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Stress and Change

Michigan State University Extension Service

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(Note: this has a Video to complete the kit)

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STRESS and CHANGE



Michigan State University
Cooperative Extension Service
Home Economics Program

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STRESS and CHANGE

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I cannot, and should not, be cured of my stress but merely taught to enjoy it.

— Hans Selye, *The Stress of Life*

INTRODUCTION

This workbook was developed for anyone experiencing a stressful life change, including family disruption, occupational adjustment or a significant personal loss. It is meant to accompany the videocassette *Stress and Change*. For information on the videocassette, contact your county Cooperative Extension Service office.

Reading and completing this workbook will help you gain an understanding of the physical, emotional, and behavioral responses that people commonly experience when change occurs, particularly when they see it as threatening or increasing demand on them. You will also become more aware of the role of positive stress management in protecting us against unhealthy responses.

Our individual reactions to stress depend on such factors as our knowledge about the human stress response, our personalities, learned patterns of behavior, and our attitudes about the extent to which we believe our stress responses can be altered and controlled. Many of the workbook sections contain exercises to help you evaluate your responses to everyday hassles and to the more unexpected curves that life throws us. You will examine your behavioral response style, the extent to which your lifestyle promotes stress insulation, and whether you handle anger in a healthy or unhealthy manner.

Occasionally, when we're faced with the need to adapt to change, we become stuck — either unable to move forward with decision making, or sometimes unable to behave positively once we have made the decision. Though human beings are able to adapt to change, we don't always like to do so. In other words, we can sometimes go through change, but not really accept it. Consequences of this inability to adapt may eventually include physical disease, emotional upset, addictive behavior or problems with relationships.

More extreme responses to stress — depression, anxiety, substance abuse or thoughts of suicide — are signals that our usual defenses against stress are inadequate. When we begin to feel hopeless, helpless or unduly anxious about dealing with change, our wisest choice is to reach out for help in making tough decisions or charting new directions. Brief discussions about the warning signals of poorly managed stress are included here, with suggestions for strengthening coping strategies, both temporarily and over the long run.

Finally, the ultimate goal of this resource is to help you experience not only a heightened awareness of the importance of healthy stress management, but also an increased potency related to your ability to deal productively and positively with life's changes. If you want to do a more in-depth exploration of stress adaptation to change, a list of resources is provided at the end of this workbook.

DEALING WITH CHANGE

The Specter of Change

It has been said that change may be the most constant part of our environment today. Alvin Toffler, author of *Future Shock* and the *Third Wave*, has noted that the need to “alter one’s way of life, to trade an old job for a new one, social pressures, status shifts, lifestyle modifications . . . anything that forces us to confront the unknown . . . all set the ACTH factory working.” What he is referring to are chemical and physical changes that result when human beings feel they are under some sort of pressure. Even normal milestones, such as the birth of a baby, having a child go off to school, or retiring may produce feelings of distress.

Can adapting to an important life change lead to illness? It depends. Because circumstances related to such changes vary considerably, the human distress that results may also vary greatly. The degree of loss felt in giving up the old — whatever it is — and the degree of threat, demand and uncertainty perceived in moving toward the new, combine to determine the level of stress felt. Thus, a farmer who is ready to retire and who just wants out of what has become an unproductive operation may feel little stress, particularly if not threatened financially; another, who is operating a centennial farm and has few other job prospects, may feel enormously threatened. The person who loses a loving and loved companion will react much differently than another person who felt imprisoned by an unrewarding relationship. Spouses watching their last child leave home may feel relief to be able to focus once again on one another, or intense fear because it may signal an end to everything that they felt was rewarding about their life together.

Research examining linkages between illness and stressful life events remains somewhat inconclusive and largely based on studies following the onset of disease. Evidence is growing, however, that problematic life changes are more highly associated with heart and lung disease, diabetes, cell disease, accidents and other health-related conditions.

Physical Reactions to Stress-Inducing Change

The complex bodily changes that occur when we first become aware of impending changes perceived as threatening are stimulated by messages from the brain, nerves and glandular system. Set into action are those parts of the brain that regulate emotional control, biological functioning and the autonomic nervous system, causing a series of neurophysiological, or mind/body, reactions. It is important to see the connection between brain and body if we are to better manage our behavior during stressful periods.

Next, the sympathetic and parasympathetic nervous systems get into the act — muscles tighten, heart action increases, and blood pressure rises. We may perspire, feel nervous and shaky, and breathe more rapidly and deeply. Adrenaline (the fear hormone) and non-adrenaline (the anger hormone) pour through our bodies, causing a quick release of energy.

The fact that you cannot see it directly or otherwise demonstrate it as such does not make stress less real. After all, as Christina L. Rosetti put it:

*Who has seen the wind?
Neither you nor I*

*But when the trees bow down
their heads*

The wind is passing by

— Hans Selye, *The Stress of Life*

A common, though despised, property of every machine is that it may “break.” As is known, almost any machine or physical system will break if its variables are driven far enough from their usual value.

