

# HAVEN'T YOU SUFFERED ENOUGH?

CLINICALLY PROVEN METHODS  
*to* CONQUER STRESS

DR. BRENDA LYON, PhD, CNS, RN

# **MEDIA PREVIEW**

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BONITA SPRINGS, FL  
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## **DEDICATION**

I dedicate this book to my family, my mother (who is ninety-seven years old), my three fabulous brothers and their wives, my nieces, nephews and great nieces and nephews. They are continually supportive of me in more ways than I can enumerate.

As this book goes to print, all who are not essential workers are hunkered down in their homes to help flatten the curve of the COVID-19 virus that is taking a devastating toll on our country. So, additionally, I dedicate this book to all of the dedicated health care professionals, support staff, first responders, truckers and food supply staff who are courageously confronting exceptionally difficult situations daily.

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# FOREWORD

Physicians rarely read the nursing literature. I think this is in large part due to time constraints and the near impossibility of keeping up with their own published specialty research. Dr. Lyon's book is a must read for all physicians, caregivers and providers who struggle with caring for patients who have stress-based illness.

I was privileged to read the preprint version of this book. I learned so much that I was never taught in medical school or in post-graduate continuing medical education. This book is very logical and based on sound theory and research; moreover, it is loaded with self-help tips to help the reader cope when feeling very overwhelmed with the reality of their daily work and social life.

Dr. Lyon draws on over 30 years of experience as a stress management counselor to share engaging, real-life stories of clients she has worked with, as well as her own personal experience, to offer practical strategies in both preventing and eliminating stress. Dr. Lyon's work is for all clinicians who would like to add its rich content

## HAVEN'T YOU SUFFERED ENOUGH?

to their own practice tactics in helping those who think and feel they are at their wits' end and manifest somatic complaints of stress-based illness. These unfortunate patients represent a large majority of primary care practice. My own practice, in cancer genetics, creates information that some patients find extremely difficult to deal with and, in response, experience extreme and dysfunctional anxiety and unjustified guilt. This book will soon be added to the various tools I provide to assist patients in coping with stress and anxiety. *Haven't You Suffered Enough?* is a must read for health care professionals and the lay public!

Glenn Jay Bingle, MD, PhD, MACP

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# PREFACE

Although most of us need little introduction to the experience of stress, we've desperately needed a sound theoretical and research-based explanation of the phenomenon with practical strategies to both prevent and eliminate it. The self-care skills taught in *Haven't You Suffered Enough?* can go a long way in preventing and eliminating the suffering and negative health effects that result from prolonged stress in what can be a demanding world.

All of us experience difficult or challenging circumstances, all of which can be fertile territory for the experience of stress. What if the majority of people really understood stress and the controllable factors that can be changed to both prevent and eliminate it, despite difficult circumstances? How much more effectively would we be able to function as individuals? How much more would our society thrive?

On the physiological level, the experience of stress triggers the release of stress hormones by the adrenal glands. In the short term,

these responses may be adaptive because they produce an emergency reaction, which may allow for more effective coping in avoiding or altering a dangerous situation. However, the prolonged experience of stress results in the overall decline of the body's biological functioning because of the continued secretion of stress hormones. Over time, the physiological impact of stress can cause a deterioration of body tissues, such as blood vessels and the heart. We are learning more about how stress can alter our immune systems as well. In addition to these major health difficulties, many of the minor aches and pains we experience may be caused or worsened by stress. These include headaches, backaches, skin rashes, indigestion, fatigue, diarrhea and constipation, as well as the possibility of a whole class of psychosomatic disorders.

On a psychological level, high levels of stress prevent people from coping with life adequately. Their view of the environment can become clouded, and, in extreme cases, some people are unable to act at all. Moreover, people can become less able to deal with new difficult situations. *The ability to contend with future stress then declines as a result of past stress that has accrued and been unresolved. This can manifest in many ways, such as inter-personal conflicts and unhappy relationships.*

All these consequences then beg the question, how *can* we most effectively cope with stress? Are there guidelines and strategies that have been proven effective? Are there internal and external resources we can tap and summon? Thankfully, the answer to these questions is *yes*, and *Haven't You Suffered Enough?* contains these answers, and many others, all of which can be useful both for mental health professionals looking to help clients manage their stress, as well as the lay person who may be looking for guidance about how to skillfully prevent and eliminate stress in their lives. Thus, this book functions well in both personal and academic settings.

In addition to covering long-standing strategies such as emotion-focused and problem-focused coping, *Haven't You Suffered Enough?* explores how balancing our demands and resources and controlling our thoughts can lead to preventing and eliminating the stress emotions. *Haven't You Suffered Enough?* carefully and systematically teaches the reader how to reframe difficult situations as challenges, how to reduce the perceived threat of a stressful situation, and how and why to develop a more beneficial relationship with your thoughts. Fundamentally, *Haven't You Suffered Enough?* helps the reader gain a resilient mindset to both prevent and eliminate stress.

By using powerful stories, personal vignettes, observations born from research and decades of clinical experience, and the best scientific knowledge available, *Haven't You Suffered Enough?* thoroughly shows the reader how to get a grip on both preventing and eliminating stress. In fact, *Haven't You Suffered Enough?* proves to be both theoretically sound and immensely practical. Each step, each skill, and each insight is broken down into its most fundamental parts, making this an easy-to-read and easy-to-apply prescription for daily living. More specifically, the reader receives detailed instruction for how to:

1. Balance demands and resources by eliminating non-essential demands and maximizing resources,
2. Proactively manage how you view difficult situations,
3. Disempower negative thoughts and empower positive thoughts,
4. Find and maximize one's capacity to control difficult situations, and
5. Effectively deal with anxiety, guilt, anger, frustration and grief, as well as situational depression.

## HAVEN'T YOU SUFFERED ENOUGH?

The experience of reading this book mirrors what it would be like to be in a session with Dr. Lyon. The straightforward exercises included in *Haven't You Suffered Enough?* demystify stress and provide new and inspired leadership in the field of mental health resources. The nature of stress requires, from all of us, continued improvement, and new paths of innovation, awareness, and preparedness, and this text provides just such a roadmap. And, since treating professionals and caregivers, especially, need to understand the entire continuum of care, and the unique role their chosen role plays, silo-knowledge is insufficient. Treating stress is an interdisciplinary exercise. To successfully treat stress, one must consider and treat the whole person: the physical, cognitive, psychological, interpersonal, and spiritual aspects of being. *Haven't You Suffered Enough?* shows the reader how to do precisely that. It's not often that you find a book that can serve as a practical book for the lay public and as a text for use in the academic setting.

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I'm grateful to so many who have contributed to my career, including Indiana University School of Nursing. The School supported me in multiple ways as I was working to develop my expertise in my specialty area of stress and stress-related illness. A big thank you goes out to Dr. Victoria Champion and Dr. Pat Ebright as reviewers of early drafts.

I also want to thank each and every private client (whose names are changed in the text) with whom I've had the privilege to work. They taught me so much, as we worked together to eliminate their stress-related illnesses.

I'm so very grateful to Jessica Dorfman Jones, my editor. She pushed me to simplify my language, asked great questions to help me clarify particularly complex concepts, and made wonderful suggestions for organizing the content. She is the BEST!

I also want to recognize and thank the O'Leary Publishing team. Specifically, Heather Desrocher and Mathew Acton for meticulous

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copy and line editing and Jessica Angerstein for top-notch design work. They were great!

If you are experiencing troublesome symptoms and think you might be experiencing a stress-related illness, it is important that you see your physician to rule out any possible causes of your symptoms that would require medical treatment. This book does not give medical advice. The content of this book is not meant, in any manner, to replace the care of a physician or other medical provider.

# INTRODUCTION

I always wonder about the author's backstory when I am reading a book. Assuming you might feel the same way, here's the story of how I developed a passion to understand stress emotions and stress-related physical illness and then treat them. Within that story is another important tale, how I developed the practice and the techniques that I share with you throughout the book. In my work with clients, I learned the common causes of stress emotions and how to both prevent and alleviate them.

As with every good story, this one starts with people. In this case, the people are me and my fellow high school students. When John F. Kennedy was assassinated in 1963, I was in Latin class when we learned his fate. I felt very sad, some of my classmates were afraid, some were angry, and most were just stunned. I also experienced anger later that day, but our initial responses were quite varied in response to the same event. Since that day, I have been intrigued by human emotions. I remember being amazed at how many of us

could experience the same event yet react with very different emotions. That moment shaped my entire career.

## SAME DISEASE, DIFFERENT EXPERIENCES

When I was in my baccalaureate program in nursing at Indiana University School of Nursing from 1964 to 1968, I was intrigued that patients who were the same gender, close in age, had similar socio-economic status, and the same disease, at the same stage, could have very different illness experiences. That is, they had quite different pain levels, incidence or intensity of gastrointestinal symptoms (nausea, diarrhea, abdominal cramping, constipation), incidence of fatigue, and insomnia. It was easy to make comparisons at that time because patients were on open wards and assigned to a ward based on gender and disease type. I thought maybe the courses I was taking would help me understand something about the underlying reasons for the different illness experiences I was observing, but I hoped to no avail. Of course, we learned that everyone was different and each patient needed to be understood as a unique person, but that information wasn't any help in understanding what contributed to each person's emotional and physical responses to their hospitalization experiences.

Although I didn't learn what might be underlying the difference in illness experiences in people with the same disease and similar demographics, I did learn from Florence Nightingale's work (which I was studying at the time) that illness and disease are two very different phenomena. Unfortunately, this truth is not commonly acknowledged in the health care community. I should note here that nursing's unique contribution to health care is grounded in this fact. Florence Nightingale, my hero, wrote about the difference in her 1859 book, *Notes on Nursing*. Her book identified the foundation for nursing's unique contribution to patient care that helps relieve suffering and maintains, or

improves, functional ability apart from medical care. Nightingale was very clear that disease, trauma, injury, and illness are very different phenomena. I learned from her work, and that of others, that disease is pathology, that is, abnormal tissue or physiology (pathophysiology). It is objective, meaning that it can be seen and measured. Illness, on the other hand, is subjective and captures how a person is feeling physically, emotionally, and functionally. Lots of factors can influence a person's symptoms (physical and mental) as well as their functional ability that have absolutely nothing to do with disease, not the least of which is psychological stress. That insight is what has guided my own study and research to this day.

