
STRESS
stress

SIMPLE COURSE SCHEDULE 2025-26

Week 1- October 1
Week 2- October 8
Week 3- October 15
Week 4- October 22
Week 5- October 29
Week 6- November 5
Week 7- November 12
Week 8- November 19
Week 9- November 26
Week 10- December 3
Week 11- December 10
Week 12- December 17
December 24 and 31
Week 13- January 7
Week 14- January 14
Week 15- January 21
Week 16- January 28
Week 17- February 4
Week 18- February 11
Week 19- February 18
Week 20- February 25
Week 21- March 4
March 11 and 18 no course
Week 22- March 25
Week 23- April 1
Week 24- April 8
Week 25- April 15
Week 26- April 22
Week 27- April 29
Week 28- May 6
Week 29- May 13
Week 30- May 20
Week 31- May 27
Week 32- June 3

week 1- orientation and overview- sessions 1 and 2 of simple manual.
week 2- introducing distress tolerance-p. 1-13 of dbt workbook and crisis plans-session 3 of the manual.
week 3- the theoretical foundations of the simple course. session 4, 6, and 8 of the manual.
week 4- distress tolerance p. 14-32 of dbt workbook. suicide prevention session 5 of the manual. our first practice- crisis plans.
week 5- distress tolerance p. 33-46 of dbt workbook. introducing holes diary cards- session 7 of manual.
week 6- distress tolerance p. 47-68 of dbt workbook. finding your diary card targets- session 9 of manual. our second practice- holes diary cards.
week 7- introducing personality- session 10 of manual.
week 8- distress tolerance p. 69-90 of dbt workbook. introducing chain analysis-session 11 of manual.
week 9- what shapes personality-session 12 of manual.
week 10-introducing mindfulness skills p.90-109 of dbt workbook. advanced chain analysis- session 13 of manual. our third practice-chain analysis.
week 11- attachment theory- session 14 of manual.
week 12- mindfulness skills p. 110-131 of dbt workbook. introducing rational mind remediation-session 15 of manual.
week 13- the dynamic-maturational model of attachment and adaptation- session 16 of manual.
week 14-mindfulness skills p. 131-147 of dbt workbook. reviewing all the tools-session 17 of manual. our fourth practice-rational mind remediation.
week 15-stress-session 18 of manual.
week 16-introducing emotion regulation skills p.148-182 of dbt workbook. introducing the goals diary card procedure-session 19 of manual.

WARNING ABOUT MEDITATION

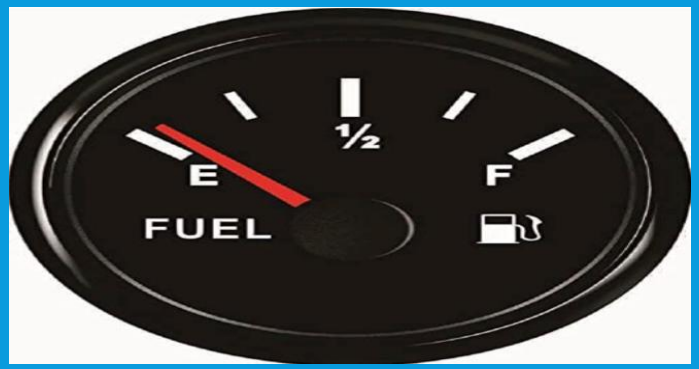
FEEL FREE TO SKIP IT. FOLLOWED BY A MOMENT OF SILENCE

CHECK IN REGULARLY WITH YOUR PERSONAL DASHBOARD

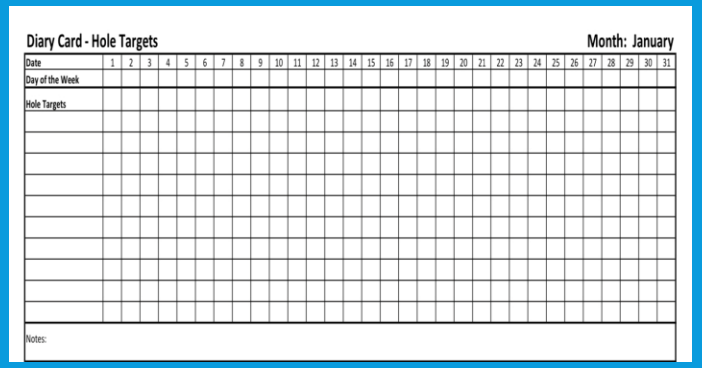
CRISIS RISK

WINDOW OF TOLERANCE

ENERGY RESERVES



RATING MY TARGETS



ATTENTION METER

Spend a few moments checking in with yourself by asking:

1)What is the current risk that I'll experience a state of crisis ?

a) Low b) Moderate c) high d) very high e) extreme

2) Am I in the window of tolerance?

a) Yes b) I'm a little outside c) very outside

3) Where is my energy tank right now?

a) Full b) ¾ c) ½ d) near empty

4) Have I been tracking my targets using the holes diary card ? how would I rate my targets right now?

5) How well am I focusing on what I'm doing. (for example, the course)

5-MINUTE MINDFULNESS PRACTICE: SETTLING A STRESSED NERVOUS SYSTEM

Let’s take a few minutes to pause together.

You don’t need to change anything or do this perfectly. Just allow yourself to arrive.

Minute 1: Arriving

Begin by noticing the surface supporting you — the chair beneath you, your feet on the floor.

If it feels okay, let your eyes gently close, or soften your gaze.

Take one slow breath in through the nose… and a longer breath out through the mouth.

Again — in… and out.

We’re not trying to relax yet. We’re just letting the nervous system know: nothing else is required of you right now.

Minute 2: Noticing Stress in the Body

Bring your attention into your body.

Notice where stress is most present today.

5-MINUTE MINDFULNESS PRACTICE: SETTLING A STRESSED NERVOUS SYSTEM

You might feel it as tightness, pressure, heat, heaviness, buzzing, or numbness.

There’s no need to analyze it. Just notice.

If your mind drifts, that’s normal. Gently bring your attention back to the body.

Minute 3: Allowing Without Fixing

Now, instead of trying to get rid of the stress, see if you can simply make a little room for it.

You might silently say: ‘This is what my nervous system is doing right now.’

Stress is not a failure. It’s a signal.

Notice that you can be aware of stress without being consumed by it.

There is stress — and there is also awareness.

Minute 4: Gentle Regulation

Bring your attention to your breath again.

“

Without forcing it, allow your exhale to be slightly longer than your inhale.

Longer exhales help the body begin to stand down.

As you breathe out, imagine the body letting go just a little — not all at once — just a few percent.

If it helps, you might place a hand on your chest or abdomen.

Minute 5: Integrating Wise Awareness

Now notice something important: you are not just stressed.

You are the one noticing the stress.

This observing presence — calm, steady, curious — is always here, even when the nervous system is activated.

You don’t need to get rid of stress to be okay.

You just need enough space to relate to it differently.

When you’re ready, gently bring your attention back to the room. Wiggle your fingers and toes and open your eyes. Stress doesn’t mean something is wrong with you. It means your system has been trying to cope. Awareness is the first step toward giving it another option.


DON'T
FORGET

PRACTICE SESSIONS SCHEDULE

practice	preparation		
5. Week 18 February 11	February 4, 1:30	goals diary card	Nicole L
6. Week 25 April 15	April 8, 1:30	IFS workbook 1	Elaine S.
7. Week 26 April 22	April 15	IFS workbook 2	Dinko T.
8.Week 27 April 29	April 22	IFS workbook 3	Barb H.
9. Week 28 May 6	April 29	IFS workbook 4	Meaghan
10.Week 29 May 13*	May 6 1:30 PM*	Wise mind remediation	Rob T.

We now have a full slate of volunteers but if anyone would like on a "substitute list" in case someone can't make it, as happened last week, please let us know.

* Note that this date have been changed

HOMEWORK FROM LAST WEEK

Submit	Submit questions or comments to itssimple2023@gmail.com
Read	Simple manual session 18
Do	Do at least 2 rational mind remediations In the next week
Continue	Continue reviewing and practicing crisis plans, diary cards and chain analysis.
Continue	Continue tracking and practicing all the skills you've learned

HOMEWORK FROM LAST WEEK

- Submit questions, comments, or feedback to itssimple2023@gmail.com
- Read Simple manual session 19
- Do at least 2 rational mind remediations In the next week
- Continue reviewing and practicing your crisis plans, diary cards, and chain analysis.
- Continue tracking all the skills you've learned using your skills list.
- Review the homework habits checklist each week. If there's an item that you haven't checked on the list, consider setting a goal to do it.

HOMEWORK HABITS CHECKLIST

Circle or check what you will try this week.

1. Preparation habits

- I schedule a specific time for homework.
- I choose a consistent location with minimal distractions.
- I gather what I need ahead of time (notebook, worksheet, pen).

2. Focus & pacing habits

- I start with a tiny step (2–5 minutes).
- I use a timer (10–15 minutes).
- I remove distractions (phone away / Do Not Disturb).

HOMEWORK HABITS CHECKLIST

3. Tracking & organization habits

- I keep materials in one place (binder / folder / notebook).
- I write down insights right after doing the homework.

4. Self-compassion habits

- I aim for progress, not perfection.
- I notice resistance without judgment.

5. Accountability habits

- I review my week: What worked? What didn't?
- I share honestly with my buddy — even when I didn't do it.

Micro commitment:

This week I will focus on: ■ Time ■ Place ■ Tiny step ■ Timer ■ Other please specify:

WEEKLY ANNOUNCEMENTS

- Reminder: the homework group has been cancelled but boing continues Mondays 1-2:30.
- It's an opportunity to better get to know other group members and to explore informally and in greater depth the material we cover on Wednesdays.

REMINDER PARTICIPANT AGREEMENTS

- If you have questions, comments, or feedback, please save them for the two question periods. You can put them in the chat box or raise your real/virtual hand.
- Keep comments, questions, and feedback relatively brief so everyone has a chance to participate.(one breath sharing)
- If you're on zoom, make sure no one can overhear what is being said
- For reasons that will become clear later in the course please avoid giving advice to other participants about what they should or should not do. Validation, encouragement , and understanding are however very much appreciated.

SESSION 14 SUMMARY

MINDFULNESS SKILLS:

1. Being mindful in our daily life – choose one of the daily practices and do it for a few minutes each day
2. How to do tasks mindfully – FLAME acronym
3. How to be mindful of our activities – use the Mindfulness Activities Record
4. Resistance and hindrances to mindfulness practice – desire, aversion, sleepiness, restlessness, and doubt
5. Mindfulness and meditation – exploring mindfulness further invites us to try different meditation practices
6. Using kindness and compassion – "5 Heart Qualities" of gratitude, gentleness, generosity, empathy, and loving-kindness
7. Paying attention to spaciousness and stillness – ocean metaphor where our depth is the ocean and our surface sensations, feelings, and thoughts are just the waves

Week 14 Poll Answers-in person participants

1. Has my nervous system actually changed? Since October my ability to stay present and regulated during emotional stress has: (Single Choice)

   a) Not changed **0%**

   b) Increased a little **50%**

   c) Increased a moderate amount **36%**

   d) Increased a lot **14%**

   e) Decreased **0%**

2. Is the work stuck in my head or living in the body? Which best describes my relationship to the tools and skills discussed in the course? (Single Choice)

   a) I mostly struggle to understand them **0%**

   b) I understand them intellectually but rarely use them **21%**

   c) I occasionally use some of them **50%**

   d) I regularly use many of them **14%**

   e) They are becoming part of how I live **14%**

3. What most often blocks me from using the tools and skills? When I don't use the tools and skills it's usually because of: (Single Choice)

   a) Wanting to feel good right away 7%

   b) Wanting to get away from something uncomfortable 36%

   c) Feeling tired, foggy or unmotivated 57%

   d) Doubting that the practices will really help 0%

4. How do I relate to these obstacles? When one of these obstacles shows up I usually: (Single Choice)

   a) Get frustrated or judge myself **29%**

   b) Try to push through it **21%**

   c) Give up for the moment **7%**

   d) Notice it and sometimes work with it **43%**

   e) Gently accept it and keep going **0%**

5. What would help me use the tools and skills more consistently? (Single Choice)

   a) Understand the tools and skills better **14%**

   b) Be more intentional about applying the tools and skills in my life **71%**

   c) Set time aside to use the tools on a regular basis **7%**

   - **Better emotional regulation 7%**

E-MAILED QUESTIONS, COMMENTS, FEEDBACK

As always, we've had some very good questions this week. We try to address most questions that are asked. These question may interest one person or many people.
Until we find a better way, we'll post answers that we think may be of interest to most people but unfortunately because of time we cannot read all of them in the sessions. We will therefor arbitrarily read out only a few of the many excellent questions you've asked.
We'll however read out all the questions and invite everyone to go to the website's PowerPoint presentations and go over the answers with more time.

Question whose answer we will read out today

What can I do if when I try to use the DBT tools and skills I often end up dissociating?

- Using the DBT tools and skills can inadvertently push people with trauma spectrum disorders outside their window of tolerance and trigger dissociation.
- Dissociation is a protective response (dissociation can be seen as an IFS protector). Using DBT skills can feel like we're shutting down other ways we use to protect ourselves from pain such as distraction by staying busy or focusing on a task or on other people. Using skills comes from Wise/rational mind but may feel to some IFS protectors like we're submitting or losing control.
- If focusing inward, for example on mindful imagery or body sensations causes dissociation, then we start by focusing on the outside world, with movement, and orientation. We practice grounding before mindfulness, activation before calming and connection before observation.
- DBT skills can be trauma-safe if instead of observing internal states, practicing breathing techniques and body scans we keep our eyes open, and ground and orient ourselves by for example naming 5 things we can see around us, describe their colors, and shapes and keep our eyes moving slowly around the room
- If our eyes close or we go inward and start to drift, that's a cue to open our eyes and orient outward.
- Movement-based skills may be helpful in preventing dissociation: standing instead of sitting, pressing feet firmly into the floor, pushing hands against thighs or chair or gently rocking or shifting weight.
- Gently using TIPP skills can also be trauma safe: applying cold water to wrists or face.

- Using the self-soothing tool kit or distracting with the 5 senses: holding a textured object, tasting mint, or a sour candy.
- It's helpful to start by deliberately practicing skills very briefly, 10 to 20 seconds, and then checking "Am I more or less present?" If dissociation increases, then stop we immediately and re-orient.
- We can try to track early warning signs of dissociation by noticing fuzzy vision, heaviness, feeling far away, losing words or feeling suddenly calm/numb. The moment we notice these signs, the goal is not to push through the skill, but to come back to the room. We might also consider using "dissociation" as an intermediate holes diary card target. (or choose a dissociated part as an advanced holes diary card target.
- Don't feel you have to push through or use the skills no matter what. Sometimes the most skillful thing is not using a DBT skill at all, but instead doing something grounding, relational, or activating: walking, talking to someone, listening to music, being in nature or doing a light task.
- If using skills makes us dissociate, that doesn't mean DBT isn't for us. It means our nervous system needs a different entry point. It is equating "calm" with danger and needs slower pacing, grounding skills and integration with trauma-informed approaches such as IFS.

We will only read out the following question, not the answer, and invite those interested to go to the website after the session

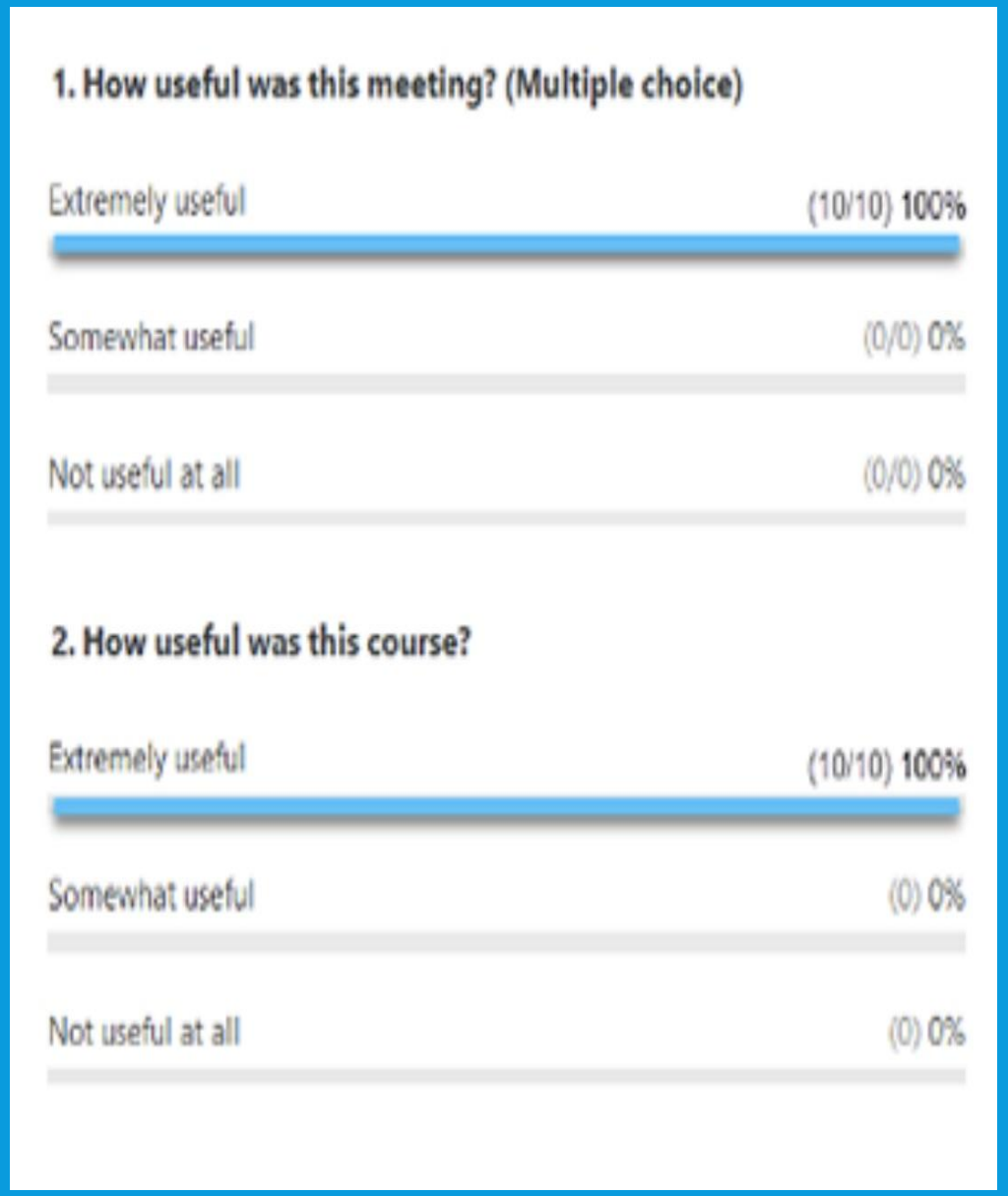
Some people seem to have hard lives yet the are happy, others have everything and they are miserable. How do you explain that?

- According to psychologist Sonja Lyubomirsky's who researches human happiness there is a 50-10-40 breakdown meaning:
- ~50% of the differences in people's long-term happiness (subjective well-being) are attributed to a genetic set point, stable temperament and inherited tendencies toward positive or negative affect. This means half of baseline happiness levels are rooted in biology and personality traits.
- ~10% is influenced by life circumstances, things like income, health status, marital status, nationality, and other demographic conditions. These factors have surprisingly limited explanatory power for happiness in most research.
- ~40% lies in the domain of intentional activities, voluntary thoughts, behaviors, goals, and practices people choose to cultivate (e.g., gratitude, relationships, kindness, mindfulness, engagement in meaningful goals). These activities are the part most under our control and the focus of interventions that can raise well-being.
- Lyubomirsky emphasizes that while genetics and circumstances set a baseline and context, deliberate, sustained activities and cognitive habits can meaningfully increase happiness over time. The 40% portion represents the "40 percent solution", the idea that nearly half of what determines our happiness comes from what we do intentionally and thus is changeable through effort and practice.

HOW TO MAXIMIZE THE 40% UNDER OUR CONTROL

- The intentional activities that Lyubomirsky identifies as most reliably contributing to the “40% under our control” in her research are:
- 1. Gratitude Regularly noticing and savoring what is good in one’s life (e.g., gratitude journaling, appreciation letters). → Shifts attention away from threat and scarcity.
- 2. Kindness & Contribution Performing intentional acts of kindness and generosity. → Strengthens social bonds and sense of meaning.
- 3. Relationships Investing time and care in close, supportive relationships. → One of the strongest predictors of well-being across cultures.
- 4. Meaningful Goals Pursuing intrinsically meaningful, values-aligned goals rather than external rewards. → Increases engagement and purpose.
- 5. Mindset & Cognitive Framing Cultivating optimism, reframing setbacks, and reducing rumination. → Directly alters emotional tone without changing circumstances.
- 6. Savoring & Mindful Presence Fully inhabiting positive experiences as they occur. → Counteracts hedonic adaptation.
- 7. Physical Activity & Self-Care Exercise, sleep, and basic bodily care. → Improves mood regulation and resilience.
- 8. Commitment & Fit Practices work best when they fit the person and are done consistently but flexibly. → Happiness gains fade if activities become rote or externally imposed.

PLEASE NOTE



NEXT WEEK'S POLL

- Next week's session looks at the importance of meaning in our lives.
- We will, as our poll, do the "Meaning in life questionnaire"
- As we did last week, we ask you to do the questionnaire at home and score it.
- If you would like you can anonymously share your score with next week as our poll.
- We will be emailing the following slides out to everyone.

NEXT WEEK'S POLL

The meaning of life questionnaire

- The meaning in life questionnaire isn't a test and there's no 'right' score. It is a scale we're hoping will encourage you to think about meaning in your life. Some people feel a strong sense of meaning but aren't actively searching. Others are searching deeply but don't yet feel they've found it. Both positions are deeply human, and both tell us something important about where we are right now.

Meaning in Life Questionnaire

OVERVIEW

This tool can be used to help people understand and track their perceptions about their lives. The questionnaire has two subscales that represent two dimensions of meaning in life: (1) Presence of Meaning: how much respondents feel their lives have meaning and (2) Search for Meaning: how much respondents strive to find meaning and understanding in their lives.

SUBSCALES

- **Presence of Meaning (5 items)**
  - I understand my life's meaning
  - I have discovered a satisfying life purpose
- **Search for Meaning (5 items)**
  - I am looking for something that makes my life feel meaningful
  - I have discovered a satisfying life purpose

THEME

- Mental Health

TARGET POPULATION

- General population

LENGTH & HOW IT IS MEASURED

- 10 items
- Response scale ranges from 1 *(absolutely untrue)* to 7 *(absolutely true)*
- Self-report, paper-pencil version
- Negatively-worded items need to be reverse coded
- Available in a variety of languages, including English, French, Hebrew, Hindi, Korean, and Persian

DEVELOPER

- Steger, M. F. (2005)

FIND IT HERE.

GOOD TO KNOW

- This questionnaire is intended for free use in research and clinical applications. Please contact Michael F. Steger prior to any such noncommercial use. This questionnaire may not be used for commercial purposes.

PSYCHOMETRICS

RELIABILITY

- Good internal consistency (α = .84-.91 for each subscale)

VALIDITY

- Construct validity
- Criterion validity

MLQ Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't Say True or False	Somewhat True	Mostly True	Absolutely True
1	2	3	4	5	6	7

1. _____ I understand my life's meaning.
2. _____ I am looking for something that makes my life feel meaningful.
3. _____ I am always looking to find my life's purpose.
4. _____ My life has a clear sense of purpose.
5. _____ I have a good sense of what makes my life meaningful.
6. _____ I have discovered a satisfying life purpose.
7. I am always searching for something that makes my life feel significant.
8. _____ I am seeking a purpose or mission for my life.
9. _____ My life has no clear purpose.
10. _____ I am searching for meaning in my life.

MLQ scoring:
Presence = 1, 4, 5, 6, & 9-reverse-coded
Search = 2, 3, 7, 8, & 10

MLQ-P SCORE INTERPRETATION

- The MLQ-P consists of two subscales:
- 1) Presence of Meaning (MLQ-P): Higher scores mean you feel your life is full of meaning and purpose.
- 2) Search for Meaning (MLQ-S): Higher scores mean you are actively looking for meaning or purpose.
- Combined Patterns: High P / Low S (e.g., >24 P, <24 S): You feel your life has valued meaning and purpose, leading to high life satisfaction, optimism, and positive emotions.
- Low P / High S (e.g., <24 P, >24 S): You feel your life lacks meaning and are actively searching, which can cause distress and dissatisfaction, often a target in therapy.
- High P / High S: You have a sense of meaning but are still exploring or deepening it, common in transitional periods like adolescence.
- How Scores are Calculated Scale: Items are rated 1 (Absolutely Untrue) to 7 (Absolutely True).
- Reverse Coding: Item 9 ("My life has no clear purpose") is reversed (e.g., a '1' becomes a '7').
- Subscale Scores: Sum the items for each subscale (5 items per subscale, max 35 each).