— W.R. Ashly, *Design for a Brain*

What has been described very briefly here is only the first stage in a series of physical reactions. Hans Selye, an endocrinologist, labeled this sequence “the general adaptation syndrome.” Initially, in the acute stage, the entire body is mobilized. If relief cannot be found — i.e., significant reduction of the perceived demand or threat — the body will move into the second stage, that of chronic resistance. Here, it is believed that adrenocortical secretions decrease and selected systems and/or organs become involved, “carrying” the stress. These may be the weakest systems or organs, and a genetic component may be involved. One person experiences headaches, another gastrointestinal upset. Still another individual may have respiratory involvement, regularly contracting frequent colds and flu.

The most serious result of long-term stress is the compromising of the immunological system, which leaves us open to invading diseases.

Because our ability to withstand pressure is not infinite, the organs or systems involved eventually wear out or break down and stress-related disease, or “diseases of adaptation,” appear. According to Kenneth Pelletier, author of *Mind As Healer, Mind As Slayer*, such disorders cannot be attributed to stress alone but to the fact that the body’s attempt to adapt to stress may create conditions that lead toward pathology. When a machine is overworked, the weakest part breaks down first. It is the same with the human body. “Such factors as heredity, environment, general health habits, behavioral variables and past illnesses may all play a role in determining whether illness will occur as the result of prolonged stress” (p.76).

The Role of Personality in Stress Management

When put under pressure, people behave very differently. Some generally overreact whenever they perceive control is slipping away. Termed “Type A” personalities, they are likely to become somewhat more aggressive. Quite different are their “Type B” counterparts, who react more calmly, “rolling with the punches” and seeing a necessary life change as perhaps troublesome, but also as one of the many challenges that can be expected as we round the curves of life. Unlike Type As, who are predisposed to suffer more stress-related illness, Type Bs rarely experience cardiovascular disease before later middle life.

Though recent research indicates that Type As are more likely to survive heart attacks than Type Bs, it should be remembered that Type As, on average, experience heart disease earlier, and it is probably accompanied by other chemical changes in the body that are likely to impair the overall quality of health and life. The factors that may make a difference in their survival rate are their age — compared to Type Bs, Type As are relatively younger — and perhaps a greater inclination to make lifestyle changes to try to regain control following an initial attack. Paul Pearsall (*Superimmunity*) calls the Type A a “hot reactor” and suggests that the competitiveness, hostility and continuous aggravation and overreactiveness characteristic of such individuals predict particular diseases of adaptation for this population: ulcers, irritable bowel syndrome, hypertension and heart disease.

If we were to consider only these two types, “hot” reactors and “laid-back” reactors, we would leave out an important third category, those Pearsall labels “cold reactors.” For our purposes, we will report them as Type Cs. Rather than fighting back, they tend to withdraw from pressure. Like the Type As, these individuals are also more likely than Type Bs to experience a higher share of stress-related disease, but their diseases of adaptation are apparently also highly personal. Rather than overall irritation and activation of their physical system, deactivation and decapacitation of the overall system occur. According to Pearsall, the consequences may include allergies, decreased sex drive, arthritis, infections, diabetes and/or cancer. The Type C group may also seek escape in outlets such as alcohol, daydreaming, drugs, sleep or isolation from others — all behaviors that invite an additional set of problems.

Behavior patterns such as these are believed to originate from early coping strategies that individuals employ to defend themselves in stressful situations. Those that work best are probably reinforced and become the ingrained patterns that are more or less characteristic in adulthood. The good news here is that behavior patterns can be modified and at least partially replaced with more effective responses to pressure.



What provokes a Type A reaction in one person may not produce that same reaction in another person because it is our internal dialogue, our life perspective, that I suggest is the major factor in any disease process.

— Dr. Paul Pearsall,
Superimmunity

PROTECTING OUR PHYSICAL HEALTH

Although we have begun to conquer the Age of Anxiety, we still have an enormous task ahead. Stress is clearly winning at this time. Here are some of the current scores in the arena of stress. They may be categorized as the three Ds: disorders, drugs, and dollars.

Disorders

- 30 million Americans have some form of major heart or blood-vessel disease.
- 1 million Americans have a heart attack every year.
- 25 million Americans have high blood pressure.
- 8 million Americans have ulcers.
- 12 million Americans are alcoholics.

Drugs

- 5 billion doses of tranquilizers are prescribed each year.
- 3 billion doses of amphetamines are prescribed each year.
- 5 billion doses of barbiturates are prescribed each year.

Dollars

- \$19.4 billion are lost by American industry each year because of premature employee death.
- \$15.6 billion are lost by American industry each year because of alcoholism.
- \$15 billion are lost by American industry each year because of stress-related absenteeism.
- \$700 million are spent each year to recruit replacements for executives with heart disease.

These numbers may seem impersonal. They do not reflect the pain and suffering of the victims of stress and their loved ones.

