

COPING STRATEGIES AND MODELS OF OVERCOMING POST-STRESS CONDITIONS

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Abstract. The article is devoted to the research of coping strategies on the adaptation process. Actions associated with the COVID 19 pandemic touched many areas of life. They provided increased requirements for human mental activity, creating additional stresses, which led to an increase in neuropsychiatric disorders. Models of overcoming post-stress states and disorders of adaptation is analyzed in the article. In the process of studying the underlying patterns and mechanisms of adaptation to normal life, two psychological models of overcoming post-stress states were identified: psychodynamic and cognitive. The psychodynamic model notes that successful adaptation of personality requires awareness of all aspects of traumatic experience and integration through the scheme «traumatic stress – negation – relapse – acceptance». The cognitive model is a cognitive theory of stress, that is, a cognitive assessment of a person's most traumatic event, and himself in it. Three types of assessment were proposed to determine a person's response to a traumatic event: primary, secondary stress assessment, and reassessment. Many researchers consider the impact of stress adaptation to be one of the leading causes of disorders of adaptation. Also, the manifestations of adaptation disorders are greatly exacerbated by the simultaneous complex action of several stressors. The severity of active stressors does not always correlate with the severity of adaptation disorders, as personality traits and cultural and social norms and values contribute to the response to stress. Also, the features of the development of these disorders of adaptation disorders depend on the features of cognitive processes, personal resources of the individual involved in their regulation.

Keywords: maladaptation, stress, abnormal mechanisms, adaptations, post-traumatic personality disorders, psychological trauma.

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КОПІНГ–СТРАТЕГІЇ АДАПТАЦІЇ ТА МОДЕЛІ ПОДОЛАННЯ ПОСТСТРЕСОВИХ СТАНІВ

Анотація. Стаття присвячена дослідженню актуальної на теперішній час як для суспільства, так і для психологічної практики темі впливу психологічних захистів і механізмів організації поведінки (копінг-стратегій) на процес адаптації та розглянуто моделі подолання пост стресових станів. У статті проаналізовано роль зовнішніх та внутрішніх чинників у формуванні та подоланні пост стресових станів та розладів адаптації. В процесі вивчення основних закономірностей та механізмів адаптації до нормального життя, було визначено дві психологічні моделі подолання пост стресових станів: психодинамічна та когнітивна. Психодинамічна модель зазначає, що для успішної адаптації особистості необхідне усвідомлення всіх аспектів травматичного досвіду та інтеграція за схемою «травматичний стрес – заперечення – повторне переживання – прийняття». Когнітивна модель представляє собою когнітивну теорію стресу, тобто когнітивну оцінку людиною самої травматичної події, та себе в ній. Щоб визначити реакцію особистості на психотравмуючу подію було запропоновано три види оцінки: первинну, вторинну стресову оцінку та переоцінку. Багато дослідників вважають одним із головних чинників розладів адаптації вплив стресу. Також прояви розладів адаптації значно посилюються одночасною з комплексною дією декількох стресорів. Тяжкість діючих стресових агентів не завжди корелює з тяжкістю розладів адаптації через те, що особистісні особливості та культурні чи соціальні загальноприйнятні норми і цінності завжди роблять свій внесок у перебіг реакції на стрес. Також, особливості розвитку даних порушень розладів адаптації залежить від особливостей когнітивних процесів, особистісних ресурсів особистості, що беруть участь у їх регуляції.

Ключові слова: дезадаптація, стрес, захисні механізми, розлади адаптації, посттравматичні розлади особистості, психічна травма.

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Introduction

The issue of adaptation disorders is being studied at the behavioural, physiological, and social levels. For clinicians, a vital role in diagnosing the consequences of stressful situations is played by manifestations of mental maladaptation. Such demonstrations sometimes achieve quantitative and qualitative characteristics of extreme stress (somatic illness, disability, acute and chronic pain, cognitive and emotional problems, family and work problems, difficulties in interpersonal relationships).

