

Coping *with* **STRESSES**



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1-800-PSYCH

- If you are obsessive-compulsive, dial 1 repeatedly...
- If you are paranoid-delusional, dial 2 and wait, your call is being traced...
- If you are schizophrenic, a little voice will tell you what number to dial...
- If you have MPD, dial 3 if you are Alice, dial 4 if you are John, dial 5 if you are Britney Spears
- If you are manic, dial 1-9 100 times...
- If you are depressed, any number will do.... Nobody will answer anyway.

stress [stress]

n (*plural stress-es*)

strain felt by somebody:..... mental, emotional, or physical strain caused, for example, by anxiety or overwork. It may cause such symptoms as **raised blood pressure or depression.**

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stress [stress]

“Wear and tear” our mind and body experience as we adjust to our continually changing environment.

Adaptive — can help compel us to action; results in a new awareness and an exciting new perspective

Maladaptive — can result in feelings of distrust, rejection, anger & depression which in turn can lead to health problems



Biopsychosocial Model

STRESSFUL EVENT

- *Type*
- *Magnitude*
- *Duration*
- *Novelty*
- *Predictability*
- *Temporal sequence*



Biopsychosocial Model

INDIVIDUAL

- Biological dispositions
- Psychological makeup
- Social resources
- Demographics
- Age of exposure

STRESSFUL EVENT

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Biopsychosocial Model

COPING-APPRAISAL

- Threat
- Challenge
- Importance
- Control
- Experience
- Coping measures

INDIVIDUAL

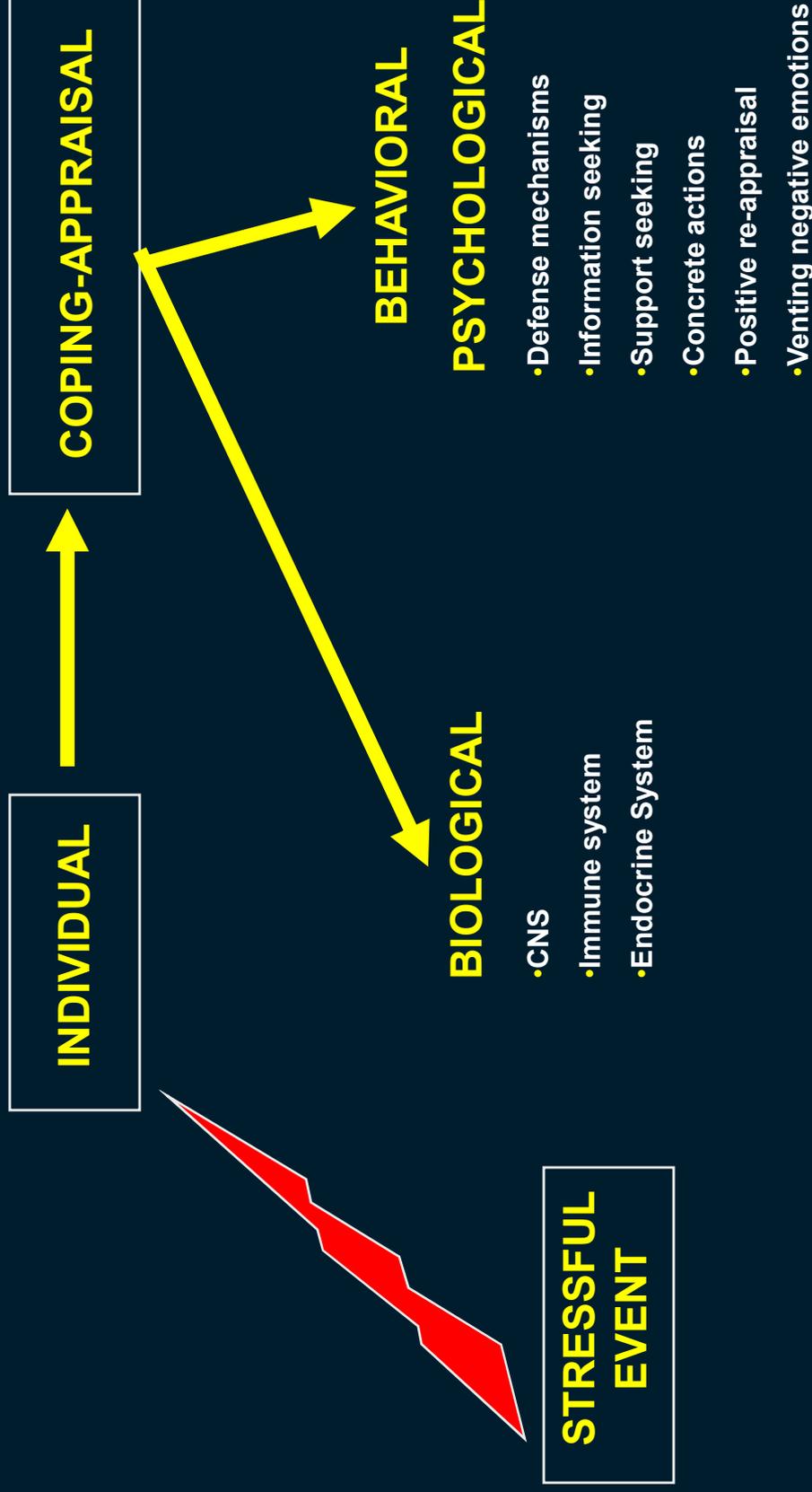
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- *Psychological makeup*
- *Social resources*
- *Demographics*
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**STRESSFUL
EVENT**