## THE CAUSES OF STRESS

I knew, while an undergraduate student, that I eventually wanted to teach. In 1969, I enrolled in Indiana University's Master of Science in Nursing program, focused on preparing Clinical Nurse Specialists in Medical-Surgical Nursing with a minor in teaching. One of our required courses focused on Psychosocial Dynamics of Patient Care and introduced me to the work of Richard Lazarus. He was a distinguished scholar, researcher and professor at the University of California, Berkley. As a social psychologist doing research on psychological stress, he published his landmark book, *Psychological Stress and Coping*, in 1966. Lazarus's book incorporated a critical review of the stress research done to date, including research on emotions and results of the many studies that he and his colleagues had conducted. I knew right away that his work would help to explain the different illness experiences I had seen, and continued to see, in patients.

Unfortunately, by the late 1960s, Hans Selye's General Adaptation Syndrome theory of stress, based on his research using rats as subjects, had taken center stage as the explanation of psychological stress in the medical and health care community. Really?! Extrapolating

from research findings using rats as subjects to try to explain psychological stress in humans just didn't make sense to me. Complicating matters was the fact that social psychology, including the use of human subjects, was not popular in the 1960s. Additionally, B.F. Skinner's explanation of behavior, based on reward and punishment, was also center stage. The focus on B. F. Skinner's work in the 1960s contributed to a major war between psychologists. On one side were behaviorists, who argued that emotions were triggered externally through reward and punishment, and on the other side were the cognitivists, who had research data on human subjects demonstrating that thoughts triggered emotions. In large part Lazarus's work on stress and coping went unnoticed for quite some time because of this war of ideas.

Lazarus's research was groundbreaking and soon became the focus of my own study because it confirmed something that I was seeing in my practice: that emotions are triggered by a person's appraisal of a situation. That is, thoughts trigger emotions. He asserted that events are not good or bad, but the meaning we give events determines how we feel. He also identified the two conditions necessary for stress to occur: the demands of your situation exceed the resources you have available and you perceive the situation as threatening.

Lazarus's theory of stress and coping based on sound research made a lot of practical sense to me and explained a good deal of why patients had such different illness experiences. Richard Lazarus joined Florence Nightingale in my pantheon of heroes, and I decided that it was stress and stress-related physical illness that I wanted to make my specialty focus.

## LOWERING BLOOD PRESSURE

I graduated with my Master of Science in Nursing (MSN) degree in 1971 and began to teach in the MSN program in the fall of 1971.

Along with two psychiatric Clinical Nurse Specialist faculty members at the school, I developed a course on the Dynamics of Stress and Coping and began teaching it in 1973. The course focused on stress theory and research as well as on stress counseling skills to use with patients. It remains a course offered today in the MSN program.

In 1974, I decided that I wanted to start my own private practice with individuals who were suffering from stress-related physical illness. I didn't know if I would need the skills of a Nurse Practitioner, a role just beginning at that time, so I enrolled in an NP certificate program – there were no master's degrees for that role at the time. It was a nine-month, five-day-a-week intensive program that the school of nursing supported me in attending. It was only after three months in the program that I knew I did not need the medical diagnostic skills to be effective in the private practice I was planning. I completed the program in 1975. During the program's clinical practicums, I was able to confirm that I was going to offer a service that patients needed. Each day, after I met the clinical requirements for the program, both the family practice MD and internist MD allowed me to see patients who might need my services. Their decision to include me in their practices was the most important affirmation I could receive at the time.

In 1976, I started my practice in conjunction with an MD internist who was a faculty member at I.U. School of Medicine. Working in partnership with him gave me access to patients and gave me an opportunity to demonstrate that patients would be willing to pay for the services (the services provided during my time with the internist were gratis). I'll never forget my first patient, who I was able to see before her physician did. She was a CPA returning for a follow-up visit for hypertension. This was in late March, the middle of a heavy corporate tax season. She had been overwhelmed with her workload for three months at the financial firm where she worked. At her

appointment one month prior, she was given a working diagnosis of Essential Hypertension and was advised to start a low salt diet and put on diuretics. This was her follow-up visit to see if the low salt diet and diuretic would be sufficient treatment for her elevated blood pressure.

I was able to talk with her for fifteen minutes before the doctor came in. He took her blood pressure, and it was still elevated. He said to her, "I'm going to have to prescribe an antihypertensive medication." I thought to myself, "I really think the elevation is stress-related," so I asked if he would be okay with me taking her through an autogenic relaxation exercise and, then, check her blood pressure again. He agreed, but he wanted to be the one to take her blood pressure. He stayed in the room while I guided her through the exercise that you'll see discussed in Chapter six. When we finished, he took her blood pressure and just said, "Would you be willing to work with Brenda on your stress?" She said yes, and he turned around and tore up the prescription he had written. How fortuitous that my first patient was such a great example of the role stress can play in our physical health! After two months and six visits, that patient was able to learn how to eliminate and prevent stress in difficult situations and keep her blood pressure within normal limits.

## SPREADING THE MESSAGE

Although I had very meaningful experiences helping patients learn how to deal with stress while I was in the Nurse Practitioner program, this experience with my first patient at the medical diagnostic clinic at I.U. had me hooked. I knew I needed to open up a private practice. I rented an office in the Indiana State Nurses Association building and began to see patients who found me by word of mouth. All of my clients who had continuous physical symptoms had

to have been seen by an MD to rule out any possible disease-based causes for their physical symptoms.

In 1977, I began my Doctoral studies in Nursing at I.U. My private practice, and the nationwide workshops I conducted on how to prevent and eliminate stress, supported me financially through my doctoral program. I finished the program in 1981 and was given a faculty position as an Associate Professor at the school once again.

In 1982, I co-founded, with Dr. Joan Werner, the Midwest Nursing Research Societies (MNRS) Stress And Coping Research Section. I was honored to chair the planning and research critique team for MNRS's first knowledge synthesis conference, presented in 1992. I chaired the same group for the second knowledge synthesis conference, presented in 1994. We were honored to have Dr. Richard Lazarus attend our conference and to be one of our presenters. He wrote a chapter for the very popular academic book, *Handbook of Stress Coping and Health: Implications for Nursing Research, Theory, and Practice* published in 2000, for which many of us, as members of the research section, wrote chapters. Unfortunately, Dr. Lazarus died too early in 2002 in a tragic accident. He was a great researcher, academician, author, and colleague. His work not only informed my practice, it provided the foundation for my observations and clarifications on the thoughts that trigger each of the stress emotions.

In 1985, I was able to open up the Office for Nursing Practice under the auspices of the School of Nursing with four other faculty whose specialties focused on providing nursing services to patients. It was no small feat to establish this at a medical center where the school of medicine was not happy with nurses independently providing nursing services! The Office of Nursing Practice operated for 15 years at the school until processing clients' payments for services became too complicated, and I was the only faculty member left providing services.

## HAVEN'T YOU SUFFERED ENOUGH?

After we closed the Office for Nursing Practice, I saw clients again in a rented office space and, then, later, in my home. I retired from I.U. School of Nursing in 2010 as a Professor Emerita. I continued my private practice until 2014. During my career, in addition to my work with individual clients, I was privileged to conduct over 350 workshops on stress management and conquering stress for corporations, health professional groups, and trade associations.

## GRATITUDE

I am honored to have been inducted, as a Fellow, into the interdisciplinary National Academies of Practice, in 1988, in recognition of my work in the field of stress. I was also inducted as a Fellow into the American Academy of Nursing, in 1993, in recognition of my contributions to nursing as a discipline and my work in the field of stress. In 1995, I received the Midwest Nursing Research Society Stress And Coping Research Section's Outstanding Achievement in the Advancement of Stress & Coping Science Award.

Although the recognitions I have received are nice, it is my private practice, and what I have learned from that work, that is most gratifying to me but perhaps for a reason you may not be able to anticipate. The skills I've learned, to manage my thoughts and process my feelings about my own disease, have helped me keep stress at bay.

I was first diagnosed with stage IIIA lobular breast cancer in 1997. It was shocking because I didn't have a family history of breast cancer and had just had a negative mammogram four months earlier. Soon after hearing the diagnosis, my head went to, *I'm going to die from this!* Of course, that thought triggered anxiety, and I wasn't able to eat or sleep. After a little over a week I said to myself, "Brenda, you know how to stop the anxiety. Just do it." I sat down and wrote, probably thirty times: "This is NOT a death sentence! I can handle this!" I also used the techniques I had taught, like focusing on the

present, which I will share in this book. By the evening of that day, the anxiety was gone, and I was able to focus on how I was going to deal with cancer in a positive manner.

It wasn't until 2014 that the cancer came back. It had metastasized to all of my upper body bones. I had no pain, but the cancer in the ribs caused a pleural effusion (fluid between the ribs and the lining of the lung on the left side). Fourteen years! I was so grateful that it took that long to show up again. As of the writing of this book, I'm on my fifth different drug but still going strong almost 23 years after initial diagnosis. I live life everyday feeling well, being grateful and looking forward to my travels and being with family and friends. I share this part of my story with you to let you know I have been there, and I personally know not only what life-altering stress can feel like but also that what I am sharing with you really works.

Before I begin showing you how to take control of your stress, stress emotions, and the negative effects on your health, I want to thank my private clients for all that they helped me learn from treating their stress and stress-related illnesses; I also want to thank you for picking up this book and giving it a try. Together, we'll move forward in the ongoing (and from where I'm sitting, successful) battle to conquer stress!

Enjoy the journey!

Brenda L. Lyon PhD, CNS, RN

## CHAPTER 1

# RETHINKING STRESS

Change your thinking, change your life.

