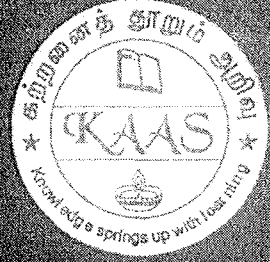


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STRESS INOCULATION TRAINING- A BOON FOR SCHOOL CHILDREN

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ABSTRACT

Stress is a condition or feeling experienced when a person perceives that demand exceed the personal and social resources the individual is able to mobilise. Studies of stress have shown that stress imposes a high cost on individual's productivity, health and happiness. The student's perception of an action or behavior can precipitate whether the stress is good or bad for them. School children today face increasing amounts of schoolwork, a rapidly changing curriculum, assignment deadlines and exams; they worry about selecting careers and post secondary programs, and they must balance schoolwork with sports, hobbies and social life. Stress Inoculation Training (SIT) has been employed on a treatment basis to help individuals cope with the aftermath of exposure to stressful events and on a preventative basis to "inoculate" individuals to future and ongoing stressors. The primary purpose of stress inoculation training is to prepare the individual to perform effectively in the stress environment. The SIT approach is defined by a three-stage training intervention. In the initial conceptualization phase a collaborative relationship is established between the children and the trainer; and the children will gain knowledge and familiarity with the stress environment. The second phase of Stress Inoculation focuses on skills acquisition and rehearsal that follows naturally from the initial conceptualization phase. This phase allows the children to maintain effective performance under stress. The final phase of stress inoculation provides opportunities for the student to apply the variety of coping skills across increasing levels of stressors, the inoculation techniques such as imagery and behavioral rehearsal, modeling, role-playing, and graded *in vivo* exposure in the form of 'personal experiments' are employed, thereby building their performance confidence.

Introduction

Stress is viewed as a third wave plague by some while others regard it as an escape mechanism. Studies of stress have shown that stress imposes a high cost on individual's productivity, health and happiness. Human beings are emotional beings. Threat, fear, excitement, joy, frustration, dismay etc are feelings of day-to-day life. There are times when feelings are not expressed out. This condition leads to stress. Stress in other words is the imbalance between perceived demand and perceived ability to meet that demand. Stress can also be defined as an internal state, which can be caused by physical demands on the body or by environmental or social situations, which are evaluated as potentially harmful, uncontrollable exceeding one's coping skill (Razeena, 2009).

Selye (1976), a pioneer of stress research, points out that "stress is a scientific concept which has suffered from the mixed blessing of being too well known and too little understood." As cited in Wolfgang (2005) "stress is

a condition or feeling experienced when a person perceives that demand exceed the personal and social resources the individual is able to mobilise".

Stress is a feeling that's created when we react to particular events. It's the body's way of rising to a challenge and preparing to meet a tough situation with focus, strength, stamina, and heightened alertness. The events that provoke stress are called stressors, and they cover a whole range of situations — everything from outright physical danger to making a class presentation or taking a semester's worth of the toughest subject. The human body responds to stressors by activating the nervous system and specific hormones. The hypothalamus signals the adrenal glands to produce more of the hormones adrenaline and cortisol and release them into the bloodstream. These hormones speed up heart rate, breathing rate, blood pressure, and metabolism. Blood vessels open wider to let more blood flow to large muscle groups, putting our muscles on alert.

Pupils dilate to improve vision. The liver releases some of its stored glucose to increase the body's energy. And sweat is produced to cool the body. All of these physical changes prepare a person to react quickly and effectively to handle the pressure of the moment. This natural reaction is known as the stress response. Working properly, the body's stress response enhances a person's ability to perform well under pressure. But the stress response can also cause problems when it overreacts or fails to turn off and reset itself properly (Sinha, U.K., 2003).

There are two types of stress; good and bad. The student's perception of an action or behavior can precipitate whether the stress is good or bad for them. If a student is presenting a speech in front of the class, the stress can be either good or bad. The apprehension and feelings of not being successful can create a flight syndrome that feels bad. However, if the student delivers the speech and realizes that everyone in the class is applauding and saying "good job," the bad stress can suddenly turn into good stress where the student feels pumped and invincible (Brobeck E, 2007).

