

Stress and coping

Stress represents a central theme in Red Cross - Red Crescent activities and volunteers are generally better equipped to handle their job both for the benefit of people affected and themselves if they understand the basic components of stress and coping. Disaster relief and other emergency assistance services, like first aid, ambulance service and search and rescue activities, commonly encounter situations with very high stress. Other services that may prove equally stressful are social or psychological services designed to help people in need, such as services for street children, orphans, famine victims, people living with HIV/AIDS, etc.

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According to an old saying, into every life a little rain must fall. That is to say, none of our lives will be so simple and sunny that we will not be challenged to adjust to an occasional rainstorm. For that matter, although the rain can become a problem, we also cannot do without it. So we have developed ways to keep the rain from interfering too greatly in our lives while making use of it to improve our lives. In this analogy rain equals *stress* (a challenge we must adapt to). When it is raining devices like umbrellas and raincoats are ways we have learned to cope (adjust our behaviour to reduce the negative effects of the rain). Stress can also be *coped with*. However, should it rain very hard without pause for a long time, we will have a flood to cope with. A flood can be so powerful that it will kill many people and destroy homes, businesses, and villages. Entire landscapes can be rapidly transformed and people's lives become a struggle for survival and recovery. While rain is seen as a normal component of life, flooding is not. The same applies to stress.

This module describes typical stress reactions and how different people cope with stress. It goes on to describe how reactions to loss and grief can be recognized and to show the distinction between normal stress response and trauma. Finally, it lists the guiding principles in providing psychological support and intervention in a crisis situation.

Learning objectives

At the end of this module, participants should be able to:

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- Describe the terminology of stress and coping
- Describe how people react to and cope with stress
- Describe common reactions to loss and grief
- Distinguish between a normal stress response and signs of trauma
- Assess guidelines for the provision of psychological support.



2.1 People under stress

Disasters and health emergencies are by their definition disturbing and often unexpected. Suddenly the world is turned upside down and the way problems are normally dealt with may no longer be sufficient. Most people react to a perceived threat or challenge in the environment with stress: a state of physical and/or psychological arousal (see Annex 1: *Terminology of stress and coping*).

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Reactions may differ and obviously depend upon the severity of the situation. In addition, predisposing factors such as personality traits or previous history of mental disorders may make reactions more serious or intensify their course. Stress reactions are experienced at both the physical, cognitive (how we perceive and “think” about events), emotional and behavioural level. A person exposed to severe stress may pass through four stress reaction phases:

- Acute phase (lasting minutes, hours or days)
- Reaction phase (lasting one to six weeks)
- Repair phase (lasting one to six months)
- Reorientation phase (after approximately six months and continuing).

There is a gradual transition from one phase to another depending upon the duration and severity of the earlier phase. It is, however, important to note that these phases do not always occur, nor do they always appear in a specific order. They are rather an expression of a typical reaction pattern by a normal person to an extraordinary event.

Acute phase

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If a person is confronted with a strong stressor, he or she is likely to start a “fight or flight” response. A fight or flight response prepares the body for physical activity and is linked to **physical** changes, such as the release of adrenaline, an increased heart rate and blood pressure, rapid breathing and sweating. Other bodily stress reactions that can occur are shaking lips and hands, upset stomach, nausea and chills.

A fight or flight response also affects the way people think, feel and act. It makes them “narrow-minded” in the sense that it decreases their ability to **think** rationally. It is often hard to concentrate while thoughts race around in the head, and the first solutions which come to mind may be selected to solve a problem. It is harder for the stressed person to communicate with other people and to remember things; he or she might be disoriented as to person, time, and place. During stress, facts which seem to be heard and understood may quickly be forgotten, and are likely to need repeating.

The immediate **emotional** reaction is often described as disbelief or consternation, like a dream or rather a nightmare. What happened might seem irrelevant to the person concerned, but the lack of reactions or detachment should be understood as a state of shock. Other common emotional stress reactions are anger, fear, and grief (see Annex 2: *Glossary of typical emotional reactions to stress*).

Stress reactions also affect the way people **act**. The stress-created narrow-mindedness makes behaviour more rigid. The loss of flexibility can cause irritability, anger or in some cases, excessive high spirits. Irritation and anger cause suspicion and the need to look for a scapegoat, or someone to blame when something goes wrong. The rigid behaviour also complicates communication with other people and this may lead to withdrawal. Feelings of uselessness and helplessness may also lead to restlessness.

