Preventing and managing stress

Lesson 5.4.3 | Health psychology

Core ideas

Stress prevention tries to reduce demands before they become overwhelming, while stress management helps people cope once stress is present.

Problem-focused coping targets the source of stress through actions such as planning, time management, seeking information or asking for practical help.

Emotion-focused coping targets the emotional response through methods such as relaxation, breathing, reappraisal, mindfulness or social support.

Cognitive strategies can reduce stress by challenging catastrophic thoughts and building more realistic appraisals of demands and resources.

Behavioural strategies such as exercise, sleep routines, activity scheduling and assertiveness can improve coping in daily life.

A coping method may help in one situation but fail in another, so students should judge whether the stressor is controllable and whether the strategy has long-term costs.

Key terms

Stress prevention: Reducing stressors or risk factors before stress becomes severe.

Stress management: Strategies used to cope with stress once it is present.

Problem-focused coping: Coping by trying to change or solve the source of stress.

Emotion-focused coping: Coping by managing emotional reactions to stress.

Reappraisal: Changing how a situation is interpreted so it feels more manageable.

Relaxation training: Practising methods that reduce tension and arousal.

Social support: Emotional, practical or informational help from other people.

Coping fit: How well a coping strategy matches the situation and the person's resources.

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Further detail and evidence

Key study: Bridge et al. (1988) tested whether relaxation, with or without peaceful imagery, reduced distress during breast-cancer radiotherapy.

The six-week randomised trial included 154 women with stage I or II disease; 139 completed. Participants were English-speaking outpatients under 70 at one London hospital.

Random allocation produced relaxation, relaxation-plus-imagery and conversational-control groups. Weekly half-hour individual contact and home practice supported treatment.

Relaxation involved muscle awareness and diaphragmatic breathing; the combined group additionally imagined a personally chosen peaceful scene.

Profile of Mood States and Leeds anxiety/depression ratings were collected before and after treatment.

Mood disturbance was lower in intervention groups, and combined-treatment participants felt more relaxed than relaxation-only participants. Leeds scores did not differ between groups.

Randomisation and control-group attention are strengths; attrition, subjective measures and one patient group limit inference. Evaluate ethics, application and individual differences.

The topic also requires biofeedback: physiological activity is measured and fed back so the person can learn to control a response, for example reducing muscle tension. Budzynski et al. (1969) is a syllabus example.

Stress inoculation training has three phases: conceptualisation (understand stress and personal reactions), skills acquisition/rehearsal (learn and practise coping skills), and application/follow-through (use and refine them in progressively challenging situations). These are required prevention content; generic coping advice alone is insufficient.

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Continued

Biofeedback gives immediate information about a body response so the person can learn to alter it. Budzynski and Stoyva (1969) linked tone pitch to muscle activity: appropriate EMG feedback supported deeper muscle relaxation than comparison feedback. Learning the bodily response differs from simply hearing soothing music.

Guided imagery directs attention towards a calming mental scene. Bridge compares relaxation with relaxation plus imagery and a conversational control during breast-cancer treatment. Better mood/relaxation supports psychological benefit; the study did not demonstrate removal of cancer.

Stress inoculation training has three phases: conceptualisation identifies stress and explains its processes; skills acquisition/rehearsal develops coping tools such as self-instruction and relaxation; application/follow-through practises them in progressively demanding situations and reviews transfer.

Applying the ideas

Before a demanding presentation, identify catastrophic predictions, rehearse realistic coping statements, and practise the skills under manageable simulated pressure. This follows SIT's sequence rather than offering relaxation without identifying the stressor. An uncontrollable demand may require a different coping emphasis from a changeable one.

Evaluation and connections

This supports help with treatment-related distress, not a claim that imagery cures cancer or prolongs survival.

Bridge's random allocation and attention control strengthen comparison, but home practice/adherence and attrition can affect outcomes. Self-report mood and physiological relaxation need not coincide. Individual coping skills can help while leaving an organisational source of stress unchanged; evaluate both the person and the situation.