—FRANK SONNENBERG

Every day, on television, in magazines and online, we hear or read about how important it is to take care of ourselves. Most people, when they hear or read this advice, immediately respond with, Okay, but how *exactly* should I do that? The answer to that question tends to be: increase exercise, meditate, cut out junk food, go on vacation and reduce stress, which is very hard to do when you are stressed. And how can you take control of your stress when you've always been told that it's simply an ever-present fact of life, caused by what is happening around you and to you? Most people have tried all of the recommended stress reduction techniques to no long lasting avail. No matter how much physical activity you get, how many relaxation exercises you do, or how you change your eating habits, you will feel good while you're doing them, and for a short time afterwards, but those remedies never have lasting effects. For most people, it's become increasingly apparent that, when it comes to stress, once that horse is out of the stable there is no getting it back in. Working on managing stress is never a satisfying experience because it simply does not work.

## HAVEN'T YOU SUFFERED ENOUGH?

But what if you could prevent stress or truly *eliminate it* when experienced? What if you didn't have to experience the anxiety attacks, agitation, fear, anger, back pain, stomach pain, and all the other unpleasant things that stress brings with it? What if constant stress management, which seems to be an integral part of life, just disappeared? Think of how many things would change. Then think about what effect those changes would have on other aspects of your life. The positive ripple effect could be endless.

Sure, it's a challenge to take charge of your thoughts to prevent stress, and its damaging effects on your life, but you can do it! To get there, you must first understand: 1) why you have not had success managing your stress until now, 2) what causes stress and 3) what is behind all of the ways that you experience it.

Why you haven't been able to eliminate your stress successfully: It isn't you!

The answer to what seems like an unsolvable puzzle is actually pretty simple and straightforward: the most popular strategies recommended to manage stress grew out of research that has been disproved.

Let that sink in for a second.

Most of the articles you've read about stress, managing stress, getting rid of stress, and learning how to talk about your stress are based primarily on one person's research from over sixty years ago that was disproven decades ago. Obviously, it's infuriating that information is being shared with the average person that is NOT going to help them, and that trying to use it is a waste of precious time. It is also incredibly irritating to realize that we could have been a nation of infinitely more relaxed and effective people, for a very long time, if only we had known the truth. It amazes me that the amount of stress experienced daily by most people really has not improved, much less changed, since I entered the field in the 1970s. In fact, if anything, the amount of stress experienced by most people is more intense.

This is increasingly expensive, both in terms of economic cost and emotional health.

In this chapter, we're going to explore the most popular research-based strategies to manage stress, where they came from, and why they are ineffective. We're also going to investigate what stress is, signs of stress and the causes of stress that you *can* control. This is based on up-to-date research that has been confirmed by studies and applied to real people in real stress situations. In other words, the good news is that you CAN both prevent and eliminate stress, so let's begin!

## EVERYTHING YOU THINK IS TRUE ABOUT WHAT CAUSES STRESS IS LIKELY WRONG!

The most popular and promoted strategies to manage stress, such as eating right, exercising, meditating, relaxing emanate from the theory formulated by Hans Selye, MD. Selye was a researcher in Canada who tried to identify hormonal responses to toxic stimuli by studying rats in the laboratory from the 1930s through the 1950s. Although he didn't identify any new *hormonal* responses, Selye did see a pattern in the *physical* changes that occurred in his rats. Regardless of the type of toxic harm (extreme heat, chemical burns, starvation) he applied to the rats, Selye consistently saw anatomical and physiological signs of enlarged adrenal glands, signs of a depressed immune system, and bleeding ulcers in stomachs and intestines. He concluded that what he was seeing was a newly identified phenomenon, which he called stress.

Selye defined stress as a nonspecific response to any type of toxic experience. This means that no matter what kind of stressor an individual had to deal with, the body would always react in the same physiological way, with the same anatomical changes. Selye went on

to formulate his theory of stress known as the General Adaptation Syndrome theory (GAS), which asserted that you are born with a certain amount of adaptive energy and every time you experience a significant demand some of your energy store is depleted. To put it more simply, it's like having a bank account that has a fixed amount of money in it and every time you withdraw money you deplete your account until there is a zero balance. If you try to go below your zero balance, you don't have the benefit of overdraft . . . you just die.<sup>1,2,3</sup> Well, now that is a gas!

As if Selye's theory were not already appealing enough, he went on to say that thoughts (or how you perceive a situation) play absolutely *no* role in your body's response to external demands. If you've been alive for more than five minutes, you know that doesn't sound right. The problem is that Selye did his research on rats, who are less inclined than humans are to share the inner workings of their emotional lives. Nonetheless, Selye's GAS theory became the standard, not only for what defined stress, but also for explaining its occurrence. The theory was adopted world-wide and incorporated into medical and nursing textbooks, and why wouldn't it be? If Selye's theory was correct, it not only had the possibility of curing serious medical issues, it would be essential to teach everyone that the best self-care recommendations to manage stress were to eat right, practice meditation, learn how to relax, exercise and participate in diversional activity. By incorporating these activities into your lifestyle, you would be in a constant state of trying to preserve your energy stores to get ready for the daily onslaught of stress.

Selye's theory, flawed as it is, made perfect sense when he developed it; at that time, there was a severe lack of appreciation of the role the mind plays in human illness experiences. Medical research only used animals for experimental research and the medical model for health care, including diagnosis and treatment, only focused on the

pathophysiology of disease. Doing research only on animals (and not on humans) makes sense if thoughts and emotions play no role in illness or disease experiences. Unfortunately, the medical model, which does not consider the effect of a person's thoughts and emotions on illness experiences, is widely accepted today.

## BENEFITS OF SUPPORT ON STRESS

Despite the popularity of Selye's GAS, it just didn't make sense to Dr. John Mason, a research scientist at Walter Reed Hospital. In the 1970s, Mason conducted experiments applying the same stressors to the rats that Selye did but changing the conditions in which the stressors were applied. For example, he changed the environment the rat was in while the stressor was applied, or gradually increased the toxicity of the stressor. In one of his studies rather than applying the stressor to a rat in isolation, the stressor was applied to a rat while in the company of other rats. Although Mason recognized that rats have limited cognitive ability, he knew that rats showed signs of being able to perceive danger. Well, lo and behold the rats in his experiments showed very different responses than those observed by Selye.<sup>4,5,6,7</sup> Mason's rats did not show the anatomical and physiological signs of enlarged adrenal glands, signs of a depressed immune system, or bleeding ulcers in stomachs and intestines that Selye found. Mason's work really was the first research on the psychological mediating effect of social support on the experience of stress. Mason's results make sense. For me, and probably for you too, it is helpful to have supportive people around in difficult situations.

Mason's research absolutely disproved Selye's theory, which didn't even hold true for rats! Once Mason's findings were published, there was no shortage of people in the field who thought it might be worth a few minutes' time to revisit the incontrovertible results of Selye's

research. Unsurprisingly, Selye's GAS theory was criticized for not accounting for the psychological variables in the stress experience. He responded by writing the article in 1976 *Forty Years of Stress Research: Principal Remaining Problems and Misconceptions*. In the article, Selye attempted to incorporate psychological variables that would help to support his theory, in large part by asserting that there was such a thing as eustress or positively toned stress. Well now, that's really interesting. In *my* forty years in the field I've never had anyone say to me, "Brenda, you wouldn't believe how much stress I'm experiencing and how good it feels!"

## A GAP IN KNOWLEDGE

I had the opportunity to present at a major national conference with Selye and several other stress researchers including Richard Lazarus in 1980. The focus of my presentation was the role of self-talk in creating psychological stress. Selye's research focus was on what outside stressors do to the body, not on what role the mind plays as the cause of stress. So, as you can imagine, we had a great conversation. To my surprise and delight, he found my presentation fascinating. When we met, he was the most gentle and well-intentioned physician I had ever met. In his 1976 article, Selye asserted that perception and interpretation of experiences were not included in his theory because such factors were just outside his expertise as a physiologist. This statement was possibly an affirmation of the importance of what the mind's eye sees, but that Selye was not able to account for because of his knowledge limitations. We'll never know. However, it is important to realize that Selye's line of reasoning was entirely in line with main stream medicine, and unfortunately is still common today.

It is amazing that so many recommended strategies to manage stress today grew out of a disproven theory. It reminds me of what a good physician friend said to me years ago: “Brenda the questions in medicine never change much, only the answers change!” How true! I learned this lesson the hard way when I was diagnosed with breast cancer after years of the medical community telling us that there was absolutely no correlation between estrogen and breast cancer. In fact, we were told based on research, that estrogen helped protect the heart in females. Then when I was diagnosed in 1997 my surgical oncologist said to me that we have to do further testing on the biopsy to determine if the cancer is estrogen sensitive. I said: “What do you mean? I thought there was no correlation?” Well that research was flawed! Nice to know after being on estrogen for five years to address insomnia caused by menopause. I’m not saying that estrogen was the only factor causing my breast cancer, but with no family history, estrogen had to play a role. What’s the moral of the story? Question the science!

It is good that many high school students today are taught the basics of research. We can only hope that, although the level of research knowledge taught in high school is minimal, it’s hopefully enough to help people think critically about research findings and not to accept them blindly.

## THE LIFE CHANGES EXPLANATION OF STRESS

Another very popular explanation of stress is the Life Event Theory developed during the late 1960s and early 1970s by Thomas Holmes and Richard Rahe at the University of Washington School of Medicine.<sup>9,10</sup> Holmes & Rahe wanted to understand the impact that common life changes had on a person’s health. So they developed a survey that listed a large number of common life changes. They first

had to determine the amount of adaptive energy each change required. Since both Holmes and Rahe were associated with the Navy they used a convenient large sample of Navy recruits during the Vietnam era. They administered the survey with Navy recruits asking them to imagine on a scale of 0-100 how much adaptive energy each change would take. The amount of energy required was called a Life Change Unit or LCU.

Based on their research with Navy recruits they created the *Social Readjustment Rating Scale* (SRRS) that eventually contained 43 common life changes each with an assigned number of Life Change Units (LCUs). They arrived at a score for each event by calculating the average of the ratings given to it by the Navy recruits. When you take the SRRS survey you are asked to sum up the total LCUs that you have experienced within the last year. Your total score is your total life change score.