— E. A. Charlesworth & R. G. Nathan, *Stress Management*

Taking Care of Our Stress Machine

Often when we're feeling overwhelmed with everyday hassles, we experience more than our share of physical and mental fatigue. When this happens, we need to take extra measures to protect our health, which can suffer when we're under pressure for long periods of time.

Extremely important in our long-range ability to withstand change is the consistent monitoring of our overall wellness and fitness. This allows us to face stressful situations in the best possible physical and mental shape.

The human body is a marvelous machine that appears to stand up under a great deal of neglect and abuse — but it can do this for only so long before it breaks down, begins to show signs of excessive wear and responds poorly when subjected to more extreme tests.

In most cases, if we maintained our own health and fitness as carefully as we maintain our automobiles, we'd be in better shape as a nation. Keeping ourselves in shape pays off when we really need to have our bodies and minds working effectively. The consequences of misuse or poor upkeep are also predictable.

Keeping our stress machines — our bodies — in top condition calls for attention to our daily self-care habits, rather than waiting for the body to break down and then carting it off to a health practitioner for an overhaul.

Cardiovascular Fitness

Cardiovascular disease continues to be the No. 1 health problem in this country, with half a million Americans each year dying from heart attacks and another quarter of a million dying from strokes. If you smoke or if you have elevated and untreated cholesterol or blood pressure levels, you are automatically at greater risk for these diseases. Adding factors such as obesity (being 20 percent over your ideal weight) and a lack of exercise increases your risk.

Excess cholesterol — a waxy, white substance found in the bloodstream — has been identified as the greatest culprit in cardiovascular disease. We need some cholesterol for cell maintenance, hormone production and insulation of nerve fibers. We get some of what we need from the animal products we eat — meat, eggs, poultry, fish, cream, cheese, butter. Our bodies also produce it daily in the liver and intestines.

Blood cholesterol needs to be monitored so that we can take action to prevent it from combining with other fats to clog our arteries. A simple blood test reveals total blood cholesterol. A more detailed analysis reveals the amounts of "good" and "bad" cholesterol we are carrying. HDL (high density lipoproteins) appear to "scrub away"

the more troublesome LDL (low density lipoproteins) and send them back to the liver for excretion or reprocessing. Exercise increases HDL and smoking decreases them. A 1985 report in the *Journal of the American Medical Association* tabulated adult risks as follows:

| Age | Moderate risk mg/dL (mM) | High risk mg/dL (mM) |
|-------------|-----------------------------|-------------------------|
| 20-29 | >200 (5.17) | >220 (5.69) |
| 30-39 | >220 (5.69) | >240 (6.21) |
| 40 or older | >240 (6.21) | >260 (6.72) |

It is extremely important to know the ratio of HDL to total cholesterol in the blood (indicated by the numbers in parentheses). To calculate this, divide total cholesterol by the units of HDL. For example, if total cholesterol is 200 and you have 45 units of HDL in your blood, your ratio will be 4.5. As the HDL units decrease, the ratio number will increase accordingly. In general, we should take steps to keep the ratio at 4.5 or lower and act aggressively to bring it down when it climbs above that. This will mean monitoring cholesterol levels through a physician; giving increased attention to diet, weight control and exercise; and if all else fails, using drug therapy to lower cholesterol.

Hypertension, or elevated blood pressure, means that the blood moving through the veins is pressing harder than it should on the artery walls. Estimates are that 58 million Americans are under treatment for high blood pressure. Because it may have no outward signs, many more may not know they are at risk and need treatment. It is a myth that all people with high blood pressure are nervous, uptight individuals.

A blood pressure measurement is made up of two numbers. The first, or systolic pressure, registers how hard the heart is working as the lower chamber contracts to pump blood. The second number, the diastolic pressure, is the amount of pressure the arteries exert on blood flow when the heart relaxes. A good reading would be in the area of 120/80. Pressures above that take a heavier toll on the arteries and make the heart and other organs work harder. Generally, readings of 140/90 are seen as too high (moderate risk), and readings of 160/95 indicate significant risk.

Though such factors as heredity and stress can play a part in elevated cholesterol and blood pressure, diet, weight control and regular, brisk exercise remain key ingredients in positive management.

The first step in being in control of your cardiovascular health is knowing what your cholesterol and blood pressure levels are. Record yours here. If you do not know that information, schedule a checkup with your doctor to get it and discuss whether your levels place you at risk for cardiovascular disease.

on (today's date) _____

Dr. Kenneth Cooper, director of Dallas Aerobics Center and national fitness expert, on controlling cholesterol and maintaining cardiovascular fitness:

"Get moving and keep moving."

My cholesterol levels are:

HDL (high density lipoproteins) _____

LDL (low density lipoproteins) _____

VLDL (very low density lipoproteins) _____

Total cholesterol _____

My blood pressure levels are:

Systolic _____

Diastolic _____

My degree of cardiovascular risk is:

Cholesterol _____

Blood Pressure _____

SELF-CARE

Here you can determine how actively you are caring for your health daily.