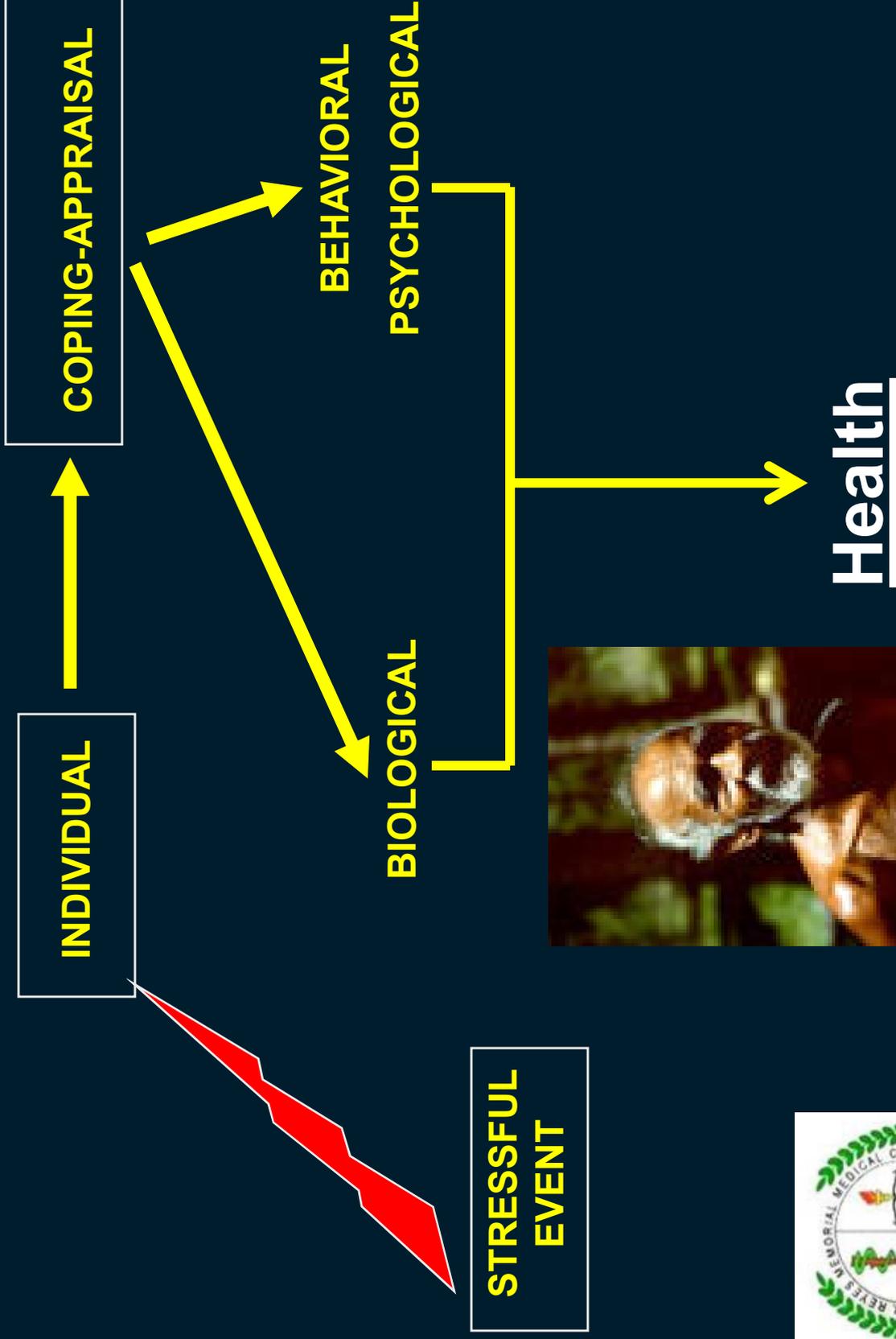
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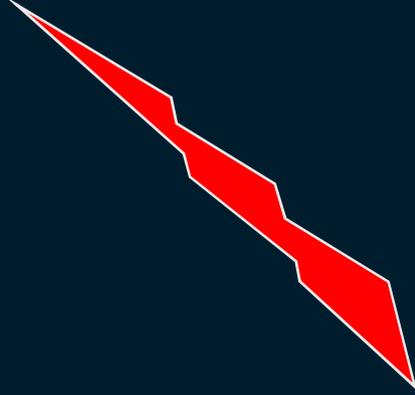
Biopsychosocial Model