Using the SRRS, Holmes and Rahe then conducted research following subjects who had taken it to establish a life change score and then tracked the subjects over a year's time, tracking their illness experiences, including but not limited to colds, doctor visits, medical diagnoses, and hospitalizations. From their research, they concluded that, if a person scored over 300 LCUs on the scale, the individual had an 80% chance of experiencing a physical or mental illness within the next year.<sup>11</sup> Based on the Holmes and Rahe research, the (flawed) conclusion was that the most important stress management strategy was to control how many changes occurred in your life and to keep your life changes to a minimum. Even the evening news media went wild about this research, discussing how important it was to take the SRRS and to keep the number of changes you experience to a minimum. Change and stress came to mean the same thing.

While this was a popular theory, in reality it did not hold up. Hundreds of studies of people over time, examining the relationship

between the score on the SRRS and getting sick found that the score on the tool only accounted for only 4 – 6% of the incidence of illness. That leaves 94-96% of the incidence of illness totally unaccounted for by a person's score on the SRRS. The problem with Holmes and Rahe's research is that relying on the imagination of teenage navy recruits, who haven't experienced many of the changes listed by Holmes et al., to accurately judge how much adaptive energy each one of those changes might require, is a bit problematic, to say the least. In addition there are other problematic assumptions underlying the research conducted by Holmes and Rahe. One of the most problematic is the assumption that all of us experience a particular life change in exactly the same way. Research must take into account what the change means in any particular person's life and whether or not that person has experienced the change before. Everyone is different and everyone's situation is different, which pretty much discredits Holmes and Rahe's findings. (Their model is, however, interesting, especially if you like crunching numbers).

## HARDINESS AND STRESS

Before anyone could get too comfortable with Holmes and Rahe's research conclusions, Suzanne Kobasa came along and disproved their theory while studying hardiness.<sup>12,13</sup> Hardiness is the feeling of courage and motivation that occurs when a person is interested in and curious about life, feeling a sense of control, and viewing change as an opportunity for growth. Kobasa found that hardiness was a potent factor in determining how an individual experienced life changes. That is, a person who had a strong sense of control, confidence in self, and a positive sense of meaning did not experience negative illness related outcomes from life changes. This makes sense and it's great that Kobasa confirmed what many on the planet already know.

## HAVEN'T YOU SUFFERED ENOUGH?

There were many other researchers, such as Irwin Sarason, et al<sup>14</sup> who also disproved the Holmes and Rahe theory.

Despite the fact that The Life Event Theory was disproved by Kobasa and others it remained popular, perhaps because it's easy way to recognize and define stress by just adding up scores on a survey tool. Nonetheless, ease of comprehension doesn't mean that a theory is any good or that it will encourage people to make great life choices. When I did workshops on stress management, there were people in the audience who were at my workshop because they were concerned about their health after taking Holmes and Rahe's SRRS and scoring over 300 points. I even had a private client, who was in a psychologically abusive marriage and really needed to get a divorce, come to me because she was concerned that if she did leave her husband she'd develop some dreadful disease (based on her SRRS score). After I assured her that the research findings had been invalidated and that the score was really meaningless, she got the divorce and started a new life disease free.

Fortunately, there is another explanation of the nature of stress that has abundant research support and frankly just makes practical sense. That is the work of Richard Lazarus, a social psychologist who conducted his research in Berkley, California. In the next few sections, we will take a look at Lazarus' theory and other research on the nature of stress.

## WHAT IS STRESS?

Put simply, Richard Lazarus' definition of stress is that it is an uncomfortable emotional experience that occurs when you view a situation as potentially harmful to you, or to something or someone important to you, and the situation requires coping effort on your part.<sup>15</sup> In other words, stress happens when you *think* that something

bad is going to happen and you have to deal with it. Lazarus defined stress as encompassing your interpretation of a difficult situation, your emotions in the situation and how you cope with the situation. Stress is not an event and cannot be measured as a single experience or event. Lazarus' research studies, and hundreds of other studies, have confirmed or supported his explanation of both stress and coping.<sup>16</sup> In other words Lazarus' explanation of stress holds true for humans! Stress is *not* something that happens to you. It's about what you *think* about what has happened or what is happening. Thanks to Lazarus we know that difficult situations and stress do not have to go hand-in-hand. They are not the same thing!

## WHAT DOES STRESS FEEL LIKE?

The word stress was not a part of our everyday vocabulary to describe how we felt when experiencing difficult circumstances prior to the 1980s. People typically identified the particular emotion felt when stressed such as I'm overwhelmed, I'm feeling anxious or nervous, I'm angry, I'm feeling guilty about . . . . Unfortunately, these experiences are now commonly captured in phrases like, "I'm stressed out" and "You can't believe how much stress I'm experiencing." The difficulty created by using such phrases to describe what you feel is that you can't get your arms around I'm stressed out, it's too general and lacks any meaningful descriptors.

Even if you don't know how to define or express stress, generally a person knows when he or she is stressed because he or she will experience physical, emotional and behavioral signs. Common physical signs of stress include, but are not limited to: tension headaches, digestive disturbances, muscle stiffness, hyperventilation, sweating, and fatigue. Common stress emotions are: feeling overwhelmed, anxiety, irritability, anger, guilt, and frustration. Common

behavioral signs of stress are: irritability, impatience, angry outbursts, unable to relax, trouble sleeping, no energy for tasks.

#### What Causes Stress?

Here's the basic description of what causes stress: Stress occurs when you are in a situation where the demands of the situation outweigh the resources you have available to *comfortably* deal with the situation and you, in turn, interpret that the situation as one in which there is potential for some type of harm or loss known in the theory as perceived threat. Our friend Dr. Lazarus identified the causes of stress in 1966. Depending on what the situation means to the person and how significant it is in their lives, determines if the situation is seen as neutral, challenging or threatening. If the situation is perceived as threatening, then one must determine how to cope with the situation. The bottom line is that stress is experienced when the following two conditions are met:

## STRESS SIGNALS

### EMOTIONAL SIGNALS

- Feeling overwhelmed
- Frequent anxiety
- Frequent anger
- Frequent guilt
- Frequent frustration
- Feeling down/the blues

### PHYSICAL SIGNALS

- Tension headaches
- Digestive disturbances (heart burn, diarrhea, constipation, loss of appetite, increased appetite)
- Muscle stiffness/tightening
- Hyperventilation (rapid/shallow breathing)
- Sweating
- Fatigue

### BEHAVIORAL SIGNALS

- Irritability
- Impatience
- Angry outbursts
- Unable to relax
- Trouble sleeping
- No energy for tasks
- Nail biting
- Fidgeting

1. You experience a situation as one in which the *demands* are greater than the *resources* you have available to comfortably deal with it; and
2. You *anticipate* experiencing some kind of harm/loss or negative outcome (referred to as a threat).<sup>17,18</sup>

PREREQUISITES FOR STRESS

DEMANDS > RESOURCES

+

ANTICIPATED HARM/LOSS  
(THREAT)

## ELIMINATING STRESS

Now here's the good news: although both conditions are necessary for you to experience stress, each also presents an opportunity for you to prevent or reduce it. You can:

- Change the situation by reducing controllable and non-essential demands and/or by increasing your resources to meet them.
- Choose to focus on the potential for gain or benefit in a situation rather than potential harm . . . even if it's just what you will learn from the situation.

Chapters two through five explore how you can effectively address each of these pre-requisites to both prevent and eliminate stress. Here is a basic overview of a few of the main concepts in those chapters to get you thinking in the right direction.

## HAVEN'T YOU SUFFERED ENOUGH?

There are many things you cannot control: the weather, environmental catastrophes, accidents, certain diseases, others expectations, and the imperfections of others. But there is still hope! Even when you cannot control or change the situation, you can control or change what you choose to think about it or how you choose to view it.

For example, yes, it's absolutely awful if your home is destroyed by fire or a tornado, or you're laid off from your job, or you discover that your spouse is having an affair, or you're diagnosed with a life-threatening disease. However, it is how you perceive the event (the meaning you place on it) or what you choose to focus on, while immersed in difficult situations, that determines how you feel! The wonderfully amazing fact is that it is really YOUR CHOICE. It's not the thing that happens that creates how you feel, it is what you choose to think about and focus on in the situation that creates your feelings. In other words, YOU are in control of you, the situation is NOT. I've worked with clients who were able to frame the destruction of their home as an unplanned opportunity to make long desired design changes, even viewing the transition time as an adventure.

## REFRAMING A PAINFUL SITUATION

A poignant story of reframing a painful situation is from David, one of the people I've worked with on issues related to stress. David had been married for twenty-six years to his high school sweetheart. She was his everything, the perfect wife and the perfect mother for twenty-one of those years. During their twenty-third year of marriage he discovered that she had been having an affair with a good family friend. He was devastated, but she was remorseful and convinced him that she loved him and that it was a BIG mistake for which she was ashamed and sorry. They agreed to work on their

relationship and after three years everything seemed to be back to normal. David got a new exciting job that paid more with even better benefits. Life was going to be great!

Then two weeks after starting his new job he discovered that his wife's affair never ended and that she wanted a divorce. He was absolutely devastated – even worse than the first time realizing that his life, as he thought, wasn't real. Stricken with incredible grief and anger he was not able to function at his new job and considered ending it all because she was his whole life. David's employer was incredibly accommodating to him and encouraged him to seek help, to contact the employee assistance program and to see his physician. I was connected with David through his employer. David's physician wanted him to go to a local hospital that had excellent psychiatric and counseling services, both in-patient and outpatient. He was being encouraged to go for inpatient assistance since he was having suicidal thoughts. He refused to go someplace with a lot of crazies! I was able to talk with David over the phone while he was staying at home from work trying to figure out his next move. David shared his story with me while crying almost uncontrollably. "There's nothing for me now — she was everything to me — I've lived my life for her!" I acknowledged with David the incredible grief he must be feeling, a deep seated painful hurt and almost unbearable sadness. After about twenty minutes of discussion I had this exchange with David:

Me: "I'm going to ask you a question that will seem absolutely ridiculous but I want you to think about it and see if you can give me an answer. What's one positive thing about this whole situation?" *I waited for at least 2 minutes (it seemed like an eternity).*

David: "I can't think of anything . . . There's absolutely nothing . . . it's just all awful!!"