WHY THE MLQ-P MATTERS

- The MLQ helps individuals and therapists understand
- 1) their current sense of purpose and
- 2) Whether they are satisfied with their meaning or actively searching.

- Higher meaning is linked to better mental health.

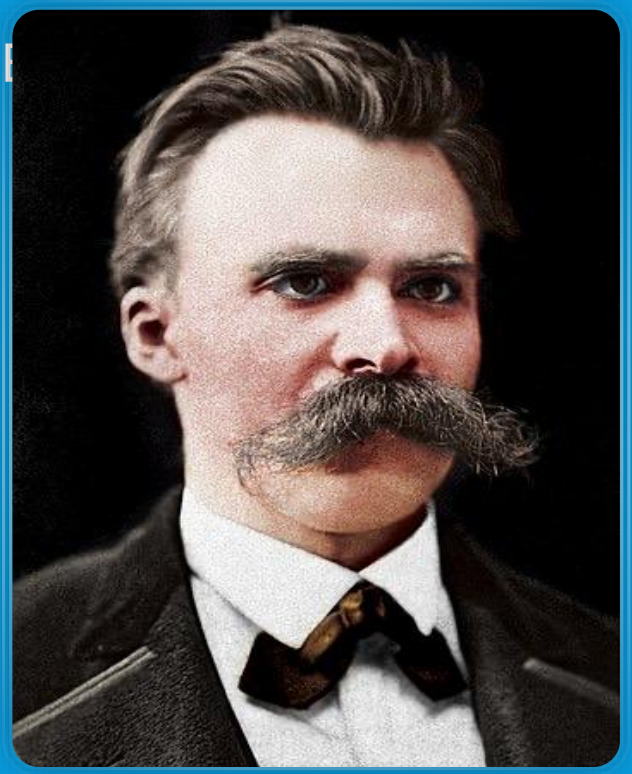
WHAT WE WILL DO TODAY

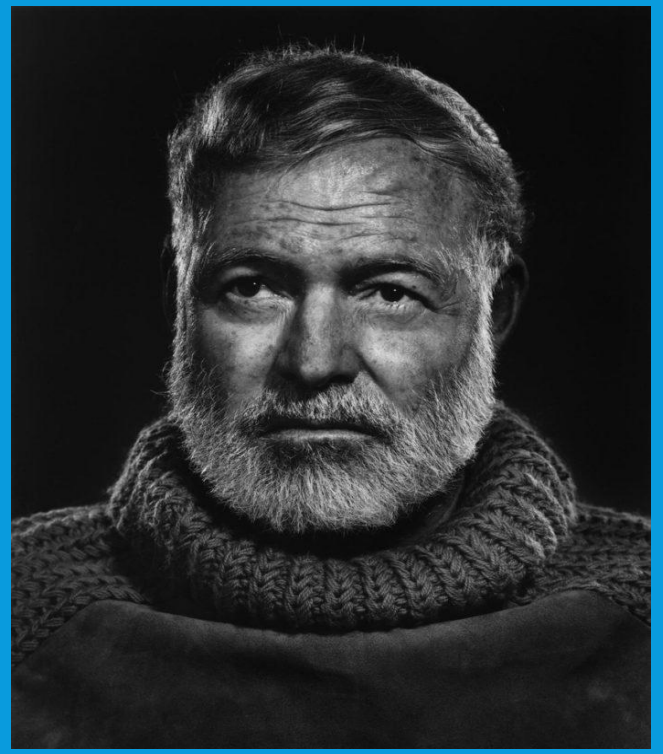
- Today we will talk about stress
- In 2 weeks, we'll discuss traumatic stress
- in 4 weeks, we'll explore dissociation

STRESS AND TRAUMA

“ Resilient individuals divine remedies for injuries; they know how to turn serious accidents to their advantage; that which does not kill them makes them stronger”

Frederick Nietzsche





“The world breaks everyone and afterwards many are stronger at the broken places.”

Ernest Hemingway – a farewell to arms

INTRODUCTION TO STRESS AND TRAUMA

STRESS TRAUMA AND PERSONALITY

- One of the goals of this course is to be a simple ”owners manual” to the mind.
- In our quest to survive and thrive in an often-hostile world we are constantly interacting with and being challenged by our environment. If each time we faced an environmental challenge, we had to figure out anew the best response to it, we would not survive.
- Our responses to our often-hostile world are therefor pre-programmed. Personality is what we call that pre-programming. Personality, along with the immune and endocrine systems, are our first line of defense or protection from environmental challenges.
- In the course, we’ve been exploring what leads to emotional dysregulation; those recurring patterns in our thinking, feeling, and behaving that constitute personality and cause us to fall into “holes.”
- So far, we’ve explored how personality is influenced by three important factors: 1) temperament; what we’re born with. 2) character; what happens to us and how the world treats us and 3) integration; how we reflect on, influence, and gradually change ourselves over time.
- We’ve discussed how personality “lives” in our 4 minds; the somatic, emotional, rational and self-aware minds and how instincts are the basis of emotions.
- We’ve also considered how attachment, an instinctive system shaped by our early caregivers, can either support emotional regulation or contribute to dysregulation when safety and connection are inconsistent or threatening.

STRESS TRAUMA AND PERSONALITY

- Today, we begin exploring another influence on our personalities and a major cause of emotional dysregulation: stress and trauma.
- Stress and trauma affect another instinctive system, our fight, flight, freeze, and collapse responses. Stress and trauma don't just live in our thoughts; they live in our nervous systems and bodies. They shape what feels safe, what feels dangerous, how quickly we react, and how hard it is to pause, reflect, and choose.
- If we want to understand ourselves more fully, why we fall into certain holes, why some situations overwhelm us, and what true healing and growth require, we need to understand stress and trauma.
- As we continue the journey of trying to understand ourselves we may also want to remind ourselves why approaches like DBT and IFS are so essential in healing and growth.
- Under conditions of stress, especially chronic or traumatic stress, our nervous systems are pulled out of balance. We shift out of calm, rational, flexible states and into survival modes. In DBT language, we move out of rational mind and into emotion mind.

STRESS TRAUMA AND PERSONALITY

- DBT gives us practical tools and skills to stabilize our nervous system. These help us slow down, widen our window of tolerance, and regain enough balance to reflect rather than react.
- IFS, which we'll begin exploring in week 21of the course, March 4th, adds another layer. It helps us understand that under stress, different "parts" or "sub-personalities" that exist in our "internal family" take over and why, when stress is high, access to our real calm, clear and compassionate core Self becomes so difficult.
- Understanding stress and trauma helps us understand why the tools and skills sometimes feel so hard to use, why extreme parts of us sometimes take over, and why healing is not about forcing change, but about restoring safety.

TODAY

- Defining stress
- Stress, fear and anxiety
- Diagnosing stress
- Intensity and duration of stress
- Types of stressors: socioeconomic, discrimination, gaslighting
- Statistics, Gen Z and the stress epidemic
- Assessing stress
- The stress response
- Polyvagal theory
- Arousal states
- How stress affects body and mind: signs and symptoms, performance
- How stress affects children
- Life history theory

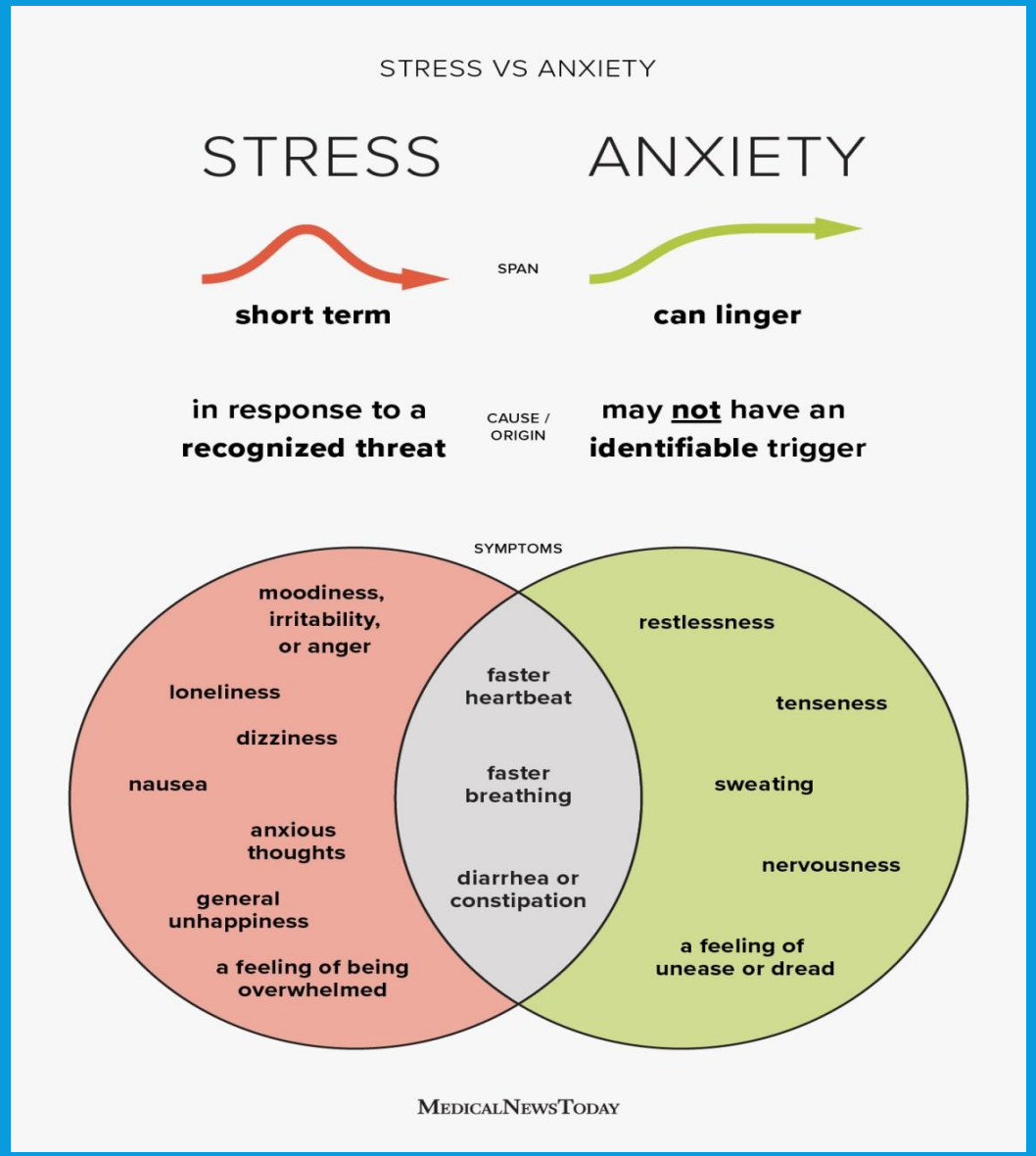
DEFINING STRESS

SOME DEFINITIONS

- Worldwide, stress is by far the most common cause of illness or feeling physically or emotionally unwell.
- **A stressor- is** a physical or psychological challenge to the well being of an organism
- **Stress**- is an organisms physiological and psychological reaction to a stressor .
- Stressors and stress can be **acute, longer term or chronic and range from mild to severe**. Acute, lower intensity stressors are less damaging and even strengthen the organism. Chronic, high intensity stressors are more harmful to the organism.
- **Antifragility** means benefiting from stress, shocks, or disorder, growing stronger instead of just resisting damage. Something fragile breaks under stress. Something robust resists stress but doesn't improve. Something antifragile improves because of stress.
- **Resilience-** the capacity to withstand or to recover quickly from stressful circumstances
- **Eustress-** is physical or psychological stress that benefits or strengthens the organism (ex. exercise or engaging in an intellectually or emotionally challenging activity)
- **Distress-** Is an aversive state of stress to which the person cannot fully adapt but which may not have long term negative effects
- **Traumatic stress- is** a stressor that emotionally overwhelms the individual's coping mechanisms and may have long term consequences such as PTSD or complex PTSD
- **Stress coping resources** – determine how people cope with stress. They include attachment style, coping skills, social supports, socioeconomic factors etc.. These resources determine, for each person, the point at which eustress becomes distress, and distress, traumatic stress

STRESS, FEAR AND ANXIETY

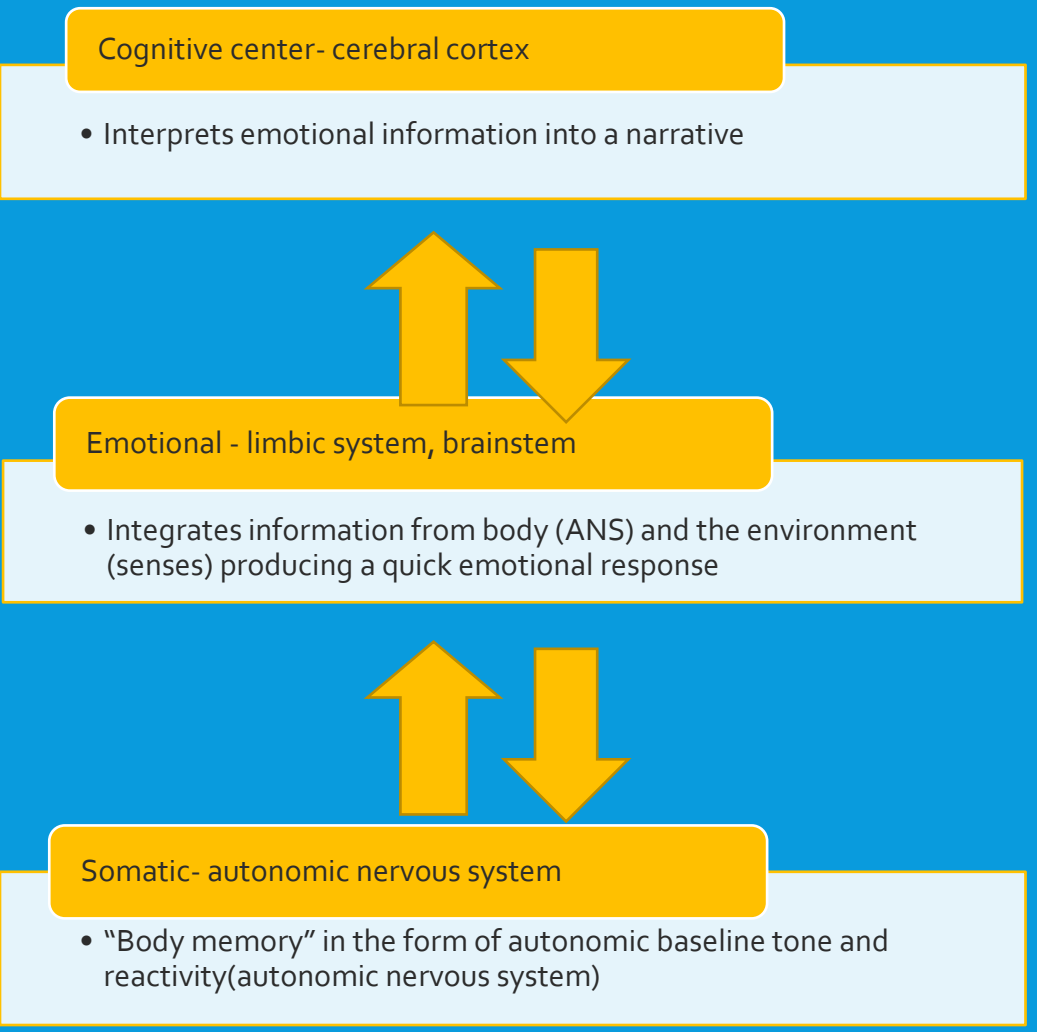
STRESS, ANXIETY AND FEAR



- Stress is a normal reaction to challenges in life. It can cause physical and emotional symptoms, but it usually settles when the situation improves.
- Anxiety is different. It is when worry and physical symptoms become excessive and long-lasting, often continuing even when there is no clear threat.
- Fear is usually brief and linked to a clear danger, while anxiety tends to linger and feel more vague or uncertain.

- Trauma, chronic stress, and attachment difficulties can disrupt the body's stress system, making people more vulnerable to anxiety and depression later in life.

STRESS AND EMOTIONAL DYSREGULATION

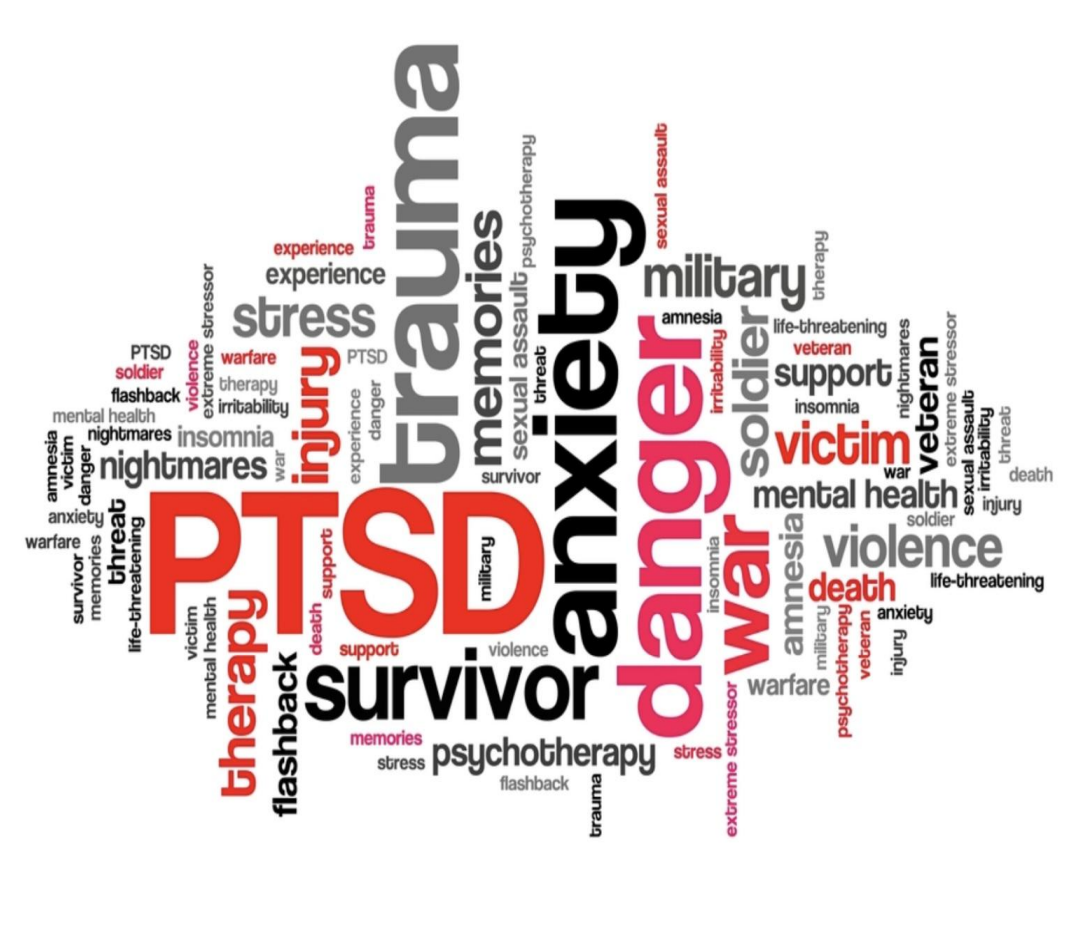


- When emotions are **dysregulated**, the body stays stuck in a high-alert or shut-down state instead of calm and balanced.
  Because of this, the brain interprets everyday situations as **dangerous or overwhelming**, triggering a **strong stress response**.
- People in this state also have **more difficulty using healthy coping strategies**, which makes stress last longer. This creates a **vicious cycle**: stronger stress, poorer coping, and more ongoing stress.
- Research shows that people with **early life adversity** have much stronger stress hormone responses even to mild stressors

DIAGNOSING STRESS

How does the diagnostic and statistical manual- DSM categorize stress related disorders?

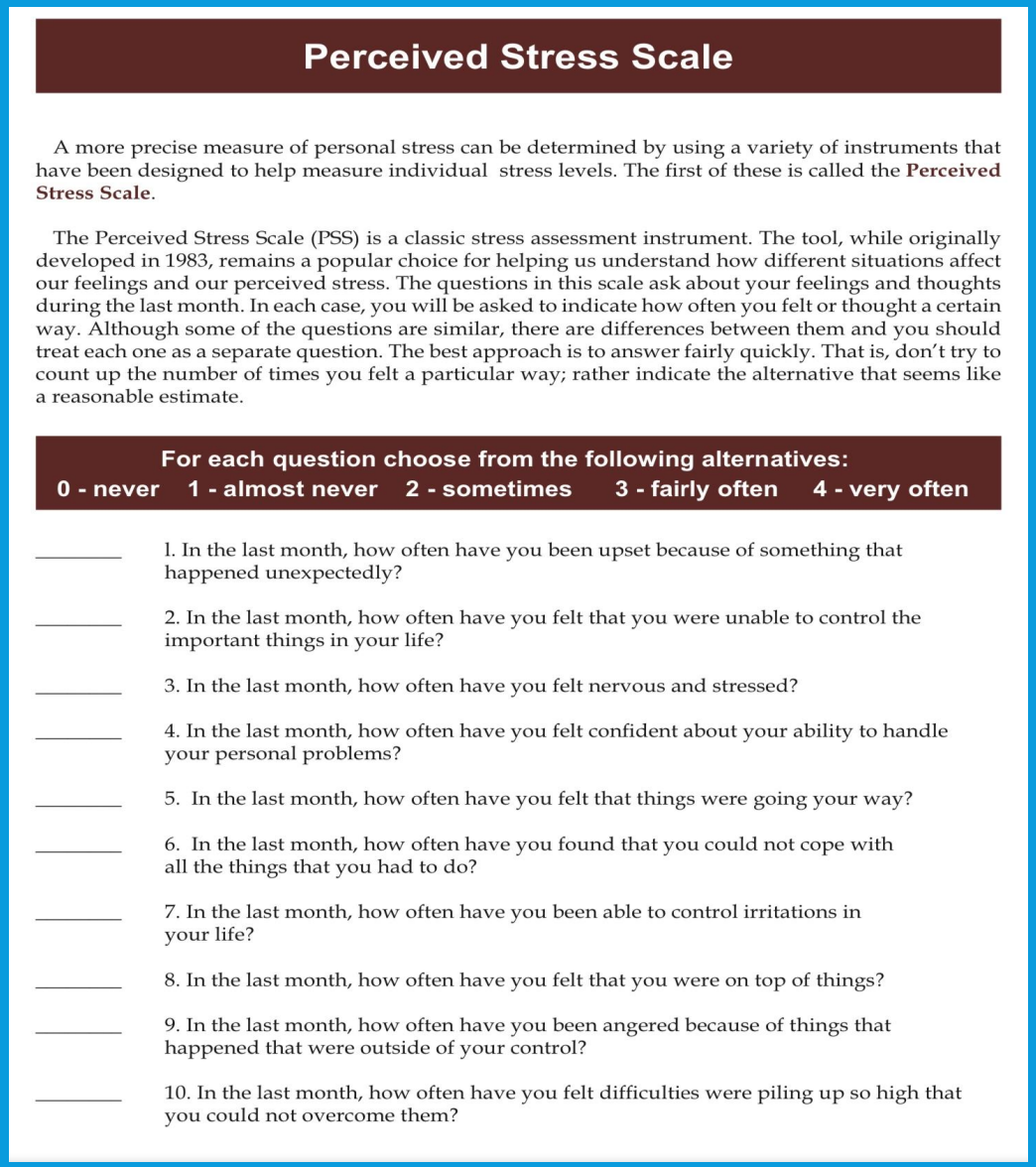
DIAGNOSING STRESS



- Stress contributes to all mental health problems, but in some conditions, it plays a central role.
- This happens especially when stress is chronic, severe, or traumatic.
- Stress plays a central role in: "anxiety disorders"- panic disorder, generalized anxiety disorder, social phobia, specific phobias.
- "Obsessive-compulsive, stereotypic and related disorders"- obsessive-compulsive disorder, body dysmorphia, hoarding, hair pulling, skin picking.
- "Trauma and stress related disorders"- PTSD, acute stress disorder, adjustment disorders, reactive attachment disorders
- "Dissociative disorders"- dissociative identity disorder, depersonalization/derealization, dissociative amnesia

1. INTENSITY AND 2. DURATION OF STRESS

1. INTENSITY OF STRESS



Perceived Stress Scale

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress levels. The first of these is called the **Perceived Stress Scale**.