Biopsychosocial Model



Biopsychosocial Model



**STRESSFUL
EVENT**

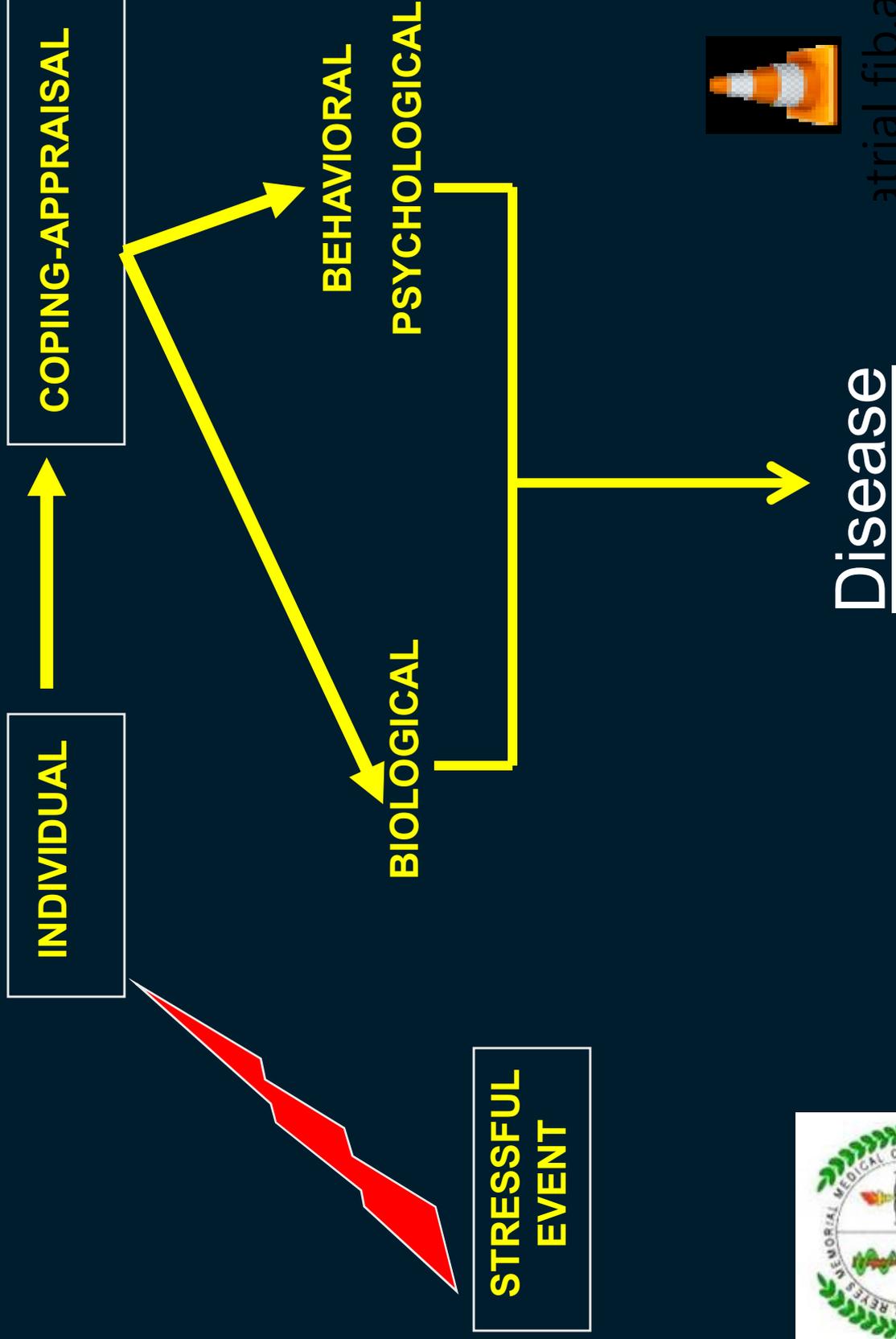
**BEHAVIORAL
PSYCHOLOGICAL
BIOLOGICAL**



Disease



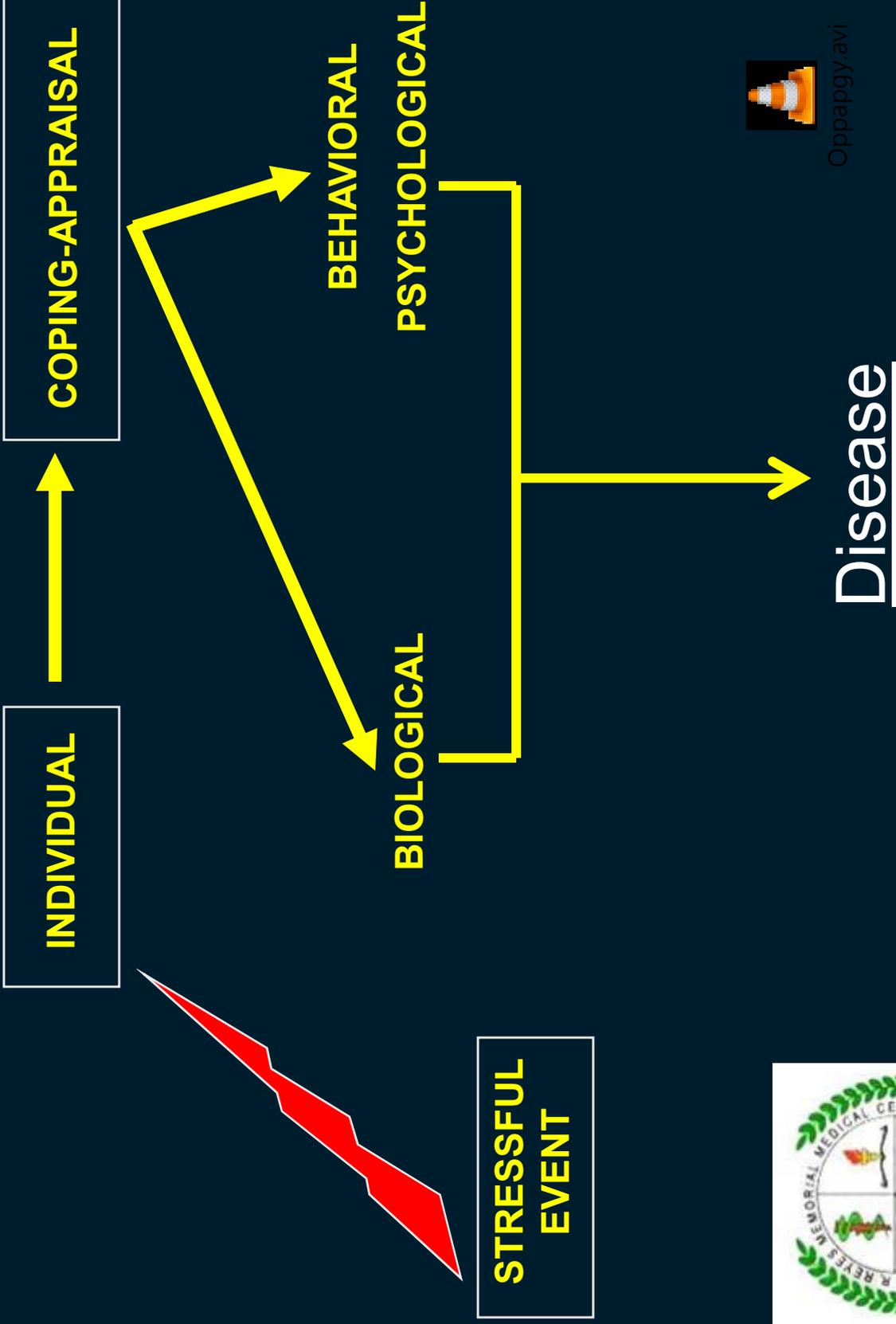
Biopsychosocial Model



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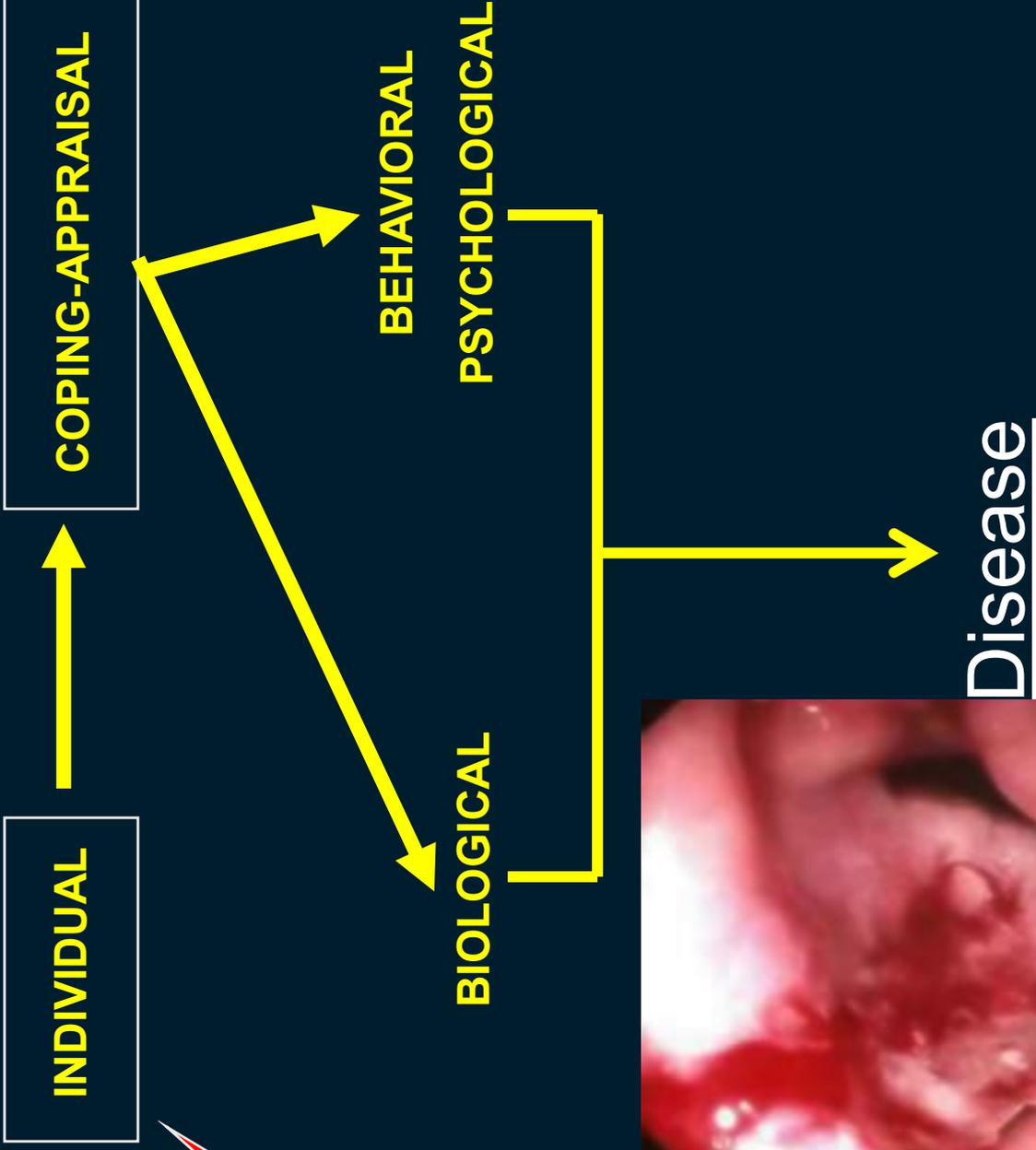


Biopsychosocial Model



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Biopsychosocial Model



Biopsychosocial Model



INDIVIDUAL

COPING-APPRAISAL

BEHAVIORAL

BIOLOGICAL

PSYCHOLOGICAL

STRESSFUL
EVENT

Disease



**MENTAL MECHANISMS...ways of
defending oneself from stress and
anxiety, and ultimately mental illness**



NARCISSISTIC DEFENSES

- **Denial**...Avoiding the awareness of some painful aspect of reality by negating sensory data. This maybe used in both normal and pathological states.
- **Distortion**...grossly reshaping external reality to suit inner needs including unrealistic megalomaniac beliefs, hallucinations, delusions, etc.
- **Projection**...Perceiving and reacting to unacceptable inner impulses and their derivatives as though they were outside of the self.



