

STRESS MANAGEMENT

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DEVELOPING RESILIENCE TO STRESS

MODULE 1

OUTLINE

- UNDERSTANDING YOUR STRESS LEVEL

There is an old joke about a man who went to a psychiatrist because of a problem with thumb-sucking. After several months of therapy, the patient was delighted with the results and was describing them to a friend. "So," the friend said, "you don't suck your thumb any more?" "Oh, no," replied the patient, "I still suck it as much as ever. But now I know why!"

EARLY EXPERIENCE AND ITS ROLE IN STRESS

A - loves playing the guitar – has a ear for music, picks up any tune he hears, met a music teacher, looks forward to the classes, enjoys playing with people, participates in competitions. For A playing the guitar is relaxing and fun

B – born in a musical family, had a tune for music, could play several instruments, loved playing the guitar, father and brothers would play well too, drilled for learning lessons well, criticized if wrong, worked hard to do well, improved, won accolades in competitions, joined college. Played in the college music group – others not as serious or efficient, but he would give his best.

Anxious before every performance – vomiting / becoming ill after the performance

SAME SITUATION – DIFFERENT RESPONSE

Same situation can be stressful for one – harmless / self-enhancing, for another

Difference – in perception and interpretation

A – pleasant experience – positive memories, self appreciation

B – every performance is a test of personal worth

It might be argued that the stress drives B to excellent levels of performance, but it is far more certain that the repeated stress will take its toll on B both physically and mentally

Like A, each of us experiences uniquely stressful situations-

- events in our lives that we customarily react to with **alarm, resistance,** and-if the reaction continues long enough **exhaustion**

Since these stress-inducing situations are personally determined, however, the only way to detect them-and thereby begin to gain some sense of control over them-is by mapping out the role they play in our lives

STRESS MAPPING...

- **sensitize yourself to potential stressors in the environment**
(B might ask himself, for instance, when it is that he feels stressed and discover that it is usually before a guitar performance)
- **keep a *stress journal* or notebook**, a day-by- day account of when and where the signs of stress appear
Helps in developing self control as it reveals the patterns of stress, those unique configurations of stressor and response that operate in your life
- **Personal *stress analysis*** - a method by which you systematically evaluate and interpret the information in the journal
This analysis, when well grounded in your examination of potential stressors and in your careful observation of your own behavior, can then serve as the basis for the subsequent development of a comprehensive program of stress management

Knowing your personal stressors and how you react to them provides a tremendous opportunity for you to alter your behavior, coping more efficiently or perhaps avoiding stressful situations altogether

EXTERNAL AND INTERNAL DIMENSIONS OF STRESS

Stimulus → cognitive processing → stressor →
General Adaptation Syndrome springs into
operation

EXTERNAL DIMENSIONS OF STRESS

Dimensions	Number of "Yes" responses	Additional comments or observations
1. Noise		
2. Air pollution		
3. Adverse lighting		
4. Overcrowding		
5. Negative personal interactions		
6. Adverse work conditions		
7. Major life changes		
8. Availability of choices		
9. Rules of living		

INTERNAL DIMENSIONS OF STRESS

Dimensions	Number of "Yes" responses	Additional comments or observations
1. Nutritional adequacy	_____	_____ _____ _____
2. Junk foods and nonfoods	_____	_____ _____ _____
3. Exercise	_____	_____ _____ _____
4. Posture	_____	_____ _____ _____
5. Rhythm and pacing	_____	_____ _____ _____
6. Personal psychology	_____	_____ _____ _____
7. Sexual fulfillment	_____	_____ _____ _____
8. Spiritual and creative fulfillment	_____	_____ _____ _____
9. Sensory and neurological behavior	_____	_____ _____ _____
10. Personal interests	_____	_____ _____ _____

BEGINNING YOUR STRESS SELF-ANALYSIS

- to discover *patterns* of stress operating in your life
- Awareness of these signs of physical and mental response to stress
- Identifying the triggers
- analyzing the relationship between the stress reaction and the stressful situation that evoked it
- to set realistic and effective stress control goals

BODILY SYMPTOMS

- Flushing
- Sweating
- Dry mouth
- Shallow breathing
- Chest oppression and pain
- Heart palpitation
- Pounding pulse
- Increased blood pressure
- Headache
- -Backache
- Feeling of weakness
- Intestinal distress
- Vomiting
- Diarrhea
- Constipation
- Fatigue
- Loss of appetite
- Nervous chill
- Insomnia
- restlessness
- Flatus (passing gas)
- Belching
- Abdominal cramping
- "Irritable colon"
- Dizziness or faintness
- Paresthesias (illusory prickly skin sensations)

FEELING STATES

- Agitation
- Shakiness
- Easy tiring
- Worry
- Panicky feeling
- Depression (feeling blue)
- Irritability

COGNITIVE STATES

- Dread
- Inattention
- Distractibility
- Forgetfulness
- Nightmares
- Fear of death

MOTOR SYMPTOMS (MUSCLES INVOLVED)