## HAVEN'T YOU SUFFERED ENOUGH?

Me: "Does Jennifer (his wife) have the same positive attributes today as the Jennifer you married? The person that helped raise your children. Is she the same person that you have idealized?"

David: "Absolutely *NOT* . . . She's a different person . . . almost everything about her is different . . . even her core values."

Me: "So, would you want to live with the new Jennifer for the rest of your life?"

David: After pausing briefly . . . "Actually, *No* . . . I would be miserable!"

Me: "So, is it possible that she is doing you a favor by asking for a divorce . . . as difficult as it is now it means you can start a new life and not be miserable."

David: "You know, you're absolutely right! When you look at it that way . . . I really wasn't happy the last 3 years because I knew deep down something wasn't right . . . it's like I was pretending it was OK. She IS actually doing me a favor!"

After another ten minutes of conversation, including assurances to him that the hospital had the resource people to help him get through this incredibly devastating situation, he asked to be referred to the hospital. After seven days of inpatient care David attended weekly outpatient group counseling sessions. Incredibly, after six months David became a co-leader volunteering to help with the sessions! He is now re-married and says that he is happier than he can ever remember.

David isn't alone in this kind of experience. Jane, who holds an MBA, was devastated when she was suddenly laid off from a

well-paying job where she had influenced the institution's outcomes positively over 15 years. When she met with me she didn't know where to start, "Besides being angry, I'm just plain lost, not feeling positive at all about my future." We started our discussions on how changes like this, although initially devastating, can actually be a blessing by opening up new opportunities. Jane began to talk about the fact that although she really enjoyed her co-workers, she was getting bored and not feeling stimulated in her job. She developed a plan to update her resume and to begin her job search. It took about six months (a good reason to have a 6-month emergency fund saved up) and she landed a fabulous job that actually pays 150% of what she was making before. I just ran into her a few months ago at the grocery store and she said to me: "Brenda, it's been great. I'm continually challenged and I've already been promoted."

Ultimately it is your thoughts that trigger your stress. When you are thinking you are using words. Words have meanings and you FEEL the positive, negative or neutral meaning of words. An example would be saying to yourself This situation is awful, verses Now this is the type of situation that builds character! In the first instance you feel badly and disempowered, whereas in the second instance you feel more energized and empowered. Try this little experiment: look at the word pairs I can't versus I won't. Focus on them separately, repeating each silently to yourself.

### I CAN'T VERSUS I WON'T

**I won't** feels better than **I can't**. The phrases FEEL different! That is because the phrase I won't introduces the notion that you have a choice. Research in personality social psychology has demonstrated that perceived degree of choice is directly proportional to the

perceived degree of control. That is, the more choice you think you have, the more personal control you actually do have.<sup>19</sup>

## THOUGHTS AND EMOTIONS

There is a lot more about the power of words later in this book. For now, hold on to the fundamentally important point that learning to prevent stress is to realize that it is your thoughts that trigger your emotions, and different thoughts trigger different emotions.<sup>20</sup> Becoming aware of your thoughts at times can be difficult because thinking is a lot like breathing. We breathe all the time, but unless you are having an asthma attack, suffering from a pulmonary disease, or in a smoke-filled environment you generally are unaware that you are breathing. Likewise, we often are unaware of the thoughts that are triggering our stress emotions. In fact, many times negative thoughts require absolutely no effort to enter our consciousness because they have become habitual ways of thinking.

## VALUES

Remember this: the foundation for your thoughts is built on your **values, beliefs and attitudes**. Rokeach<sup>21,22</sup> defined a **value** as an ideal regarding how you think you should: be, think, feel and behave. A value is a standard that you hold for yourself. An example of a value is the desire to be a good mother or good father. This value is further defined in terms of what it takes to be a good mother, e.g. I assure that my children have three meals/day I assure that I spend quality time with my children; I assure that my children are kind to others; I assure that my children are safe; and so on.

**Values act as imperatives for action or shoulds that drive your behavior.** In fact, when we act inconsistently with a personal value, the resulting emotion is guilt. Incredibly, just the thought of doing

something inconsistent with a value can trigger anticipatory guilt and a decision not to engage in the behavior. The potential difficulty arising from values is that values are idealistic in nature. That is, values represent the ideal and don't take into account what's realistic given a person's real life situation. The end result is that one could very easily assume that you should be able to do or be all that you value at all times. Nope, that can't be done. You are still human!

## BELIEFS

Now that we've discussed values, let's look at what beliefs are. A **belief** is an assumption or conviction that is held to be true or thought to be factual. (Merriam-Webster dictionary) that is not easily disproved. Beliefs operate like rules, that is, like instructions on how you and the world around you ought to operate. Beliefs generally contain judgments, i.e., I believe I'm worthy, I believe I deserve to be happy, I believe it's critical to recognize what is controllable and what isn't controllable, I believe if you change what you think you can change your life, I believe everything will turn out all right. These are positive, healthy beliefs.<sup>24</sup> But there are also irrational beliefs that are false and quite detrimental. Examples include:

- To be worthy I must be perfect in all that I do
- To be worthy I must be ALWAYS be kind and giving
- To be worthy I must NEVER make a mistake
- Life should always be fair to those who deserve it
- If I'm good enough I should be able to make you happy
- If I'm worthy/good enough I should be able to control what other people think or do
- How other people respond to me is a reflection of how I should think about myself

- No one will ever misjudge me . . . if I get a negative response from someone it must be my fault

## ATTITUDES

In addition to values and beliefs, we have attitudes. An **attitude** is a way of being. It represents how we typically view situations, for example viewing situations as positive – looking for something good in all situations or viewing situations as negative. It also represents how we typically respond to people, for example viewing other people as generally unfriendly or hostile or viewing other people as generally trustworthy. Attitudes represent how we usually respond to things, and they are heavily influenced by your beliefs and values.

Values, beliefs and attitudes play a significant role in our everyday life. Sometimes values and beliefs conflict with each other. For example, I value putting forth my best effort at work, might be thwarted by the belief that My supervisor will always find fault with what I do regardless. This type of situation might result in an attitude of why bother, which manifests as not putting forth the best effort along with experiencing both guilt and anger.

I've had the opportunity to work with many career women who are married and have children. For many of these women the primary cause of their stress is holding simultaneously onto the values of being excellent in career work, excellent as a mother and excellent as a wife – all in the same day because of the belief that I should be able to do it all. Yet such expectations of self are IMPOSSIBLE! The resulting attitude is negative, making a woman view life as unmanageable and herself as a failure.

Both values and beliefs shape the way we view ourselves and the world around us. Both influence our perceptions, and because beliefs are thought to be true we are assured that what we perceive about a

situation, or ourselves, is reality. It's important to know that thoughts are not FACTS! It will be important as you read through the following chapters to become aware of both your values and your beliefs because they, in a substantial way, determine what you think. That is, the silent conversations you have with yourself, the emotions you feel and your subsequent behavior. You will have an opportunity to do a value and belief assessment in Chapter two to help you.

### TIPS FOR BEGINNING YOUR JOURNEY IN CONQUERING STRESS

1. Remember: stress happens when the demands you are experiencing outweigh the resources you have available to comfortably deal with them.
2. Identify the demands you experience in your life and which ones you can eliminate, which ones you can delegate, and which ones you can delay attention to. (In Chapter three you will have an opportunity to identify the demands you experience. Until you get through Chapter three just become more sensitive to what is requiring extra effort in your life.)
3. Begin to pay attention to the silent conversations you're having with yourself. Pay attention to the words you use in your self-talk.
4. Remember how you choose to view a difficult situation determines your level of stress. When you focus on anticipating a negative outcome or loss (threat) you will experience some level of stress.
5. Start identifying by naming the specific stress emotions you experience such as anxiety, anger, guilt and frustration.

6. Raise your awareness of your values and beliefs. Become more sensitive to your values and beliefs. (There are strategies in Chapter two and three to help you do this.)
7. Recognize that relaxation, exercise, meditation and mindfulness are really good strategies to help calm you and feel good while engaged in these activities, but none of them alone will fix the stress that you are experiencing.

## SUMMARY

The most popular strategies recommended to deal with stress, including: eating right, exercising, relaxing, and meditating are based on disproven theories of what causes stress and stress dynamics. Although all of these efforts are good for your health and feel good while doing them, and perhaps for a short time after, none of them prevent or eliminate what's causing the stress.

The real causes of the stress you experience are: 1) the demands of your situation outweigh the resources you have available to comfortably deal with the situation; and 2) you interpret the difficult situation as potentially harming you, someone else or something important to you. In other words you view it as a threat.

The wonderful thing here is that you have tremendous control over the non-essential demands you experience and you have full control over how you choose to view a difficult situation. You can now continue on your journey in learning to both prevent and eliminate stress.

Effective strategies to both prevent and eliminate stress focus in two areas: 1) demand management to eliminate non-essential demands and manage essential demands while also increasing your resources; and 2) changing how you view difficult situations from a

threat to a challenge or to an opportunity. Seeing the glass half full rather than half empty really is helpful.

The next four chapters focus on the basics of fixing the two conditions that cause you to experience stress, and will get you started on an effective path to both prevent and eliminate stress.

## CHAPTER 2

# WHEN DEMANDS AND RESOURCES ARE OUT OF BALANCE

All you can change is yourself, but sometimes that changes everything!

—GARY W. GOLDSTEIN

Now that we've gone through the basics of defining stress (it's more than the feeling that makes you want to get in bed and stay there), we're going to unpack the meaning of stress even more. The first condition that must be present for you to experience stress is that your demands outweigh the resources you have available to comfortably deal with them. Specifically, we're going to define demands and differentiate between essential and non-essential demands.

We will explore how your values and beliefs drive many of the demands you experience and how your resources help you meet the

demands you experience. We will learn what it feels like to be in balance and out of balance or overwhelmed.