The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived stress. The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:
0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

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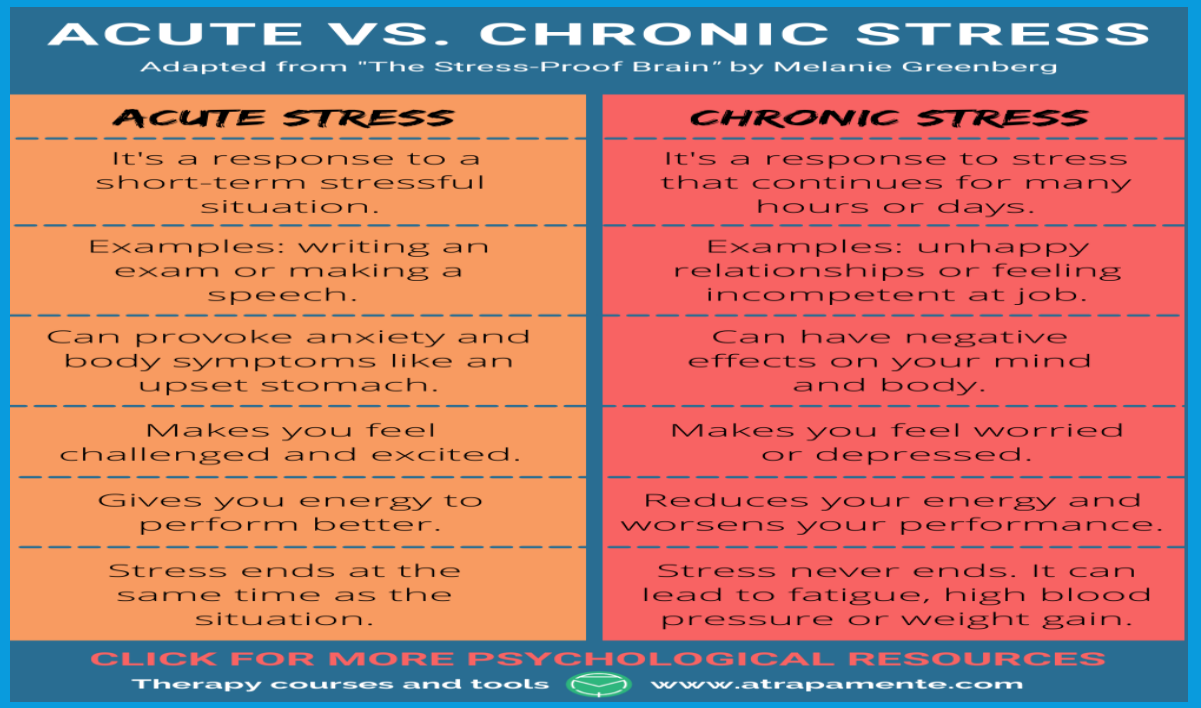
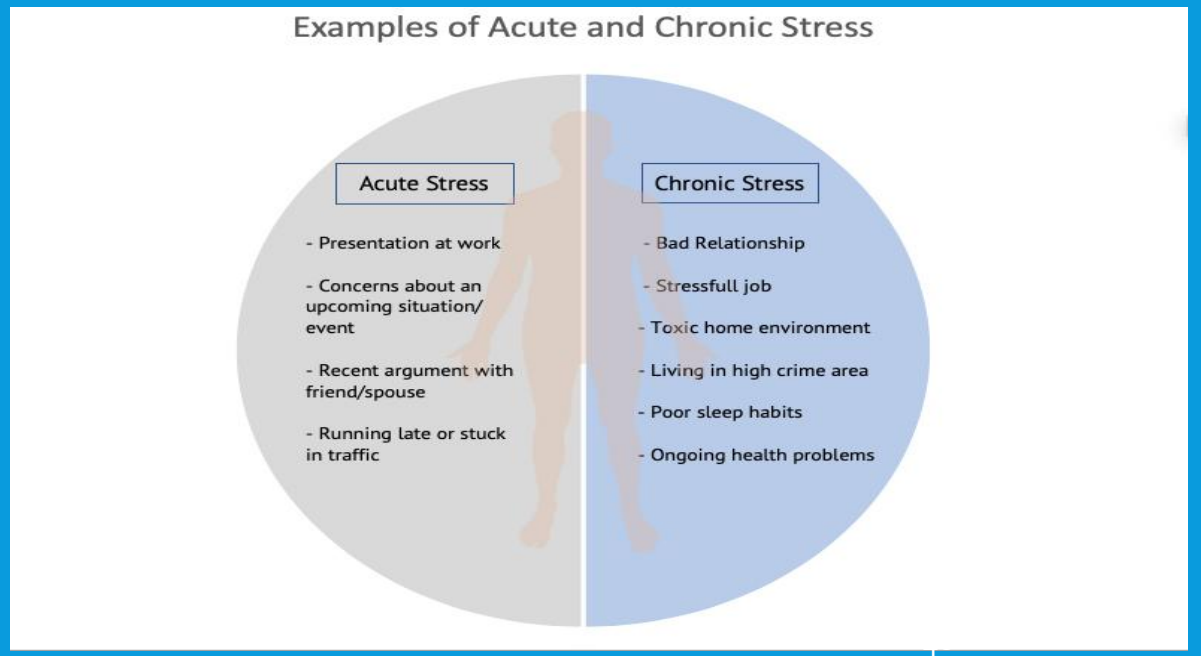
_____ 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Perceived stress =intensity + duration of stress – coping resources available to the individual
- The perceived stress scale measures a person stress level or the degree to which situations in their life are perceived as stressful. Factors affecting the stress level include intensity and duration of the stressor, coping skills and the person's baseline physiological activation patterns (temperament + character)
- Positive or eustress is associated with brief increases in heart rate, intensified focus, and mild elevations in levels of stress hormones.
- Tolerable stress (aka. Distress) is associated with serious but temporary stress responses mitigated by positive buffering influences for example self-regulation skills or supportive relationships.
- Toxic stress involves intense and prolonged activation of stress response systems without sufficient positive buffering influences.

2.DURATION OF STRESS

- The stress response is part of our **fight-or-flight system**.
- **Short-term stress** is normal, helpful, and supports survival.
- **Long-term stress** can develop when stressors are chronic, emotions are poorly regulated, or stress and dysregulation reinforce each other in a vicious cycle.
- As stress becomes **more intense and long-lasting**, the stress system becomes dysregulated and causes **physical and psychological harm**.
- **Severe or toxic stress** can eventually lead to **shutdown states**, such as depression, dissociation, or emotional collapse





Stress has three layers

. World (what happened)
. Body (arousal)
. Identity (what it made of me)

WORLD (WHAT HAPPENED)

What has life done to us?

VARIETY OF STRESSORS: SOCIOECONOMIC, DISCRIMINATION, GASLIGHTING, ETC.

TYPES OF STRESSORS

- Many different things can cause stress. Stress isn't only triggered by negative events, positive life changes like marriage, having a baby, starting a new job, moving, or traveling can also be stressful.

- Common stressor include:
- 1. Sensory inputs such as pain, bright lights, noise, temperature extremes
- 2. Environmental circumstances such as food, water, or housing insecurity, pollution, and lack of freedom or mobility.
- 3. Social circumstances such as dealing with difficult people, break ups, divorce, marriage, births, deaths.
- 4. Life experiences such as poverty, unemployment, insufficient sleep.
- 5. Adverse experiences during development such as maternal exposure to trauma or toxic substances, attachment issues, infant/child abuse and neglect.

THE WORLD'S #1 STRESSOR

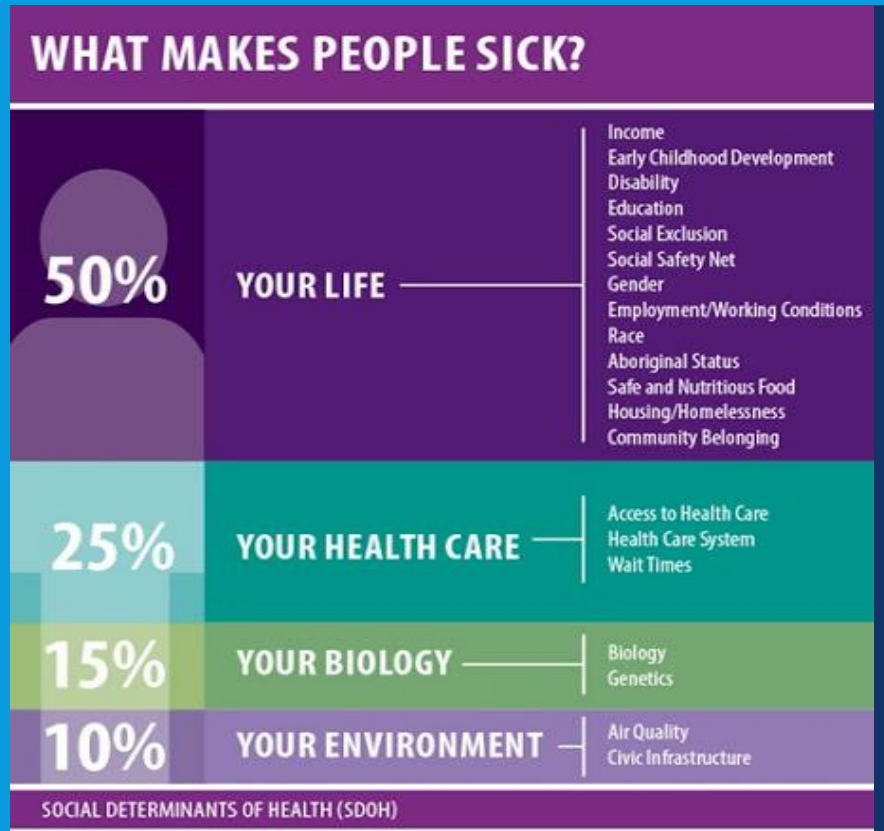
- Humans are driven by instincts, such as seeking, attachment, and fight-or-flight, to get what we need to survive.
- How a society distributes resources strongly affects how stressful life is for its people. Inequality and economic injustice create chronic stress and are among the biggest causes of illness worldwide.
- Chronic stress makes it harder for people to think clearly, plan, and do the difficult things needed to change their situation. As a result, escaping poverty through "willpower alone" is very rare.
- Upward mobility depends on social justice, and as inequality rises, upward mobility falls

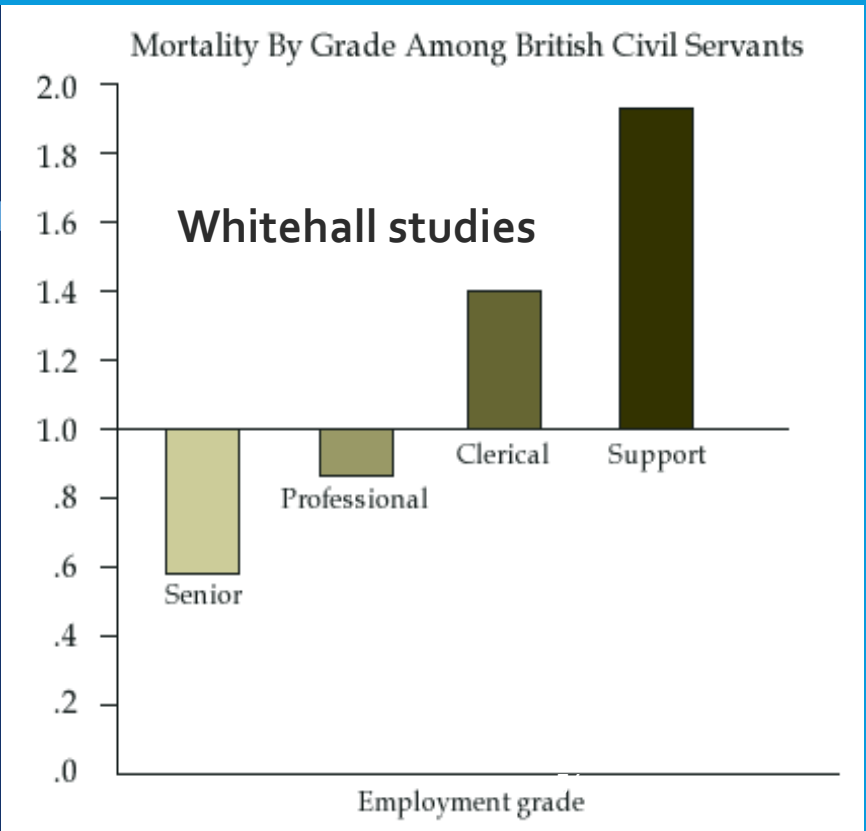
WHY SOCIOECONOMIC STRESS IS THE MOST IMPORTANT HEALTH CONCERN

- 1. “Your Life” and how stressful it is, is the variable that has the biggest impact on your health.
- The health care you receive, your biology and your physical environment are comparatively less important factors

- 2. The social factors and circumstances that impact your health are called social determinants of health.
- The most important social determinants of health include:

- 3. The Whitehall studies of British civil servants clearly showed that the more control you have over your life, the longer and healthier life you live.
- Longevity and health depends on a person’s place in the social hierarchy.

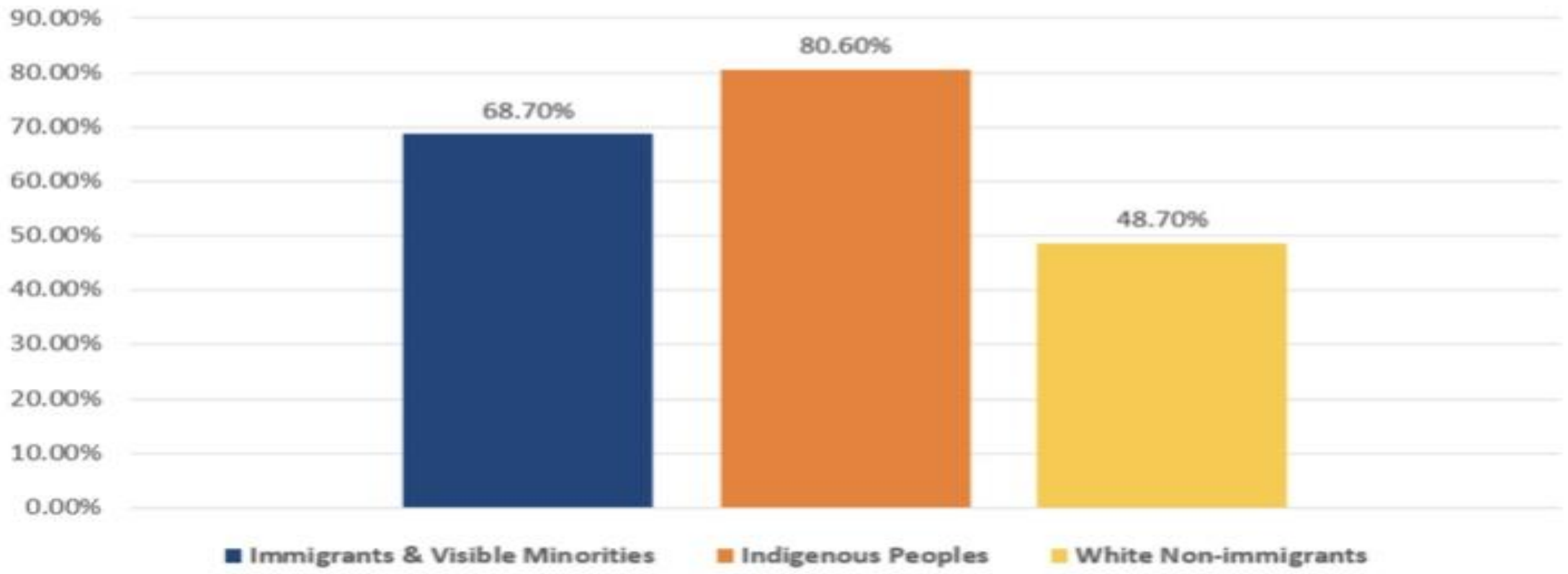




EVERYDAY STRESSORS

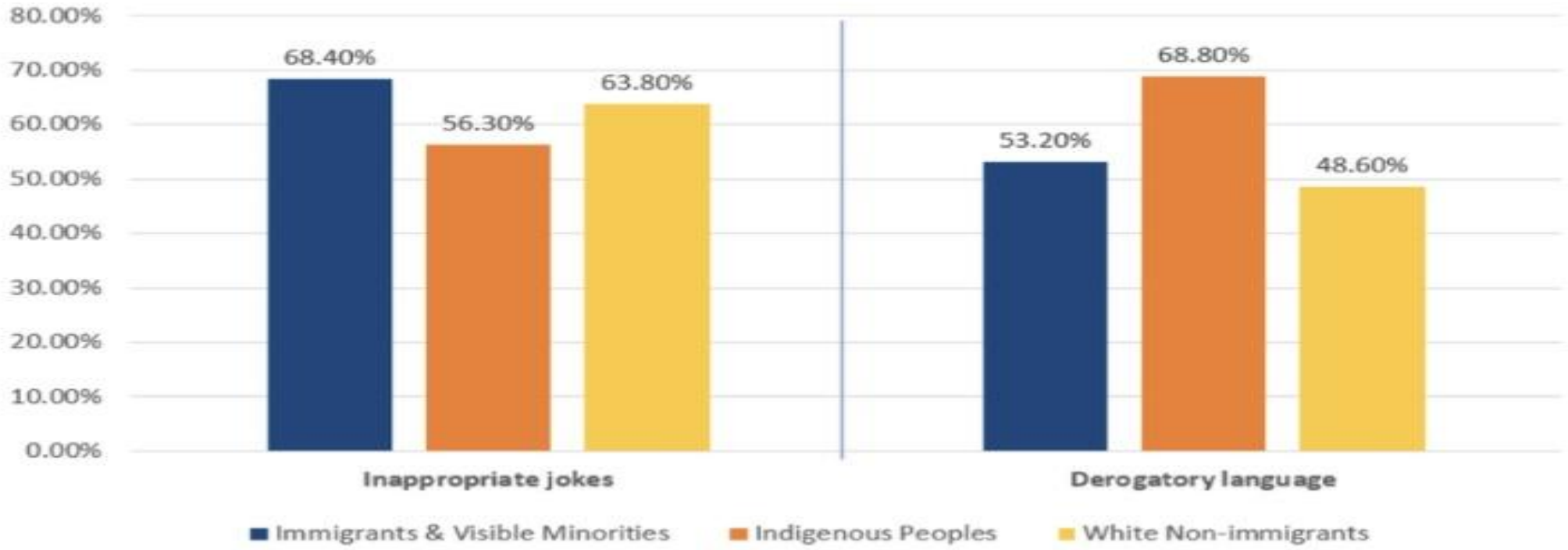
Experiences of discrimination

Percentage of Huron-Perth respondents who reported experiencing discrimination in one or more contexts in the past 3 years



Type of discrimination experienced

Percentage who had experienced each type of discrimination



Perceived basis for discrimination

Immigrants & Visible Minorities

Race or skin colour

Ethnicity or culture

Indigenous Peoples

Indigenous identity

Ethnicity or culture

White Non-immigrants

Gender

Physical appearance

GASLIGHTING

Gaslighting quiz

- The term "gaslighting" comes from the title of the 1938 British stage play "gaslight" in which a male character uses psychological manipulation to make a female character question her sanity.
- Gas lighting is when one person, for their own gain, intentionally tries to twist another person's perception of reality.
- Typical gas lighting statements include: "you're overreacting", "you need help", "you're upset over nothing", "you must be confused again", "you're so dramatic", "I never said that", "why are you so defensive?", "It's your fault", "you're so sensitive", "stop imagining things", "I was just joking", "you're remembering things wrong", "it's always something with you".
- Gas lighting is a form of emotional abuse and a chronic stressor in many relationships.
- Other examples of subtle common emotional abuse include 1) withholding affection as a punishment, 2) not telling a person what they did wrong but expecting them to ask for forgiveness, 3) intentionally being forgetful about things and events that are important to the other person and 4) being patronizing.

WORK RELATED STRESS

Work related stress link

- Operational or occupational stress injury refers to lasting psychological harm from doing high-stress service work, such as policing, firefighting, emergency response, or frontline healthcare.
- Moral injury or moral distress happens when people act in ways, or witness situations, that violate their deeply held values; moral injury is more severe, while moral distress is usually milder.
- Burnout is emotional, physical, and mental exhaustion caused by prolonged stress, often related to work or caregiving, and is not the same as depression, even though they can look similar.

- Leadership and workplace culture matter greatly: abusive, exploitative, or psychologically unhealthy leadership can severely damage morale and mental health.

FREQUENTLY UNRECOGNIZED STRESSORS

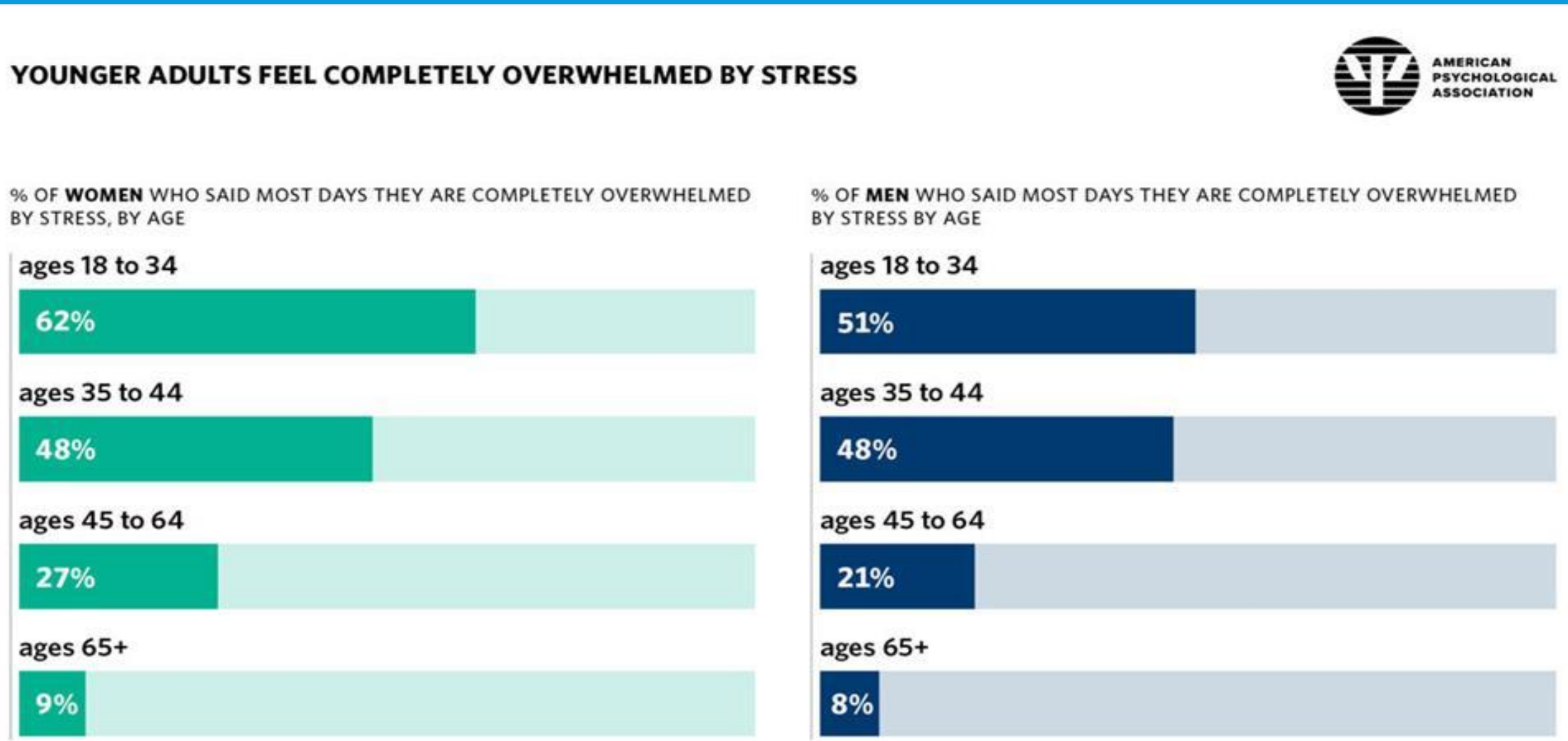
- Being neurodivergent (for example, autistic, ADHD, dyslexic) often means moving through a world that is designed with neurotypical norms and expectations in mind. Social rules, school systems, workplaces, and even sensory environments (lighting, noise, schedules) are usually tailored for typical ways of processing information and relating to others.
- For neurodivergent people, this creates a constant background stressor, a need to mask differences, adapt to environments that overload or misunderstand them, or repeatedly repair small ruptures in social and professional interactions. Over time, this ongoing mismatch functions like chronic stress, even when no single event looks dramatic from the outside.
- By the same token, there are other life experiences where the everyday environment is misaligned with one's capacities, expectations, or identity. These too can function as chronic stressors, they include:
- Immigration to an unfamiliar culture: navigating a language barrier, new norms, different values, and possible discrimination means that even simple interactions can carry strain.
- Living with a visible or invisible disability: constant negotiation with spaces, systems, and attitudes that aren't accessible.
- Belonging to a stigmatized minority group: dealing with prejudice, microaggressions, or the burden of representation.
- Chronic illness: the daily management of symptoms, medical appointments, and limited energy narrows life choices.
- Gender or sexual identity not affirmed by mainstream culture: the stress of concealment, invalidation, or outright hostility.
- In each of these cases, the stress isn't only from specific events, but from the continuous friction between the individual's way of being and the larger environment's design or expectations.