The effects of bad stress on body, thoughts and feelings, and on behaviour

Effect on body: A tendency to sweat, back pain, chest pain, cramps or muscle spasms, erectile dysfunction, fainting spells, headache, heart disease, hypertension (high blood pressure), loss of libido, lower immunity against diseases, muscular aches, nail biting, pins and needles, sleeping difficulties, stomach upset.

Effect on thoughts and feelings: Anger, anxiety, burnout, depression, feeling of insecurity, forgetfulness, irritability, problem concentrating, restlessness, sadness, fatigue.

Effect on behaviour: Eating too much, eating too little, food cravings, sudden angry outbursts, drug abuse, alcohol abuse, higher tobacco consumption, social withdrawal, frequent crying, relationship problems (Brobeck E, 2007).

Stress Inoculation Training

Stress Inoculation Training (SIT) emerged out of an attempt to *integrate* the research on the role of

cognitive and affective factors in coping processes with the emerging technology of cognitive behavior modification (Meichenbaum, 1977). SIT has been employed on a treatment basis to help individuals cope with the aftermath of exposure to stressful events and on a preventative basis to "inoculate" individuals to future and ongoing stressors.

SIT is a flexible, individually tailored, multifaceted form of cognitive-behavioral therapy. Given the wide array of stressors that individuals experience, SIT provides a set of clinical guidelines for treating stressed individuals, rather than a specific treatment formula. A central concept underlying SIT is that of "inoculation" or "immunization," which has been used both in medicine and in social-psychological research on attitude change. (Tucker-Ladd, 2005)

Need of Stress Inoculation Training

The term *stress* is used to describe a process by which environmental demands or stimuli, novel or threatening events, individual differences in appraisal process in which perception of one's own resources and abilities in relation to the demands, psychological, behavioral, or social outcomes (Draskeli & Salas, 1996). Evidence indicates that stress is a costly health-related issue, in terms of individual performance and wellbeing as well as organizational productivity (Ilgen, 1990). Accordingly, a great deal of research has been conducted to examine interventions to reduce the negative outcomes of stress on the individual.

It is important to distinguish between training and stress training. The primary goal of training is skill acquisition and retention. Therefore, most training takes place under conditions designed to maximize learning: a quiet classroom, the practice of task procedures under predictable conditions, uniformity of presentation, and so forth. In this manner, the traditional classroom or lecture format, supplemented with skills practice, typically is satisfactory for promoting initial skill acquisition.

However, some tasks must be performed in conditions quite unlike those encountered in the training classroom. For example, high-stress environments include specific task conditions (such as time pressure, ambiguity, increased task load, distractions) and require specific

responses (such as the flexibility to adapt to novel and often changing environmental contingencies) that differ from those found in the normal performance environment. Research has shown that, for some tasks, normal training procedures (training conducted under normal, nonstress conditions) often do not improve task performance when the task has to be performed under stress conditions (Zakay & Wooller, 1984). These results suggest that, under certain conditions, the transfer of training from classroom conditions to operational conditions may be poor when there are no stress-inclusive simulations or training.

In brief, the primary purpose of *training* is to ensure the acquisition of required knowledge, skills, and abilities. The primary purpose of *stress training* is to prepare the individual to maintain effective performance in a high-stress environment. Therefore, *stress inoculation training* is defined as an intervention to enhance familiarity with the criterion environment and teach the skills necessary to maintain effective task performance under stress conditions.

It may be valuable to consider the general objectives to be met by stress inoculation training. The primary purpose of stress inoculation training is to prepare the individual to perform effectively in the stress environment. In broad terms, there are three overall goals of stress training: (a) gaining knowledge of and familiarity with the stress environment, (b) training those skills required to maintain effective performance under stress, and (c) building performance confidence. These objectives are outlined in the following sections.

What can SIT do to school children?

