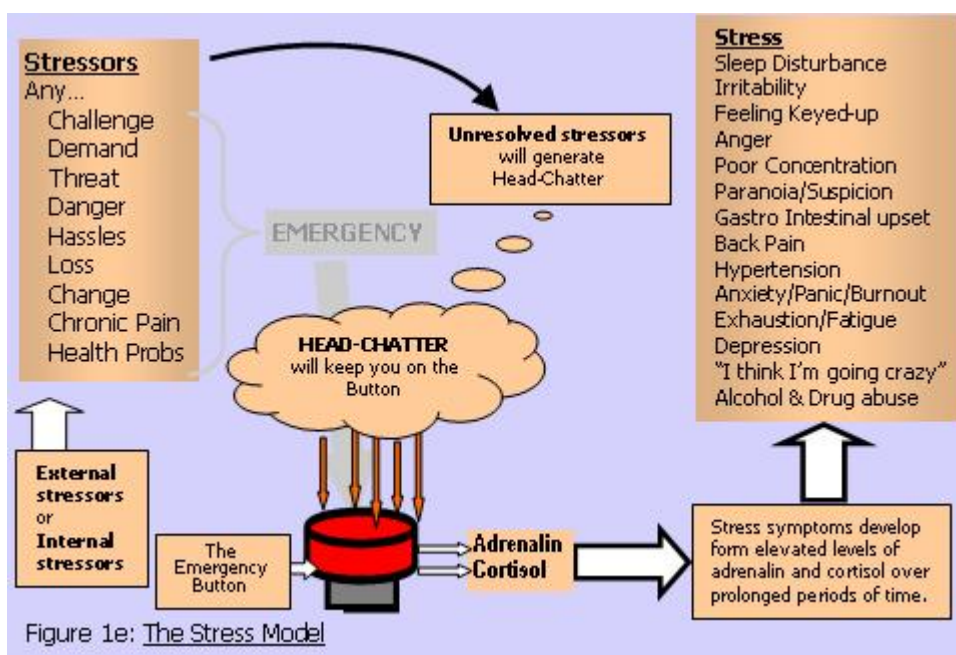
This feeling of exhaustion can also lead to the development of depressive behaviours such as hiding away and withdrawal. This often develops further into avoidance behaviour as a coping strategy. Avoidance as coping can perpetuate and maintain feelings of anxiety. Quite often a person who is exhausted or keyed-up is saying "just leave me alone, I just don't want to know". Clinical depression can then develop.

Ok, here's a question to see if you've been paying attention. In Figure 1e, do stressors cause stress?

It's tempting to answer "yes". But here's a thought experiment to do before you commit to an answer. Can you ever eliminate stressors from your life (see Figure 1e)? That is to say, can you ever rid yourself of challenges, demands, threats, dangers, hassles, change, loss, illness, or even chronic pain if you have it? You might like to think that perhaps you can avoid, escape, suppress, blame or deny your way out of some specific examples of challenges, demands, threats, danger, hassles, change, loss, illness, chronic pain, etc. But in reality, you would know that we cannot eliminate stressors from our lives.

Can we eliminate stress from our lives? Well we'd hope so. It certainly seems like a good aim to have. It may not be possible in an absolute sense. But why shouldn't we work on it. We don't need sleep disturbance, feeling keyed-up, irritability, anger, poor concentration, paranoia, gastro intestinal problems, nausea, anxiety, panic, exhaustion, burnout, depression, etc. We don't need stress, so why not work on stress reduction?

So there cannot be a direct causal link between stressors and stress, because we are unable to eliminate stressors from our lives, and we are able to significantly reduce stress. This is important to understand. Stressors are to be resolved not eliminated, avoided, suppressed, denied, forgotten, etc.



What causes stress? Follow the process seen in the full Stress Model in Figure 1e. Stress is caused by having the emergency chemicals, adrenalin and cortisol, in our bodies, at elevated levels, over an extended period of time. That is what causes stress.

What causes the emergency chemicals to be in our bodies at elevated levels over an extended period of time? To develop the

metaphor, "jamming the Emergency Button in the on-position", that's what.

What “jams the Button in the on-position”? Head-chatter, that’s what. What causes head-chatter? Having unresolved stressors is what causes head-chatter.

Stress is caused by The Button’s continued use without giving your body the chance to recover. In the case of the bus story, if after the emergency is actually over your mental activity continues as obsessional head-chatter about what might have happened, then your body will remain in a state of emergency and you will become stressed, you will suffer. If you live your life like this, you will experience stress as chronic anxiety and/or panic attacks, and/or depression, or as any of the other stress symptoms seen in Figure 1e.

The answer should be clear by taking a good look at Figure 1e. The answer is in two parts. One is to work on resolving stressors. The other part is to take control of the head-chatter. It is true that if you resolve your stressors, then the head-chatter will evaporate. But we need to be realistic here. It’s probably the case that we will never have all our stressors resolved at one time, so taking control of the head-chatter is also essential. There will always be stressors that are at different levels of resolution. Not only that, there are stressors that we will not identify immediately. Some stressors are not so obvious.

There are two types of stressors, external and internal.

External stressors are the demands, threats, challenges, etc, that come from the environment. Chronic pain and illness are in this category. In other words, external stressors require us to adapt in some way. The good thing about external stressors is that they are usually obvious and easily identified.

Internal stressors come from within. These are the demands, threats, challenges, etc, that impact upon us from our personality. In this sense, we are our worst enemy. Internal stressors are our entrenched beliefs and attitudes that are in conflict with the world around us. These are our maladaptive belief systems that are woven into the fabric of our personality. They are too close for us to see them without help. It’s like not being able to tell the forest from the trees, because we don’t even know that we are one of the trees.

## **Stress Reduction Plan**

If you are stressed according to the definition in Figure 1, then clearly your unresolved stressors need to be resolved and you need to take control of your head-chatter. Be clear about one thing. When I say that, “your unresolved stressors need to be resolved”, don’t think about this as a once-off action. Think of it as a life-time project.

Throughout the rest of your life you will encounter a constant flow of external stressors. There will always be a constant flow of demands, challenges, threats, danger, change, and potentially loss. In this area of your life, you will probably do all right without much help from me. Generally speaking, external stressors are easier to spot and it is usually clear enough what needs to be done.

Also, throughout the rest of your life, your personality will not change dramatically so that you will become a different person. In this sense your internal stressors will be there with you wherever you are. This is where I will be most helpful in helping you to understand your internal stressors and what to do about them. Internal stressors are subtle and abstract, not so obvious. This is the area of your life where an outside view is needed so that you can see what you would not necessarily be able to see.

For stress reduction, my plan is to help you to get the ball rolling. For my part I need to be a helpful teacher and coach. Once my teaching and coaching is completed, you will keep the ball

rolling on your own. Or to put another way, your project of "learning to drive the machine better" will continue on with your own self-teaching and self-coaching.

**WARNING**

For very serious psychological problems such as posttraumatic stress disorder, specific phobias, addiction, conduct disorder, or personality disorders, I strongly recommend that you seek out a local psychologist to tackle those problems in face-to-face consultations. For serious psychiatric disorders such as psychosis or bi-polar or schizophrenia you will need to consult with a psychiatrist face-to-face about suitable medication.