Panic is a phenomenon that seldom occurs. It must, however, be attended to immediately, as it seems to be contagious and can put both the people panicking and others at risk.¹

Reaction phase

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The most striking characteristic of the reaction phase is that disturbing feelings that were previously repressed or denied are now surfacing. These feelings may be so overwhelming that they render the person powerless. It is important that these feelings are allowed to come out. This way, they are processed and worked through (see Module 3: *Supportive communication*). Characteristic stress reactions of this phase are:

- Fear of returning to the site of the event
- Dreams and nightmares about the stressful event, anxiety, restlessness, insomnia
- Muscular tension, tremors, and exaggerated startle response
- Increased irritability and isolation, depression
- Disturbing thoughts about survival, relief, guilt, grief.²

Repair phase

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The stress reactions are basically the same as in the reaction phase. The difference lies in that the reactions are no longer as intense and overwhelming as they were; that is the person has begun to “repair” the very strong and disturbing feelings.

Characteristics of this phase are

- Feelings of hurt continue, but can now be coped with
- An interest now taken in everyday life
- Plans made for the future.³

Reorientation phase

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Six months after a distressing event has occurred, there should ideally be no more stress reactions. That implies that the affected person is able to think back to the event without stress reactions, that he/she has now accepted the experience and is better prepared to cope with another stressful activity.⁴

Most of these reactions will diminish progressively, insofar as the event is integrated in the individual’s history. This largely depends on coping capacities and social support. To determine whether a person needs more extensive help, he must be observed to see whether he is doing something meaningful, taking care of himself, or behaving in an unusual fashion or acting out of character (see section 2.4: *The meaning of trauma*).

- 1- Torres A and Oosterling F (1992) *Helping the helpers. How Red Cross - Red Crescent youth leaders can better support volunteers*, Institut Henry-Dunant, Geneva.
- 2- Torres and Oosterling
- 3- Torres and Oosterling
- 4- Torres and Oosterling



2.2 Coping with stress

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While the stress reactions outlined above are normal, they can also interfere with recovery. By providing compassionate support for people affected by a critical event, we can help reduce their stress and make an essential contribution to their recovery.

Coping is what people try to do to overcome negative effects, when exposed to stressful events. Thus coping is a way to prevent, delay, avoid, or manage stress.

Coping mechanisms can be placed in three broad categories:

Change the source of stress - emotional as well as physical	The person is focused on changing the situation before the stress occurs, and therefore avoiding the threatening situation.
Change the view of the situation	The person is redefining the situation and concludes that it is not important enough to be upset about, or that things could have been worse.
Tolerate the stressor until it passes or becomes less troublesome	The person is adjusting to the stress without being overwhelmed by the situation through denial, avoidance, passive acceptance, excessive optimism, or even magical thinking. ⁵

Coping effectively with adversity often requires a balance between changing the negative conditions, either through confrontation or avoidance, and adjusting to those things that are beyond anyone's power to change.

Examples of ways people cope with a critical event:

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- Seeking help from others or offering help to others
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of their loved ones
- Gathering their remaining belongings
- Beginning to repair the damage
- Burying or cremating the dead
- Following their religious practices
- Setting goals and making plans to accomplish them
- Using defences like denial to reduce the perceived impact
- Remaining fearful and alert to any further danger
- Thinking long and hard about the event to learn from it.

In some way each of these is an attempt either to reduce the anxiety brought on by stress or alter the situation so that the stress will not be sustained.

5- Cohen R E (2000)
*Mental health services in
disasters: Manual for
humanitarian workers*,
Pan American Health
Organization.

Activity 2A: Coping strategies

Individual work. Ask participants to imagine themselves in one of the following situations:

- *There is a flood in your community. Your family's income is based on farming, and you lose all your crops and animals in the flood.*
- *There are strong political factions in your country. Your father is taking an active part in the resistance. He disappears following a political uprising. You have not heard from him for the last three weeks.*
- *The job you have had for the last three years suddenly disappears with the closing of the organization. You are left with no clear prospects of new work in the area.*

Give participants about 10 minutes to write down three (or more if they wish) actions, thoughts, beliefs, personal characteristics or strengths that would help them to cope, deal with, or get through the situation.

Purpose of this Activity:

- *To reinforce the section on **Coping with stress***
- *To broaden the perspective of coping strategies among individual members of the group*
- *To reflect on how knowledge of coping mechanisms employed by different people can be used effectively in their support.*

Discussion point

Ask participants to share their coping strategies with the group. Use a flipchart to record their responses. Ask each person to say why they chose a particular scenario (e.g. personal experience, particular interest). Encourage the group to discuss some of the points, and to note in particular any similarities or differences in responses.