Think about your habits in the past month. Indicate how often you practiced each of the following.

| | Always/ Almost Always | Sometimes | Rarely | Never |
|--|-----------------------------|-----------|--------|-------|
| Avoided sugar | 3 | 2 | 1 | 0 |
| Avoided salt | 3 | 2 | 1 | 0 |
| Avoided fat | 3 | 2 | 1 | 0 |
| Exercised aerobically, 3-4 times per week | 3 | 2 | 1 | 0 |
| Did stretching, relaxation exercises | 3 | 2 | 1 | 0 |
| Fastened seat belts in car | 3 | 2 | 1 | 0 |
| Practiced good oral hygiene | 3 | 2 | 1 | 0 |
| Avoided smoking | 3 | 2 | 1 | 0 |
| Avoided excessive alcohol use | 3 | 2 | 1 | 0 |
| Ate three meals per day | 3 | 2 | 1 | 0 |
| Was aware of tension in body when it occurred | 3 | 2 | 1 | 0 |

| | Always/ Almost Always | Sometimes | Rarely | Never |
|---|-----------------------------|-----------|--------|-------|
| Handled conflict with others in a productive way | 3 | 2 | 1 | 0 |
| Avoided tranquilizers, sleeping pills, laxatives | 3 | 2 | 1 | 0 |
| Actively planned ways to relax | 3 | 2 | 1 | 0 |
| Limited intake of caffeine | 3 | 2 | 1 | 0 |

SCORING SELF-CARE

Total number of points _____

- Excellent self-care = 39 - 45 points
- Good self-care = 32 - 38 points
- Fair self-care = 25 - 31 points
- Poor self-care = 25 points or less

I would currently rate my self-care (check one):

- Excellent
- Good
- Fair
- Poor

Exercise: High Payoff in Stress Reduction

Exercise is the most valuable activity in relieving tension, but only 20 percent of American adults exercise regularly. "Exercise" doesn't necessarily mean jogging, joining a health club or buying expensive equipment. Brisk walking for at least 30 minutes three or four times a week will:

- relieve tension, anxiety, depression and anger.
- increase your oxygen supply, improving your energy and ability to think.
- relieve insomnia.
- burn excess calories.
- strengthen your heart and lungs.
- decrease fat deposits in your blood that can lead to stroke and heart attack.

Because stress causes both mental and physical fatigue, we are less inclined to exercise when we are under tension because we don't

want to add to our pressure. Pushing ourselves to spend 30 minutes three to four times per week in some type of aerobic exercise (running, walking, cycling, dancing or swimming, for instance) produces more than a decrease in our resting heart rate and increased oxygen consumption: it makes us feel better psychologically.

Brisk walking ranks as one of the safest, easiest and least expensive forms of aerobic exercise. If it is not slippery or excessively cold outside, walking outdoors is quite enjoyable. In cold weather, wear a couple of layers of light, warm clothing, making sure your ears, head and hands are covered. When the weather is bad, many people continue their walking in schools or shopping malls.

Use five minutes for warming up before you exercise and five minutes for cooling down afterwards, with the 20 minutes in between spent walking at a steady, brisk pace, so that you breathe deeply and increase your heart rate into a "target zone" of maximum pumping capacity. To find your individual heart rate target zone, use the formula suggested by the American Heart Association:

$$(220 - \text{age}) \times .60 = \text{bottom of target zone}$$
$$(220 - \text{age}) \times .80 = \text{top of target zone}$$

For example, if you are 30 years old:

$$(220 - 30) \times .60 = 114 \text{ (bottom of zone)}$$
$$(220 - 30) \times .80 = 152 \text{ (top of zone)}$$

Before going any further, figure your target rate here:

$$220 - \frac{\quad}{(\text{your age})} = \quad \times .60 = \frac{\quad}{(\text{bottom of your target zone})}$$

$$220 - \frac{\quad}{(\text{your age})} = \quad \times .80 = \frac{\quad}{(\text{top of your target zone})}$$

The next time you exercise aerobically, test to see whether you are overdoing it or not working hard enough by counting your heart rate after exercising for 10 minutes.

To do this, press your fingertip (not your thumb) to your throat. Count the beats in 6 seconds and add a zero. If the number of beats does not fall between the top and the bottom of your target rate, adjust your exercise rate by increasing or decreasing the briskness of your activity. Keep in mind that maintaining a healthy lifestyle and keeping fit do pay off. In addition to the cardiovascular benefits it provides, fitness is something we can be in control of.

STAYING MENTALLY HEALTHY: COPING WITH UNCERTAINTY, LOSS AND ANGER

Pressure experienced during periods of instability and uncertainty about some aspect of our future can leave us feeling upset and angry. We may feel alone and unable to control a situation that is threatening our emotional or economic well-being.

Sometimes, when change is thrust upon us rather than chosen, we may feel intensely angry. The hostility we feel may be hard to pin to anyone or anything in particular, or it may clearly be the result of our feelings that we have been uncared for, humiliated, or treated very unfairly.