High school years should be a great experience, but many demands and rapid changes can make them one of the most stressful times of life. Students today face increasing amounts of schoolwork, a rapidly changing curriculum, assignment deadlines and exams; they worry about selecting careers and post secondary programs, and they must balance schoolwork with sports, hobbies and social life. They have conflicts with parents, friends, and siblings; have to cope with unpredictable moods, concerns about appearance, fitting in with a peer group. Money is always a worry, as is dealing with issues of

alcohol and drugs - and now there's a new fear of violence in and around schools. As if that wasn't enough, they have to deal with all this while undergoing rapid physical and emotional changes - and without the benefit of life experience. As SIT exposes the trainee to the various stressors and teaches them the general and specific coping skills and provides situations to practice those skills, it is considered to be a boon for the school children particularly when they are to undergo the gung ho public exams.

Phases of Stress Inoculation Training

The stress inoculation training approach is defined by a three-stage training intervention.

■ Phase 1: Conceptualization

In the initial conceptualization phase a collaborative relationship is established between the students and the trainer. A Socratic-type exchange is used to educate the student about the nature and impact of stress and the role of both appraisal processes and the transactional nature of stress, i.e., how the student may inadvertently, unwittingly, and perhaps, even unknowingly, exacerbate the level of stress that s/he is experiencing. The student is encouraged to view perceived threats and provocations as problems-to-be-solved and to identify those aspects of his / her situations and reactions that are potentially changeable and those aspects that are not changeable. The student is taught how to 'fit' either problem-focus or emotion-focus to the perceived demands of the stressful situation. The student is also taught how to breakdown global stressors into specific short-term, intermediate and long-term coping goals (Bell, et.al, 2000).

As a result of interviewing, psychological testing, client self-monitoring, and reading materials, the student's stress response is reconceptualized as being made-up of different components that go through predictable phases of preparing, building up, confronting, and reflecting upon the reactions to stressors. The specific reconceptualization that is offered is individually-tailored to the student's specific presenting problem, e.g., anxiety, anger, physical pain, etc. As a result of a collaborative process a more hopeful and helpful model is formulated; a model that lends itself to specific intervention (Foa & Meadows, 1997).

Phase 2: Skills acquisition and rehearsal

The second phase of Stress Inoculation focuses on skills acquisition and rehearsal that follows naturally from the initial conceptualization phase. The coping skills that are taught and practiced primarily in the student or training setting and then gradually rehearsed *in vivo* are tailored to the specific stressors that the student may have to deal with, e.g., chronic illness, traumatic stressors, school stress, surgery, sports competition, class combat, etc. The specific coping skills may include emotional self-regulation, self-soothing and acceptance, relaxation training, self-instructional training, cognitive restructuring, problem-solving, interpersonal communication skills training, attention diversion procedures, using social support systems and fostering meaning-related activities (Bell, et al 2000).

Phase 3: Application and follow-through

The final phase of Stress Inoculation provides opportunities for the student to apply the variety of coping skills across increasing levels of stressors, the inoculation concept as used in medical immunization or in social psychology is used to prepare individuals to resist the impact of persuasive messages. Techniques such as

imagery and behavioral rehearsal, modeling, role playing, and graded *in vivo* exposure in the form of 'personal experiments' are employed. In order to further consolidate these skills the individual may even be asked to help others with similar problems. Relapse prevention procedures, i.e., identifying high risk situations, warning signs, and ways to coping with lapses, attribution procedures, i.e., ensuring clients take credit for and appropriate ownership by putting into their own words the changes that have taken place, and follow-through, i.e., booster sessions, are built into Stress Inoculation Treatment (Maag, 1992).

Conclusion

SIT is a flexible individually-tailored multifaceted form of cognitive-behavioral therapy. Children are encouraged to view perceived threats and provocations as problems-to-be-solved and to identify those aspects of their situations and reactions that are potentially changeable and those aspects that are not changeable. They are taught how to "fit" either problem-focus or emotion-focus to the perceived demands of the stressful situation. The children are taught how to breakdown global stressors into specific short-term, intermediate and long-term coping goals.

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