2.3 Loss and grief

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Loss is a common theme in most disaster settings. Loss is mainly associated with the death of a loved one, but it also results from property destruction, unemployment, and so on. Loss and grief are concepts of particular relevance in HIV/AIDS programmes, where volunteers risk being overwhelmed by the continuous stream of losses. As HIV progresses, people lose their physical strength and mobility, their ability to function in their jobs and to contribute to their communities. They lose their physical attractiveness and their sexual ability, and eventually they lose their lives.

Common reactions to loss

Denial, numbness, and shock (preoccupation with matters that do not include mentioning the loss)	<ul style="list-style-type: none"> ■ Temporarily reduces the intensity of the loss ■ Should not be confused with “lack of caring” ■ Should diminish as the ability to acknowledge the loss develops.
Bargaining	<ul style="list-style-type: none"> ■ Thinking about what could have been done to prevent the loss ■ Imagining all the things that will never be ■ Making deals with god, e.g. exchange good behaviour with something else.
Depression	<ul style="list-style-type: none"> ■ Sleep and appetite disturbance ■ Lack of energy and concentration ■ Crying ■ Loneliness, emptiness, isolation and self-pity.
Anger	<ul style="list-style-type: none"> ■ Feeling abandoned in cases of loss through death ■ Generalised resentment toward life/god for the injustice of this loss ■ Guilt over certain feelings (e.g. anger).
Acceptance	<ul style="list-style-type: none"> ■ Requires time ■ Signals healing.
Reorientation (integration of the loss into a new reality) ⁶	

Trouble Signs

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- Avoiding or minimizing one’s emotions
- Using alcohol or drugs to self-medicate
- Using work to avoid feelings
- Hostility and aggression towards others.

Coping with loss and grief

People normally react to the loss of those things they hold valuable by grieving. Grieving is a necessary emotional process for anyone who must recover from a loss.

All forms of irretrievable loss, such as a death or an amputation, require some degree of adaptation so that people are eventually able to accept themselves as someone who

6- Kubler-Ross E (1969)
On death and dying,
New York, Macmillans

has survived a loss. In this process, both the directly affected person and their families can benefit from the support of others to cope with loss. In the case of HIV/AIDS, they need assistance in planning for the future, including making plans for the continuing care of their children. They also need psychological support to help them deal with the prospect of death and manage the grief that results from the death of a loved one (see Module 3: *Supportive communication*). Spiritual activities are often beneficial and increase hopefulness, acceptance and forgiveness when circumstances are beyond human control. Communities also provide important support by bringing food to the family, being with the family at difficult times and participating in funerals. Other people's expressions of sympathy and support generally improve the ability of affected families to cope with their loss and grief.⁷

Activity 2B: Loss and grief

Small groups (3 or 4). Ask participants to examine the situations of the following three people:

- *A poor widow. Your husband has just died of AIDS. You are yourself HIV positive.*
- *A grandmother. Your daughter has died of AIDS. You must raise your grandson, who was born HIV positive.*
- *An orphan. Both your parents died of AIDS. You are HIV negative.*

Ask each group to discuss what they think the emotional responses of these people might be. What would each member of the group feel in their place? How would they cope? What might be the difference between the people in their emotions and coping strategies?

Purpose of the Activity:

- *To give participants an opportunity in a smaller group to make a larger contribution and to discuss in depth potential emotional responses.*

Discussion point

Bring the whole group back together, and ask them to examine any new ideas that have come up about emotional states and ways of coping with loss and grief.

7- Schietinger H (1998) *Psychosocial support for people living with HIV/AIDS*, Discussion Paper Number 5, United States Agency for International Development.

2.4 The meaning of trauma

Sometimes people receive such a strong dose of stress that they have a very difficult time recovering. Surviving such stress can mean a longer time to recover, recurring symptoms of stress-related illness, and occasional set-backs whenever exposure to extreme stress occurs. Troublesome memories or dreams make it particularly difficult for people to get on with their lives because they feel stuck in the past. Furthermore, because they have little or no control over these intense and unwelcome memories, they may feel that they have lost control of their minds.

Signs of a traumatic stress reaction:

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- Being unable to stop thinking about the event
- Being easily reminded of the event by things that are not very related
- Continuing to react fearfully even when the danger has passed
- Increased difficulty controlling emotions
- Nightmares about the event
- Being easily irritated
- Having a low tolerance for stress
- Being easily startled
- Losing a sense of reality.