- Muscular tightness
- Tremors
- Tics (spasms)
- Increased startle reaction
- Incoordination
- Sighing
- Freezing, feeling immobilized

FORMATS FOR STRESS JOURNAL

Date and time:

Signal(s) of stress:

Duration of symptom:

Event(s) prior to symptom:

Event when symptom stopped:

Comments:

Shaffer, M, 1982

Stress journal effective if maintained for a longer period of time (weeks)

- Observations and insights may be immediate, may be prolonged

INTERPRETING THE STRESS REACTION

Self discovery – using free association

Eg: associate the body parts and sensations related to your stress pattern

Thank you

STRESS MANAGEMENT

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MODULE 2

OUTLINE

UNDERSTANDING THE -

- PERSONALITY PATTERNS
- LOCUS OF CONTROL
- SELF ESTEEM

- OF STRESSED INDIVIDUALS

STRESSOR SCALES

- **SOCIAL READJUSTMENT RATING SCALE** – Holmes and Rahe (1967) based upon the theory that “life change” is causally associated with subsequent illness
- The SRRS contains 43 items consisting of commonly experienced “life events.” Each life event is weighted with a life change unit score (LCU). Respondents are simply asked to check each of the items they have experienced within the last 12 months

STRESSOR SCALES

- **LIFE EXPERIENCES SURVEY (LES)** – Sarason et al (1978)- lists a series of life events and also inquires into the desirability of each of the events
- **THE HASSLES SCALE** – (Kanner et al, 1981)– investigated the daily hassles versus major life events issue as it pertains to the prediction of subsequent illness. It lists a series of minor daily hassles, that is, sources of frustration that commonly recur to many individuals. It has 117 items

- **MILLON'S BEHAVIOR HEALTH INVENTORY** - Millon, Green, & Meagher, (1982)

The MBHI is a 150-item self-report inventory that has been normed on medical patients. "Its intent is to aid in the psychological understanding of these patients and facilitate the steps required to formulate a comprehensive treatment plan"

STRESS SCALES TO MEASURE PSYCHOLOGICAL EFFECT OF STRESS RESPONSE

PERSONALITY SCALES

- **MMPI** – 10 basic clinical scales - sample a wide range of maladjusted personality traits (a personality trait is a rather chronic and consistent pattern of thinking and behavior) – disadvantage – over 560 items
- **16PF** – 187 items - assesses a wide range of personality traits. It measures 16 “functionally independent and psychologically meaningful dimensions isolated and replicated in more than 30 years of factor-analytic research on normal and clinical groups”
- **MCMI III** – (Millon, 1997) 175-item self-report, true–false questionnaire

MCMI-II SCALES:

- Schizoid
- Avoidant
- Antisocial
- Narcissism
- Passive–aggressive
- Compulsive
- Dependent
- Histrionic
- Schizotypal
- Borderline
- Sadistic
- Paranoid
- Anxiety
- Somatoform
- Hypomania
- Dysthymia
- Alcohol abuse
- Drug abuse
- Psychotic thinking
- Psychotic depression
- Psychotic delusions
- Self-defeating

Additional content was added to include child abuse, anorexia and bulimia in MCMI III

MEASURE PSYCHOLOGICAL EFFECT OF STRESS RESPONSE

- **STANFORD ACUTE STRESS REACTION QUESTIONNAIRE (SASRQ)** - The SASRQ
- (Cardena & Spiegel, 1993; Shalev, Peri, Canetti, & Schreiber, 1996)
- 30 self-report items that assess acute stress disorder. The scale takes 5–10 minutes to complete and appears to be useful in predicting PTSD

- **STATE–TRAIT ANXIETY INVENTORY (STAI)**- The STAI (Spielberger, Gorsuch, & Luchene, 1970)
- The first 20 items measure state anxiety (a psychological state is an acute, usually situationally dependent condition of psychological functioning).
- The second 20 items measure trait anxiety. This is the same basic phenomenon as that measured by the TAS
- The STAI can be administered in full form (40 items) or be used to measure only state or trait anxiety

PERSONALITY AS A FACTOR FOR INDUCING STRESS

TYPE A PERSONALITY – Jenkins Activity Survey

- Online version for college students - www.psych.uncc.edu/pagoolka/TypeA-B-intro.html

Locus of control

- Theory
- Rotter's Locus of control scale
- Why is it important?