An important skill to learn in lowering stress is demand management. To do this effectively, you must be clear on the demands you experience. Therefore, in this chapter there is an emphasis on you being clear about your demands and beginning to get in touch with the values and beliefs that drive you. Yes, this can be a little heavy and requires focused effort to identify your demands, and the values and beliefs that underlie them, but it's worth the effort! Also, just for fun, we're also going to explode the myth of work-life balance.

## WHAT IS A DEMAND?

Life can be full of demands. **A demand is anything that requires extra effort: extra thinking, feeling or behaving beyond that which comes automatically to you.** It's helpful to divide demands into two categories, essential and non-essential. **Essential demands** are just that, *essential*. These are demands that it would be a mistake to ignore because

### ESSENTIAL DEMANDS

**Externally Generated:** physical dangers, bad weather, child care needs, parent care needs, maintenance tasks of your home/car, and work tasks.

**Self-Generated:** Personal hygiene, therapeutic self-care needs, such as adhering to a special diet and taking medications, and realistic self-expectations.

### NON-ESSENTIAL DEMANDS

**Externally Generated:** interruptions, noise, and unrealistic expectations of others (coming from situations happening around us that we didn't create, and from other people's needs or desires)

**Self-Generated:** unrealistic self-expectations (expecting yourself to be perfect or to be your "ideal," toxic thoughts, expecting yourself to control the uncontrollable, irrational beliefs

you would experience negative consequences. There are two kinds of essential demands, external and self-generated. Examples of essential external demands are physical dangers, bad weather, childcare needs, parent-care needs, maintenance tasks of your home/car, and work tasks. Examples of self-generated essential demands are personal hygiene and therapeutic self-care needs, such as adhering to a special diet, taking medications, and maintaining realistic expectations of yourself.

**Non-essential demands** do not have significant negative consequences if unattended, avoided, or ignored. Like essential demands, non-essential demands originate from your external environment or are self-generated. Examples of external non-essential demands are interruptions, noise, and unrealistic expectations of others (situations happening around us that we didn't create and from other people's needs or desires). Examples of self-generated non-essential demands are expecting yourself to be perfect or your ideal, toxic thoughts, expecting yourself to control the uncontrollable, and irrational beliefs.

THE DEMANDS  
YOU CREATE FOR  
YOURSELF ARE  
THE MOST  
TROUBLEsome!

Interestingly, for most people, it is the self-generated non-essential demands that are the most troublesome. Even when people find themselves immersed in situations stemming from difficult external demands, they find the self-generated demands to be more stressful and, therefore, more harmful. But, here's the good news, the fact that *you* create your self-generated non-essential demands means you are the one in control!<sup>1,2</sup>

## WHAT IS A RESOURCE?

A resource is anything you have within you (like emotional strength or compassion) or around you (like money or friends) that help you get through every day. A few more examples of internal resources are your energy level (eat right and get enough sleep/rest), positive self-esteem, realistic self-expectations, realistic expectations of others, rational beliefs, effective coping skills, and a positive/grateful attitude. External resources include: social support (informational, emotional, instrumental/material, and affirmational), material/financial assets, and a pleasant environment that is physically and emotionally safe.

## WHAT DOES A BALANCE BETWEEN DEMANDS AND RESOURCES FEEL LIKE?

Chances are that you already know what it feels like to be in balance. The easiest way to identify it is simply that everything feels calm and good. You're in a state of equilibrium. Nothing is making you feel nervous, on edge, or hypervigilant. When demands and resources are balanced, it is because you have enough internal and external resources to effectively and comfortably handle whatever internal or external demands you are experiencing. Imagine a rubber band just sitting on your desktop. There's no strain. When you put a demand load on the rubber band by stretching, it works fine until the force (load) placed on it becomes too great. Then, you see the band thinning and becoming lighter in color, and, then, with too much of a load, it breaks. We see this same thing if we visualize an old-fashioned set of scales with your meager resources, represented by a feather, one side and, on the other side, a brick, representing your demand overload. It is no surprise when the brick goes crashing down, and the feather floats away and disappears, right?

Maintaining a balance between demands and resources doesn't mean that you should sit back and stop engaging with the world and never stretch your current knowledge and skills. It doesn't mean that you stop learning new information or skills, such as in a classroom or at work, or refuse a new work role or personal role, like being a new mother or father. It just means that you keep an eye on not feeling *overpowered* by the demands and that you believe you can handle the demands without being overly stressed or breaking down. As you grow and develop as a person, your comfort zone expands, but you still have limits.

It's very important to keep in mind that what is tolerable for one person may not be tolerable for another; you can't judge how someone else is maintaining their balance by comparing them to you. Conversely, you can't judge yourself against other people. Everybody's tolerable demand load is different. For example, imagine that you are a chair. All chairs have four legs or solid base, a seat, and a back. But chairs are made of different materials with different load tolerances and have different designs that affect, not only load tolerance, but also stability. A three-legged chair isn't going to hold up to strain the way a leather wing chair will, right? You're the best judge of what you can and cannot handle because you know yourself better than anybody.

## WHAT DOES AN IMBALANCE BETWEEN DEMANDS AND RESOURCES FEEL LIKE?

When demands substantially outweigh resources, the result is a feeling often described as being **overwhelmed**. You feel frozen, stuck in place, and it's difficult, if not impossible, to take meaningful action to address the situation. Feeling overwhelmed is commonly accompanied by one or more stress emotions, anxiety, anger, guilt or frustration, all of which we'll take a closer look at in later chapters.

## HAVEN'T YOU SUFFERED ENOUGH?

It's important to remember that when you describe your feelings (e.g., happy, sad, overwhelmed or in control), words matter. Words carry emotional baggage that can get in the way of whatever situation you're trying to deal with. For example, when you use the word overwhelmed to capture what you're feeling, just saying that word makes the situation *not* manageable! How can you manage feeling overwhelmed when the definition of the word is something that is or feels unmanageable? It's a defeating, downtrodden word. Using that word gives the situation power over you.

If you replace the word overwhelmed with the word **overloaded** in your self-talk your perspective and sense of control changes. Try it out. Say to yourself, I'm overwhelmed! Now say I'm **overloaded**. Does it feel less like you're being taken over by an emotion and more like a description of a practical situation? Dealing effectively with feeling overwhelmed is very difficult, if not impossible, whereas, dealing logically with a practical situation is much more straightforward. When you frame yourself or your situation as being overloaded, it reminds you that you're in control and also reinforces that fact. The word overloaded clearly identifies that you need to go into **demand management mode** (reduce non-essential demands and/or increase resources). There are multiple ways to reduce non-essential demands, which you'll learn more about in Chapter three, and just as many ways to increase resources, which you'll find in Chapter four.

## WHAT IS DEMAND MANAGEMENT MODE?

The primary question to ask yourself when feeling overloaded is, **what demands can I unload or eliminate, and what resources can I increase?** Going into demand management mode begins with this question. You're asking yourself how you're going to balance those scales and give the feather some heft to work against that brick. Of

course, no one is going to want to let go of or ignore *essential demands*, that is, those demands that are critically important to your well-being and the well-being of those you care about. But before you say, “Yeah, yeah, I know what my essential demands are,” and start running through the list in your head that keeps you up at night, consider what your best friend or favorite family member would say about that list. Sometimes, it’s helpful to get feedback from others to help in determining the genuine necessity of a demand. It’s not uncommon for a person to overestimate the importance of any number of particular external or internal demands.

For example, if you’re a parent, is it really critical that you clean your kitchen floor every night for your one-year-old? Unless something really outrageous or gruesome happens in your kitchen on a daily basis, the logical answer is probably no. (For those of you who just shouted, “That’s what you think!”, research has demonstrated that you can actually be *too* clean and fail to stimulate your child’s immune system and prevent it from fully developing at an early age, so there’s that.) What if you feel obliged to fully decorate your house for every holiday so your family won’t miss out on whatever the seasonal cheer might be? Maybe your family doesn’t care as much as you think they do, or, perhaps, they’d help to come up with less arduous ways to celebrate together *if you talk to them about it*. Remember, there are limits to the loads we as human beings can carry, just like those weight limits for chairs we considered earlier in the chapter. In Chapter three, you’ll work on identifying the non-essential demands in your life that you generate and have the sole power to eliminate.

As briefly discussed in Chapter one, your values and beliefs are powerful drivers of your self-generated demands. They drive your expectations of yourself, your behavior, and your expectations of others.

**1. Values are standards that represent your ideals or 'shoulds'.**

Some commonly shared values are *honesty*, *working hard*, and *kindness*. Other values are organized around the various roles that we have in life, such as being a *good mother*, being a *good wife*, and *being excellent in our job* (**defined differently by each person**). It is helpful to become aware of your values by completing the statement: I desire to be \_\_\_\_\_, or I should be \_\_\_\_\_. Then, identify what being \_\_\_\_\_ looks like in terms of how you think, feel, and behave. We are naturally driven to behave, think, and feel in alignment with our values.

**2. Beliefs are ideas that are assumed to be true or factual.**

Examples of *positive beliefs* are the following. Everyone I meet is a potential friend. Everything will turn out all right. It's always ok to ask. And, it's always ok to say no. Examples of *irrational beliefs* are the following. Life is always fair to good people. It's not ok to say no. If I take care of others before myself, it will pay off. Loving my husband means that I must accept whatever he does or says. And, If I'm a good enough person, I ought to be able to control how others act and feel.

A particularly problematic belief is the **illusion of control**. When you believe that you can or should be able to control others, you are guaranteed to be disappointed. In fact, when you keep trying to control others, but fail, it invariably feeds a low self-esteem and often leads to situational depression.

Below is a demand/resource assessment that includes common types of non-essential demands and the flip side of these demands as resources. Take a few minutes to put check marks by your current demands and resources.