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Immediately following a critical event, some people may appear dazed or in shock. This usually subsides quickly, but if it does not the person may be having a difficult reaction. An opposite response is also possible, where the person becomes extremely emotional and seems unable to regain control of his or her emotions. Either of these extremes, emotional numbness or extreme agitation deserves immediate attention and coping assistance.

After the danger has passed and the other sources of stress in the situation are reduced to normal, people usually show some signs of a stress reaction, which gradually reduces over a period of weeks or even months. However, if the stress symptoms remain high for a few weeks and do not show gradual reduction, this is a sign of a sustained traumatic reaction that might require referral for professional care. Making such a decision is, of course, difficult for a Red Cross - Red Crescent volunteer and should be made in consultation with the programme coordinator or supervisor.

It is important to recognize that such a referral could receive a very negative reaction from anyone who understood the referral as meaning that she/he was mentally ill, and could also lead to stigmatization and victimization within the community. This is unfortunate, as professional help should not be equated with mental health illness, but as another step towards health. It is therefore important to inform the person concerned about your intentions; let him/her know that you care, explain the reasons for referral, and specify the kind of professional to whom he or she is being referred (see Section 3.7 in Module 3: *Supportive communication* for a more detailed discussion of referral).

2.5 Guiding principles in the provision of psychological support

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Coping depends upon a person's individual characteristics, strengths and weaknesses, but it is also made easier, hampered, or prevented by the person's relationship with other people. It is therefore important to provide coping support to help affected people respond with resilience. By identifying not only the problems and needs of people in crises, but also their strengths and resources, we can contribute to their recovery without simultaneously fostering dependency or a sense of helplessness.

The following are general principles of psychological support that specifically apply to the immediate situation, and are sometimes referred to as psychological first aid:

Primary focus on physical and material care and protection from danger	Immediate care for physical necessities, treatment of injuries and provision of warmth, food and clothing. Protection from disaster threat/damage of which the person is relatively unaware because of his/her stunned mental state.
Intervene immediately: be direct, active and remain calm	The sooner the person begins coping with a critical event, the better are the chances of restoring equilibrium. The longer the person remains in a state of confusion, unable to take some sort of action to address the situation, the more difficult it will be to recover. Therefore, it is important to provide support as soon as possible after exposure to a critical event.
Focus on the "here and now" situation	Help the person to accept that the event has occurred by encouraging him/her to express the facts of the situation as well as his/her feelings.
Provide accurate information about the situation	People have an urgent need for information after a critical event whether that is a health emergency, disaster or any other event. They need to know what happened and why. Assist in giving them a realistic view of what has occurred, and what the expected outcomes might be.
Do not give false assurances	Always remain truthful and realistic. Recognize the anxiety, depression or tension, but at the same time provide some sense of hope and expectation that the person will ultimately overcome the crisis.
Recognize the importance of taking action	Generally crisis intervention should aim at enabling some action that the individual is able to take. Restoring the person to the position of actor rather than victim is critical to success. This should, however, be done with the understanding that there is a time simply to provide support. People need time to take in the impact of a critical event. They need to come to an understanding of it before they begin taking action to respond.
Reunite with family members	Search for and reunite with primary group members. Increased anxiety may be experienced if safety and whereabouts of family members are not established.



Provide and ensure emotional support	Be present and listen to people and also engage other community members to provide both support and assistance. Make sure no one is left alone. Work with health professionals and other partners, and link people to systems of support that will operate on an ongoing basis.
Focus on strengths and resilience	Emphasize how the person has coped with the situation so far and has already begun to use strategies for moving forward. Encourage the individual to implement solutions or strategies that have a high probability of success.
Encourage self-reliance	Provide constructive activities that the person can undertake to assist with the situation, such as providing food and drink, setting up tents etc., tasks that can help shift focus away from the immediate incident. Reinforce problem-solving skills shown by the person up to the present.
Respect feelings of others	Accept the people's right to their own feelings. Your purpose is to help them, and not to be their critic. People do not want to be upset and worried, and would stop being so if they could. When they seek help, they need and expect consideration of their fears. They need your patience, reassurance, encouragement and support. ⁸

Discussion point

Ask the group to make observations on the general principles of psychological support which are linked to any experience they have, or to situations that they know about. Encourage discussion which gives a clear indication of the many different circumstances in which these principles should be operated.