IMMATURE DEFENSES



- **Acting out**...Expressing an unconscious wish or impulse through action to avoid being conscious of an accompanying affect.
- **Blocking**...Temporarily or transiently inhibiting thinking. Affects and impulses maybe involved.
- **Hypochondriasis**... Exaggerating or overemphasizing an illness for the purpose of evasion and regression.
- **Introjection**...Internalizing the qualities of an object. When used as a defence, it can obliterate the distinction between the subject and the object.
- **Passive-Aggressive behavior**...Expressing towards others indirectly thru passivity, masochism and turning against the self.

IMMATURE DEFENSES

- **Regression**...Attempting to return to an earlier libidinal phase of functioning to avoid the tension and conflict evoked at the present level of development.
- **Schizoid fantasy**...Indulging in autistic retreat to resolve conflict and to obtain gratification. Interpersonal intimacy is avoided and eccentricity serves to repel others.
- **Somatization**...Converting psychic derivatives into bodily symptoms and tending to react with somatic manifestations.





NEUROTIC DEFENSES

- **Controlling**...Attempting to manage or regulate events or objects in the environment to minimize anxiety and to resolve inner conflicts.
- **Externalization**...Tending to perceive in the external world and external objects elements of one's own personality, including impulses, conflicts, moods, attitudes and styles of thinking.
- **Displacement**...Shifting an emotion or drive cathexis from one object to another that resembles the original in some aspect or quality.
- **Inhibition**...Consciously limiting or renouncing some ego functions, alone or in combination, to avoid anxiety arising out of conflict with instinctual impulses, the superego or environmental forces.

NEUROTIC DEFENSES



- **Intellectualization**...Excessively using intellectual processes to avoid affective expression or experience. Attention is given to external reality to avoid the expression of inner feelings and stress is expressed on irrelevant details to avoid perceiving the whole. This is closely allied to rationalization.
- **Isolation**...Splitting or separating an idea from an affect that accompanies it but is repressed. Social isolation refers to absence of object relationships.
- **Rationalization**...Offering rational explanations to justify attitudes, beliefs or behavior that may otherwise be unacceptable.

NEUROTIC DEFENSES



- **Dissoiation**... Temporarily but drastically modifying a person's character or one's sense of personal identity to avoid emotional distress. Fugue states and hysterical conversion reactions are common manifestations of dissociation.
- **Reaction-formation**... Transforming an unacceptable impulse into its opposite. Reaction formation is characteristic of obsessional neurosis.
- **Repression**... Expelling or withholding from consciousness an idea or feeling. Primary repression refers to the curbing of ideas and feelings before they have attained consciousness.

NEUROTIC DEFENSES

- **Sexualization**...Endowing an object or function with sexual significance that it did not previously have to ward off anxieties associated with prohibited impulses or their derivatives.





MATURE DEFENSES

- **Altruism...** Using constructive and intrinsically gratifying service to others to undergo a vicarious experience. Altruism is distinctive from altruistic surrender in which a surrender of direct gratification or needs takes place in favor of fulfilling the needs of others to the detriment of the self.
- **Anticipation...** Realistically anticipating or planning for future inner discomfort. The mechanism is goal-directed and implies careful planning or worrying and premature but realistic affective anticipation of dire dreadful outcomes.

MATURE DEFENSES

- **Ascetism**... Eliminating the pleasurable effects of experiences. There is a moral element in assigning values to specific pleasures.
- **Humor**... Using comedy to express feelings and thoughts without without producing unpleasant effect on others.