Locus of Control (Julian B Rotter,1954)

- The degree to which people believe that they have control over the outcome of events in their lives, as opposed to external forces beyond their control
- People's "loci", plural of "locus", (Latin - location) – either internal, those people who believe they can control their life, or external, meaning they believe their decisions and life are controlled by environmental factors which they cannot influence, or that chance or fate controls their lives

- Individuals with a strong internal locus of control believe events in their life derive primarily from their own actions

Ex:

- Internal locus of control - results seen as personal achievement or personal failure
- external locus of control – External factors like good teacher easy exam or bad teaching, other external problems cause of result

- **FORCED CHOICE SCALE (ROTTER, 1966)** - measure locus of control is the 23-item (plus six filler items)
- Online: <http://www.psych.uncc.edu/pagoolka/LC.html>
- findings suggest that higher levels of external locus of control combined with lower levels self-efficacy are related to higher illness-related psychological distress
- **Roddenberry et al, (2010)** - individuals who have a high external locus of control tend to have higher levels of psychological and physical problems
- These people are also more vulnerable to external influences and as a result they become more responsive to stress

SELF ESTEEM

- what self-esteem is?
- Do you think your self-esteem is low? Do you know how to tell? Do you know what to do about it?
- Self-esteem answers the question, “How do I feel about who I am?” We learn self-esteem in our family of origin; we do not inherit it

Self esteem..

- Global self-esteem - “who we are” generally constant
- Situational self-esteem - “what we do” - fluctuates
- Low self-esteem is a negative evaluation of oneself
- Personalizing the incident - experiencing physical, emotional, and cognitive arousal
- responding by acting in a self-defeating or self-destructive manner
- actions become automatic and impulse-driven
- feel upset or emotionally blocked
- Narrowed thinking
- losing sense of self
- become self-absorbed

The vicious cycle of self esteem

ROLE OF SELF ESTEEM IN INDUCING STRESS

- How low Self Esteem can cause stress?
Ex: individual suffering from social phobia

HOW TO RAISE YOUR SELF ESTEEM

- Practice self-care
- Identify triggers to low self-esteem.
- Reduce personalizing
- Stop and take notice
- Acknowledge your responses
- Choose response
- Accept your responses

HOW TO RAISE YOUR SELF ESTEEM

- **Develop skills.** We can provide for our own safety, engender hope, tolerate confusion, and raise self-esteem by learning and using these essential life skills:
 - **Experience and observe your feelings**
 - **Optional thinking – black or white thinking**
 - **Stop comparing yourself with others**
 - **Assertion – expressing thoughts feelings and wishes**
 - **Receptivity – listening to others, learning to empathize**

Summary

- Stress scales
- Personality scales
- Locus of control
- Self esteem

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MODULE 3

OUTLINE

ROLE OF THOUGHTS BELIEFS AND EMOTIONS IN STRESS – I

- RELATIONSHIP BETWEEN THOUGHT MOOD AND BEHAVIOUR
- HOW ARE THOUGHTS WORK IN ANXIETY
- HOW BEHAVIOURS ARE RELATED TO THESE ANXIOUS THOUGHTS

**“Men are disturbed not by things, but
by the views which they take of
them”**

(Epictetus)