How we deal with that anger is extremely important. When we stay angry or resentful for long periods of time, or keep anger inside, our physical and mental health can be negatively affected. On the other hand, when we lash out, relationships with others become more of a problem. They may return the attack or tend to withdraw from us over time.

A more positive approach is to find someone with whom we can share our thoughts and feelings. We also need to make a plan for dealing with the source of our anger — gaining a better understanding of the situation that will lead to a changed perspective, or finding a way to deal actively with the situation to bring about needed change. Often, when we are emotionally tied up in a situation, it's difficult to deal with the facts objectively. That's when it's a good idea to discuss the problem with a skilled listener: a wise friend, a clergyperson, or a counselor. Critical in maintaining our health, however, is an appropriate outlet for any hostile feelings.



Well, I don't get angry, okay? I mean I have a terrible weakness. I can't express anger. That is one of the problems I have. I grow a tumor instead.

— Woody Allen, *"Manhattan"*

Tension does not come from outside you. It is something that you produce. Excessive tension is a non-verbal message from your body asking you to become more receptive, permissive, to let go and relax.

— Bernard Gunther, *Sense Relaxation*

Expressing Your Anger

Determine how you generally handle anger. How often do you get angry? When you do, how intense are your feelings? Do you tend to keep your anger inside, dump it inappropriately on others, or deal with it in a generally productive manner?

| | More like me than not | Not like me |
|--|-----------------------------|----------------|
| A. Frequency and Magnitude of Anger | | |
| I tend to get angry more frequently than than most people. | _____ | _____ |
| It is easy to make me angry. | _____ | _____ |
| Something makes me angry every day. | _____ | _____ |
| I am surprised at how often I get angry. | _____ | _____ |
| At times, I feel angry for no specific reason. | _____ | _____ |
| I often feel angrier than I think I should. | _____ | _____ |
| I can make myself angry about something in the past just by thinking about it. | _____ | _____ |
| I get so angry, I feel that I might lose control. | _____ | _____ |
| TOTAL | _____ | _____ |
| B. Suppressed Anger/Hostility | | |
| I have a tendency to withdraw when angry. | _____ | _____ |
| I have a tendency to pout or sulk. | _____ | _____ |
| I am often angrier than I'm willing to admit. | _____ | _____ |
| I am secretly critical of others. | _____ | _____ |
| I tend to boil inside about certain things. | _____ | _____ |
| I keep things in. | _____ | _____ |
| I am often irritated more than people are aware. | _____ | _____ |
| TOTAL | _____ | _____ |

| | More like me than not | Not like me |
|--|-----------------------------|----------------|
|--|-----------------------------|----------------|

C. Anger Out/Hostility

When angry, I have a tendency to slam doors and bang things.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

I make sarcastic or nasty remarks to others when I'm irritated.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

I have a tendency to argue with others and lose my temper.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

I strike out at what infuriates me.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

When angry, I find myself trying to win the argument at all costs.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

I usually focus on the weaknesses of the person rather than the issue.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

When I'm angry, I tend to take it out on whoever is around.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Even after I have expressed my anger, I have trouble forgetting about it.

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

TOTAL

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|



The task before any person desiring to grow more competent is to keep himself (herself) as open as possible to experiences and opportunities which could broaden and expand his (her) perception of self.

— Don Hamachek, *Encounters with the Self*

| | More like me than not | Not like me |
|--|-----------------------------|----------------|
| D. Positive Confrontation | | |
| When angry, I tend to air conflicts as soon as possible, usually within 24 hours. | _____ | _____ |
| I take time to clarify my thoughts and feelings about the situation before I react. | _____ | _____ |
| I keep the conflict just between myself and those directly involved, rather than complaining to others. | _____ | _____ |
| I go into a confrontation trying to learn more about the other person's point of view and take time to listen to the other person before stating my own viewpoint. | _____ | _____ |
| I express my views, needs and feelings briefly rather than haranguing others at length. | _____ | _____ |
| I use "I" statements (ex., "I'm really mad") rather than "You" statements (ex., "You make me so mad!"). | _____ | _____ |
| I avoid loaded words or phrases such as "You always . . ." "you never . . ." "you should . . ." | _____ | _____ |
| I reinforce cooperation in others and work on a "You win, I win" outcome rather than an "I win, you lose" outcome. | _____ | _____ |
| TOTAL | _____ | _____ |
| Rate your overall ability to deal positively with anger. | | |
| Here, indicate your dominant score in each of the preceding sections: | | |
| | YES | NO |
| A. My anger responses tend to be frequent and intense. | _____ | _____ |
| B. I tend to hold my anger inside. | _____ | _____ |
| C. I tend to express my anger, but in inappropriate ways. | _____ | _____ |
| D. I tend to express my anger in appropriate ways. | _____ | _____ |

If you answered yes to A, B or C, you have some work to do in modifying your typical response when angry if you are to stay healthy and solve problems more effectively. Answering yes to A and C would indicate a tendency toward a Type A behavior pattern described on page 4. Affirmative answers on A and B indicate a tendency toward the Type C behavior pattern. Both of these response patterns carry the potential for physical disease, emotional upset and problems with relationships.