Take 30 seconds and just notice what that stirred in you.

STATISTICS, GEN Z AND THE STRESS EPIDEMIC

Is it true that the younger generations are more stressed than the older ones ?

% OF WOMEN AND MEN WHO REPORT BEING OVERWHELMED BY STRESS BY AGE 2022

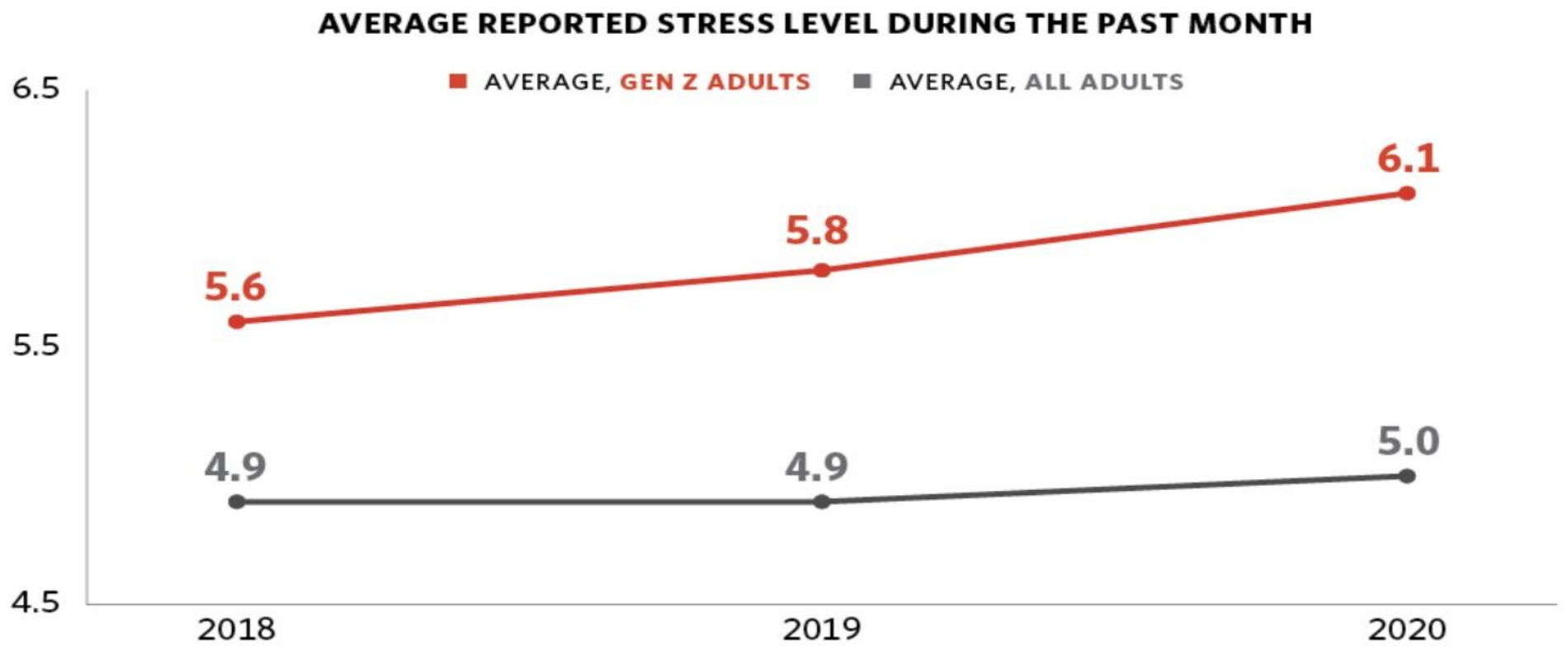


REPORTED STRESS LEVEL ON A 0-10 SCALE FOR GEN Z (11-26 Y.O.) vs. ALL ADULTS FROM 2018-20

STRESS IN AMERICA 2020: A NATIONAL MENTAL HEALTH CRISIS

Gen Z Adults: Generation Stress

AMERICAN PSYCHOLOGICAL ASSOCIATION

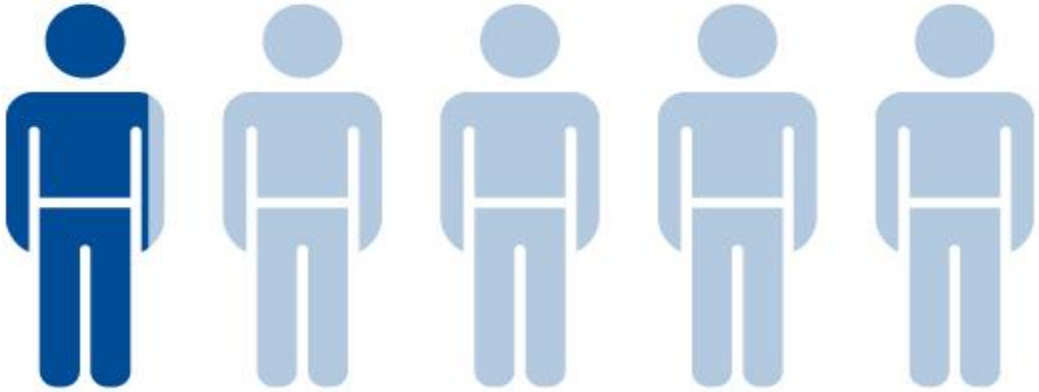


% OF ADULTS REPORTING WORSENING MENTAL HEALTH BY GENERATION 2020

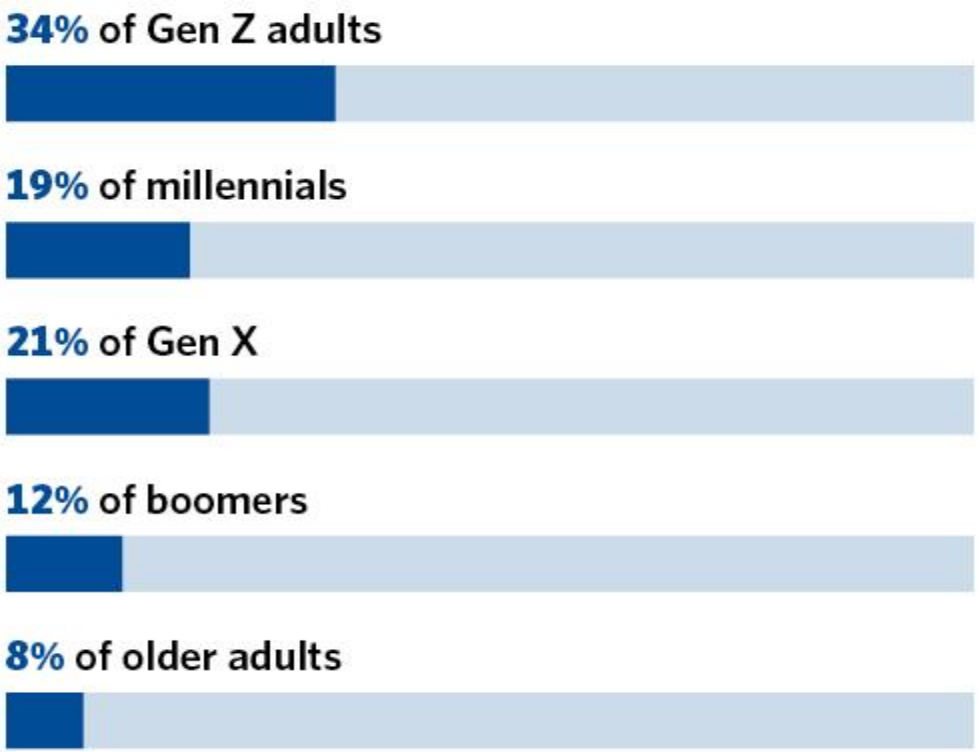
STRESS IN AMERICA 2020: A NATIONAL MENTAL HEALTH CRISIS

Nearly 1 in 5 Adults (19%) Say Their Mental Health Is Worse Than This Time Last Year

AMERICAN PSYCHOLOGICAL ASSOCIATION

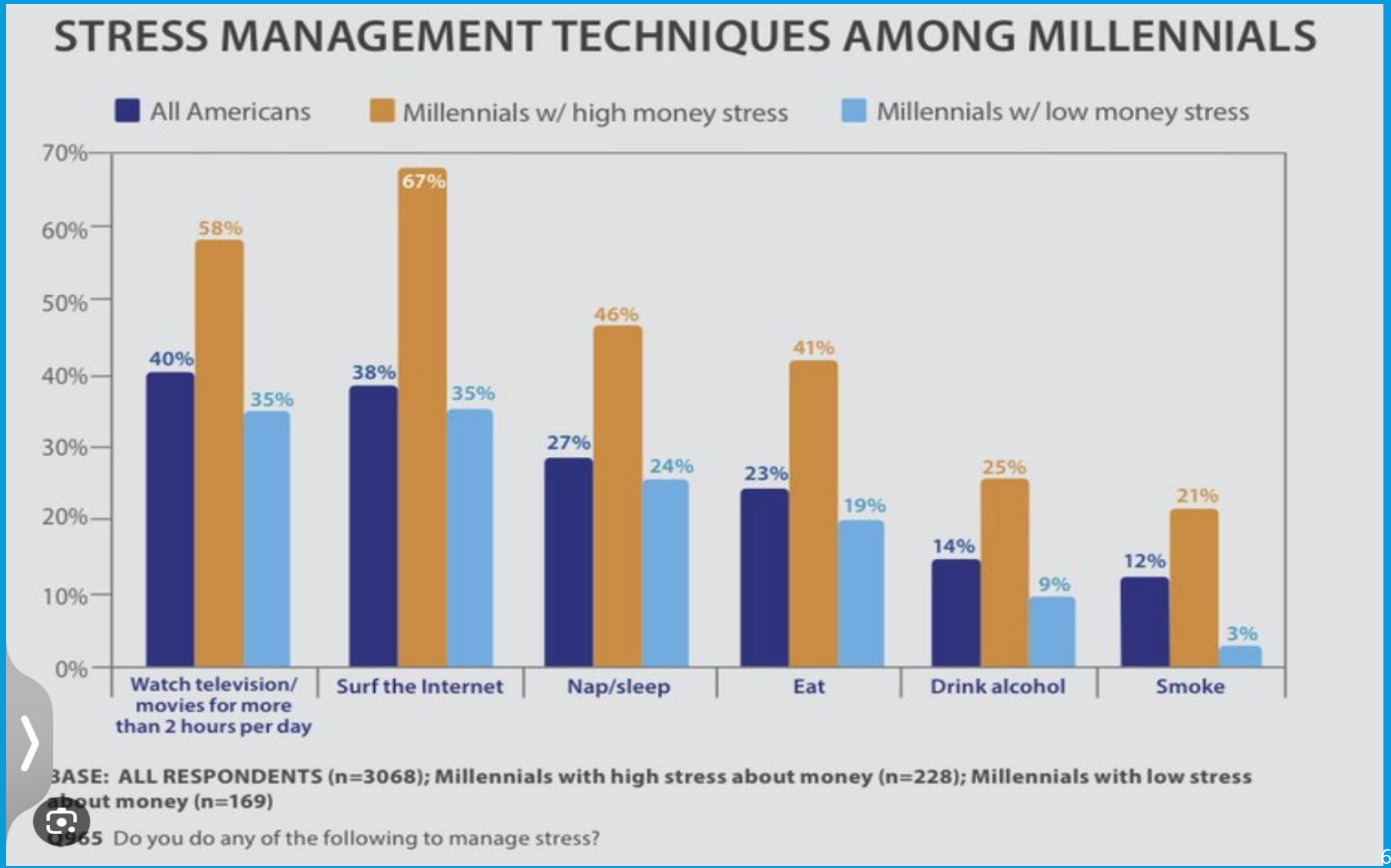


BY GENERATION

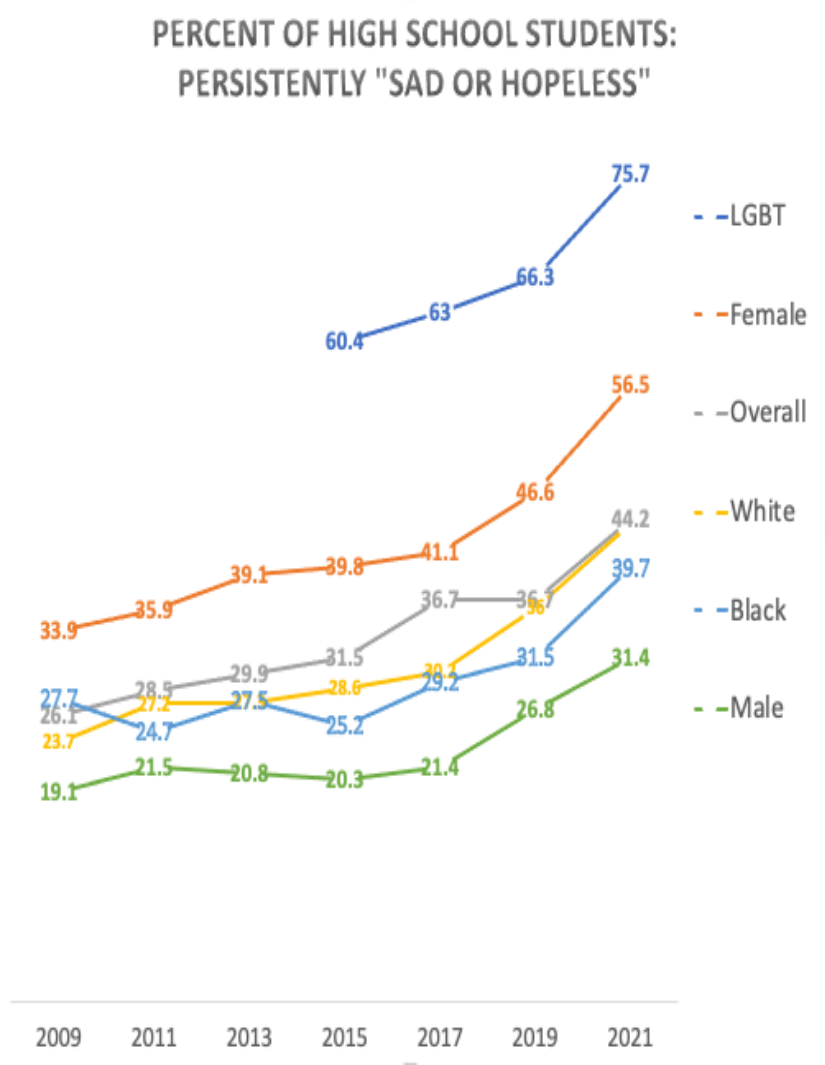


STRESS IN AMERICA™

STRATEGIES USED BY MILLENIALS(born 1980-95)/ALL AMERICANS TO COPE WITH STRESS



GEN Z'S MENTAL HEALTH



- Gen Z (or iGen) includes people born between about 1997 and 2012.
- Rates of anxiety, depression, and suicidality have risen sharply in this generation, especially among girls. Many factors may be contributing, including changes in parenting, social media and smartphones, academic pressure, biological factors, and worry about the future.
- Some researchers suggest that an increased focus on emotional safety may reduce opportunities for young people to learn resilience through difficult experiences.
  The causes for Gen Z's deteriorating mental health are complex and multifactorial, making this an important topic for discussion rather than simple answers.

WHY GEN Z IS SO STRESSED

- There are several overlapping reasons why Gen Z (and even younger generations) tend to report higher stress compared to older cohorts like Boomers
- 1. Technology & Social Media: Constant comparison: Platforms amplify curated success, beauty, and lifestyles, fueling insecurity. 24/7 connectivity: No escape from peer pressure, bullying, or news of crises. Attention economy: Apps are designed to maximize engagement, which keeps stress levels chronically high.
- 2. Economic & Career Pressures: Precarious jobs: Gig economy, automation fears, fewer stable careers. Cost of living: Housing, education, and healthcare costs have risen far faster than wages. Deb burdens: Especially student debt in many countries, creating early financial anxiety.
- 3. Global Uncertainty: Climate anxiety: Feeling responsible for or powerless against existential threats. Political polarization: Growing up amid culture wars and instability. Polycrisis awareness: Social media and news amplify awareness of overlapping global crises (pandemics, wars, inequality).
- 4. Family & Social Changes: Less unstructured play: More supervised, structured childhoods reduce resilience-building experiences. Later milestones: Delayed financial independence, marriage, or home ownership create feelings of being “behind.” Higher expectations: Pressure to “achieve” academically, socially, and professionally in a hyper-competitive environment.

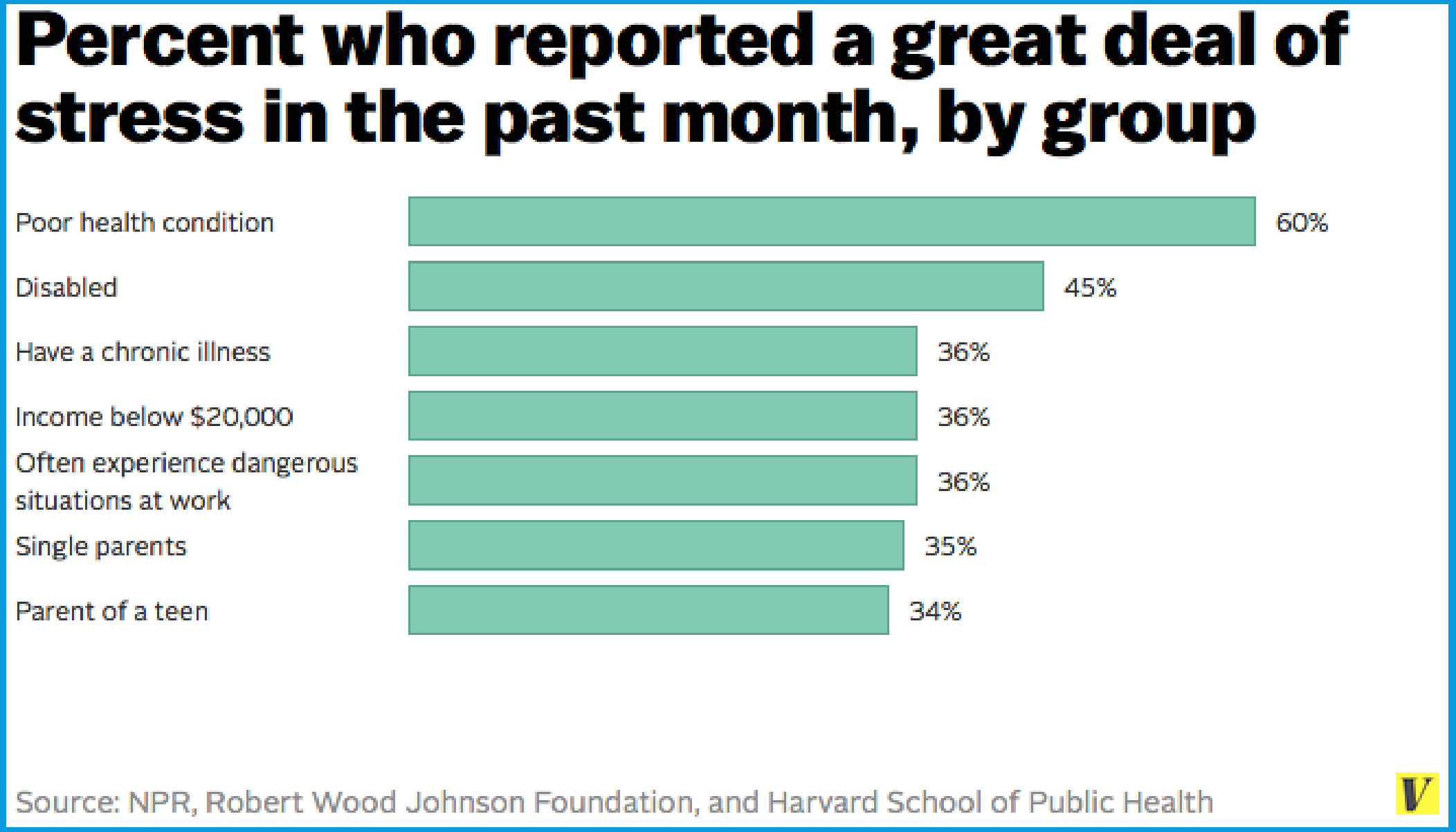
ALGORITHMS AND STRESS

- Social media algorithms are designed to keep people engaged, but in doing so they often increase stress.
- They tend to show content that reinforces existing beliefs and amplifies strong emotions like fear or anger, which keeps the body in a fight-or-flight state.
- The constant stream of information and notifications can be overwhelming, leading to mental overload and reduced clarity.
- Algorithms also promote social comparison and validation seeking, which can increase anxiety about self-worth and social status.

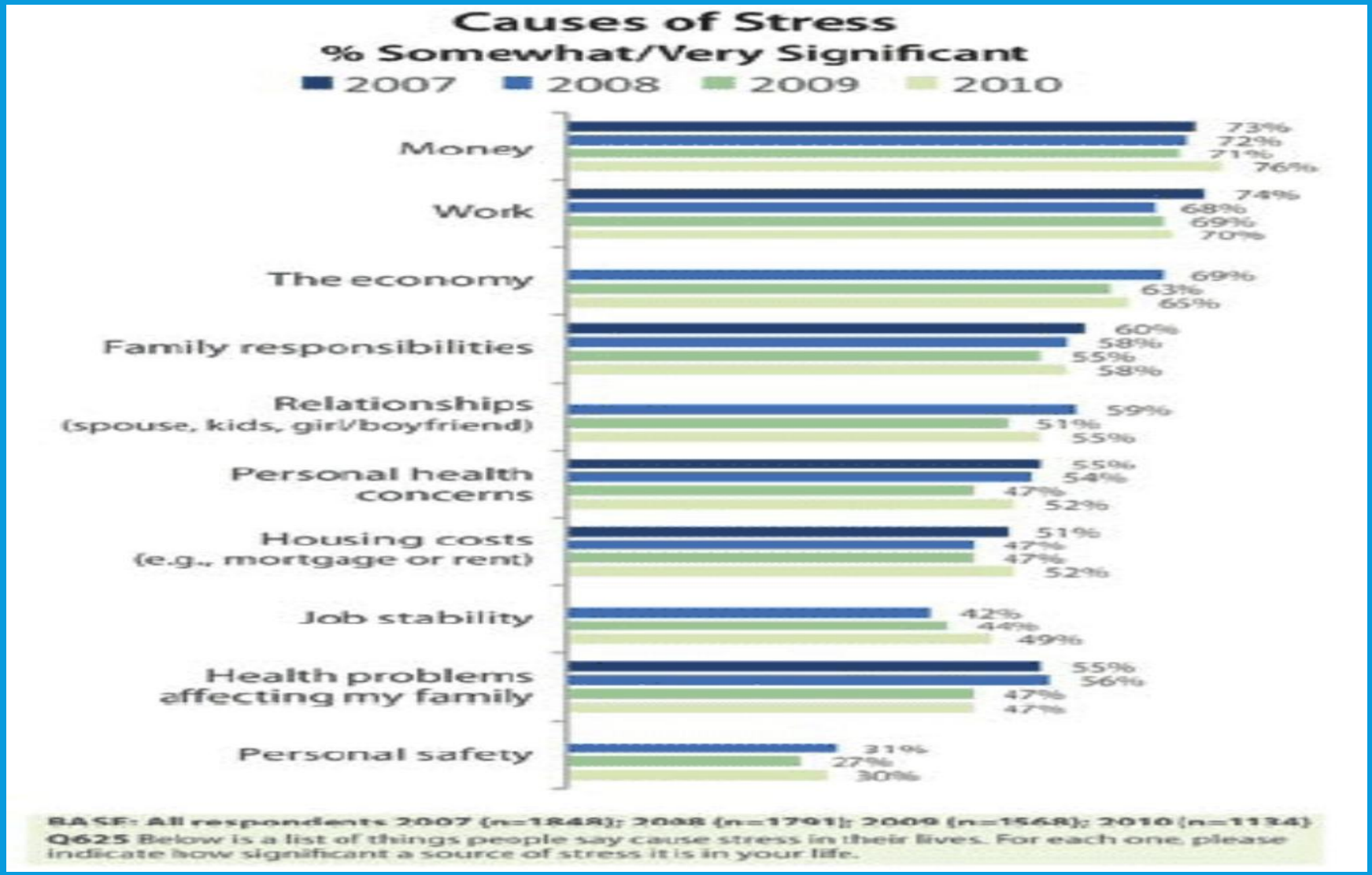
ALGORITHMS AND STRESS

- Algorithms that prioritize trending topics and real-time updates can exacerbate FOMO, leading users to feel anxious about missing important information or social interactions.
- The impact of these stressors on the brain can be significant:
- Prolonged exposure to stress-inducing content can activate the body's fight or flight response, releasing stress hormones like cortisol and adrenaline. This state is designed for short-term survival, not prolonged activation.
- Chronic stress can impair cognitive functions such as attention, memory, and decision-making. It can reduce the brain's ability to process information clearly and rationally, leading to difficulties in thinking critically and making informed decisions.
- Stress can also affect emotional regulation, making individuals more reactive and less able to manage their emotions effectively.
- To mitigate these effects, it can be helpful for individuals to practice digital mindfulness, set boundaries for technology use, and engage in activities that promote relaxation and mental well-being. Additionally, increased awareness of how algorithms influence behavior can empower users to make more conscious choices about their digital consumption.