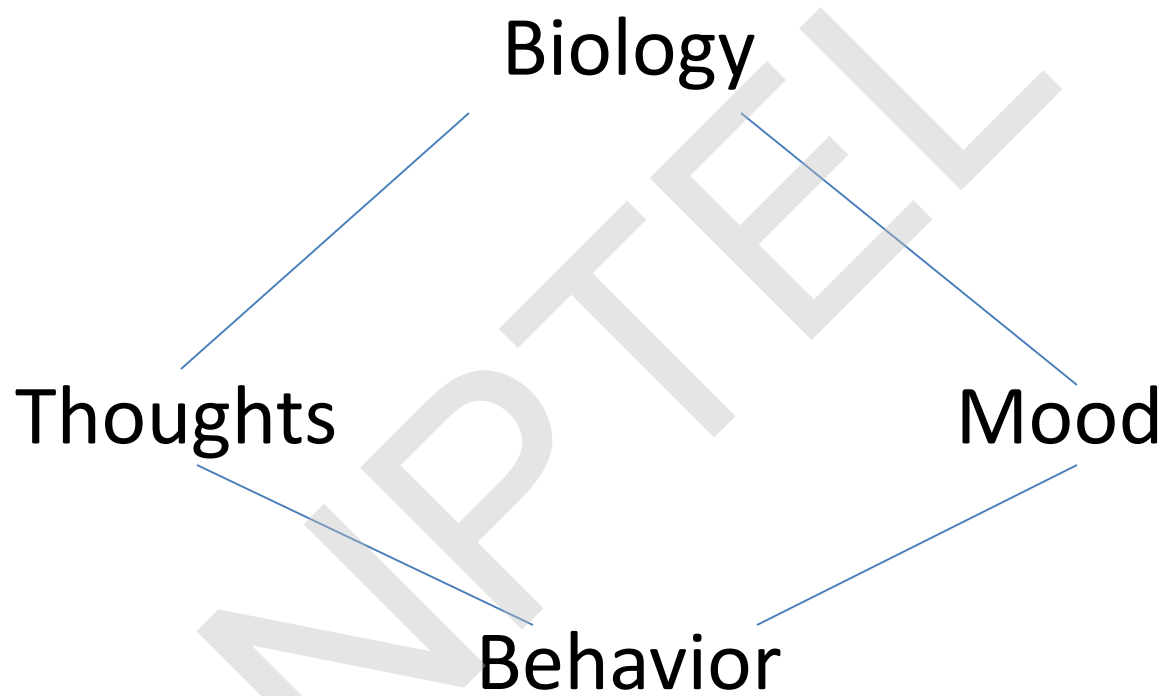
ROLE OF THOUGHTS BELIEFS AND EMOTIONS IN STRESS AND ANXIETY

STRESS AND ANXIETY

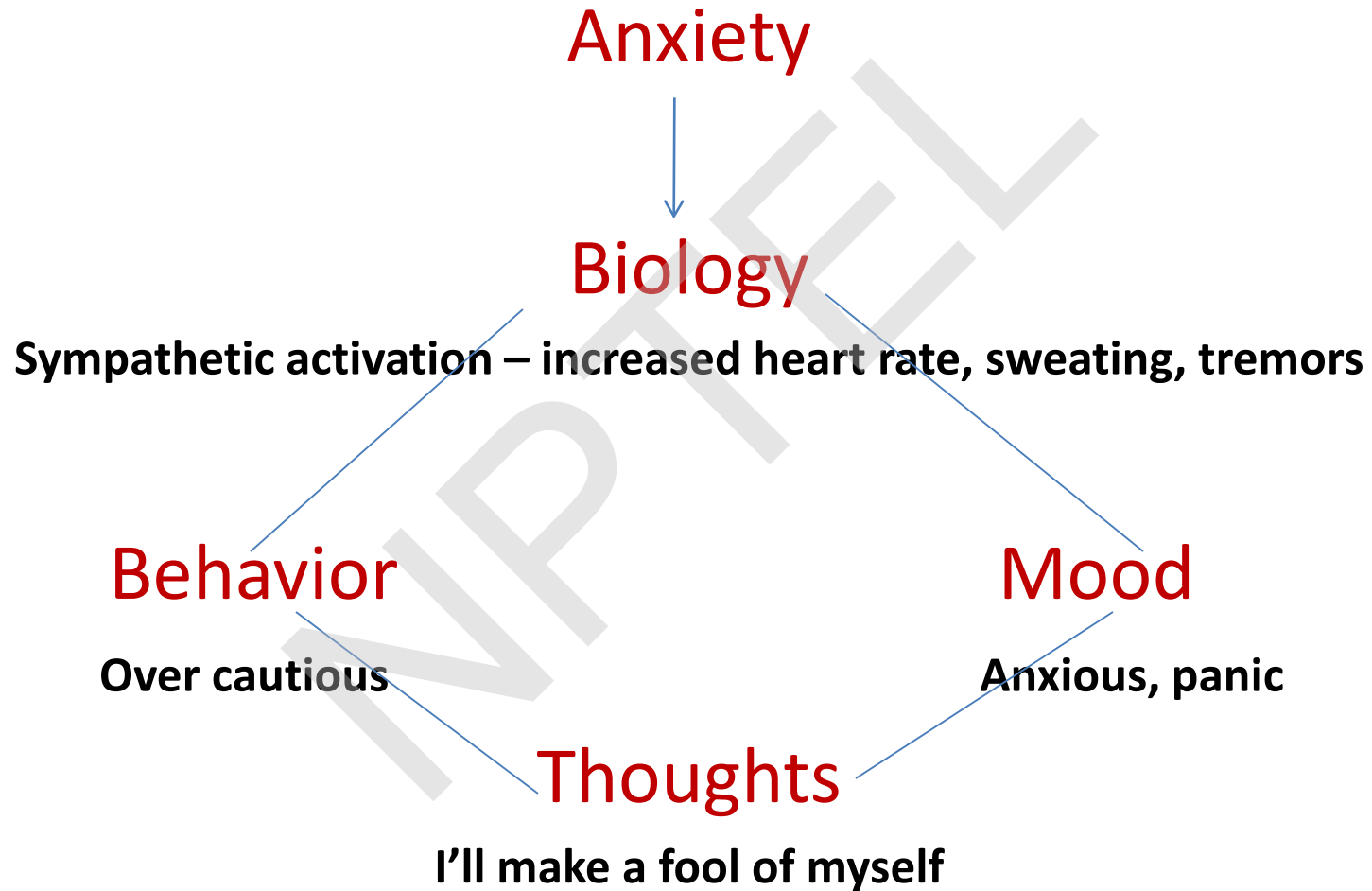
- **Stress** is a natural response to a nerve-racking situation. Often it is a feeling of anger, frustration or distress. It is a normal part of life and, in small amounts, can motivate you to be more productive. Frequent stress, however, can have negative effects on physical and psychological health
- **Anxiety disorders** involve chronic, debilitating and seemingly unprompted feelings of apprehension, nervousness or fear

Both stress and anxiety disorders have many symptoms in common but stress tends to be managed through lifestyle changes, whereas anxiety disorders require both lifestyle changes and medical therapies

Generic Model: (Padesky , 1990)