⁸- Simonsen L and Lo G (2002) *The value of human support when life is painful*. Background paper on first aid and psychological support, International Federation of Red Cross and Red Crescent Societies.

2.6 Crisis intervention

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In some instances the Red Cross - Red Crescent volunteer may encounter a person who is extremely agitated and seemingly unable to calm down. Such people may become a danger to themselves or a threat to others. For instance, thoughts of suicide are a common theme. While psychological support is not intended to be a solution for such situations, it is still important that volunteers have some understanding of how they can respond. Above all, you should remember to observe safe practices by showing concern for your own safety.

It is important for the helper to remain calm and to appear relaxed, confident, and non-threatening. To compensate for the tension that may be present, your role is that of a calming influence. Be careful not to exaggerate your responsibility for the course of action, since you will typically have very little control over the outcome of the intervention. Your goals should be to keep the situation stable until the person has time and resources to regain normal composure. The following seven steps are a well-accepted sequence for resolving a crisis:

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1. Assess the situation
2. Establish contact
3. Identify the main problem
4. Address feelings and concerns
5. Explore alternative coping strategies
6. Formulate an action plan
7. Follow up.⁹

Module 3: *Supportive communication* and Module 4: *Promoting community self-help* describe further intervention possibilities that help people to cope.

Review and revision: Taking action

Provide handout resource material in the form of thumbnail versions of your slides. These will serve as a summary of the session's main points, while acting as triggers for any areas which participants would like to review.

Invite participants to ask questions, make comments or give feedback.

Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them about the main characteristics of stress and coping.

⁹- Roberts A (1991) *Conceptualizing crisis theory and the crisis intervention model*. In Roberts A (ed) *Contemporary perspectives on crisis intervention and prevention*, pp 3-17, Englewood Cliffs, NJ: Prentice Hall

2.7 Summary

- Stress represents a central theme in Red Cross - Red Crescent activities. Volunteers need to understand the basic components of stress and coping.
- Most people react to a perceived threat or challenge in the environment (such as a natural disaster) with stress. Commonly, there are four stress reaction phases: Acute, Reaction, Repair and Reorientation.
- Stress reactions affect the way people think, their emotions, and the way they act. A “fight or flight” response is likely.
- Coping mechanisms are those which people operate in order to try to prevent, delay, avoid or manage stress.
- Loss is a common theme in most disaster settings. Common reactions to loss include denial, numbness and shock, depression, and anger. People normally cope with loss by grieving. Psychological support at this time is important.
- Traumatic stress reactions are serious and need immediate attention. Referring such people on for professional help is vital.
- There are a number of principles which guide the provision of psychological support. These are sometimes called psychological first aid:
 - Primary focus on physical and material care and protection from danger
 - Immediate intervention
 - Focus on the current situation
 - Provide accurate information
 - Do not give false assurances
 - Recognize the importance of taking action
 - Reunite with family members
 - Provide and ensure emotional support
 - Focus on strengths and resilience
 - Encourage self-reliance
 - Respect the feelings of others.



Stress and coping

**Stress is a central theme in
Red Cross - Red Crescent activities**

Into every life some rain must fall

But what happens when there is a flood?





Stress and coping

Learning objectives

- Describe the terminology of stress and coping
- Describe how people react to and cope with stress
- Describe common reactions to loss and grief
- Distinguish between a normal stress response and signs of trauma
- Assess guidelines for the provision of psychological support





Stress and coping

People under stress

- Perceived threat or challenge often brings stress: a state of physical and/or psychological arousal
- Four stress reaction phases:
 - Acute phase
 - Reaction phase
 - Repair phase
 - Reorientation phase





Stress and coping

Stress reactions - Acute phase

- Lasts minutes, hours or days
- “Fight or flight” response: preparation for physical activity
- Narrowing of focus: decreases ability to think properly
- Emotional reaction: disbelief or consternation, lack of detachment
- Rigid behaviour: irritability, anger, etc. affects communication
- Panic rare but immediate attention needed



Stress and coping

Stress reactions - Reaction phase

- Lasts one to six weeks
- Delayed reactions: previously repressed or denied feelings may surface
- May be overwhelming, bringing powerlessness
- Characteristic reactions are:
 - Fear of returning to the site of the event
 - Dreams or nightmares
 - Anxiety, restlessness, insomnia
 - Muscular tension, tremors and exaggerated startle response
 - Increased irritability and isolation, depression
 - Disturbing thoughts about survival, relief, guilt, grief