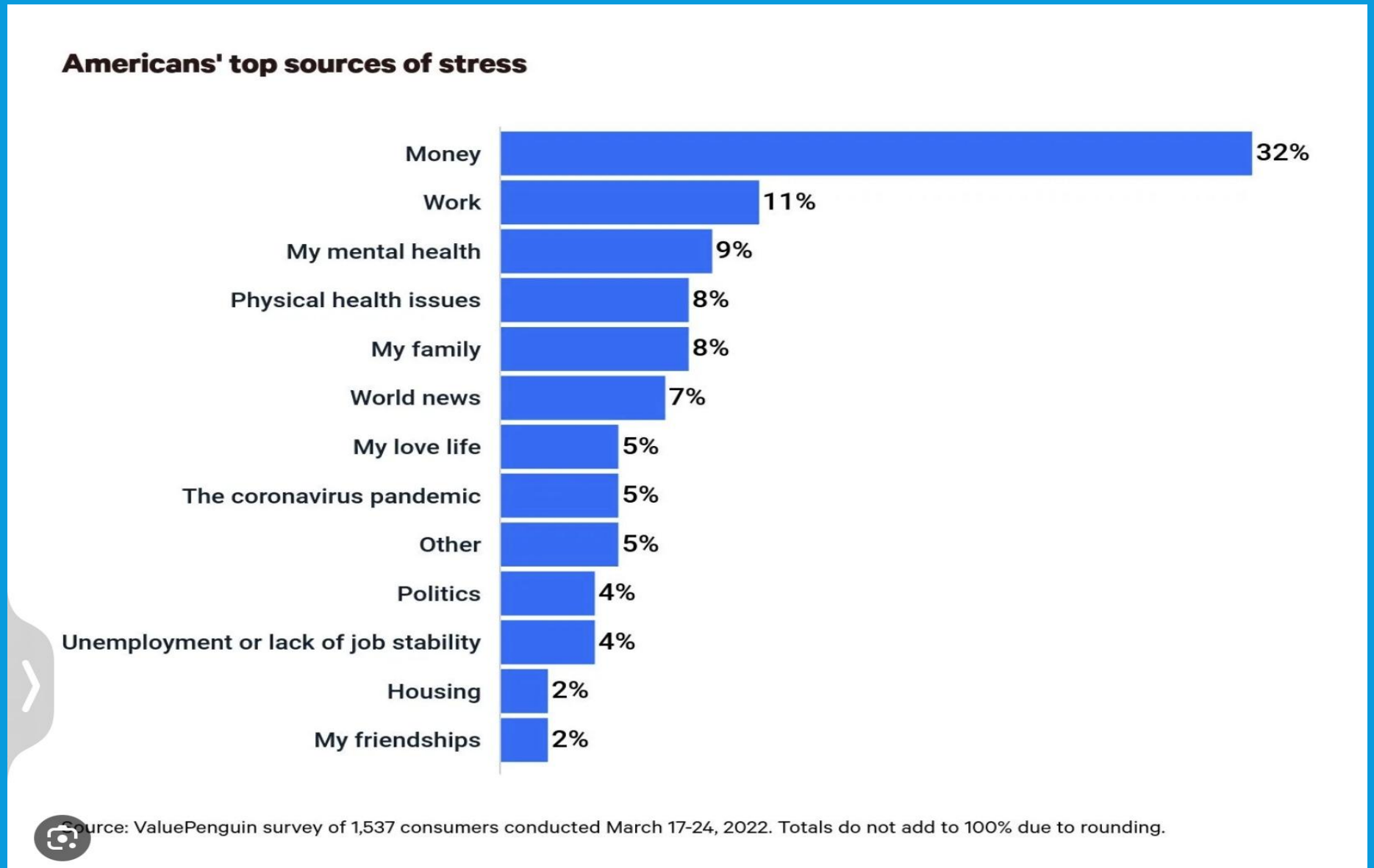
WHO IS THE MOST STRESSED?



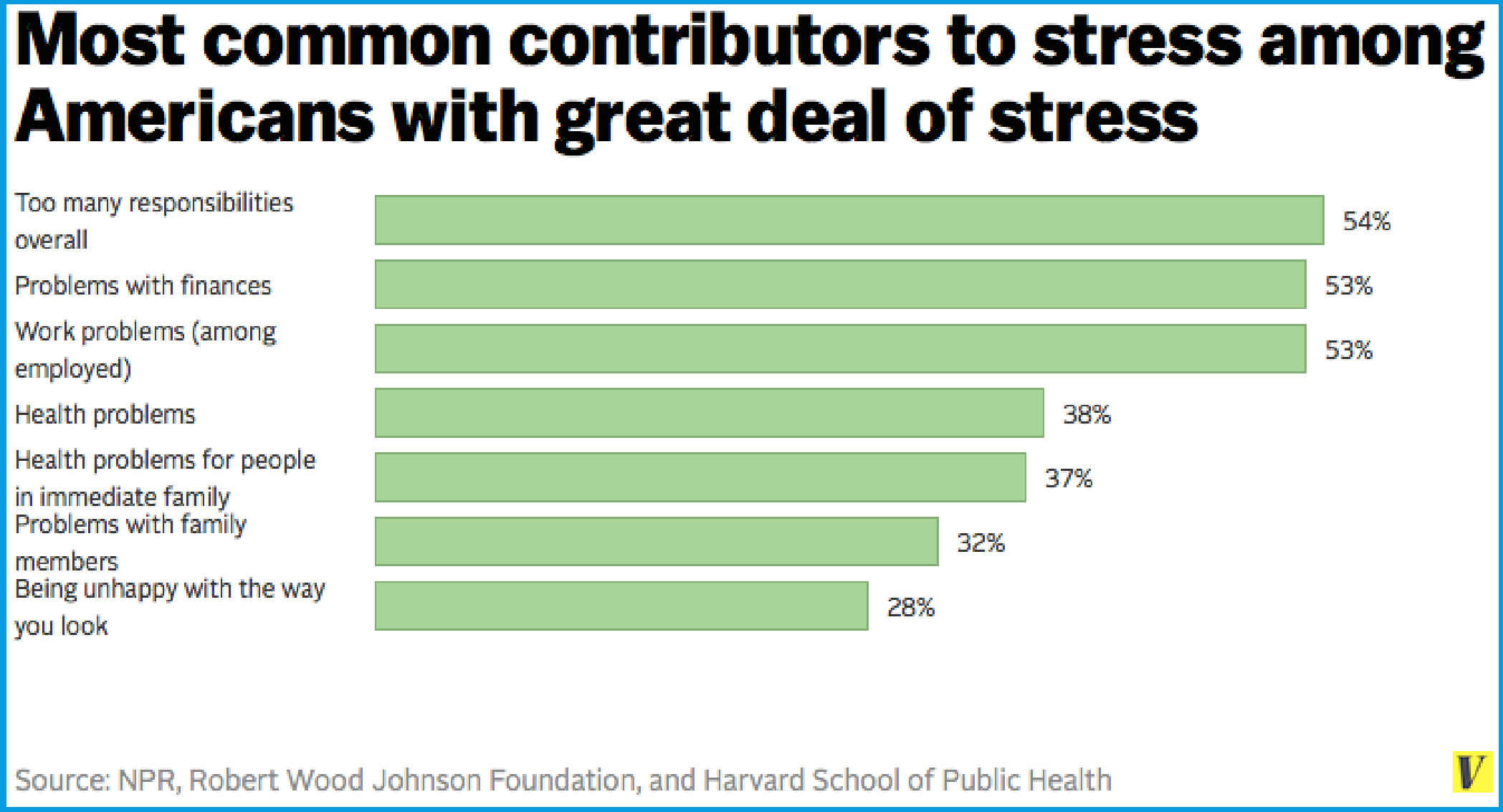
WHAT ARE AMERICANS MOST STRESSED BY 2007-10



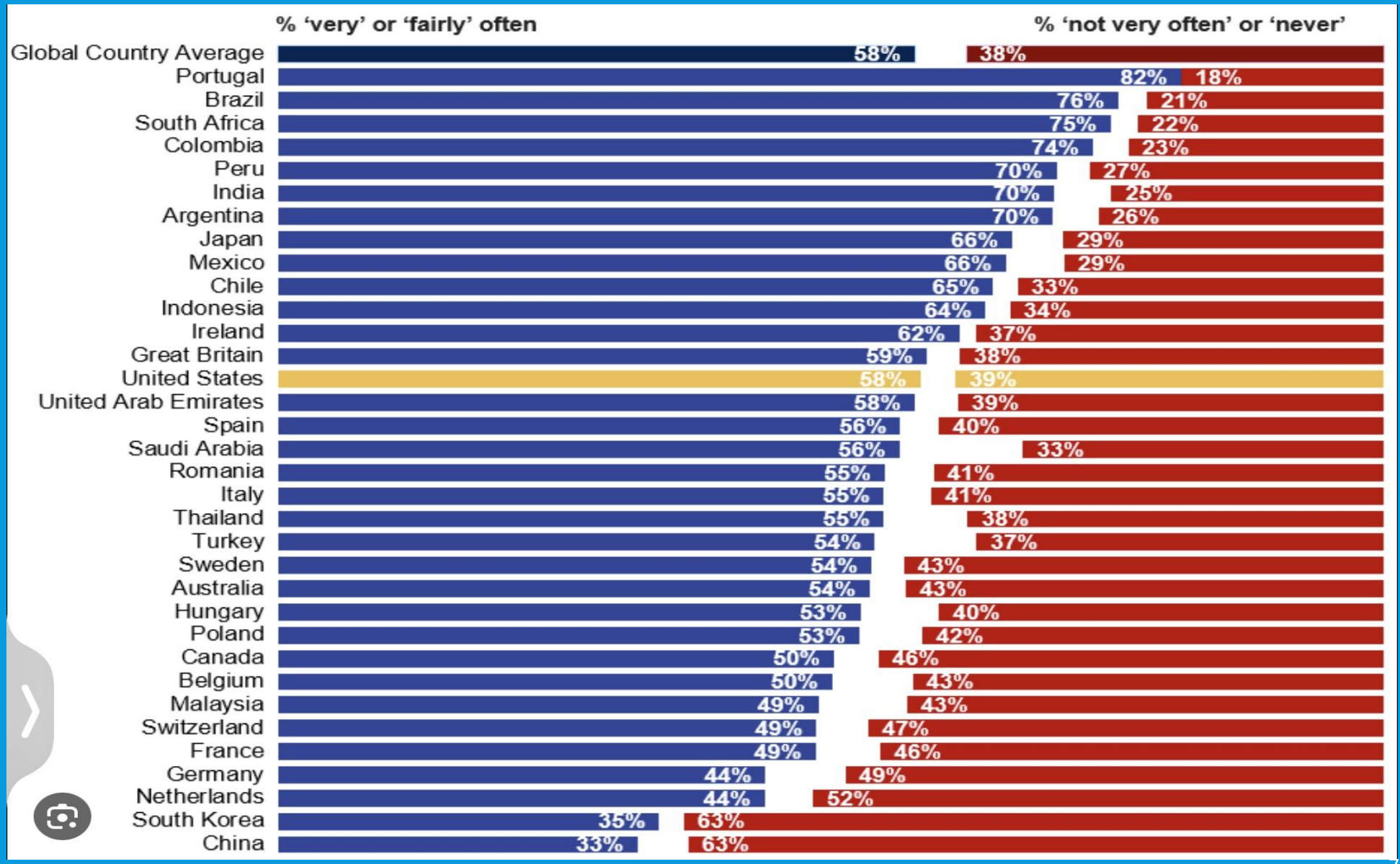
WHAT WERE AMERICANS STRESSED BY IN 2022?



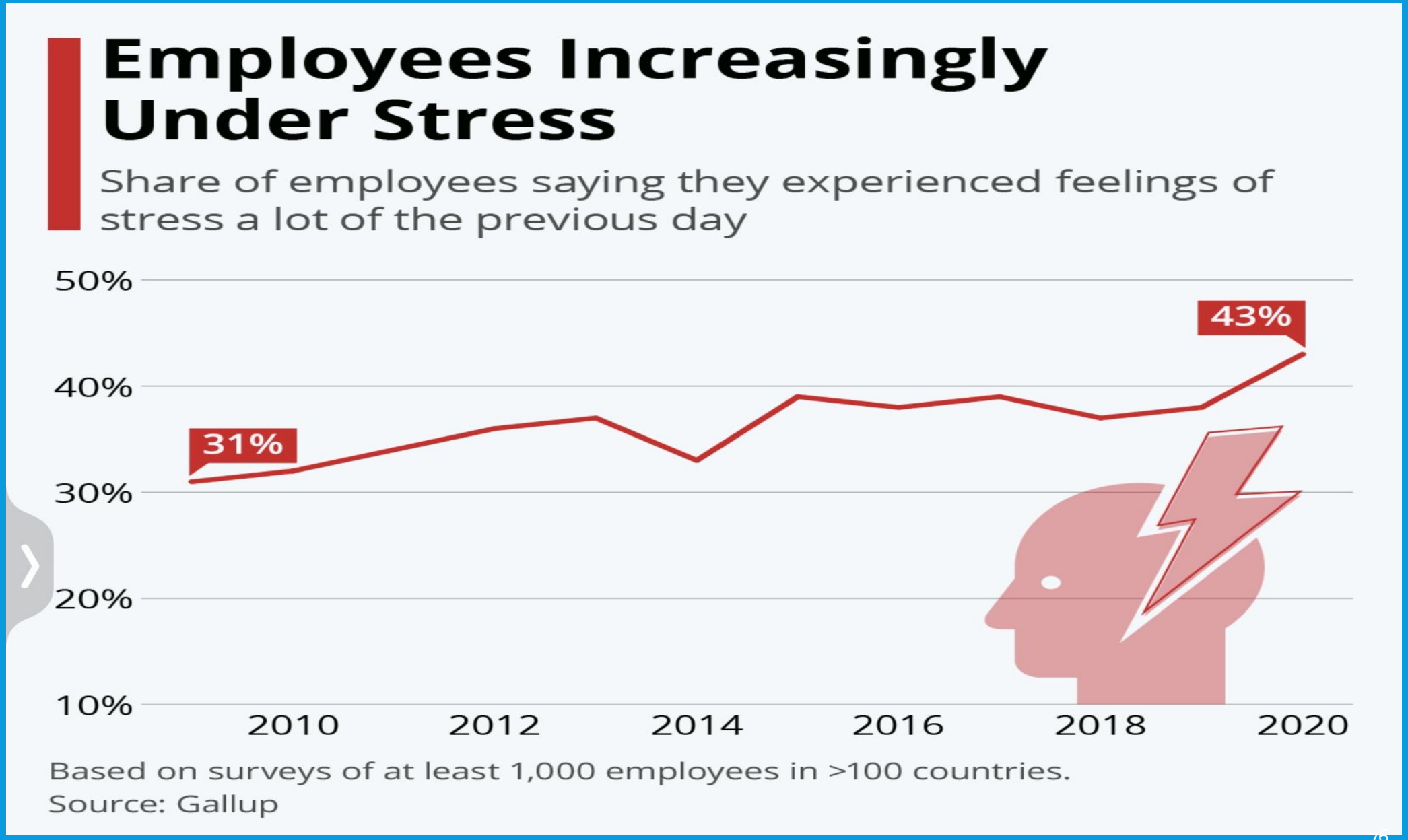
WHAT ARE THE CAUSES OF STRESS AMONG THE MOST STRESSED?



% OF PEOPLE REPORTING SIGNIFICANT STRESS BY COUNTRY 2019

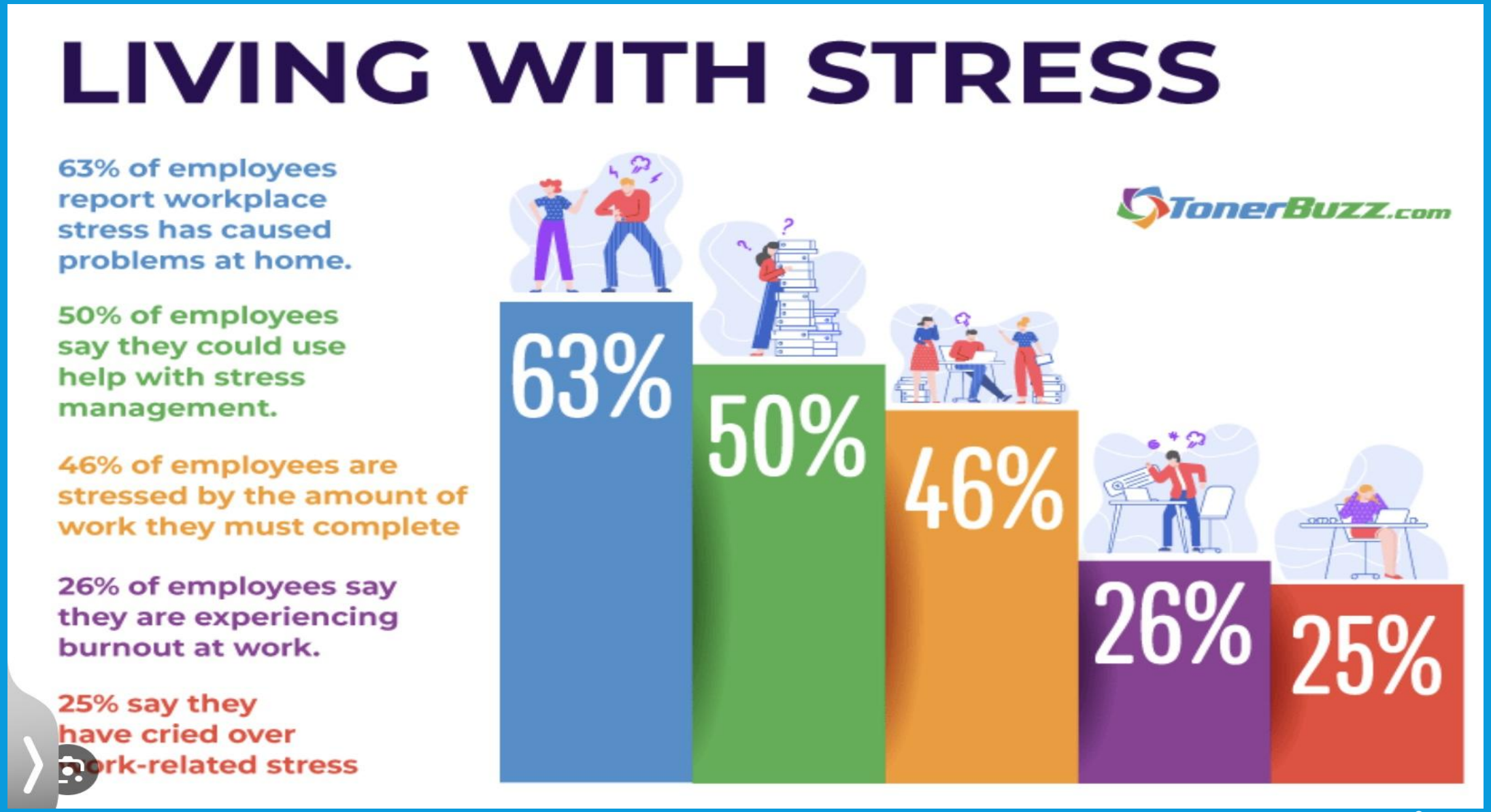


% OF WORKERS REPORTING SIGNIFICANT WORK-RELATED STRESS 2010-20

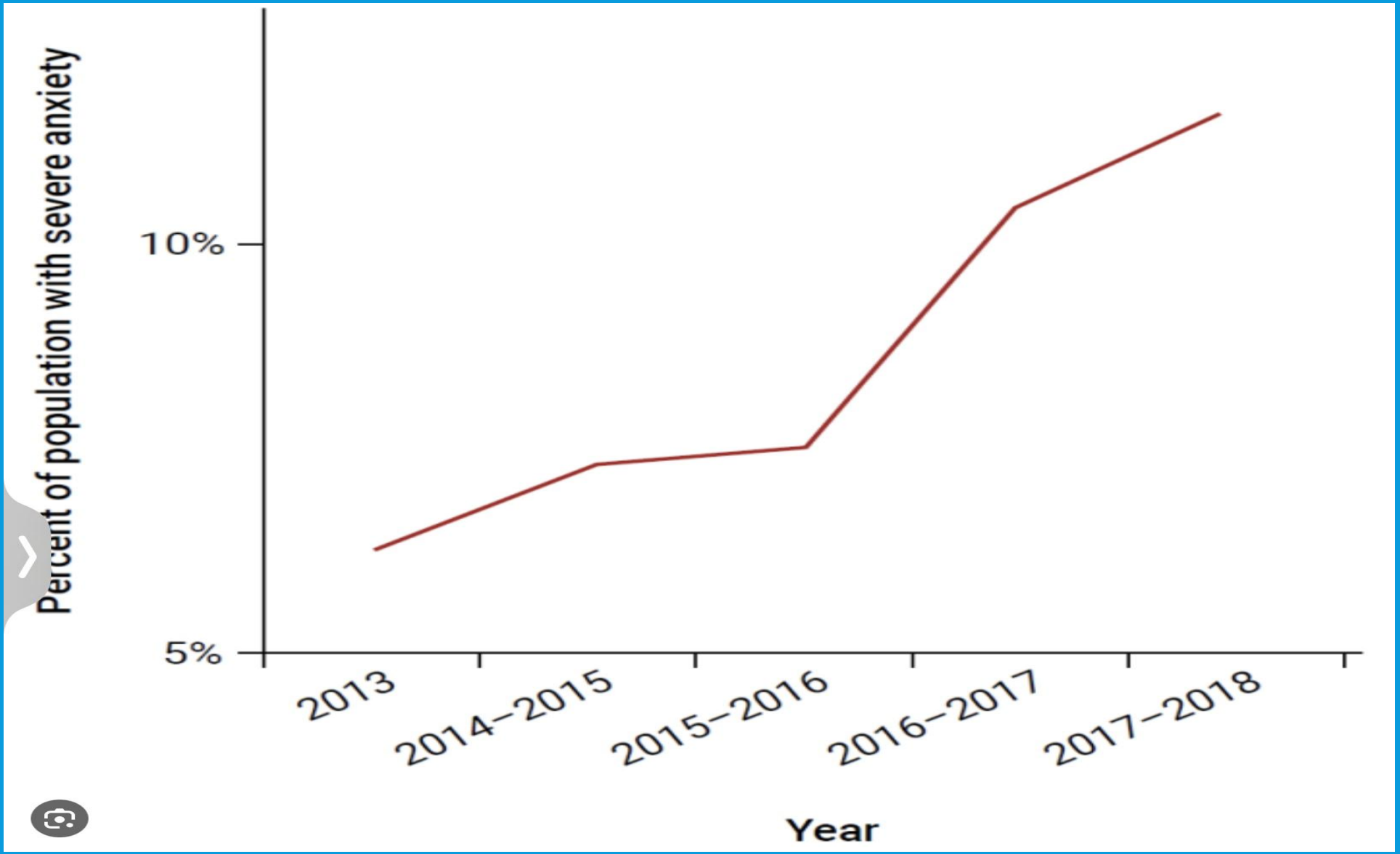


% OF WORKERS REPORTING SIGNIFICANT WORK-RELATED STRESS 2022-23

WHAT WORKERS SAY ABOUT THEIR STRESS 2018



% OF POPULATION REPORTING SEVERE ANXIETY 2013-18



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Figuring Your PSS Score

You can determine your PSS score by following these directions:

- First, reverse your scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like this:

  0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.