The intense pace of life, hostilities in eastern Ukraine, the introduction of quarantine in connection with the COVID 19 pandemic affected many areas of life (production, trade, study, experience, etc.). They changed the pace of life, put forward many other factors that together have increased mental demands. Human activity, and create additional loads on it, which led to an increase in neuropsychic disorders. In current conditions, the problem of psychological adaptation disorders is one of the primary tasks for maintaining the health of the nation.

Adaptation disorders are usually accompanied by negative conditions. Such conditions are defined as «stress», «symptoms», «reactions», «maladaptation», «adaptation disorders».

The objective is to determine the characteristics of the influence of coping strategies on the adaptation process, and the occurrence of adaptation disorders.

Materials and Methods

Different approaches were analysed in the research. Thoughts about adaptation disorders of Z. Freud, A. Freud, M. Horowitz, R. Lazarus, S. Folkman, C. Schaefer and other were compared and studied. Scientists V. A. Bodrov, O. V. Samoylova, M. Horowitz, referring to adaptation disorders, mean a multilevel functionally determined process with the inclusion of physiological, personality-oriented and social components.

In current conditions for medical psychology, the problem of adaptation disorders is one of the most important. The role of external factors in the formation of such disorders was noted by Z. Freud, pointing out that the influence of psycho-traumatic situations can cause mental disorders even in a healthy person [1].

In the process of studying the fundamental laws and mechanisms of adaptation to normal life, some psychological models have been developed to overcome post-stress conditions.

The psychodynamic model is a psychoanalytic approach and is based on the views of Z. Freud. He believed that any traumatic events actualize unconscious conflicts of early childhood and require the use of a protective mechanism of denial [2]. Re-experiencing such events helps reduce anxiety and forms a protective experience. M. Horowitz found that the protective mechanism

«denial» is manifested by impaired memory and attention, and manifested by the avoidance of reminders and associations associated with trauma [3]. Symptoms of «re-experiencing» are characterized by obsessive thoughts, nightmares, reflecting psycho-trauma, according to Z. Freud and M. Horowitz, the pathogenetic mechanism in adaptation disorders is the ratio of the phenomena of «denial» and «re-experiencing». For successful personality adaptation, awareness of all aspects of the traumatic experience and integration according to the scheme «traumatic stress – denial – re-experiencing – acceptance» [2, 3] are necessary.

The cognitive model is a cognitive theory of stress, that is, a person's cognitive assessment of the most traumatic event, and of itself in it. A significant contribution to the development of this model was made by R. Lazarus, S. Folkman, C. Schaefer, and V. O. Bodrov [4, 5, 6, 7].

The principal value in the authors' works was given to cognitive processes, assessment and overcoming. R. Grinker and J. Spiegel [23] introduced the concept of assessment in 1945. It was focused on the fact that the person's reaction to a threat depends on the subjective threat's significance to the person. The next stage of coping with stress is the attraction of behavioural and cognitive efforts to neutralize external and internal psycho-traumatic actions [4, 5]. Three types of assessment were proposed to determine a person's reaction to a traumatic event:

- Initial stress assessment gives an initial idea of the situation as a threat (life, health, loss of something significant).
- Secondary stress assessment is aimed at determining the relationship between a personal resource, the ability to overcome stressful actions and the requirements of an extreme situation. To characterize this assessment, A. Bandura introduced the concept of «self-efficacy» (self-assessment of the self-efficacy of personal behaviour in response to a traumatic effect), and «personality resource» – a self-assessment of the ability and ability to overcome an extreme situation [8]. It is about the potential of energy-cognitive processes, provides specific forms of response, behaviour, adaptation [8, 9].
- Revaluation is the third type of stress assessment. In essence, reevaluation is carried out due to feedback as constant monitoring of the progress of coping strategies and the significance of the event. For example, there are several ways to reassess the importance of an event: «rationalization» - providing the event with the desired significance; «Change of value» – correction upon receipt of new information; «Decreasing the significance of an event» – occurs when the result does not depend on personal control [10, 11].

Authors of the cognitive model explain the peculiarities of the development of these disorders by the features of cognitive processes.

