10-1-1983

Stress: The Individual Conflict

Eugene T. Buckner
STRESS: THE INDIVIDUAL CONFLICT
Eugene T. Buckner, Ph.D.*
Presented at the AMCAP Convention
30 September 1983

Stress is recognized by both medical and behavioral scientists as being one of the most serious problems of the day. Stress means different things to different people, and at present we don’t always know what is meant by the term, but we are learning of its impact on people. Even though questions remain, we do know that life would probably not be very productive without some stress. It also appears that there is a relationship between psychosomatic, or physical complaints, and the growing pressures our lifestyle seems to encourage.

Through the development of modern technology and refinements in psychological technique, there is a more unified understanding of the problem of stress-induced psychosomatic concerns than has existed previously. Both medical practitioners and behavioral scientists are aware of the capacity of the human body to respond to situational stress; however, it appears that the threshold to initiate such a response is lower than previously thought.

There has always been a capacity within the individual to respond and adjust to pressures; however, the process as it pertains to stress is unclear. One of the most widely accepted theories has been offered by Walter Cannon (1929), who proposed that the body has two approaches to the resolution of conflict. One is to stand and fight, the other is flight, to run or move away from the situation. In either instance, the body’s response is essentially the same; adrenaline is secreted into the blood stream, and the muscles prepare for action. Under situational conditions the change becomes very obvious. Under chronic conditions the change is less pronounced since those changes which occur are introduced over a longer period of time and change is gradual with the feelings that occur being perceived as normal. The physical design for flight or fight was adequate for the lifestyle of early man. His world functioned. When this occurs, one feels that he/she is overwhelmed and reaching the point of overload.

As pressures in society become more critical and crises more frequent, it becomes more difficult to find ways to escape the everpresent pressures of daily living. Although stressful demands have long been recognized as contributors to such problems as stomach ulcers, tension, and migraine headaches, etc., it is becoming more evident that prolonged stress also affects other systems. The impact on the cardiovascular, digestive, and skeletal-muscular systems seems to be extensive. There is a growing trend among medical practitioners to associate physiological problems with psychological etiology. Several prominent physicians (Maultsby, 1979; Rahe, 1979; Stroebel, 1979) and numerous family practitioners report that as much as 75 to 85 percent of their practice is stress related—often the result of self-imposed expectations and a compulsion to please rather than the result of organic or viral intrusion—yet the treatment offered more often than not is to medicate to eliminate the symptoms rather than to focus on the psychological cause.

Stress, of course, is not all negative either in cause or effect and few of us would be willing to remove the exhilaration of a new birth or other appealing experience connected with positive stress to avoid the negative stress also associated with such experiences.

Stress isn’t an “either-or” condition. Hans Selye (1978), the person credited with identifying the stress or General Adaptations Syndrome (GAS), has also termed positive stress as “eustress.” Charles Strobel (1979) of Yale University School of Medicine suggests three levels of stress. The first he calls adaptive stress. This is the stress which helps us to move each day in ordinary ways. It becomes a motivator for us. The second is reversible stress. This is the stress which tends to impact on us as we approach deadlines, or because of extended procrastination find ourselves in a bind which is difficult to resolve: however, when resolved, the person resumes normal functioning. The third he calls irreversible stress. This is the stress which becomes so intense that the individual experiences severe physical or emotional trauma which often permanently reduces the individual’s ability to function. When this occurs, one feels that he/she is overloaded. Festinger (1957) refers to the resolution of such pressure as dissonance reduction. Another school of thought speaks of the process as the individual’s effort to return to a state of equilibrium or homeostasis; another describes the phenomenon as tension reduction.

*Brother Buckner is a Counseling and Personal Services faculty member and an Associate Professor of Educational Psychology, Brigham Young University.
Whichever model you choose, it becomes rather clear that when under stress, the individual attempts to resolve the conflict. If it remains unresolved, permanent physical or emotional damage can be incurred.