Anger is a much maligned emotion that is usually viewed negatively. However, it can be a tremendously healthy emotion if we take the trouble to look beyond the anger itself. When we are motivated to examine the feelings behind the anger and then to move in appropriate ways to deal with those underlying feelings, we greatly increase our capacity to deal with disappointing events.

Ignoring anger usually does not work. It almost always returns to haunt us, either by causing physical or emotional damage when we internalize it, or potentially serious social consequences when we vent it by dumping it on others. There is never anything positive to be gained by lashing out. We make others afraid of us or put them on the defensive against attack.

Getting rid of anger that seems to hang on calls for taking the following steps:

1. Look behind your anger. Remember exactly where you were when you first felt it. Who was there with you? How did you feel at the time?
2. Ask yourself if your anger is reasonable. Are you expecting too much of yourself or someone else? Are you looking realistically at the situation? How might someone else looking objectively from the outside view it?
3. Look at the way you expressed your anger. Was the behavior justified? Did it increase your stress levels and threaten your relationship with those around you? If so, look immediately for more appropriate ways to discharge it — by talking to others about your underlying feelings; by changing what you can about a negative situation and looking more realistically at what cannot be changed; by exercising; or by using relaxation responses. Many good paperbacks in local bookstores describe these relaxation techniques.
4. Remember that behavior is controllable, even when your feelings are not. Anger is only an emotion and you can find positive ways to discharge it. We can retrain ourselves to eliminate harmful behaviors if they have become a way of coping.

When Stress Becomes Overwhelming: Anxiety and Depression

When adapting to change becomes particularly difficult, doesn't seem to be working, or seems to go on interminably, anxiety or depression can result. Both conditions can be a normal part of the process of adaptation. However, because these conditions are so

To help overcome excessive and chronic stress responses and to relieve feelings of being uptight, many people turn to a variety of tranquilizing medications, narcotic drugs and alcohol. These external agents have helped many through periods of trauma, but they do not modify the fight-or-flight response mechanisms.

Over time, many users actually increase their stress by fighting the sedative side effects of the drugs in an effort to maintain alertness. Instead of increasing their internal control over stress, they become more and more dependent on drugs to offset its effects.

These drugs and chemicals cannot think for us. They cannot decide what stress is good and what stress is bad. A tranquilizer cannot decide if a stress response comes from healthy excitement or debilitating anxiety.

— E. A. Charlesworth & R. G. Nathan, *Stress Management*

very painful and upsetting, they can be the most dangerous part of the adaptation process. This is particularly true if they go on for long periods of time without proper attention or treatment.

You may experience anxiety as a kind of free-floating tension or, when it's more severe, as the sudden onset of intense apprehension or fear. In more cases than not, the individual is unable to directly identify the object of that fear, and the reaction is out of proportion to any actual threat. In extreme cases, panic, terror and/or a sense of impending doom is felt. Anxiety, an intensely unpleasant experience, involves bodily disturbances such as sweating, rapid heart rate and muscle tension. The person may feel he or she is "going crazy."



While people experiencing anxiety feel charged up, with the body overly mobilized and thoughts rising, those with depression may experience just the opposite — demobilization. When depression is moderate to severe, emotional symptoms include a "flatness" of affect — the person feels hopeless and may feel disgusted with himself or herself, lack positive feelings, cry for no reason at all, or be unable to cry. He/she may have little or no interest in other people, and making even simple decisions may become difficult. All motivation may disappear, and the depressed individual may withdraw from daily activity. A feeling of fatigue seems to override everything, and the depressed person may be averse to sexual activity and/or food. In some cases, however, significant overeating may occur. For some people, sleeping becomes a problem — either they can't sleep or they do little else as they try to escape through sleep. Feelings of dependency often grow as depression becomes more intense, and normally competent people lose confidence in their ability to handle ordinary responsibilities.

Some people choose to cope with the disturbing symptoms of depression or anxiety by increasing their use of alcohol. It has been suggested that if the number of male alcoholics were added to the number of males classified as depressed, there might be little difference between depression statistics for men and women.

Some of the characteristics of alcohol abuse include heavy drinking (five or more drinks per occasion), a feeling of being dependent on or needing alcohol at particular periods of the day, and concern about one's drinking expressed by family members or friends. Alcoholism has all the characteristics of alcohol abuse, plus the following:

- The person begins to drink greater quantities than the other members of the group.
- The person begins to drink more frequently than others.
- With increasing frequency, the person goes beyond the allowed license for drinking behavior.
- The person begins to experience blackouts or temporary amnesia during and after the drinking episodes.
- The person drinks more rapidly than others — he or she gulps drinks.
- The person sneaks drinks.
- The person begins to lose control of the time, place and amount of drinking. He or she drinks, and often gets drunk, at inappropriate times and places without intending to.
- The person hides and protects the liquor supply so he or she will never be caught short.
- The person drinks to overcome the hangover effects of prior drinking.
- The person tries new patterns of drinking — new times, places, amounts and types of drink.
- The person attempts “geographical” cures by moving to new locations, or “traveling” cures by seeking out different drinking groups, usually of lower social status.
- The person becomes a “loner” while drinking.
- The person develops an elaborate system of lies, alibis, excuses and rationalizations to cover up or to explain his or her drinking.
- The person has personality and behavior changes, even when not drinking, that adversely affect the family situation, friendship groups or on-the-job relationships. Accidents, job losses, family quarrels, broken friendships and trouble with the law may occur, even when he or she is not under the influence of alcohol.
- Characteristics of the final phases are obvious and tragic: extended binges, physical tremors, hallucinations and delirium, complete rejection of social reality, malnutrition with accompanying illnesses and diseases, and early death.

Using alcohol to combat depression and anxiety is a dangerous practice. Rather than relieving stress, drinking tends to increase anxiety and depression. Because drinking makes emotional control less predictable, it contributes significantly to family violence, child

neglect and divorce. In addition, the combination of alcohol and depression can be deadly in that it clearly makes people more vulnerable to acting on suicidal feelings.

Getting Stuck or Moving On

Life transitions, whether we choose them or not, call for giving up the familiar and moving toward the unknown. In preparing to do so, we make conscious or subconscious assessments of the price we must pay — what we have to give up and what we can salvage, if anything. We evaluate how much of the past we can and want to take with us into the future. Sometimes we are frustrated because we understand the change may allow us to take very little of our security with us. In short, we recognize that we need to move from here to there, but are unwilling to give up the “here” to get to the “there.”

Because making a significant change can temporarily cost us some of our identity, status or self-esteem, we often resist following through. We may gather the courage and strength to make an initial effort, but become impatient because we feel no immediate sense of satisfaction or reward in our newly chosen direction. Because adapting to change often takes time and can produce considerable discomfort, we may develop a temporary but overwhelming sense of “lost-ness” and self-doubt. As John Cardinal Newman described it, “Who in the middle of winter would ever believe there can be such a thing as spring?”

A farmer facing potential foreclosure and trying to decide whether to move ahead with his plan to open a small welding shop described the following dream:

“I dreamed I was on a terribly high bridge with some other people. There was very little to hold onto, and the base on which we were walking was so narrow — maybe only 2 or 3 feet wide. There was a railing on the left-hand side, but none at all on the right. I looked down at the water, which was stories below, and I was terrified. But I held on and moved . . . seeing the water below and feeling real terror . . . until I began to see the other side. The bridge was winding down toward the ground, and I felt a big sense of relief knowing I had made it that far.

“As I explored the place on the other side of the bridge, it seemed so foreign to me. It was what I picture an Amish community to be like, though I’ve never seen one. All the time I was exploring it, there was this fear in the back of my mind that I might have to go back over the bridge again because this place would be too different to get used to.”

Adding to the doubts that we can conjure up ourselves may be other individuals actively hampering or discouraging our efforts, particularly if our changing some aspect of our life threatens their stability or comfort in any way. When we have little support from others and we feel alone, “crazy,” or inept in effecting change, we find it easier to move back to the status quo. Even when we have come to the realization that something has become painful and unrewarding, or perhaps even a prison, we may cling to it simply because it feels safer than the unknown.

***Who, in the middle of winter,
would ever believe there could
be such a thing as spring?***

— John Cardinal Newman

Becoming stuck and unable to move forward, denying the need for change when it is obviously necessary, or suppressing our desire for it in favor of continuing stability can lead to undesirable consequences. Such behavior, as we have already stated, will eventually and literally result in “dis-ease,” or problems with physical health, emotional upset, addictive behavior, or fractured relationships. As Carl Jung said, “If you don’t deal with it, it will deal with you.”

Contracting to Make a Needed Behavioral Change

Becoming unstuck sometimes calls for taking enough time to focus directly and thoughtfully on a needed behavioral change, the steps necessary to bring it about, and some of the barriers that might be expected. Work through the following exercise by identifying a problem that has been frustrating to you, a possible and reasonable change that needs to be made to attack it, and a time limit needed for accomplishing the change. For example, you may want to lose weight, quit smoking, stop getting into arguments with your child, or begin treating your partner with more care. Usually it takes three to five weeks of daily attention to bring about a temporary behavior change, and three to five months for a potentially permanent change. Give it a try here and then monitor your behavior so that you can be successful!

Though I might not be able to change everything about my life or my job that frustrates me, I can attack at least one problem at a time and work toward a positive change. Something that continues to bother me and make me angry or unhappy, almost daily, is:

I am tense about this situation because:

I realize that bringing about change isn't always someone else's job . . . that sometimes I have to initiate it. The change that I would like to see is:

To see this change come about, I am willing to take the following steps:

The consequences of this change on myself or others will be:

I could sabotage myself (and may have done so in the past) by:

I hereby make this contract with myself, on this day, that I will work at seeing the above steps implemented. I would like to achieve the change by (put date here): _____

The change I have outlined here is possible, and it is important to my self-respect and satisfaction to make it come about. I have thought about the outcomes of such a change, both for myself and others, and I believe this to be a positive change considering all other alternatives open to me for reducing my stress in this particular situation.