Many researchers consider the influence of stress as one of the main factors in adaptation disorders. Whatever the stress, positive or negative, emotional or physical (or both at the same time), its effect on the body, the general effect on the whole organism. It manifests itself in the form of an adaptation syndrome, and proceeds in three stages: it starts in the way of primary anxiety, which is replaced by a period of resistance and ends with exhaustion.

The problem of stress has worried scientists for many years. G. Selye first considered the phenomenon of stress in 1936. He thought stress as a physiological reaction to organic, physical, chemical factors. He describes stress as the nonspecific response of an organism to any presentation of a requirement. For a stress response, it does not matter whether the situation a person is faced with is pleasant or unpleasant; only the intensity of the need for restructuring or adaptation matters [12]. Stress is affected by a rather large circle of states of increased tension that arise in response to various extreme effects, called stressors. The main provisions of the theory of G. Selye can be generalized in four conclusions.

First: all organisms have innate mechanisms for maintaining the state of the internal balance of the functioning of their systems. To keep internal balance is a vital task of the body.

Secondly, strong external stimuli, the so-called «stressors», upset the internal balance. In this case, the body responds to any stressor, both pleasant and unpleasant, with a specific physiological excitement. This reaction is protective and adaptive.

Third: the process of stress development and adaptation to it goes through several stages. The course and transition to each subsequent stage depend on the level of resistance of the body, the intensity and duration of stressor exposure.

Fourth: any organism has limited reserves of adaptive capabilities to prevent and overcome stress, and their depletion can lead to serious illness [13].

Having studied the results of G. Selye's research, we can distinguish the existence of three stages of the process, which he called the general adaptation syndrome.

Anxiety stage — this stage occurs already at the first appearance of a stressor. Within a sufficiently short period, the level of body resistance decreases. At the same time, some somatic and autonomic functions are disturbed. Then the body again mobilizes reserves and turns on the mechanism of self-regulation of protective processes. If the protective reactions are valid, the anxiety subsides, and the body returns to regular activity. Most stresses end at this stage. Such rapidly passing stresses are called acute stress reactions.

The stage of resistance occurs when the stressor affects for a long time, and there is a need to maintain the protective reactions of the body. In this case, the process of balanced spending of adaptive reserves begins. It occurs on the background of an adequate tension of the functional systems of the body.

The stage of exhaustion: this stage reflects a violation of the regulation mechanisms of the protective and adaptive mechanisms of the body's fight against very intense and prolonged exposure to stressors. The body's adaptive reserves are significantly reduced. The body's resistance decreases, and as a result, there are not only functional disorders but also changes in the body as a whole.

It should be noted that the body's ability to withstand stress depends on specific protective methods of functioning, regardless of current circumstances. Overcoming or «mastering» a situation is determined by the behaviour and abilities of the person in making adequate decisions when meeting with various life tasks and requirements [14].

As a rule, a stressful situation is a problem that requires a person to make a decision. A strain of body functions always accompanies the occurrence of a problem and the difficulty with its solution. If the problem is not solved, then this tension persists or increases, and as a result, stress develops.

A person's ability to solve problems that occur depends on several factors:

- human resources, his general capabilities in solving various problems;
- personal energy potential, which is necessary to solve a specific problem;
- the origin of the problem and the degree of surprise of its occurrence;
- the availability and adequacy of the physiological, psychological attitude to a specific problem and the type of response chosen — aggressive or protective.

The significance and consideration of these factors determine the choice of a strategy of behaviour to prevent or overcome stress [15, 16].

The same external events may or may not be stressful for different people. Personal cognitive assessments of external events determine the degree of their stressful significance for a particular personality. Moreover, the same event can be perceived by the same people as stressful in one case, and as usual, normal in another. These differences may be associated with changes in the state or the physiological, mental status of the subject [17]. There are also more general and personal differences in the way we respond to stress. In this regard, the most popular is the division of people into types A and B proposed by M. Friedman and R. Rosenman (1959) [18].

They differ from each other, primarily concerning stress, the degree and degree of activity of emotional and behavioural responses to stress.