MODEL OF ANXIETY



ANXIETY PROFILE

Physical Reactions

Sweaty palms
Muscle tension
Racing heart
Flushed cheeks
Light-headedness

Behaviors

Avoiding situations where anxiety might occur
Leaving situations when anxiety begins to occur
Trying to do things perfectly or trying to control events to prevent danger

Thoughts

Overestimation of danger
Underestimation of your ability to cope
Underestimation of help available
Worries and catastrophic thoughts

Moods

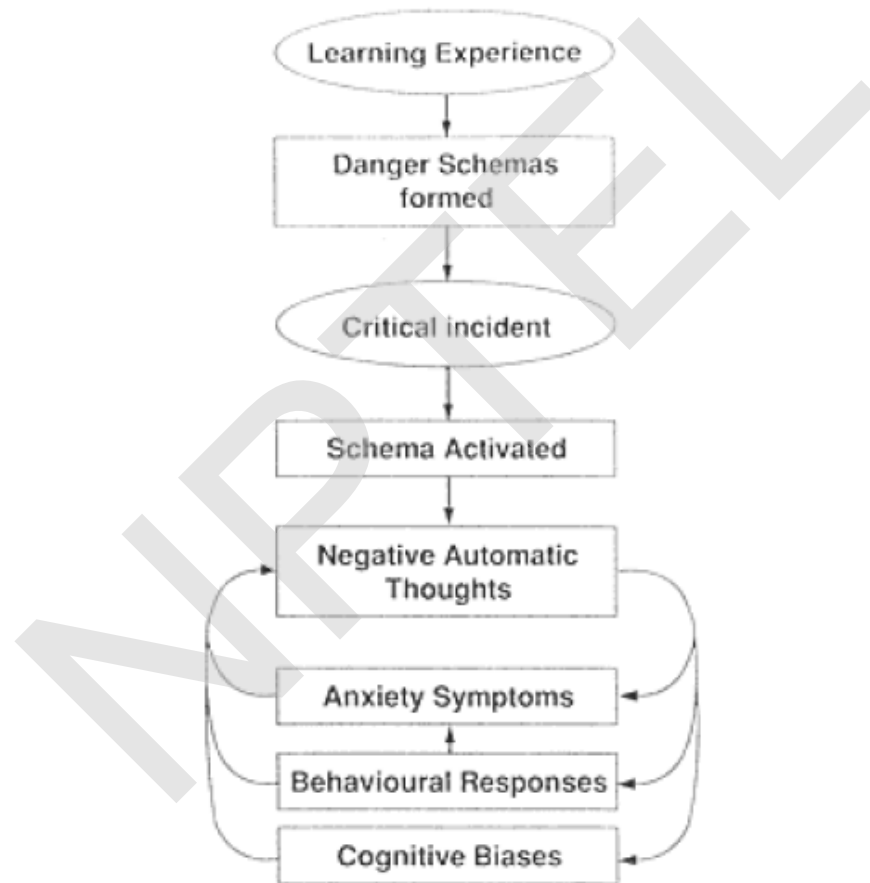
Nervous
Irritable
Anxious
Panicky

WHAT HAPPENS IN ANXIETY

- Perception of danger and threat
- Underestimation of personal ability to cope
- Development of Negative Automatic Thoughts
- Triggering a belief system that there is danger / threat in the environment - “I am vulnerable to the threat”
- Triggering more anxiety responses → that are misinterpreted
→ increasing anxiety

Ex: anxiety may be interpreted as a sign of serious physical or mental disorder (Heart Attack)

COGNITIVE MODEL OF ANXIETY



SCHEMAS AND ASSUMPTIONS

Schema: key elements of our frame of reference

- a set of rules determining
 - how we judge ourselves, situations, others
 - how we interact with other people

- **Assumptions** (if / then statements) - Rules formed by experience, revised by newer experiences – **becoming silent assumptions**
 - link events and self-appraisals (e.g. 'if I show signs of anxiety then people will think I'm inferior; if I have bad thoughts means I am a bad person; unexplained physical symptoms are usually a sign of serious illness; if I can't control anxiety I am a complete failure')

NEGATIVE AUTOMATIC THOUGHTS, WORRIES

- Negative automatic thoughts (NATs) are appraisals or interpretations of events, and can be tied to particular behavioural and affective responses. Immediate thoughts

Ex: walking down the road, smile at a friend, he looks away - what would be the immediate thought that would come to your mind?