- Now add up your scores for each item to get a total. **My total score is** _____.
- Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.
  - ► Scores ranging from 0-13 would be considered low stress.
  - ► Scores ranging from 14-26 would be considered moderate stress.
  - ► Scores ranging from 27-40 would be considered high perceived stress.

The Perceived Stress Scale is interesting and important because your perception of what is happening in your life is most important. Consider the idea that two individuals could have the exact same events and experiences in their lives for the past month. Depending on their perception, total score could put one of those individuals in the low stress category and the total score could put the second person in the high stress category.

***Disclaimer**: The scores on the following self-assessment do not reflect any particular diagnosis or course of treatment. They are meant as a tool to help assess your level of stress. If you have any further concerns about your current well being, you may contact EAP and talk confidentially to one of our specialists.*

- Don't overthink the questions, answer them quickly.
- If figuring out your PSS score is too confusing to do during the session, don't worry, don't do it
- To score your PSS: 1) for questions 1, 2, 3, 6,9 ,10 simply add your numbers on the answers ex. Never=0 almost never= 1, sometimes= 2 etc.
- 2) for questions 4, 5, 7, and 8 reverse the scores ex. Never=4, almost ever=3 sometimes=2 fairly often=1 very often=0
- 3) add your numbers. Do you fall into low, moderate, or high perceived stress ranges?

BODY (AROUSAL)

What is happening to our nervous systems?

ASSESSING STRESS

Are there ways of objectively assessing how much stress a person is experiencing?

Dear Simple group members:

Our January 21st session, week 15 will be on “stress”. There are two widely used scales that attempt to objectify levels of stress that people are experiencing: the Holmes and Rahe and the Perceived stress scale. Our week 15 poll will simply ask you for your scores on these scales. To participate in that poll please complete both scales on your own before the January 21st session, calculate your scores and have them handy next week when we launch the poll. We think the session will be more meaningful to you if you’ve completed these scales.

Thank you

Perceived Stress Scale

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_____ 4. In the last month, how often have you felt confident about your ability to handle your personal problems?

_____ 5. In the last month, how often have you felt that things were going your way?

_____ 6. In the last month, how often have you found that you could not cope with all the things that you had to do?

_____ 7. In the last month, how often have you been able to control irritations in your life?

_____ 8. In the last month, how often have you felt that you were on top of things?

_____ 9. In the last month, how often have you been angered because of things that happened that were outside of your control?

_____ 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Don't overthink the questions, answer them quickly.
- If figuring out your PSS score is too confusing to do during the session, don't worry, don't do it
- To score your PSS: 1) for questions 1, 2, 3, 6,9 ,10 simply add your numbers on the answers ex. Never=0 almost never= 1, sometimes= 2 etc.
- 2) for questions 4, 5, 7, and 8 reverse the scores ex. Never=4, almost ever=3 sometimes=2 fairly often=1 very often=0
- 3) add your numbers. Do you fall into low, moderate, or high perceived stress ranges?

Figuring Your PSS Score

You can determine your PSS score by following these directions:

- First, reverse your scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like this:

  0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.

- Now add up your scores for each item to get a total. **My total score is** _____.
- Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.
  - Scores ranging from 0-13 would be considered low stress.
  - Scores ranging from 14-26 would be considered moderate stress.
  - Scores ranging from 27-40 would be considered high perceived stress.

The Perceived Stress Scale is interesting and important because your perception of what is happening in your life is most important. Consider the idea that two individuals could have the exact same events and experiences in their lives for the past month. Depending on their perception, total score could put one of those individuals in the low stress category and the total score could put the second person in the high stress category.

***Disclaimer**: The scores on the following self-assessment do not reflect any particular diagnosis or course of treatment. They are meant as a tool to help assess your level of stress. If you have any further concerns about your current well being, you may contact EAP and talk confidentially to one of our specialists.*

Holmes and Rahe Stress Scale (adults)

toolshero

#	Adult life events	Score
1	Death of spouse	100
2	Divorce	73
3	Marital separation	65
4	Prison sentence	63
5	Death of an immediate family member	63
6	Personal injury or illness	53
7	Getting married	50
8	Dismissed from job	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sexual difficulties	39
14	Gaining a new family member	39
15	Business readjustment	39
16	Change in financial state (debts)	38
17	Death of a dear friend	37
18	Change to a different line of work	36
19	Change in frequency of arguments	35
20	Major mortgage	32
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29

#	Adult life events	Score
23	Child leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Spouse starts or stops work	26
27	Starting or ending school	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in working hours or conditions	20
32	Change in residence	20
33	Change in schools	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Minor mortgage or loan	17
38	Change in sleeping habits	16
39	Change in number of family reunions	15
40	Change in eating habits	15
41	Trips	13
42	Major holiday	12
43	Minor violation of law	11

www.toolshero.com

HOLMES AND RAHE SCALE

- The Holmes and Rahe scale attempts to objectify the amount of stress a person is experiencing.
- To figure out your Holmes and Rahe score 1) check off from the list all the stressful life events you have you experienced in the past year. 1) add the scores associated with each. That is your total score.
- The Holmes and Rahe scale is a risk assessment tool which predicts a person's likelihood of having physical, and/or psychological health problems and needing to access health care in the near future.

HOLMS STRESS SCALE FOR CHILDREN

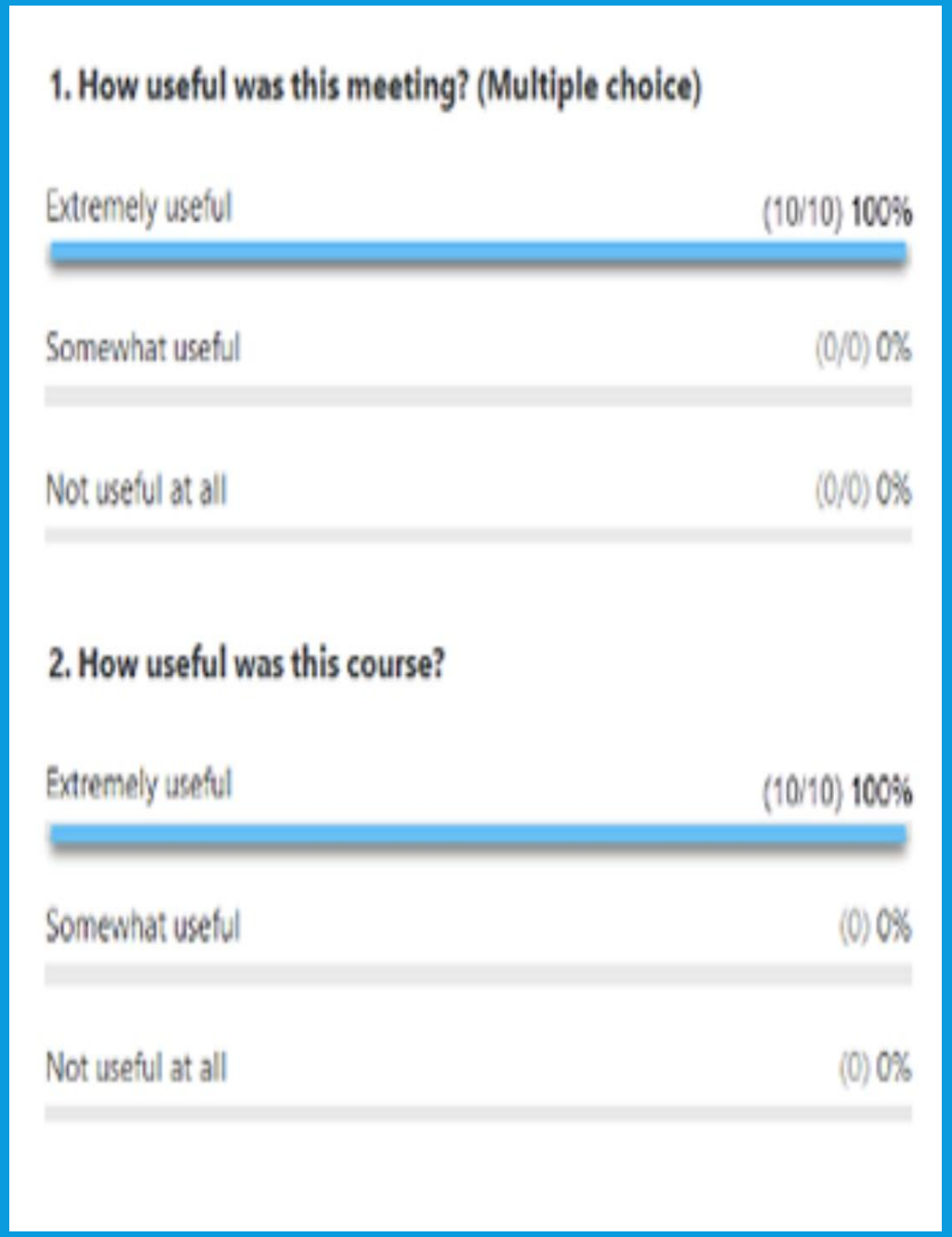
Name_____

Holmes and Rahe stress scale for non-adults

A modified scale has also been developed for non-adults. Similar to the adult scale, stress points for life events in the past year are added and compared to the rough estimate of how stress affects health.

Life Event	Life Change Units	
Getting married	101	
Unwed pregnancy	92	
Death of parent	100	
Acquiring a visible deformity	81	
Divorce of parents	90	
Fathering an unwed pregnancy	77	
Becoming involved with drugs or alcohol	76	
Jail sentence of parent for over one year	70	
Marital separation of parents	69	
Death of a brother or sister	68	
Change in acceptance by peers	67	
Pregnancy of unwed sister	64	
Discovery of being an adopted child	63	
Marriage of parent to stepparent	63	
Death of a close friend	63	
Having a visible congenital deformity	62	
Going to a new school	59	
Serious illness requiring hospitalization	58	
Failure of a grade in school	56	
Not making an extracurricular activity	55	
Hospitalization of a parent	55	
Jail sentence of parent for over 30 days	53	
Breaking up with boyfriend or girlfriend	53	
Beginning to date	51	
Suspension from school	50	
Birth of a brother or sister	50	
Increase in arguments between parents	47	
Loss of job by parent	46	
Outstanding personal achievement	46	
Change in parent's financial status	45	
Accepted at college of choice	43	
Being a senior in high school	42	
Hospitalization of a sibling	41	
Increased absence of parent from home	38	
Brother or sister leaving home	37	
Death of grandparent	36	
Addition of third adult to family	34	
Starting a job	34	
Marriage of brother or sister	26	
Mother or father beginning work	26	
Change in sleeping habits	16	
Change in eating habits	15	

Score of 300+: At risk of illness.
Score of 150-299+: Risk of illness is moderate. (reduced by || 30% from the above risk)
Score 150-: Slight risk of illness.



ZOOM POLLS

- Throughout the year we will be doing polls to better understand some of your thoughts, feelings and needs from the course.
- We'll look at the answers of zoom participants immediately after we do the polls.
- We'll share the answers of in person participants at the beginning of the session the week after the poll.
- Answers are anonymous

- The Holmes and Rahe scale estimates the risk a of stress-related illness in the next 12–24 months. Scores:

- 0–149 = Low life-change stress ~30% risk
- 150–299 = Moderate stress load ~50% risk
- 300+ = High stress load ~80% risk

- A score of over 300 doesn't mean you will get sick, it means your body is carrying so much accumulated adaptation demand that the probability of illness, depression, anxiety, or burnout becomes very high unless there is recovery, support, and stabilization.
- This scale predicts: depression, anxiety disorders, immune suppression, cardiovascular events, relapse of medical illness and work disability.
- It measures "wear and tear on the system."

- The Perceived Stress Scale (PSS-10) measures how overwhelmed, unpredictable, and overloaded life feels right now. Scores:

- 0–13 Low perceived stress- Nervous system feels mostly safe and manageable
- 14–26 Moderate stress- Strain present; coping is working but taxed
- 27–40 High stress- Nervous system in sustained alarm or overload

- High PSS scores correlate strongly with: anxiety and depression, sleep problems, emotional dysregulation, ptsd symptoms, chronic pain, cardiovascular risk
- This scale measures “how threatened and out of control the system feels.”

HOLMES–RAHE + PERCEIVED STRESS SCALE INTERPRETATION

HOLMES–RAHE	PSS	INTERPRETATION
High	High	Life is objectively heavy, and the nervous system is overwhelmed → highest risk
High	Low	Moderate Many demands, but coping and support still functioning
Low	High	Internal stress likely driven by trauma, burnout, or nervous-system sensitization
Low	Low	System is relatively well regulated

WHAT THE SCORES MEAN

- You've just completed two very different ways of measuring stress, and together they tell us something far more useful than either one alone.
- The **Holmes–Rahe scale** looks at what has happened to you over the last year: losses, changes, demands, disruptions. It's a kind of **life-weather report**. A high score doesn't mean you're weak; it means you've been living through a lot of change. Even positive changes, marriage, a new job, moving, tax the nervous system, because every change requires adaptation. This scale is really measuring how much **wear and tear** life has placed on your system.
- The **Perceived Stress Scale** looks at something different. It doesn't ask what happened. It asks **how it feels to be you right now**. Do you feel overwhelmed? out of control? unable to catch up? This is more like a reading of your **inner climate**. Two people can live through the same year and have very different PSS scores, because their nervous systems, histories, and meanings are different.
- When we put these two together, we get something very powerful. If **both** are high, it usually means life has been objectively heavy **and** your nervous system is struggling to carry it, this is the highest-risk zone for burnout, depression, and illness.
- If **Holmes–Rahe is high, but PSS is lower**, it means you've had a lot on your plate, but your coping, support, or regulation is still holding, though you may still need rest and recovery.
- If **Holmes–Rahe is low, but PSS is high**, that often tells us something very important: that your nervous system is running on alarm even when life isn't especially demanding, often because of past trauma, chronic stress, or attachment wounds.
- And when **both are low**, it usually means your system is relatively well regulated right now.
- These numbers are not grades. They are **gauges,** like your personal dashboards, telling you how much strain your system is under and how close it may be to overload. The goal is not to get a "better" score. The goal is to listen to what your body and nervous system are asking for: rest, safety, support, meaning, or gentler ways of meeting life.

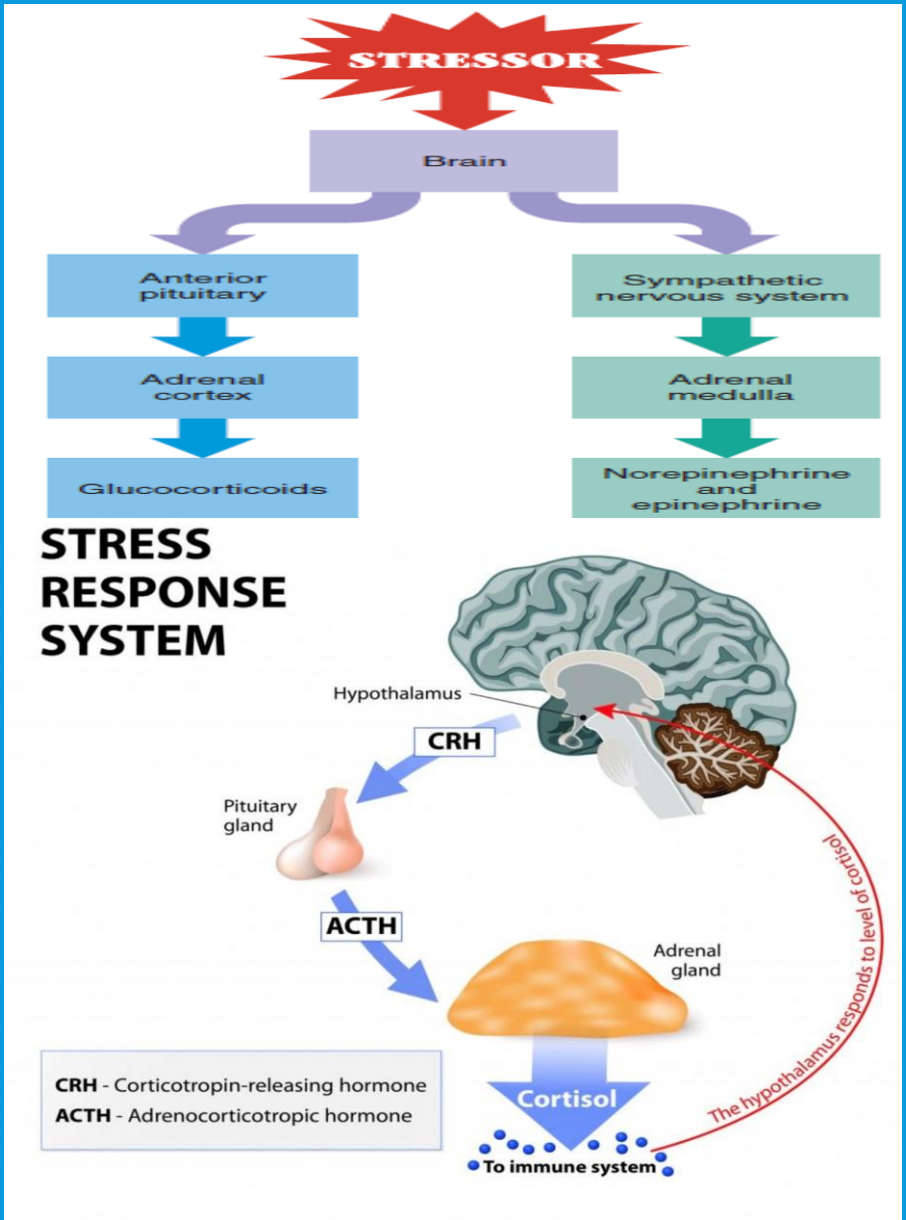
LIMITS OF THE HOLMES AND RAHE SCALE

- The Holmes and Rahe scale was developed decades ago and focuses mainly on major life events, things like losses, changes, or transitions. It doesn't do a great job of capturing more chronic, pervasive stressors such as ongoing social tension, cultural polarization, or distress related to current events and how these strain relationships with family and friends.
- Those kinds of stresses may not show up as a single 'event,' but they can be emotionally taxing over time and very real contributors to stress. If parts of your stress weren't reflected in your score, that doesn't mean they're insignificant, it means the tool has limits, and your lived experience is what matters.
- From a DBT perspective, these ongoing social and value conflicts act like a chronic invalidating environment, increasing emotional vulnerability and making skill use harder so DBT focuses on building regulation and effectiveness even when the stress can't be removed.

THE STRESS RESPONSE

What happens biologically when we're stressed ?

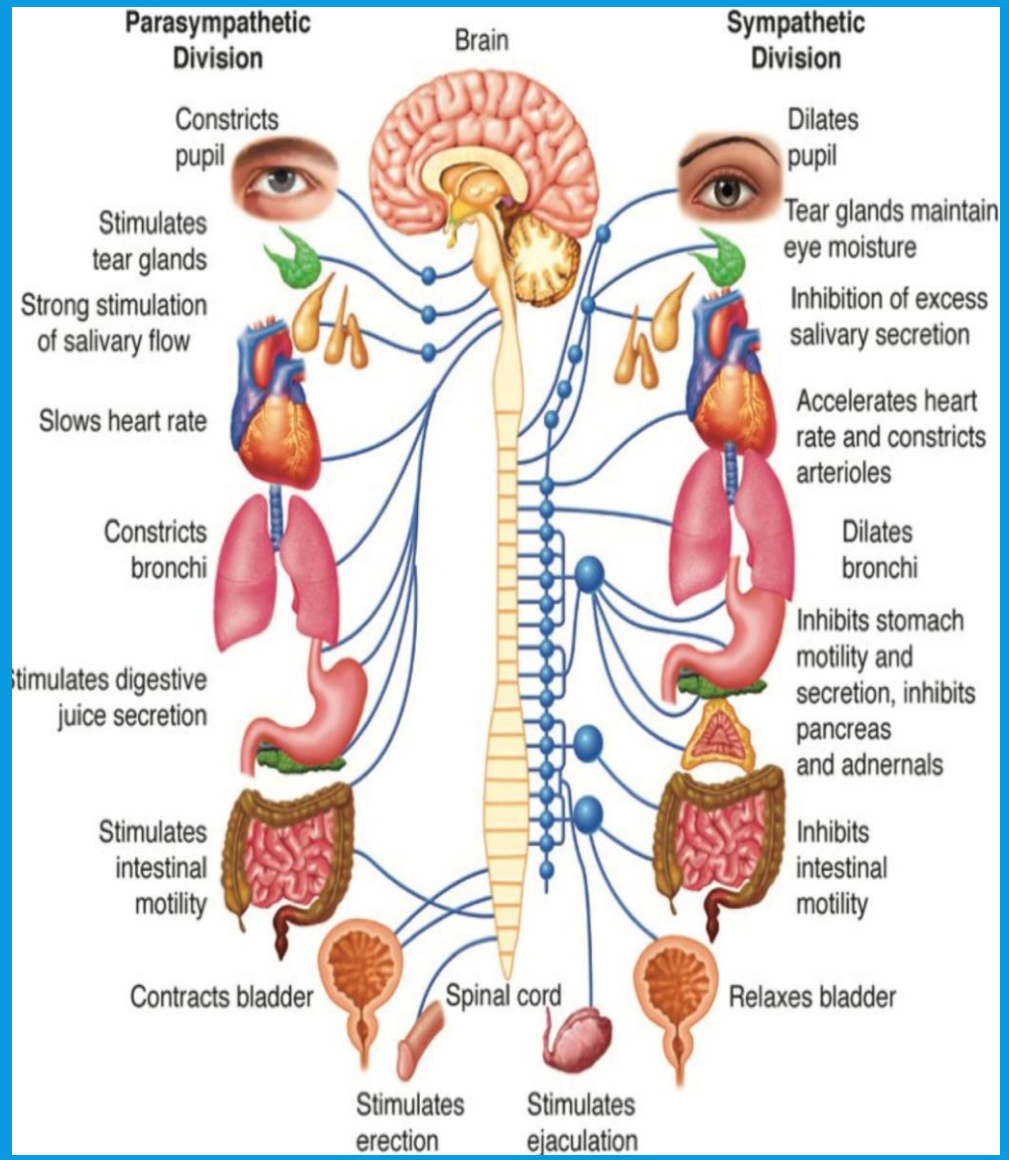
THE TWO COMPONENTS OF THE STRESS RESPONSE



1. Endocrine response (slower)

- The hormonal stress response is the body's way of preparing to deal with a perceived threat. It involves a cascade of hormones primarily from the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic nervous system.
- When a threat is perceived (physical danger, emotional stress, etc.) the amygdala (a brain region involved in fear) signals the hypothalamus.
- The hypothalamus activates the sympathetic nervous system. This causes the adrenal medulla (inner part of adrenal glands) to release adrenaline (epinephrine) and noradrenaline (norepinephrine) resulting in increased heart rate, blood pressure, and energy availability.
- The hypothalamus also releases CRH (corticotropin-releasing hormone). which triggers the pituitary gland to release ACTH (adrenocorticotropic hormone).
- ACTH stimulates the adrenal cortex (outer part of adrenal glands) to release cortisol.
- Cortisol mobilizes energy by increasing glucose in the bloodstream. It also suppresses non-essential systems (like digestion and immunity) and helps the body sustain a prolonged response to stress.
- Once the threat passes, feedback mechanisms help the body return to baseline. Chronic stress, however, can dysregulate this system and contribute to health issues.

THE TWO COMPONENTS OF THE STRESS RESPONSE



2. Autonomic nervous system response (faster)

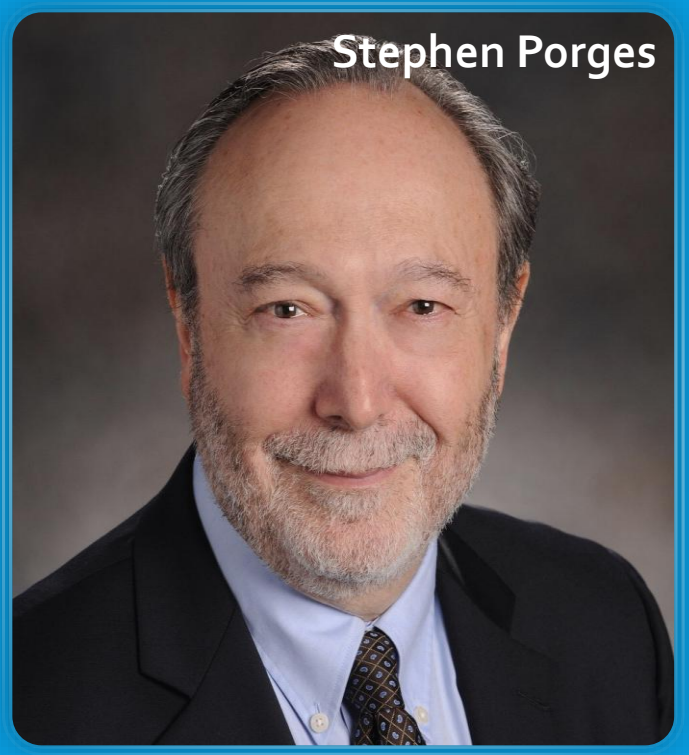
- The autonomic stress response is the body's automatic, unconscious reaction to stress, regulated by the autonomic nervous system (ANS), which has two main branches:
- The sympathetic Nervous System (SNS) – "Fight or Flight". It is activated during stress or perceived threat. Prepares the body for action: Increases heart rate and blood pressure, dilates pupils, slows digestion, releases glucose for energy and causes adrenaline release from the adrenal medulla
- The parasympathetic Nervous System (PNS) – "Rest and Digest" is activated when the threat has passed. It calms the body and restores balance: It slows heart rate, promotes digestion, facilitates recovery and repair and conserves energy.
- The autonomic stress response is a rapid, involuntary shift from parasympathetic to sympathetic dominance when faced with a challenge.
- After the stressor is removed, the parasympathetic system works to restore homeostasis (internal balance). This system allows the body to respond quickly to danger—and recover once it's safe again.