So, people of type A tend to be quickly angry, and from any occasion. They react very actively to the situation, often overestimate difficulties, regularly get nervous, try to do «more things in less time». They are in constant tension and rarely relax; they always have a lot to do. Such people are in a state of «continuous struggle.» Opposite features characterize type B. Adaptive mastery behaviour is defined as the sum of the cognitive and behavioural efforts spent by a person to weaken influence and overcome stress.

To protect and adapt the body to stress, E. S. Akarachkova et al. Consider the stress response of the human body as a process based on regulation by the feedback principle. The modelling and regulatory work of the hypothalamic-pituitary-adrenal system and the autonomic nervous system occurs with the help of various adaptive reactions both at the systemic and cellular levels. The model proposed by the authors is as follows: STRESS – EMOTIONS – BEHAVIOUR – BODY – BRAIN. In other words, the stress response, encompassing the entire human body, affects the functioning of the brain, as well as emotions and behaviour, manifested by somatic and bodily symptoms [19].

Stress itself is significant for survival. In small doses, it activates search activity, helps to solve many problems that a person faces that day, contributes to development, helps activate the body's defences when fighting diseases. However, chronic stress is directly related to the onset and progression of many pathological conditions. Under conditions of prolonged exposure to stress factors, the endocrine, hormonal and vegetative balance is disturbed. It leads to maladaptation (failure to adapt). Disadaptation determines the development of negative psychological and somatic consequences of stress:

- mental stress, manifestations of insomnia and over-control develop; excessive fears and anxiety, feelings of tension, anxious expectations, fears, emotional lability;
- attention concentration is impaired, and memory is impaired;
- the work of the brain, endocrine and autonomic nervous systems changes - symptoms of autonomic dysfunction appear
- fatigue increases;
- muscle tension builds up [19].

A. V. Samoylova describes the central etiological moments of the development of adaptation disorders and notes that the manifestations of adaptation disorders are significantly enhanced simultaneously with the compound effect of several stresses. The severity of acting stress agents does not always correlate with the severity of adaptation disorders since personality traits and cultural or socially accepted norms and values always contribute to the course of a stress response. Therefore,

the seriousness of adaptation disorders always depends on the complex interaction of the degree, quantity, duration, turnover of stress factors, personality characteristics and the state of the psychological defence system. She notes that the action of a stress agent can be either single or multiple; short or continuous. Stress factors can affect only one individual or microsocial group, or even entire societies or communities. Some stress reagents accompany events related to the normal development of a person (school, work, marriage, etc.), while others go beyond them (natural disasters, military operations, catastrophes, etc.). These factors also have a significant impact on the possibility of the development of adaptation disorders and their manifestations [20].

A.S. Akarachkova and P.V. Shibaev noted that in some stressful situations no drastic measures are needed to solve them, just tune in to the proposed conditions, thereby avoiding stress [19, 21]. This method of solving the problem is an adaptation. Adaptation is not only an adaptation to successful functioning in these conditions but also the ability to further social, personal and psychological development and to quench the stressful effects of various factors. Willingness to adaptive mastery of behaviour is a systematic, integrative education of the personality, which allows it to maintain the stability of the chosen line of behaviour in conditions of mental and physical tension [22].

Conclusions. The likelihood of an unfavourable prognosis of adaptation disorders depends on many factors affecting the individual's ability to adapt to a change in life or a traumatic event. The main factors are:

- a traumatic situation (lingering character, individual significance),
- experience in overcoming similar situations in the past,
- psychological characteristics of a patient (characterological features, coping strategies, level of self-control, protective mechanisms, etc.),
- the nature of the microsocial environment (presence or absence of social support),
- asthenic effect (additional load, intoxication, comorbid somatic diseases, etc.).

The most effective in coping with post-stress states and adapting to normal life has been the cognitive model. It involves a cognitive assessment of the person and the traumatic event itself. The individual response to the threat depends on the threat's subjective importance to the individual and the stock of knowledge. This knowledge helps to understand the traumatic situation and to choose coping strategies to engage behavioural and cognitive circuits to counteract external and internal traumatic actions.

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