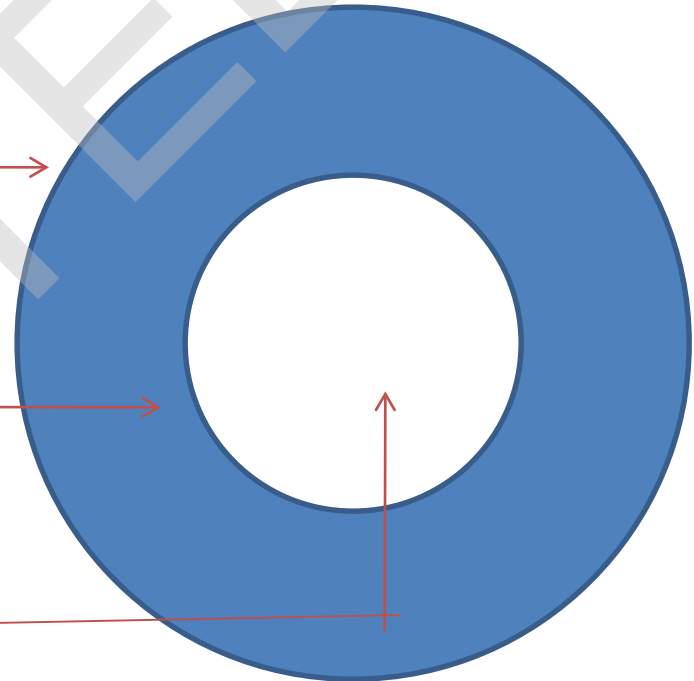
Conceptualizing Assumptions and Schemas

Level of Thoughts and Beliefs

Automatic thoughts →

Underlying assumptions →

Schemas



NATs AND WORRY

- Worry is a chain of negatively affect laden thoughts aimed at problem solving (Borkovec et al. 1983)
- Worry is a verbally based thought process while negative automatic thoughts can occur in a verbal and an imaginal form

THE ROLE OF BEHAVIOUR

- When a threat is perceived - the cognitive system facilitates caution by eliciting a series of self-doubts, negative evaluations, and negative predictions
- The somatic manifestation → range of feelings such as unsteadiness, faintness, and weakness
- Beck et al. (1985) assume that this is part of a primal survival mechanism that exists to terminate risk-taking behaviour and orient behaviour towards self-protection
- In social performance situations these responses can increase the danger - i.e. they interfere with social performance

BEHAVIOUR INCREASING ANXIETY

Ex: A social phobic is fearful of babbling and talking incoherently in a social situation may focus more attention on the self and monitor his/her spoken words closely

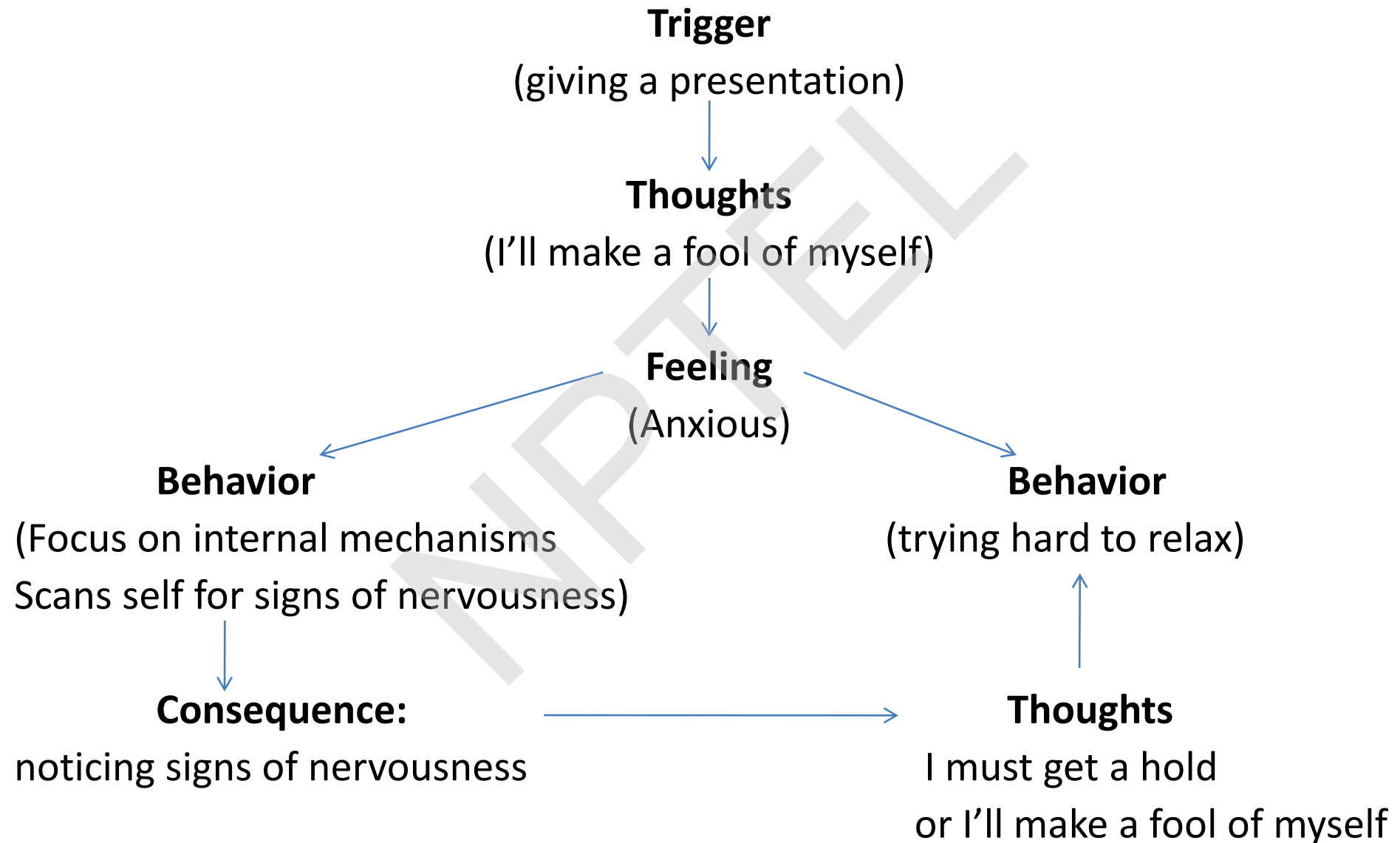
In addition to this cognitive self- monitoring strategy there may be attempts to pronounce words in a clear and controlled way, and rehearse mentally the material to be spoken before speaking in order to check that it sounds acceptable