- The stress response is the body's way of preparing for danger. When a threat is sensed, the brain quickly releases stress hormones that raise heart rate, blood pressure, and energy so we can act.
- Short-term, this response is helpful and protective. Once the threat passes, the body is meant to settle back to normal.
- Chronic stress, however, keeps this system turned on too long, which can disrupt the body and contribute to health problems

POLYVAGAL THEORY

What is the evolutionary function of the stress response ?

POLYVAGAL THEORY



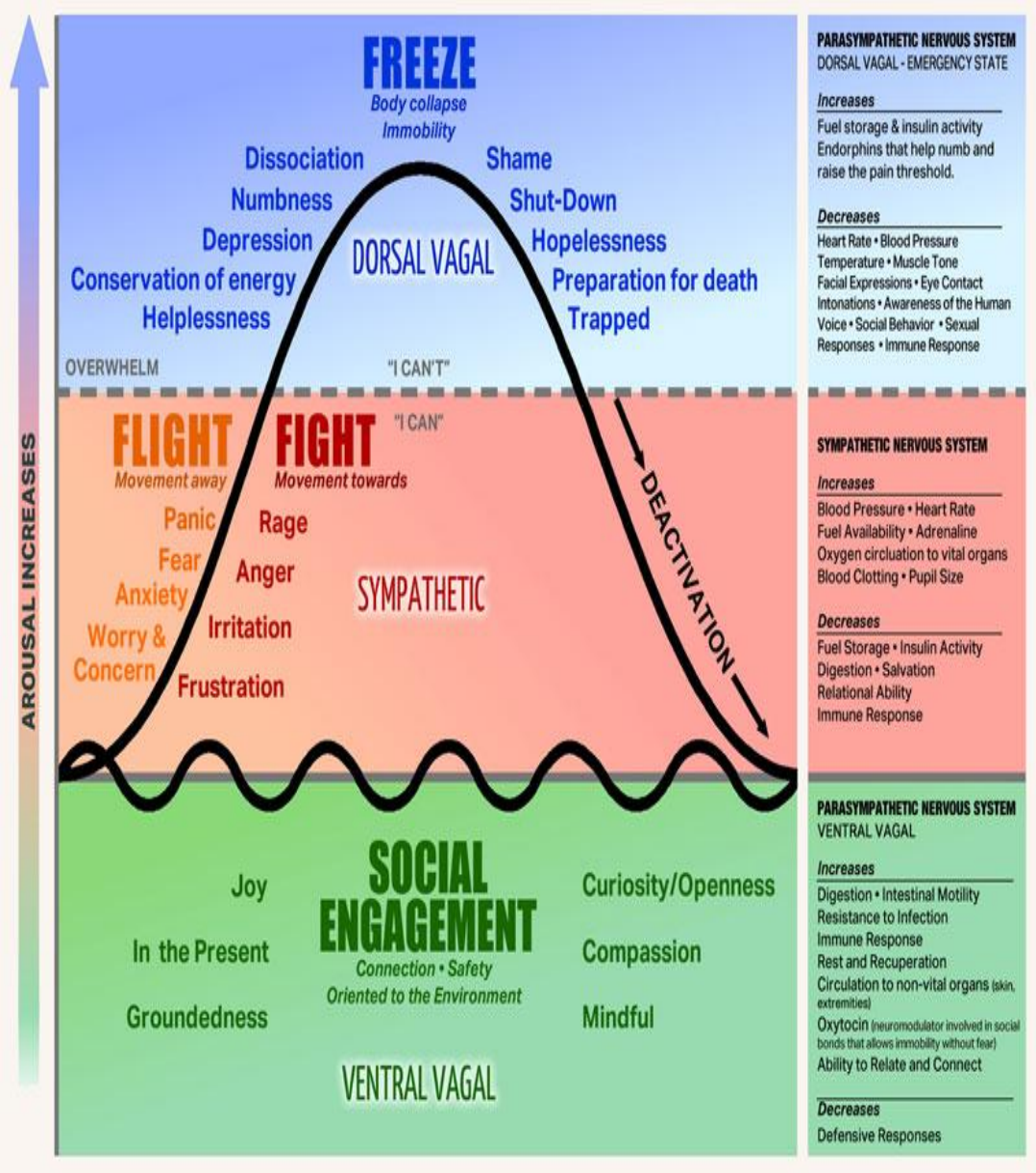
- Stephen Porges's polyvagal theory explains the physiology and function of the stress response. It describes the different states of arousal or activation of the autonomic nervous system and revolutionized our understanding of trauma.
- The human nervous system has been evolving for hundreds of millions of years. It is, what is called, phylogenetically ancient.
- The autonomic nervous system (ANS) connects the central nervous system and emotional brain via the vagus nerve with the body all the internal organs and muscles.
- Like cars, the ANS has one accelerator and two breaks. The accelerator is called the sympathetic branch. As with a car that is in gear but at a standstill, if you don't press the break, it will slowly go forward.
- The parasympathetic branch is the break. It has two components: the dorsal and the ventral nuclei .1) The dorsal nucleus is phylogenetically ancient and like the handbrake is all or nothing. When it is activated, it results in immobilization. It is a survival strategy 2) The ventral nucleus evolved in the last 200 million years when mammals came into existence. Like the foot brake it is incremental. It is concerned with health, growth, and restoration. It is activated when we are calm, and our body is repairing itself and storing energy. Our ventral vagus baseline tone is greatly affected by attachment and social interactions.

- Polyvagal theory explains how the nervous system responds to safety and danger and has deepened our understanding of trauma. Our stress system is very old, shaped by evolution over hundreds of millions of years.
- The autonomic nervous system connects the brain to the body through the vagus nerve and controls arousal and calm.
- It works like a car: one accelerator (fight/flight) and two brakes. One brake causes shutdown or collapse when danger feels overwhelming. The other, more evolved brake supports calm, connection, healing, and restoration.
- This calming system is strongly shaped by safe relationships and attachment.
-

THE POLYVAGAL SYSTEM IN ACTION

- Gazelle at the Watering Hole
- 1. Social Engagement (Ventral Vagal): Calm, connected, grazing safely with the herd.
- 2. Threat Detected (Lions Approach): Sympathetic arousal → hyper-vigilance, heart rate increases, muscles prime for flight.
- 3. Targeted & Chased: Full sympathetic fight/flight → sprinting, focused survival response.
- 4. Captured/Overwhelmed: Dorsal vagal shutdown → collapse, immobilization, feigned death.
- 5. Escape Opportunity: Sudden shift back to sympathetic drive → explosive flight response.
- 6. Safe Again: Gradual return to ventral vagal state → rejoining herd, calming.

POLYVAGAL AROUSAL AND MENTAL HEALTH CONDITIONS



- When we are calm or alert, our parasympathetic and sympathetic systems are in balance, and we are curious and ready to explore. We are in discovery mode.
- When we are acutely stressed our sympathetic nervous system is hyperactivated. Our adrenaline, and cortisol are high, our heart rate elevated, and our attention narrowed. We are in fight/flight or in defend state.
- When we are overwhelmed our dorsal parasympathetic branch of the nervous system is activated and we shut down or collapse. We collapse. This is a form of defense through immobilization rather than the mobilization of fight/flight.
- Anxiety disorders are chronic hyperactivation of the sympathetic nervous system.
- Depression and dissociation are chronic hyperactivation of the dorsal parasympathetic associated low energy, blunted affect, slowed physiology, protective disengagement, body numbing, and narrowed awareness.

- When your Perceived Stress Scale score is high, it usually means that your nervous system is not in ventral vagal safety, it is living in fight-flight or shutdown.

AROUSAL STATES

THE FOUR AROUSAL STATES
1. CALM-ALERT, 2. FIGHT/FLIGHT, 3. FREEZE, 4. FAWN

- We are in the window of tolerance when
  - We are calm, or alert
  - We play, and engage socially
  - We cooperate with each other; we are care based
  - We feel expanded and relaxed, we are flexible
  - We regulate one another
  - We are receptive
  - We are open to learning
  - We are in ventral parasympathetic activation

- We are outside the window of tolerance when
  - We are in fight, flight, freeze, or fawn
  - We fight, run away, collapse or appease.
  - We compete or comply; we are transactional
  - We feel contracted or tense, we are rigid
  - We dysregulate each other
  - We are reactive
  - We stick to and defend our beliefs or submit to those of others
  - We are in high sympathetic or dorsal parasympathetic activation

- If a person who is in the window of tolerance spends time with one who is outside the window of tolerance, eventually they tend to synchronize and either both be in, or out the of the that window
- Same thing happens with groups of people.

AUTONOMIC NERVOUS SYSTEM: PRECISION REGULATION
** WHAT TO LOOK FOR **

	LETHARGIC Parasympathetic I (PNS I)	CALM Parasympathetic II (PNS II) *Ventral Vagus*	ACTIVE/ALERT Sympathetic I (SNS I)	FLIGHT/FIGHT Sympathetic II (SNS II)	HYP*ER* FREEZE Sympathetic III (SNS III)	HYP*O* FREEZE Parasympathetic III (PNS III) *Dorsal Vagus* Collapse
		"Normal" Life			Threat to Life	
PRIMARY STATE	Apathy, Depression	Safe, Clear Thinking, Social Engagement	Alert, Ready to Act	React to Danger	Await Opportunity to Escape	Prepare for Death
AROUSAL	Too Low	Low	Moderate	High	Extreme Overload	Excessive Overwhelm Induces Hypoarousal
MUSCLES	Slack	Relaxed/toned	Toned	Tense	Rigid (deer in the headlights)	Flaccid
RESPIRATION	Shallow	Easy, often into belly	Increasing rate	Fast, often in upper chest	Hyperventilation	Hypo-ventilation
HEART RATE	Slow	Resting	Quicker or more forceful	Quick and/or forceful	Tachycardia (very fast)	Bradycardia (*very* slow)
BLOOD PRESSURE	Likely low	Normal	On the rise	Elevated	Significantly high	Significantly low
PUPILS, EYES, EYE LIDS	Pupils smaller, lids may be heavy	Pupils smaller, eyes moist, eye lids relaxed	Pupils widening, eyes less moist, eye lids toned	Pupils very dilated, eyes dry, eye lids tensed/raised	Pupils very small or dilated, eyes very dry, lids very tense	Lids drooping, eyes closed or open and fixed
SKIN TONE	Variable	Rosy hue, despite skin color (blood flows to skin)	Less rosy hue, despite skin color (blood flows to skin)	Pale hue, despite skin color (blood flow to muscles)	May be pale and/or flushed	Noticeably pale
HUMIDITY — Skin	Dry	Dry	Increased sweat	Increased sweat, may be cold	Cold sweat	Cold sweat
HUMIDITY — Mouth	Variable	Moist	Less moist	Dry	Dry	Dry
HANDS & FEET (TEMPERATURE)	May be warm or cool	Warm	Cool	Cold	Extremes of cold & hot	Cold
DIGESTION	Variable	Increase	Decrease	Stops	Evacuate bowel & bladder	Stopped
EMOTIONS (LIKELY)	Grief, sadness, shame, disgust	Calm, pleasure, love, sexual arousal, "good" grief	Anger, shame, disgust, anxiety, excitement, sexual climax	Rage, fear	Terror, may be dissociation	May be too dissociated to feel anything
CONTACT WITH SELF & OTHERS	Withdrawn	Probable	Possible	Limited	Not likely	Impossible
FRONTAL CORTEX	May or may not be accessible	Should be accessible	Should be accessible	May or may not be accessible	Likely inaccessible	Inaccessible
INTEGRATION	Not likely	Likely	Likely	Not likely	Impossible	Impossible
RECOMMENDED INTERVENTION	Activate, Gently Increase Energy	Continue Therapy Direction	Continue Therapy Direction	Put on Brakes	*Slam on Brakes*	*Medical Emergency CALL* PARAMEDICS

***Observe client states: To modulate arousal with brakes. Adjust in yourself: To think clearly & prevent vicarious trauma & compassion fatigue.**

IDENTITY (WHAT IT MADE OF ME)

How does this shape our experience?

HOW STRESS AFFECTS BODY AND MIND: SIGNS AND SYMPTOMS, PERFORMANCE

How do stressors and stress affect the body and the mind?

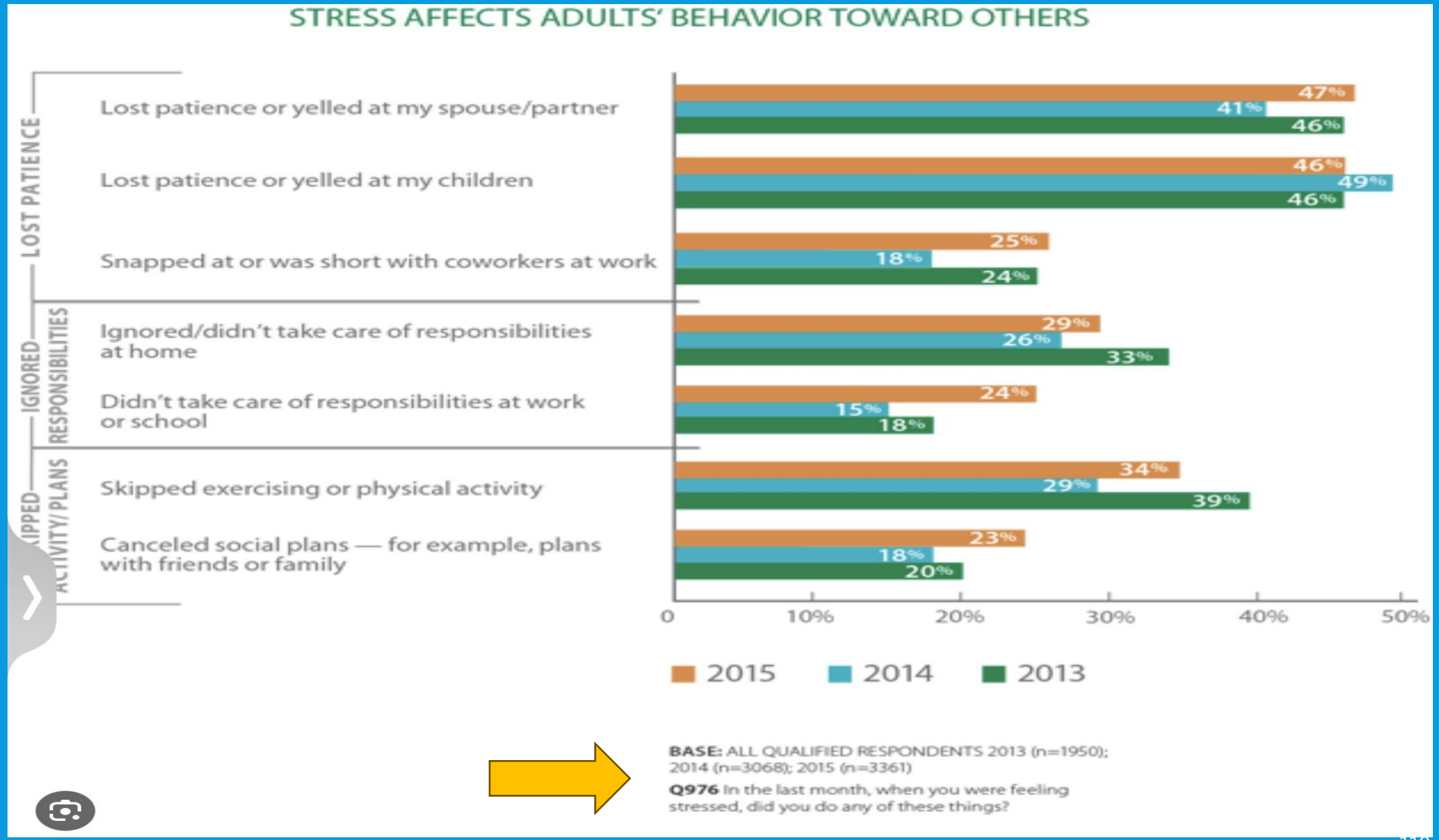
HOW STRESSORS AFFECT BODY AND MIND

- Stress can start in the body (like infections, toxins, injury, or poor nutrition) or in the mind (like loneliness, conflict, or negative self-image), but all stress affects both body and mind.
- A common pathway for all stress is inflammation. Short-term inflammation helps protect us, but chronic inflammation causes damage.
- The immune system, nervous system, and stress system work together to protect us, but chronic stress can dysregulate them, causing them to function poorly or even turn against the body.
- This dysregulation is linked to autoimmune illness, anxiety, depression, and other psychiatric conditions.
- In the brain, chronic stress can disrupt microglia, immune cells that normally support brain health but, when overactivated, can damage brain cells and connections, contributing to mental illness.

EFFECTS OF STRESS ON THINKING, EMOTIONS, BODY, AND BEHAVIOR

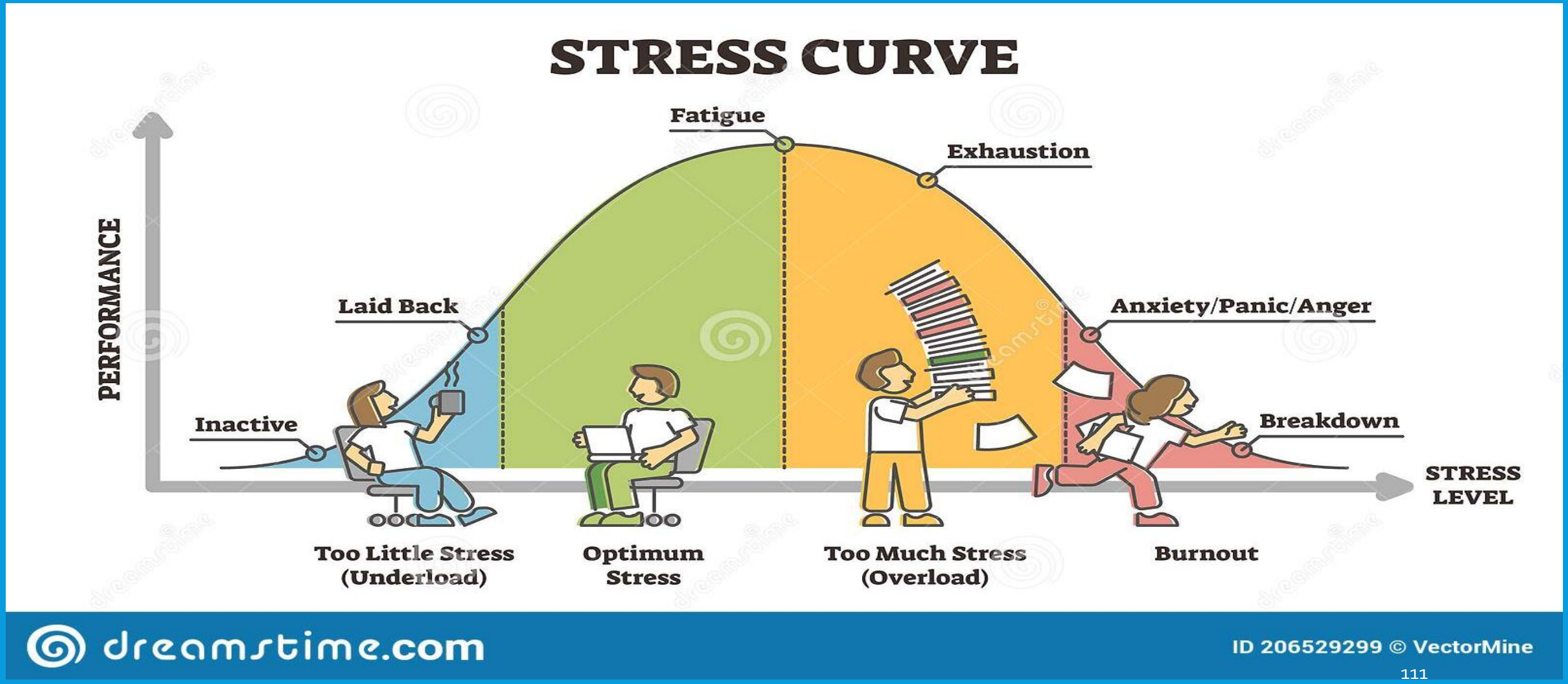
Stress Warning Signs and Symptoms	
Cognitive Symptoms	**Emotional Symptoms**
■ Memory problems ■ Inability to concentrate ■ Poor judgment ■ Seeing only the negative ■ Anxious or racing thoughts ■ Constant worrying	■ Moodiness ■ Irritability or short temper ■ Agitation, inability to relax ■ Feeling overwhelmed ■ Sense of loneliness and isolation ■ Depression or general unhappiness
Physical Symptoms	**Behavioral Symptoms**
■ Aches and pains ■ Diarrhea or constipation ■ Nausea, dizziness ■ Chest pain, rapid heartbeat ■ Loss of sex drive ■ Frequent colds	■ Eating more or less ■ Sleeping too much or too little ■ Isolating yourself from others ■ Procrastinating or neglecting responsibilities ■ Using alcohol, cigarettes, or drugs to relax ■ Nervous habits (e.g. nail biting, pacing)

STRESS MADE ME DO IT



HOW STRESS AFFECTS PERFORMANCE

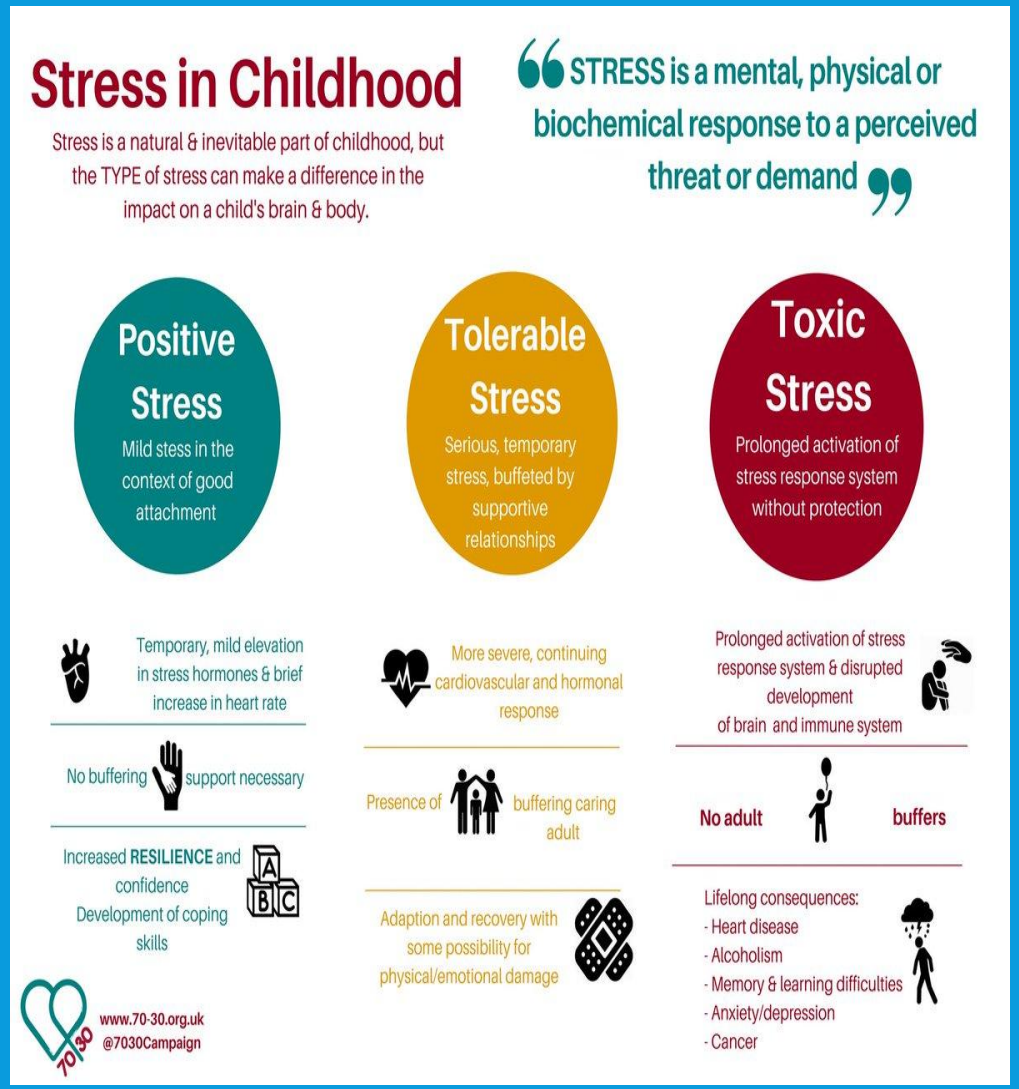
- The Yerkes-Dodson curve shows that performance is best at moderate levels of stress or arousal. Too little stress leads to underperformance, while too much stress impairs thinking and functioning.
- In short: some stress helps, too much hurts.