MATURE DEFENSES

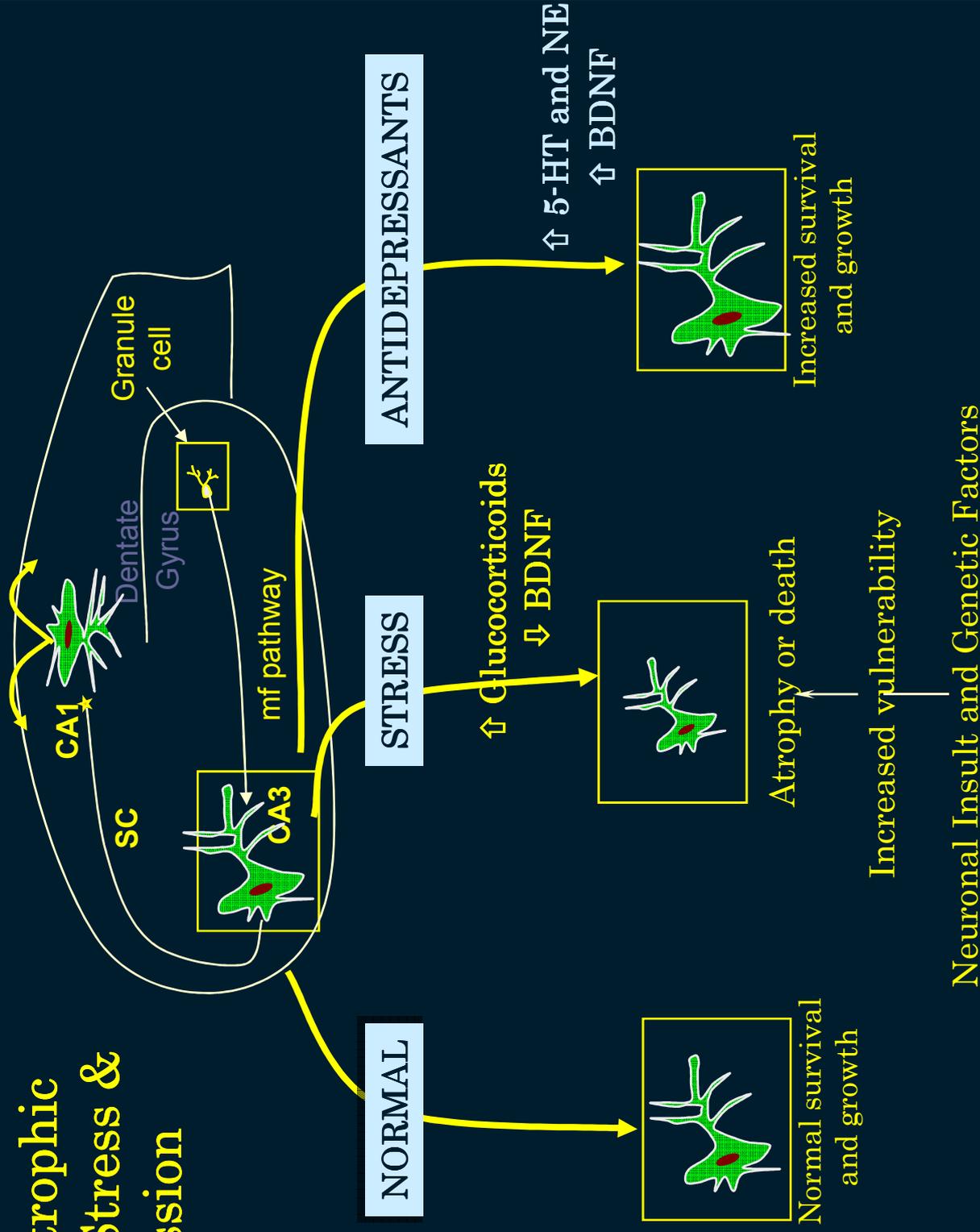
- **Sublimation...** Achieving impulse gratification and retention of goals but altering a socially objectionable aim or object to a socially acceptable one.
- **Suppression...** Conscious or semiconscious postponing attention to a conscious impulse or conflict. Issues maybe deliberately cut off, but they are not avoided. Discomfort is acknowledged but minimized.

Neurotrophic Factors, Stress, and Depression

- Stress is reported to cause a rapid and long-lasting down-regulation of BDNF observed after 2 hours up to 7 days of repeated immobilization stress

Smith et al., 1995; Nibuya, et al., 1995

A Neurotrophic Model of Stress & Depression



Neuronal Insult and Genetic Factors

R. Duman, *The Neurochemistry of Mood Disorders*
Neurobiology of Mental Illness 1999

DSM-IV-TR CRITERIA FOR PTSD

- A. The person has been exposed to a traumatic event in which both of the following were present:
- B. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - 1. The person's response involved intense fear, helplessness, or horror.
- C. The traumatic event is persistently re-experienced in one (or more) of the following ways:
 - 1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
 - 2. Recurrent distressing dreams of the event.

DSM-IV-TR CRITERIA FOR PTSD

3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
 4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the

DSM-IV-TR CRITERIA FOR PTSD

trauma), as indicated by 3 (or more) of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma.
3. Inability to recall an important aspect of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feeling of detachment or estrangement from others.
6. Restricted range of affect (e.g. unable to have loving feelings).
7. Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal lifespan).