Safety behaviours (Salkovskis, 1991) play a significant role in the maintenance of anxiety

SAFETY BEHAVIOURS

- Controlling one's breathing may lead to hyperventilation
- Controlling certain thoughts may contribute to paradoxical effects of increased preoccupation with thoughts
- Perception that - non-occurrence of feared outcomes resultant of safety behaviour rather than correctly attributed to the fact that catastrophe will not occur
- Particular safety behaviours, such as increased vigilance for threat, reassurance seeking, etc., enhance exposure to danger-related information that strengthens negative beliefs

Formulation for safety behaviors



COGNITIVE BIASES

- Once danger schema is activated → biases the information processing
- These biases are **distortions** that affect **interpretations of events** in a way that is consistent with the content of dysfunctional schemas

Biases in processing include:

- selective attention for threat-related material,
- interpretation of events
- Beck and associates, and Burns (1989) labeled interpretive biases as '**thinking errors**' or '**cognitive distortions**'

Cognitive distortions (biases).....

- Catastrophizing
- Mind reading
- Over generalization
- Selective abstraction
- Personalization
- Arbitrary Inference
- Maximization - Minimization

EXAMPLE OF DISTORTIONS...

A socially phobic person involved in a conversation with a work colleague...The colleague suddenly cuts short the conversation and leaves the situation

Interpretation:

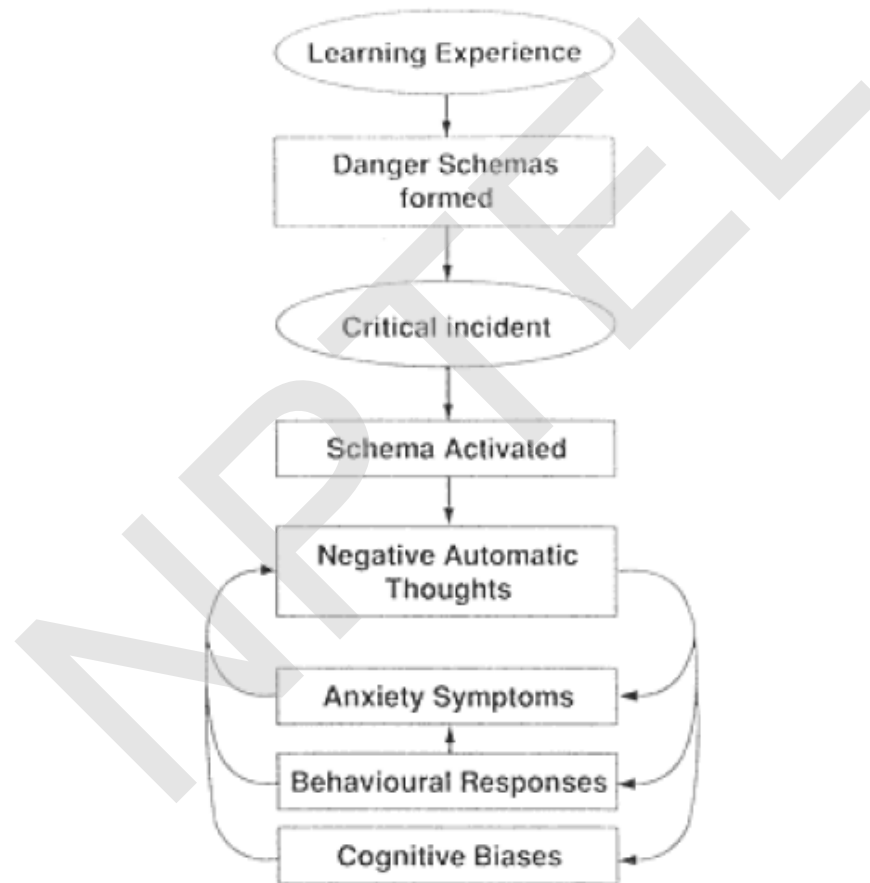
'I must be so boring' / 'he thinks I'm an idiot, he doesn't like me' (arbitrary inference' and 'mind reading)

In the next encounter: the social phobic is pre-occupied with negative thoughts about 'appearing boring and idiotic'

- he/she selectively attends to his/her own anxious performance- **selective attention**
- fails to notice positive signals from the work colleague - **minimisation**
- or discounts these as evidence that he is 'just trying to be nice' - **minimisation**

biases of attention and inference serve to maintain belief in negative appraisals, as negative information is abstracted, and positive information is not processed, or is discounted

COGNITIVE MODEL OF ANXIETY



To SUMMARIZE...