HOW STRESS AFFECTS CHILDREN

Does stress affect children differently than adults?

STRESSED CHILDREN



- Children's stress systems are still developing, so they rely heavily on attachment figures.
- Securely attached children's caregivers act as stress buffers, helping regulate the child's nervous system, keeping stress tolerable and promoting resilience.
- Insecurely attached children's caregivers become stress enhancers, amplifying stress, and making it overwhelming.
- Children "borrow" adult regulation, while adults can self-regulate more independently.
- Chronic stress in children keeps their nervous system on high alert, disrupting learning, attention, and emotional regulation. Over time this can impair brain development, erode confidence, and make it harder to build secure relationships, setting them up for struggles in school, relationships, and coping later in life.
- We will look at this in more detail in 2 weeks when we consider the ACE's studies.

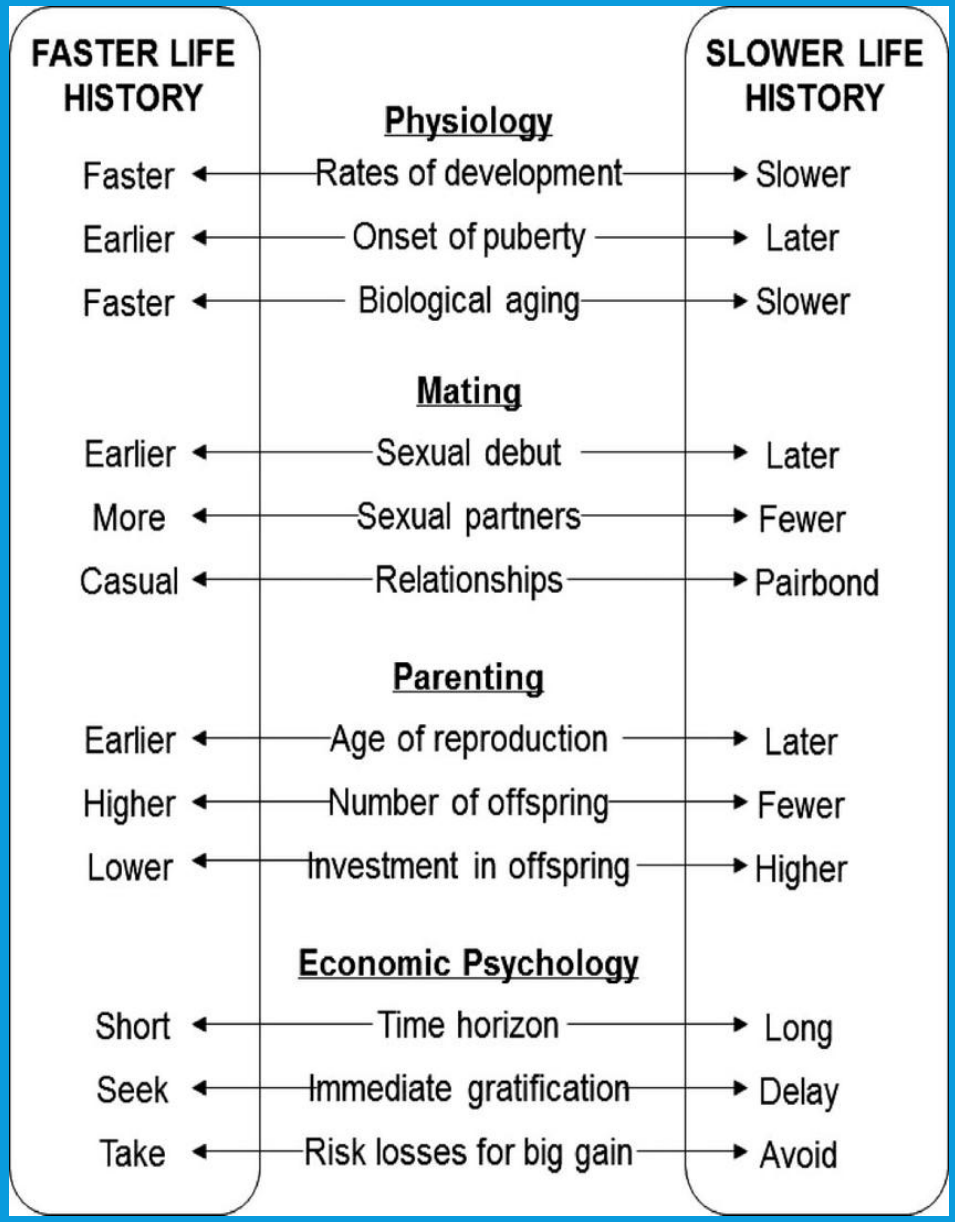
CHILDREN'S VULNERABILITY TO STRESS

- Chronic and/or severe stress is even more damaging to children than it is to adults
- In part that's because children have fewer resources such as coping skills, ability to leave a bad situation, and ability to fight back than do adults.
- They are also in the "window of learning" during which they form internal "maps" of the world that tend to persist once they are are formed. People's baseline state of activation is set early in life and tends to persist. It can be changed later but that requires effort and/or luck of sustained positive experiences
- If they grow up in a stressful and dangerous world their bodies adapt for survival and their immune, autonomic, and central nervous systems are chronically set on high alert/activation
- If they are overstressed, they don't learn well which sets them up for failure in school and for bullying
- They are also more likely to adopt "scarce resource, fast reproduction life strategies" : they tend to mature earlier, have more partners and children, and function in fight/flight, fawn or freeze.

LIFE HISTORY THEORY

LIFE HISTORY THEORY

- Warning this material may trigger some people so please keep in mind that these are not personality types or moral traits. They are survival algorithms written by early danger or safety.
- Life history theory tends to generate emotional responses in people even if there's good scientific support for it.
- Life history theory studies the diversity of life history strategies used by different organisms as well as the causes and results of these variations in their life cycles.
- Life history theory proposes that highly stressed animals, humans included, are more likely to develop "fast life strategies" than those who experience low stress.
- Faster vs. slower life histories differ in physiology, psychological outlook, and mating and parenting strategies.
- Slower vs. Faster life histories are not categories but a spectrum
- Faster life strategies are also more common in people with more severe attachment disorders and developmental trauma.
- Temperament is also an important determinant in the evolution of these strategies
- As with other evolutionary psychology theories there is controversy around some of these ideas.
- Some people feel insulted by them.
- Life history theory link



FAST LIFE HISTORY STRATEGIES

- Are adaptations to unpredictable, unsafe, or resource-scarce environments.
- General pattern: prioritize immediate rewards, survival, and reproduction
- Examples: Growing up in a chaotic or dangerous environment and learning to act quickly, take risks, and focus on the present. Early puberty and earlier sexual activity. Short-term relationships rather than long-term pair bonding. Having children earlier, often with less long-term planning. Impulsivity, sensation-seeking, aggression, or hypervigilance. Difficulty delaying gratification (“take what you can, when you can”). Focus on immediate needs rather than long-term goals (saving, education)
- Clinical echoes: trauma-related hyperarousal, impulsivity, substance use, some externalizing disorders

SLOW LIFE HISTORY STRATEGIES

- Are adaptations to safe, stable, resource-rich environments
- General pattern: prioritize long-term planning, investment, and cooperation
- Examples: Growing up with consistent caregiving and predictable resources. Later puberty and delayed sexual activity. Long-term relationships and pair bonding. Having children later, with high investment in each child. Strong capacity for self-control and delayed gratification. Long-term planning: education, career building, saving. Emphasis on cooperation, trust, and social stability
- Clinical echoes: resilience, emotional regulation, capacity for reflection and future-oriented thinking

- These are adaptive strategies, not character flaws. People don't *choose* fast or slow strategies; they develop in response to early environments.

FAST LIFE HISTORY STRATEGY — CLINICAL VIGNETTES

- **Vignette 1: “You take the chance while you can”**

A 28-year-old man grew up with frequent moves, parental substance use, and unpredictable caregiving. He is quick to act, easily bored, and struggles with impulsivity. He forms intense relationships that burn out quickly and has difficulty saving money or planning long term. When stressed, he goes straight into fight-or-flight.
Clinical frame: His nervous system learned early that the future is uncertain, so survival depends on acting now.

- **Vignette 2: “Hyper-alert and reactive”**

A woman in her early 30s with a history of childhood violence is highly attuned to threat. She reacts strongly to perceived rejection, uses substances to regulate emotions, and finds it hard to tolerate boredom or stillness.
Clinical frame: A fast strategy optimized for danger—speed, vigilance, and immediate relief—now creates problems in a safer adult environment.

SLOW LIFE HISTORY STRATEGY — CLINICAL VIGNETTES

- **Vignette 3: “Delay and invest”**

A 35-year-old professional grew up in a stable home with predictable routines and emotional support. He delayed relationships until finishing school, saves money, plans carefully, and tolerates stress without becoming overwhelmed.
Clinical frame: His nervous system expects stability, making long-term investment feel safe and worthwhile.

- **Vignette 4: “Future-oriented regulation”**

A woman raised with consistent caregivers and strong social supports experiences stress but can pause, reflect, and ask for help. She chooses long-term goals over immediate relief and recovers quickly from setbacks.
Clinical frame: A slow strategy shaped by safety—self-regulation, trust, and future planning.

- These strategies are adaptive responses to early environments, not personality flaws. Problems arise when a strategy that once ensured survival is carried into a context where it no longer fits.
- Being aware of this can help us “slow down”.

THE STRESS MAP

How life load and nervous system state interact

Two Ways Stress Shows Up

Life Load	Nervous System Load
Holmes–Rahe Scale	Perceived Stress Scale (PSS)
What has happened to you	How overwhelmed you feel
Measures change, loss, demands	Measures threat, unpredictability, control
What the year has asked of you	**How heavy life feels inside**

WHAT EACH SCALE IS REALLY MEASURING

Holmes–Rahe = "Wear and tear on the system"

Predicts risk of stress-related illness over the next 12–24 months

- 0–149 → Low (~30% risk)
- 150–299 → Moderate (~50% risk)
- 300+ → High (~80% risk)

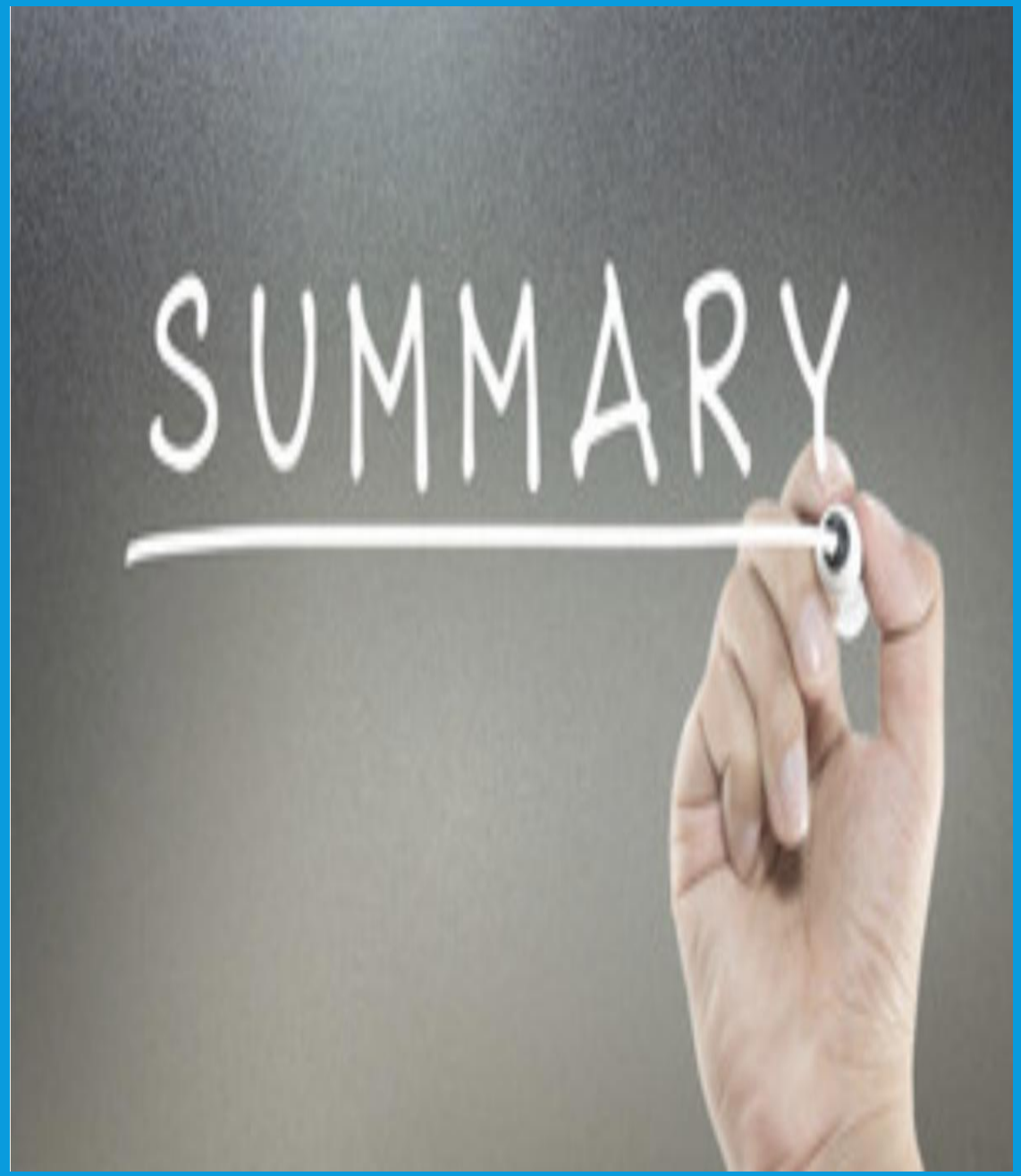
PSS = "How threatened and out of control the system feels"

- 0–13 → Low (mostly safe)
- 14–26 → Moderate (strained but coping)
- 27–40 → High (nervous system in alarm or overload)

HIGH SCORES DO NOT MEAN

You are weak, you are failing or you are broken. They mean your nervous system has been working hard to survive what life has asked of you.

Our nervous systems learned these patterns to survive. That means they can also learn new ones, slowly, safely, and in connection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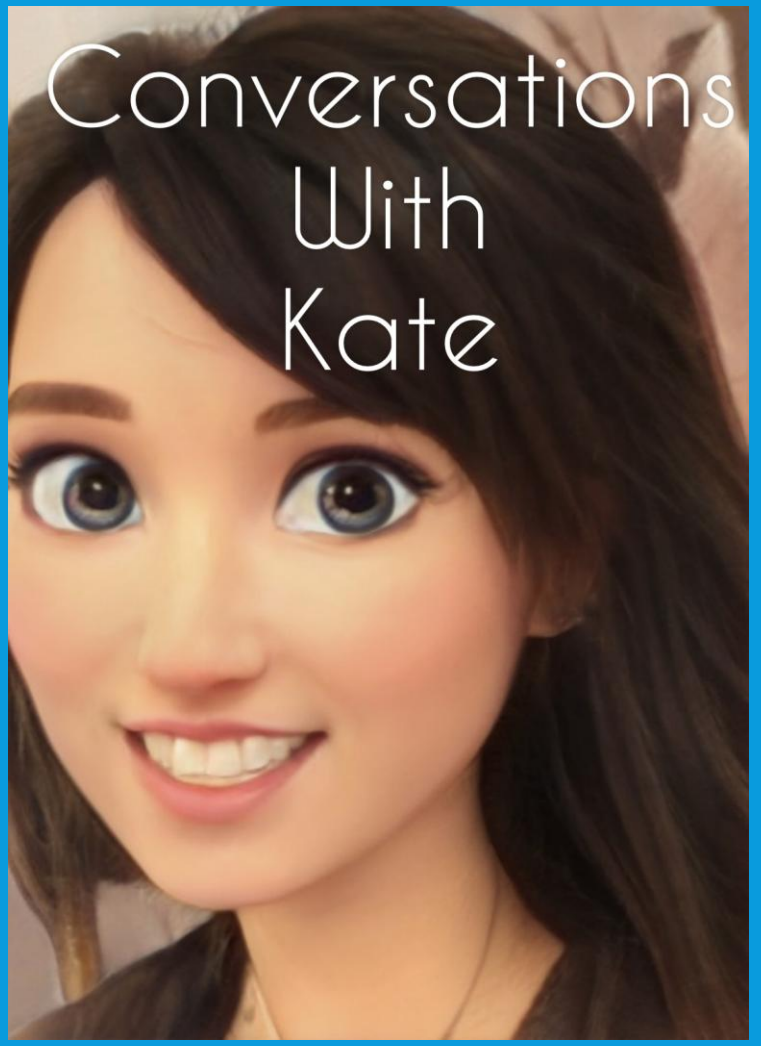
Conversations
With
Kate


OPEN
DISCUSSION

SEE YOU NEXT SESSION


VIDEO
Week 15 of simple

SOCIOECONOMIC STRESSORS

- The seeking, fight/flight, sexuality, attachment and play instincts are all about securing what we needed to survive.
- The economic and political system determines the way the resources needed for survival are distributed among people.
- Unfair resource distribution and its consequences is by far the biggest source of stress for the world's population.
- This is because unfair resource distribution leads to housing, food, hierarchical, and ecological stressors, which lead to interpersonal and intersocietal conflicts.
- Stress greatly impairs the functioning of the prefrontal cortex which helps individuals to do the hard things when they are the right things to do.
- Because of how the brain works, people living with chronic, including economic, distress have an exceedingly difficult time doing the hard things that might improve their situation
- This makes it statistically much likely that those who grew up with and live in chronically stressful circumstances will remain in those circumstances. As always there are exceptions
- Upward mobility requires social justice


POLYVAGAL THEORY
EXPLAINED SIMPLY


DOES
INFLAMMATION
CAUSE
DEPRESSION?


HOW TO
IDENTIFY
TRAUMA IN
YOUR NERVOUS
SYSTEM


HOW STRESS CAN MAKE YOU SICK
TEDEd


WHY?

HOW CHRONIC STRESS AFFECTS YOUR BRAIN

TEDEd

THE PARADOX OF POVERTY


6 SIGNS OF
STRESS YOU
SHOULDN'T
IGNORE

(1)The Whitehall Study of British civil servants, conducted by Sir Michael Marmot and colleagues, found a strong correlation between job status and health outcomes. The study showed that the lower a person's job status, the higher their risk of health issues such as heart disease, stress, and overall mortality. This highlighted the significant impact of social determinants, such as employment status, on health disparities

Some of the key conclusions of the Whitehall studies include:

1. The importance of social determinants, such as job status, on health outcomes.
2. The presence of a social gradient in health, where individuals in lower job positions have poorer health outcomes compared to those in higher positions.
3. The role of psychosocial factors, such as job stress and control, in influencing health.
4. The need for policies and interventions to address health inequalities and improve overall population health.

The Whitehall studies have been instrumental in shaping our understanding of the social determinants of health and the importance of addressing inequalities in health outcomes.

(2)The Holmes and Rahe Stress Scale, also known as the Social Readjustment Rating Scale, was developed by psychiatrists Thomas Holmes and Richard Rahe in 1967. The scale was created based on a study that aimed to investigate the relationship between stressful life events and illness.

Holmes and Rahe identified a list of 43 life events that could potentially cause stress, such as marriage, divorce, job loss, and death of a loved one. Each event was assigned a numerical value based on the perceived amount of stress it could cause. Participants in the study were asked to indicate which events they had experienced in the past year, and their total score was used to estimate their risk of developing stress-related health issues.

The use of the Holmes and Rahe Stress Scale involves individuals identifying and tallying up the life events they have experienced over a specific period, typically the past year. The total score is then compared to a key that indicates the level of stress and the associated risk of health issues. The scale is often used in research and clinical settings to assess the impact of life events on stress levels and to help individuals understand the potential health risks associated with significant life changes.

While the Holmes and Rahe Stress Scale has been widely used and cited in research, it is important to note that the scale has limitations. Not all individuals react to life events in the same way, and the scale does not account for individual differences in coping mechanisms, resilience, and social support. Therefore, while the scale can provide a general indication of stress levels, it should be used as one tool among many in assessing an individual's overall well-being and risk of stress-related health issues.

(3)Life history theory is a branch of evolutionary biology that seeks to understand how organisms allocate their time and energy resources to various life activities, such as growth, reproduction, and survival, in order to maximize their fitness in different environments. The theory is based on the idea that organisms have limited resources and must make trade-offs between competing life history traits to optimize their reproductive success.

Some of the main findings of life history theory include:

1. Trade-offs between growth, reproduction, and survival: Organisms face trade-offs in allocating resources to different life history traits. For example, investing more energy in reproduction may come at the expense of growth or survival, leading to different life history strategies depending on environmental conditions and life history trade-offs.
2. Environmental influences on life history strategies: Organisms adjust their life history strategies in response to environmental cues such as resource availability, predation risk, and competition. For example, in unpredictable or harsh environments, organisms may adopt a "fast" life history strategy characterized by early reproduction and high reproductive effort, while in stable environments, a "slow" life history strategy with delayed reproduction and greater investment in growth and survival may be favored.
3. Life history diversity within and between species: Different species and populations exhibit a wide range of life history strategies, reflecting adaptations to their specific ecological niches and environmental conditions. Life history traits such as age at first reproduction, litter size, and lifespan can vary significantly across species and populations.
4. Evolutionary trade-offs and constraints: Evolutionary trade-offs between life history traits can constrain the evolution of optimal strategies. For example, investing more resources in reproduction may enhance immediate fitness but reduce future reproductive success or survival, leading to complex evolutionary dynamics and the maintenance of variation in life history strategies within populations.

Life history theory provides a framework for understanding the diversity of life history strategies observed in nature and the evolutionary processes that shape the allocation of resources to growth, reproduction, and survival in different organisms

(4)Jean Twenge's book "iGen: Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy--and Completely Unprepared for Adulthood--and What That Means for the Rest of Us" explores the characteristics and behaviors of the generation born between 1995 and 2012, often referred to as Generation Z or iGen. Some of the main conclusions drawn by Twenge in the book include:

1. The impact of technology: Twenge highlights the role of smartphones, social media, and digital technology in shaping the behaviors and attitudes of iGen. She discusses how constant connectivity has influenced social interactions, mental health, and overall well-being.
2. Changes in social trends: Twenge points out shifts in iGen's attitudes towards social issues, relationships, and traditional markers of adulthood such as driving, dating, and working. She discusses how these changes may be influenced by the unique societal and technological context in which iGen has grown up.
3. Mental health concerns: Twenge addresses the rising rates of anxiety, depression, and loneliness among iGen, linking these trends to factors such as screen time, social media use, and societal pressures.
4. Preparation for adulthood: Twenge raises concerns about iGen's readiness for adulthood, citing challenges in developing independence, resilience, and coping skills in the face of increasing societal and technological complexities.

Twenge's book offers insights into the characteristics and challenges faced by the iGen generation and raises important questions about the implications of these trends for individuals and society as a whole.

(5)The term "gaslighting" originated from a 1938 play called "Gas Light" by Patrick Hamilton, which was later adapted into a film in 1944. In the story, a husband manipulates his wife into believing she is going insane by dimming the gas lights in their home and then denying that the lights are flickering when she notices it. This psychological manipulation and emotional abuse tactic became known as gaslighting.
The term has since evolved to describe a form of manipulation where one person seeks to make another person doubt their own perceptions, memories, and sanity. Gaslighting is often used in abusive relationships or in situations where one person seeks to gain power and control over another by causing them to question their reality. The term has gained popularity in psychology and popular culture to describe this type of manipulative behavior.