Stress and coping

Stress reactions - Repair phase

- Lasts one to six months
- Difference: reactions less intense, and not so overwhelming
 - Feelings of hurt continue, but can be coped with
 - An interest now taken in everyday life
 - Plans made for the future



Stress and coping

Stress reactions - Reorientation phase

- Approximately six months after a distressing event and continuing
- Heightened stress reactions substantially reduced
 - Grief reaction may not be resolved but is accepted
 - Most reactions will diminish gradually
- Assessing ongoing needs is important





Stress and coping

Coping with stress

- Coping is a way to prevent, delay, avoid or manage stress
- Coping mechanisms in three broad categories:
 - Change the source of stress
 - Change the view of the situation
 - Tolerate the stressor until it passes or becomes less troublesome





Stress and coping

Examples of coping 1/2

- Seeking help from others or offering help to others
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of their loved ones
- Gathering their remaining belongings
- Beginning to repair the damage



Stress and coping

Examples of coping 2/2

- Burying or cremating the dead
- Following their religious practices
- Setting goals and making plans to accomplish them
- Using defences like denial to reduce the perceived impact
- Remaining fearful and alert to any further danger
- Thinking long and hard about the event to learn from it

Stress and coping

Loss and grief

- Loss is a common theme in most disaster settings
- Common progression of reactions to loss:
 - Denial, numbness and shock
 - Bargaining
 - Depression
 - Anger
 - Acceptance
 - Reorientation

Stress and coping

Loss and grief Trouble signs

- Avoiding or minimizing one's emotions
- Using alcohol or drugs to self-medicate
- Using work to avoid feelings
- Hostility and aggression towards others

Stress and coping

The meaning of trauma

Signs of traumatic stress reaction

- Being unable to stop thinking about the event
- Being easily reminded of the event by things that are not very related
- Continuing to react fearfully even when the danger has passed
- Increased difficulty controlling emotions
- Nightmares about the event
- Being easily irritated
- Having a low tolerance for stress
- Being easily startled
- Losing a sense of reality



Stress and coping

The meaning of trauma

Emotional numbness or extreme agitation

- Immediate attention and coping assistance needed
- Referral for professional care might be necessary
- When referring:
 - Important to inform the person concerned about your intentions
 - Recognize that such referrals may receive very negative reactions
 - Mental health referral may cause the affected person to be stigmatized and victimized



Stress and coping

Guiding principles in the provision of psychological support

- Primary focus on physical and material care and protection from danger
- Immediate intervention: be direct, active and remain calm
- Focus on the “here and now” situation
- Provide accurate information about the situation
- Do not give false assurances
- Recognize the importance of taking action
- Reunite with family members
- Provide and ensure emotional support
- Focus on strengths and resilience
- Encourage self-reliance
- Respect feelings of others



Stress and coping

Crisis intervention

- Observe safe practices by showing concern for your own safety
- Remain calm and appear relaxed, confident and non-threatening
- Keep the situation stable until people have time and resources to regain their normal composure



Stress and coping

Crisis intervention

Seven steps for resolution

1. Assess the situation
2. Establish contact
3. Identify the main problem
4. Address feeling and concerns
5. Explore alternative coping strategies
6. Formulate an action plan
7. Follow up

Stress and coping

Summary 1/3

- Stress represents a central theme in Red Cross - Red Crescent activities. Volunteers need to understand the basic components of stress and coping.
- Most people react to a perceived threat or challenge in the environment (such as a natural disaster) with stress. Commonly, there are four stress reaction phases: Acute, Reaction, Repair and Reorientation.
- Stress reactions affect the way people think, their emotions, and the way they act. A “fight or flight” response is likely.

Stress and coping

Summary 2/3

- Coping mechanisms are those which people operate in order to try to prevent, delay, avoid or manage stress.
- Loss is a common theme in most disaster settings. Common reactions to loss include denial, numbness and shock, depression, and anger. People normally cope with loss by grieving. Psychological support at this time is important.
- Traumatic stress reactions are serious and need immediate attention. Referring such people on for professional help is vital.

Stress and coping

Summary 3/3

- There are a number of principles which guide the provision of psychological support. These are sometimes called psychological first aid:
 - Primary focus on physical and material care and protection from danger
 - Immediate intervention
 - Focus on the current situation
 - Provide accurate information
 - Do not give false assurances
 - Recognize the importance of taking action
 - Reunite with family members
 - Provide and ensure emotional support
 - Focus on strengths and resilience
 - Encourage self-reliance
 - Respect the feelings of others.