DSM-IV-TR CRITERIA FOR PTSD

- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by 2 (or more) of the following:
 1. Difficulty falling or staying asleep
 2. Irritability or outbursts of anger
 3. Difficulty concentrating
 4. Hypervigilance
 5. Exaggerated startle response
- E. **Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.**
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

DSM-IV-TR CRITERIA FOR ACUTE STRESS DISORDER

- A. The person has been exposed to a traumatic event in which both of the following were present:
 - 1. The person experienced, witnessed, or was confronted with an event or events that involved **actual or threatened death or serious injury, or a threat to the physical integrity**.
 - 2. The person's response involved intense fear, helplessness, or horror.
- B. Either while experiencing or after experiencing the distressing event, the individual has 3 (or more) of the following dissociative symptoms:
 - 1. A subjective sense of numbing, detachment, or absence of emotional responsiveness.
 - 2. A reduction in awareness of his or her surroundings (e.g. "being in a daze.")

DSM-IV-TR CRITERIA FOR ACUTE STRESS DISORDER

3. De-realization
 4. Depersonalization
 5. Dissociative amnesia (i.e. inability to recall an important aspect of the trauma)
- C. The traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.
- D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g. thoughts, feelings, conversations, activities, places, people).

DSM-IV-TR CRITERIA FOR ACUTE STRESS DISORDER

- E. Marked symptoms of anxiety or increased arousal (e.g. difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning, or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.
- G. **The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.**
- H. The disturbance is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition is not better accounted for by brief psychotic disorder, and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.

How Can I Eliminate Stress from My Life?

Our goal is *not* to eliminate stress but to learn how to *manage* it and how to use it to help us.

What we need to do is find the *optimal* level of stress which will individually motivate but not overwhelm each of us.



How Can I Tell What is Optimal Stress for Me?

It has been found that most illness is related to unrelieved stress. If you are experiencing stress symptoms, you have gone beyond your optimal stress level; you need to reduce the stress in your life and/or improve your ability to manage it.



How Can I Manage Stress Better?

1. Become aware of your stressors and your emotional and physical reactions.

Notice your distress. Don't ignore it. Don't gloss over your problems.

Determine what events distress you. What are you telling yourself about meaning of these events?

Determine how your body responds to the stress. Do you become nervous or physically upset? If so, in what specific ways?



How Can I Manage? Stress Better

2. Recognize what you can change.

Can you change your stressors by avoiding or eliminating them completely?

Can you reduce their intensity (manage them over a period of time instead of on a daily or weekly basis)?

Can you shorten your exposure to stress (take a break leave the physical premises)?

Can you devote the time and energy necessary to making a change (goal setting, time management techniques, and delayed gratification strategies may be helpful here)?





How Can I Manage Stress Better?

3. Reduce the intensity of your emotional reactions to stress.

Are you viewing your stressors in exaggerated terms and/or taking a difficult situation and making it a disaster?

Are you expecting to please everyone?

Are you overreacting and viewing things as absolutely critical and urgent?

Do you feel you must always prevail in every situation?

Try to temper your excess emotions.

Put the situation in perspective.

Do not labor on the negative aspects and the "what if's."

How Can I Manage Stress Better?

4. Learn to moderate your physical reactions to stress.

Slow, deep breathing will bring your heart rate and respiration back to normal.

Relaxation techniques can reduce muscle tension. Electronic biofeedback can help you gain voluntary control over such things as muscle tension, heart rate, and blood pressure.

Medications, when prescribed by a physician, can help in the short term in moderating your physical reactions. However, they alone are not the answer. Learning to moderate these reactions on your own is a preferable long-term solution.





How Can I Manage Stress Better?

5. Build your *physical reserves*.

Exercise for cardiovascular fitness three to four times a week (moderate, prolonged rhythmic exercise is best, such as walking, swimming, cycling, or jogging). Eat well-balanced, nutritious meals. Maintain your ideal weight. Avoid nicotine, excessive caffeine, and other stimulants. Mix leisure with work. Take breaks and get away when you can. Get enough sleep. Be as consistent with your sleep schedule as possible.



How Can I Manage Stress Better?

6. Maintain your emotional reserves.

Develop some mutually supportive friendships/relationships.

Pursue realistic goals which are meaningful to you, rather than goals others have for you that you do not share.

Expect some frustrations, failures, and sorrows.

Always be kind and gentle with yourself -- be a friend to yourself



Prevention

- Exercise regularly
- Take up hobby
- Learn to relax
- Get enough sleep
- Avoid daytime naps
- Avoid smoking, too much coffee or tea
- Avoid substances to help you sleep



■ “After all, there is nothing in the world as interesting as PEOPLE and one can never study them enough”



THANK YOU
VERY MUCH!!!

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