Signature

Date

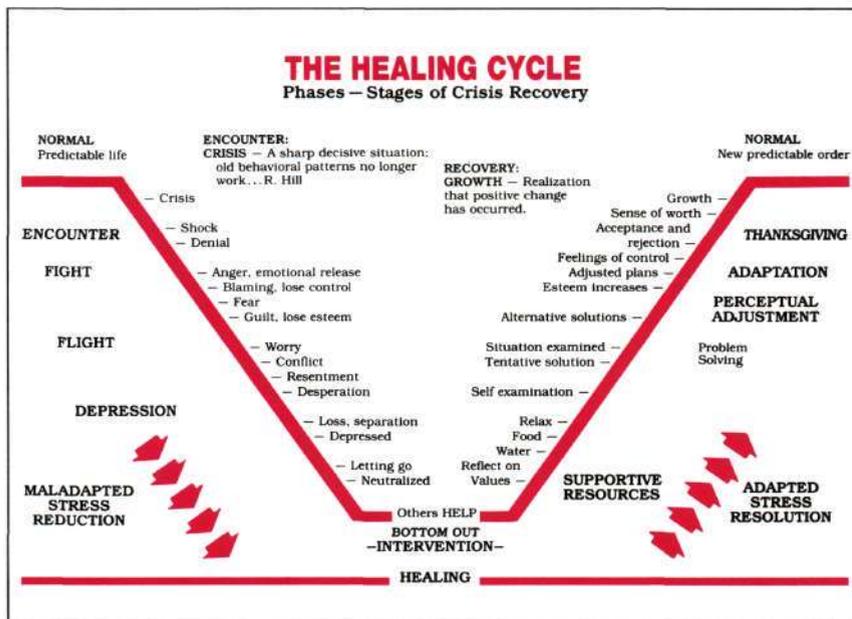
Experiencing the Healing Cycle

No matter what coping skills we bring with us or acquire in meeting life's changes, there appears to be a normal cycle of healing as we adjust to any loss connected with personal transitions.

Dr. John Schneider, author of *Stress, Loss, and Grief*, maintains that every fiber of our being is involved in adapting to personal loss. Physical, intellectual, emotional and behavioral reactions occur, and these will differ, depending on the stage in which we find ourselves.

Milan Christianson, family life specialist at North Dakota State University, has labeled this adaptation process "The Healing Cycle," and suggested three principal components: an encounter and down cycle, a bottoming-out point, and an up cycle of recovery or growth. These stages are not fixed and not necessarily sequential, Christianson says, and a person "may continue to express feelings from a stage just passed through or from one not yet arrived at" (see Fig. 1).

Fig. 1. *The Healing Cycle: Phases and Stages of Crisis Recovery*



(SOURCE: M. Christianson, North Dakota State University).

Making a Heroic Journey

Psychologist Carl Lofy suggests that once we have realized we should move toward change, it is then necessary to take what he describes as a "hero's journey." Dr. Lofy reminds us that such a personal journey is often portrayed in literature, television dramas and films. We recognize that something in our lives — in ourselves — is not right, and that to really live life, we may have to take some risks.

"We have to love ourselves enough to know that if we take the journey and lose everything . . . that we will still have ourselves and respect for ourselves because we had the courage to risk leaving our 'cocoons.'"

— Dr. Carl Lofy, psychologist

To sift through our thoughts and feelings, he suggests finding a safe environment where we can do one or more of the following:

- Write down thoughts and feelings about needed change in a journal, staying non-judgmental about what we are writing and also completely truthful. The pen should never come off the paper, and we should refrain from trying to edit the material in any way, both before and after our thoughts are written.
- Find a friend with whom we can share anything and know it will be kept confidential.
- Find a support network group (like Alcoholics Anonymous) made up of people who have experienced what we are going through. We will be able to level with them and be ourselves.
- If the above strategies don't work to move us along toward positive adaptation, we should find a professional guide. This should be a person who we can trust and with whom we can feel comfortable.



CONCLUSION

There is no doubt that change can be stressful. Too little change in our lives, however, can leave us bored and unstimulated. Life's changes can force open the doors of opportunity, pushing us to grow emotionally and intellectually and in our ability to better understand ourselves and others.

When we handle change well, we add to our future ability to cope with stressful life events. When we handle it poorly, we deplete our resources and diminish the quality of our lives and those of others around us.

The Chinese have a symbol for "crisis" — a combination of the characters for "danger" and "opportunity," two elements that are also inherent in change. Personal skill building in the effective management of stress and conflict will enable us to ward off at least some of the dangers and take advantage of the opportunity.



CHINESE HEXAGRAM FOR "CRISIS"

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