## MY DEMAND/RESOURCE ASSESSMENT

All of the items discussed below can be DEMANDS (require extra effort, time, feeling, etc.) or RESOURCES (source of support or help to cancel out or meet demands). *IT ALL DEPENDS ON YOUR APPROACH!*

<b>PERSON SOURCE</b>	<b>DEMAND</b>	<b>RESOURCES</b>
1. Your Values - How you desire to be	<input type="checkbox"/> Wanting or expecting myself to be perfect <input type="checkbox"/> Expecting myself to be ideal in situations that are not ideal <input type="checkbox"/> Needing to be busy to feel valued	<input type="checkbox"/> Accepting my imperfections <input type="checkbox"/> Holding realistic expectations of myself <input type="checkbox"/> Allowing myself time to recharge
2. Your Beliefs	<input type="checkbox"/> Being pessimistic <input type="checkbox"/> Believing that I should be able to control others <input type="checkbox"/> Holding onto irrational rules (wanting things done a certain way even if the results don't really matter or are the same for different ways)	<input type="checkbox"/> Being optimistic <input type="checkbox"/> Accepting that I cannot control others <input type="checkbox"/> Not relying on irrational rules
3. Your Goals	<input type="checkbox"/> Setting unrealistic goals (not giving myself enough time to complete tasks) <input type="checkbox"/> Not breaking large goals down into accomplishable steps	<input type="checkbox"/> Setting realistic goals <input type="checkbox"/> Breaking large goals down into accomplishable steps
4. Your Typical Point of View in Situations	<input type="checkbox"/> Viewing situations without humor <input type="checkbox"/> Focusing on the negative <input type="checkbox"/> Anticipating the worst	<input type="checkbox"/> Viewing situations with humor <input type="checkbox"/> Focusing on the positive <input type="checkbox"/> Anticipating the best

## HAVEN'T YOU SUFFERED ENOUGH?

PERSON SOURCE	DEMAND	RESOURCES
5. Your Thought Patterns	<input type="checkbox"/> Automatic thinking (assuming that I can read others' minds—what they're thinking) <input type="checkbox"/> Polarized thinking (viewing situations as bad or good, black or white – no grey area) <input type="checkbox"/> Catastrophizing (focusing on the worst possible outcome) <input type="checkbox"/> Blaming others for what I experience <input type="checkbox"/> Should-ing (expecting myself to measure up to my ideal self)	<input type="checkbox"/> Not assuming others' motives <input type="checkbox"/> Not thinking in terms of absolutes <input type="checkbox"/> Not thinking the worst of a situation <input type="checkbox"/> Not fixing blame for my difficulties onto others <input type="checkbox"/> Being realistic about what I can do in the situation
6. Your Expectations	<input type="checkbox"/> Holding unrealistic expectations of others <input type="checkbox"/> Not being clear about my expectations with others	<input type="checkbox"/> Having realistic expectations of others <input type="checkbox"/> Communicating your expectations clearly
7. Your Social Support System	<input type="checkbox"/> Isolating myself from others <input type="checkbox"/> Not accepting help from others	<input type="checkbox"/> Building relationships with others <input type="checkbox"/> Accepting help from others
8. Your Self-Talk (self-esteem)	<input type="checkbox"/> Negative self-talk (talking negatively to myself)	<input type="checkbox"/> Positive self-talk
9. Your Coping Skills	<input type="checkbox"/> Use emotion-focused, passive strategies	<input type="checkbox"/> Use direct action, problem-focused strategies

PERSON SOURCE	DEMAND	RESOURCES
10. Your Time Management	<input type="checkbox"/> Procrastinating <input type="checkbox"/> Not prioritizing tasks <input type="checkbox"/> Relying on memory	<input type="checkbox"/> Getting tasks done on time <input type="checkbox"/> Prioritizing tasks <input type="checkbox"/> Using To Do Lists
11. Your Planning Activities	<input type="checkbox"/> Not planning	<input type="checkbox"/> Planning
12. Your Diversions	<input type="checkbox"/> Not allowing yourself diversions/relaxation time	<input type="checkbox"/> Allowing yourself diversions/relaxation time

How many demands did you check? \_\_\_\_\_

Think about the last time you experienced stress . . . think about what was happening and what stress emotion(s) you were experiencing. (Identify below.) \_\_\_\_\_

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Which of the self-generated demands were operating in that situation?  
(List) \_\_\_\_\_

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*EACH NON-ESSENTIAL DEMAND you allow yourself to experience in day-to-day situations increases the likelihood that you will experience stress.*

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Now that you've completed your self-assessment, I hope that you are more aware of the non-essential demands that you self-generate and that can be eliminated. Remind yourself that you're the Chairperson of your Board of Directors, and you can choose to go into demand management mode!

## THE MYTH OF BEING ABLE TO DO IT ALL

What does it really look like to be overloaded and eliminate non-essential demands (i.e., go into **demand management mode**)? Let me share an example. Many years ago, a colleague of mine was married to a corporate attorney and had three children ages, eight, 10, and 12. She was working full-time as a faculty member with me and one day said, "Brenda, I'm stressed out. I'm skating on the edge of burning out! Can we go to lunch?" Of course!

During our lunch I asked her what was going on and she said, "The bottom line is I have too much to do. I'm just overwhelmed, and I'm only getting five hours of sleep a night. I'm worn out." I didn't doubt it. She looked distraught and exhausted. I steered the conversation to the topic of demands and how common it is to get caught in an overload mode. I asked her to tell me about all of the demands she was experiencing. My colleague replied, "I work an average of fifty hours per week. I do all the cooking, dishes, laundry, and house cleaning. I help the children with their homework. I usually drive the children to their sports activities, including practices, which are frequent! I sing in the church choir, which requires going to practice. I host dinners for my husband's clients." She wasn't finished. When she stopped to draw a breath I said, "Whoa! that's really a lot. So, what drives you to do everything?" She responded with, "Well that's my job as a mother and wife."

Really? Is it? Her belief that she should do everything imaginable in her domestic life to fulfill her roles as mother and wife, in addition to her faculty role, was driving her over the edge. But, was it really just her belief that she was supposed to do all those things that was driving her, or was it something else? The truth was that what was driving her was her *experience of anticipatory guilt* (a very powerful emotion). She was feeling guilty about a perceived failure *that hadn't even happened yet* that she believed would occur if she didn't meet all of what she defined as her own role expectations. A simple way of putting this is that she was feeling bad because she might, in the future, feel like a failure (by her own measure). Sounds a little out of whack when you think about it that way, right?

My colleague and I went on to talk about how values and beliefs drive expectations of ourselves. Then, we discussed how her role-related values (ideals) and the irrational belief that if she didn't do it all she was a failure was doing her harm. At that moment, it was important that she see that what she was expecting of herself was not humanly possible to do without jeopardizing her own health. I showed her how to make a chart to identify the non-essential demands she was experiencing, the values and beliefs that were driving her unrealistic internal demands, and what to do to eliminate the non-essential demand.

During our second lunch, a couple of weeks later, she showed me her worksheet, including her list of demands and tasks, identifying which ones were essential that she must do and which ones were non-essential (see below). She and her family members sat down together and talked about how the demand load could be shared. Some of the solutions they came up with: She would hire someone to clean her house every other week, she and the children would cook meals to freeze for later, the children would do dishes, and they would even learn to do their own laundry. In addition, her husband was going

## HAVEN'T YOU SUFFERED ENOUGH?

to drive the children to some practices and games; they would also carpool with parents of other team members. My colleague said, “I feel so much better. I’m already sleeping more, and maybe the best thing is that our children will be learning important life skills.” I replied, “Yes, that’s true, and you learned an important ‘demand management’ skill!”

Below is a partial example of my colleague’s completed worksheet, including her non-essential demands, the values and beliefs driving those demands, and the fix strategies. After re-reading the overview of values and beliefs, including the illusion of control, that follows my colleague’s worksheet example, draw up your own worksheet to fill in.

SELF-GENERATED Demands, Values, Beliefs & FIX Strategies Worksheet			
Non-Essential DEMAND	VALUES (How you desire to be)	BELIEFS (What you think is TRUE)	FIX STRATEGIES
Expect myself to be an ideal mother (unrealistic)	Being an ideal mother means I should be able to do everything for my children.	Any mother worth her salt would always put her children first.  My children will love me more if I always put them first (e.g., help them with homework and projects, be their taxi driver, go to all activities).	1. Remind myself that being all of my ideal every day is humanly impossible.  2. Ask myself what I can comfortably accomplish each day.  3. Remind myself that it is not beneficial for children for me to do everything for them.  4. Remind myself that it is critically important that I take care of myself.

<b>SELF-GENERATED Demands, Values, Beliefs &amp; FIX Strategies Worksheet</b>				
Expect myself to be an ideal wife (unrealistic)	<p>I should be able to be an ideal wife, meaning: I should be able to meet my husband's needs.</p> <p>I should be able to help him be successful (e.g., host client parties, allow him to work quietly at home in the evening, be ok with him playing golf on the weekends).</p> <p>I should clean the house every week and keep things straight.</p>	<p>I will continue to be loved and have a good relationship with my husband if I'm a good (ideal) wife, meaning that everything at home is relatively easy for him.</p> <p>I am the person primarily responsible for the home being managed well.</p>	<ol style="list-style-type: none"> <li>1. Remind myself that being all of my ideal every day is humanly impossible.</li> <li>2. Remind myself that I'm not responsible for my husband's happiness or ease with meeting demands of his career (discuss getting a sitter and going out to dinner with clients, getting a person to come in every other week to clean house).</li> <li>3. Remind myself that my husband's love for me is not based on the traditional role of wife.</li> </ol>	

## FEELING WHAT YOU THINK

Kathryn is another great example of what happens when your demands and resources are out of sync. She came to see me because she was experiencing chronic stomach upset, lost appetite and guilt, along with really low self-esteem. Usually a high performer at work, Kathryn couldn't concentrate as usual and just wanted to do nothing. She had seen her primary care physician, who referred her to a gastroenterologist, after having her try over-the-counter antacids and having blood work done. After all the test results came back as

normal, she decided, while talking with a friend, that perhaps it was stress causing her symptoms.

Kathryn was used to feeling like she was in control of everything. She was 37 years old and had established herself as a successful research scientist at a pharmaceutical company. She got married when she was 34. Prior to her marriage, she was able to control her living environment and most of her work environment as she was in charge of her own lab.