Many have addressed the issues of increasing stress in our society, the causes of stress and the reasons why it is increasing for many. Stress can be blamed on several factors, yet, at best, these seem to be only hunches. It is becoming clear that stress is an individual problem; what is stressful to one may not be stressful to another. Some general kinds of hunches include schedules that are very demanding, almost impossible to satisfy and have only limited negotiable variances; situations in which experience falls far short of expectations; feeling trapped with no possible way to resolve the trap one is caught in; the trend in our society which places strong emphasis on the desirability of Type “A” behavior; and a cultural system which caters to the forces which foster stress rather than minimizing it. There is little demand in our society for Type “B” behavior. Another generator of stress is the impression that time can be scheduled and controlled to the very second. Such precision tends to make people believe they can have control over their schedules, and when they overextend themselves, stress is the result. The person who is essentially Type “B” but feels obligated to behave as Type “A” is likely most vulnerable.

To medicate for resolution of stress is only temporary unless circumstances are changed. With the exception of the antibiotic medications, most modern drugs do not treat causes of problems; instead, they raise the physical threshold so that the symptoms are no longer obvious, permitting the patient to feel less uncomfortable and in many instances believing they have been made well (Wolley, 1983). Medication should be used for its benefits, but it should be used with its limits understood rather than promoted as a cure. With the medicated approach, as the individual feels better and begins to again assume additional responsibilities while taking the medicine, the effects of the dosages prescribed no longer control the symptoms and the old problems return. When this happens, the medication dosage must either be increased to get a more effective dosage or a new medication prescribed which is more potent—one that will again control the symptoms. In either case, if the problem is psychological, the correction is temporary unless the etiology of the problem is included in the treatment approach.

Two factors seem to be critical in minimizing stress and its effects. The importance of either is probably determined more by the individual and particular circumstances than by one being more crucial than the other. One factor is how well the person is able to remain within their comfort zone. The concept of the comfort zone is a by-product of Selye’s (1978) work. Using his concept of the turtle and the racehorse and an arbitrary scale of 1 to 10, letting the turtle-type response be assigned a value of 1 and the racehorse-type response assigned a value of 10, where on this scale does the person place him or herself? This model suggests that a racehorse person who finds him/herself in a very slow, deliberat environment may express stress equal to or greater than that experienced by a turtle-type person who is placed in a very busy, demanding, scheduled environment. The problems of stress seem most debilitating when the individual is locked into being someone he is not. The important point, then, is for people to find an environment which is as close as possible to the lifestyle which is most healthy for them. When such a setting has been identified, it might mean that the person will decide that they don’t “need” to be on such a busy schedule, nor do they “need” to use every moment of the day in an attempt to please everyone. Instead, they can discover that it can be pleasant and rewarding to smell and enjoy the rose or stop to watch the sunset. It may also mean that it is not necessary to become involved in transcendental meditation or yoga, or some other environment-altering approach. The important point is that the person is learning to control his/her environment rather than letting the expectations of the circumstances which are around them dictate their lifestyle.

A second factor ties in very well with many of the present cognitive psychological models. The present understanding is that physiology and psychology are inseparable. It is accepted that the physiological response of the individual is directly tied to his psychological perception. If the person’s perception or belief is one of inferiority, that person feels inferior regardless of the incoming cues because the individual continues to perceive him/herself as being inferior. If one’s perception is frightening, then the resultant feelings are those of fear. Through the use of cognitive models such as the Rational Emotive model of Ellis (1973), the Rational Behavior Model of Maulsby (1975), Beck’s (1976) Cognitive Model for Depression, or other comparable approaches, the psychologist can help the individual to recognize and eliminate the cause of one’s stress rather than merely treat the physical symptoms. This is not to say that the skills of the physician are not needed; certainly, there needs to be an assurance that any physical problems have been reviewed and necessary action taken for their correction. However, for a problem with a psychological etiology, the behavioral scientist is, perhaps, the practitioner of choice.

REFERENCES