After getting married to a man she was truly in love with, a man who was also very successful at work, Kathryn began experiencing chronic anger. She felt her husband was not meeting many of her expectations regarding neatness and organization. After two years of marriage, she started doubting herself because he was showing signs of not being happy. Kathryn thought that was something she should be able to control. After all, she had been able to control everything else. She'd ask over and over, "Why can't I manage him. Why can't I make him happy? There must be something wrong with me."

It didn't take long for Kathryn to learn about unrealistic expectations, chronic anger, and unjustified guilt as well as how to communicate with her husband effectively when expectations weren't met (Chapter eight). She also was able to eliminate her belief that she should be able to control other people and how they feel and, thus, was able to eliminate her unjustified guilt (Chapter seven). That is, each person is responsible for their own emotions and their own behavior.

Once Kathryn started communicating with her husband more effectively and stopped feeling like she was responsible for his happiness, their relationship improved dramatically. She said in her last appointment, "It's really hard to imagine that I didn't learn these things at an earlier age, but I'm grateful to have learned them now!"

Kathryn's story is a perfect example of how your body feels what you think. When you have negative thoughts, your sense of self is negative. If, when you feel that way, you pay attention to how your body feels, you'll notice that you feel less energy or even uncomfortable physical sensations and negative emotions, such as unjustified guilt. Negative self-talk such as, *I should be a better person, I should be stronger, I should be better at what I do*, triggers unjustified guilt. Feeling guilty over time can also contribute to feeling down or experiencing situational depression. When you are able to change how you talk to yourself (your internal dialogue), you'll feel better. We'll get into exactly how you can switch up what you do or don't say to yourself in Chapter three.

## IRRATIONAL BELIEFS

Irrational beliefs give rise to **irrational rules**. Some common irrational rules could be: all the coats in the closet need to hang in the same direction, there's only one way to load the dishwasher, there's only way to run the sweeper, there's only one way to organize the tools in the garage, or there's only one correct way to squeeze a toothpaste tube. It's my way or the highway!

Take some time to make your own worksheet for an assessment of your non-essential self-generated demands, their underlying values and beliefs, and some strategies for fixing or eliminating the demand. You will probably want to revisit your Demand/Resource Assessment to be sure to include the demands you checked there. Additionally, I've given you an example above that should help you in completing your own assessment. You will likely want to revisit this assessment as you progress throughout the book, so I would suggest that you complete your assessment in pencil to allow for erasing, and give yourself plenty of rows to write in.

SELF-GENERATED Demands, Values, Beliefs & Fix Strategies Worksheet			
Non-Essential DEMAND	VALUES (How you desire to be)	BELIEFS (What you think is TRUE)	FIX STRATEGIES

## WORK/LIFE BALANCE IS A MYTH!

While we're focusing on demands and resources being out of balance, it's worth taking a little time to address the popular but entirely mythical work/life balance idea. Have you ever said to yourself, *I need a better work/life balance?* If you have said that, it means you are experiencing an imbalance in how you want to spend your time. More simply put, you feel that something is being neglected.

The underlying fallacy with the notion of work/life balance is that work and life are binary, meaning that your work life and your home/personal life are totally separate. Not true! Your work life and your personal life are *integrated*. How you think, the demands you experience, the resources you have, and your emotions cut across your work life and your personal life. The question is not: How can I achieve a work/life balance? That question implies that it's a balance of how you spend your time. Balance is not about better time management skills (although that's a good skill). It's rather about balancing your choices of what essential demands you will address and how those demands will be addressed both at work and in your personal life. Instead the question is: How can I focus on only the essential demands in the time I have to achieve a satisfying work life

and personal life? We'll answer this question shortly, after considering how the myth got started in the first place.

How did the myth get started that you can reach some magical point in your self-development where all the different demands on you are in sync and you can effortlessly keep everything aloft? The phrase came into use in the late 1980s and early 1990s when there was a huge surge of women entering the workforce. It was important to women to try to find a way to be a good wife, mother, and paid employee all in the same week.

During the 2000s, the new phrase was smart work and applicable across genders. Roughly eighty million millennials entered the workforce with laptops and smartphones, and it was important for businesses to find a way to keep these young workers engaged. The concept of smart work was that you could work anywhere, anytime. An interesting note here is that rather than making it easier to work, it just increased the demand load. Then in 2008 and 2009, with the great recession and the loss of 8.4 million jobs, the new phrase was: Work smart, do more with less. Well that didn't work out well. Employees got angry and burned out. Since 2010, we've returned to work/life balance as the ultimate goal. There are hundreds of articles suggesting how you might achieve that utopian ideal. Despite all that effort, the Occupational and Safety Health Administration (OSHA) estimates that businesses lose \$300 billion/year due to stress.

Again, the important question is not, *how can I achieve a work/life balance?* But, rather, *how can I focus on only the essential demands in the time I have to achieve a satisfying work life and personal life?* Remember, essential demands are external (e.g., work life or parent care life), and internal demands (e.g., recharging your batteries, your medical therapeutic care) are demands that, if not met, you would experience some kind of harm or negative consequence. It makes sense to spend some time identifying what your essential demands

are and identifying which ones can be delayed or delegated. It's not uncommon to get caught up in the "it must be done today" mode when delaying a day or a few more days or even a week will work. Think about this. Many people have trouble delegating because it's difficult to give up control. More often than not, a task can be completed adequately in many different ways. The outcome is the same, but the method might be different. Think about *that*. To examine how your delegating and organization skills are (or are not) helping you, make and fill in a self-assessment worksheet like the one below. In addition to identifying which demands can be delayed or delegated, identify the priority ranking of each demand. A number one ranking is very important and more urgent than others. A number two ranking represents an important demand but less potential negative consequence if not done in a short time.

### ESSENTIAL DEMAND WORKSHEET

ESSENTIAL DEMAND	CAN BE DELAYED	CAN BE DELEGATED	PRIORITY RANKING

If you're not experiencing satisfaction in your work and personal life, because you're attempting to deal with too many demands, **it really is worth it** to spend some time evaluating your current demands! *It is amazing how many things, if not done, really don't end up mattering very much in terms of negative consequences.* It's also important to identify what is really important. During an intense period at work that requires fifty to sixty or more hours a week of

your time, maybe it's more important to spend a few quality hours with your children once a week than it is to spend non-quality time with them every day.

## MANAGING A TEMPORARY SITUATION

Mark is a 32-year-old Project Engineer working for a large manufacturing company. He has held this position for almost a year. He is two months into a six-month project that is requiring that he spend at least 70 hours of work on the project. He leaves home at 7:00 a.m. and gets home at 7:00 p.m. After driving one hour each way, he is exhausted. He often has lunch while he's working. He also has to work a few hours on the weekends. Successful completion of the project is critical to the company meeting its projected financial goals for the year and stockholder expectation. Mark is the only Project Engineer working in his division with the particular skill set required for the project, so he really can't delegate tasks to others. Mark had been used to getting home at 5:30 p.m. and helping with the children, aged seven and nine, with their homework while his wife, a full-time accountant, made dinner. He also played with the children for at least an hour before bed and read them a bedtime story. By the time he gets home and eats, he really has very little time with the children except to read them a bedtime story.

Mark felt trapped in an unending, impossible situation, only fueling his anger that this was not what he expected in the job. He loved his work, but he didn't want to spend the rest of his life working 70 hours a week. Mark was in the forever trap, that is, feeling like the situation you're in has no ending. In fact, Mark's situation at the time was not typical for his job. It's just that the particularly unusual project he was on required his unique skills. Once Mark was able to focus on the fact that the project was limited to four more months of

work, he could see the light at the end of the tunnel. He also changed how he viewed the situation from horrible to challenging. He was able to let go of his anger and just roll with it. His wife helped the children with their homework. He talked with the children about not spending much time with them in the evening but, instead, having special times on the weekend. He was able to focus on spending special quality times with his children and his wife on the weekend. He made sure that, during those hours, they got his full attention. It wasn't ideal, but it was satisfying for all.

### **TIPS FOR BECOMING AWARE OF WHY YOUR DEMANDS ARE OUTWEIGHING YOUR RESOURCES**

1. Pay attention to your demand load! When you feel like demands are getting out of hand, identify those demands that are non-essential and eliminate them. For those demands that are essential, ask yourself which ones can be delegated or delayed.
2. Take care of yourself through nurturing your self-esteem, being careful to be realistic with your expectations of both yourself and others and maintain a grateful attitude. There is more to help you with attending to your internal and external resources in Chapter four.
3. Pay attention to the words you're using in your self-talk. Be careful not to frame a situation where the demands you're experiencing are outweighing your resources as an overwhelming situation. Instead, frame it as an overloaded situation, which triggers my need to go into demand management mode.

## SUMMARY

In this chapter we, 1) defined demands and resources, 2) presented an overview of the types of demands and resources commonly experienced, 3) discussed what balance and imbalance feels like, 4) identified the importance of using language like being overloaded instead of overwhelmed. These internally-generated, non-essential demands increase your demand load and can create an uncomfortable imbalance between what you think you have to do or attend to and the resources you have available to deal with the demands. We also identified some of the values and beliefs that drive the non-essential demands that you self-generate. Hopefully, at this point, you have a sense of what you need to do in a demand management mode to take better care of yourself. Additionally, you've started to think about how to better manage the essential demands in your life so as not be overwhelmed. Also, remember the work/life balance concept is a myth. Don't fall for it!

In Chapter three, we take a very close look at three common non-essential demands: perfectionism, toxic thoughts, and irrational rules. These non-essential demands are particularly challenging to eliminate and, therefore, require some extra time and focus. Chapter three will help you learn how to eliminate these non-essential demands. Although challenging, it's quite doable! Chapter four focuses on strategies to maximize your resources.

Be patient with yourself. Remind yourself that Rome wasn't built in a day, and of the old adage "the only way to eat an elephant is one bite at a time". You *will* make progress in learning how to both prevent and eliminate stress! It is a journey, learning all the way.