- The inter-relationship between thought mood and behaviour
- How an anxious thought is created and nurtured in our brain
- Safety Behaviours - How the behaviours are related to these anxious thoughts
- Biases, Schema, NATs and cognitive distortions

Thank you

STRESS MANAGEMENT

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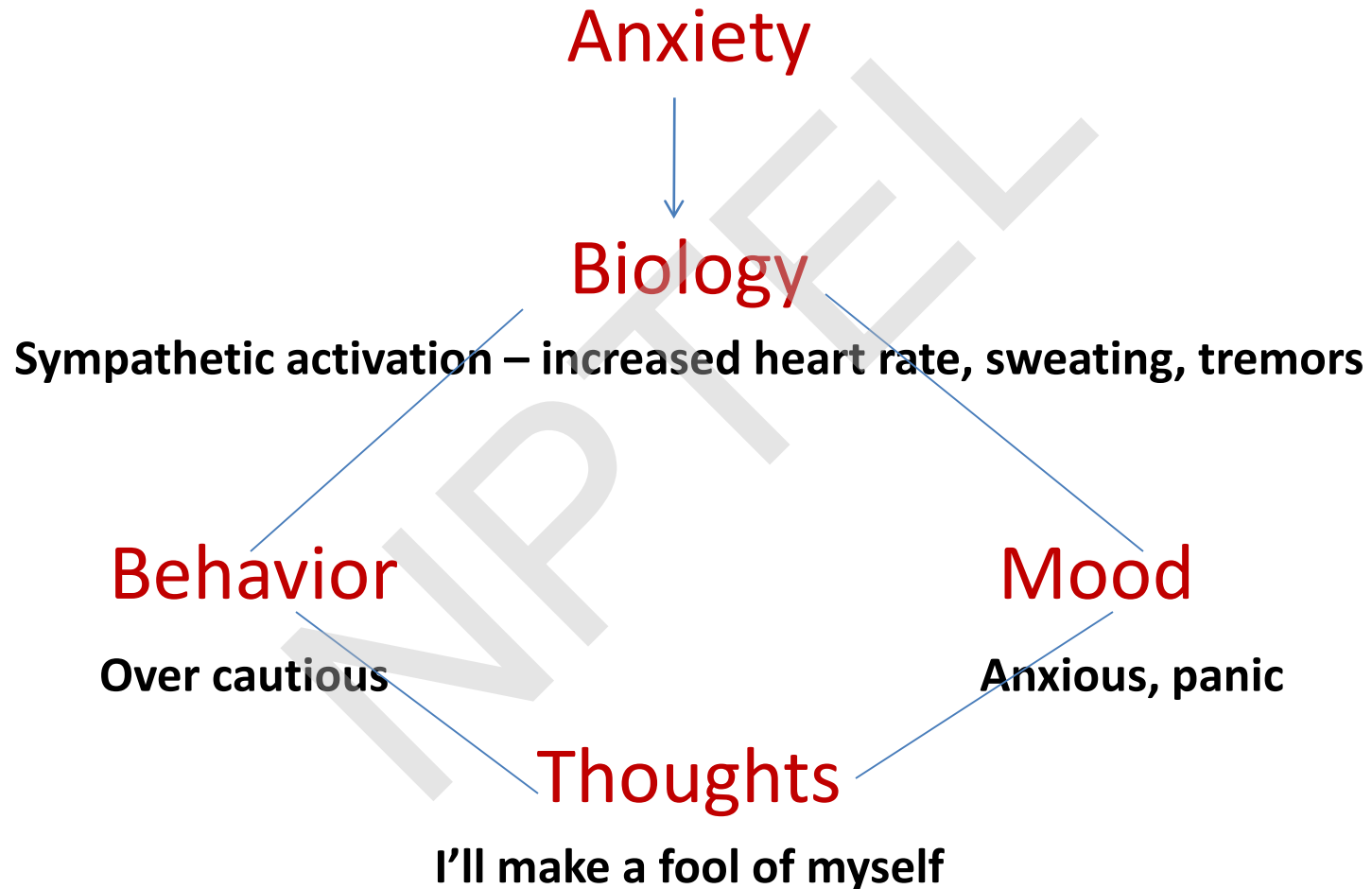
MODULE 3

OUTLINE

ROLE OF THOUGHTS BELIEFS AND EMOTIONS IN STRESS - II

- HOW TO MANAGE ANXIOUS THOUGHTS

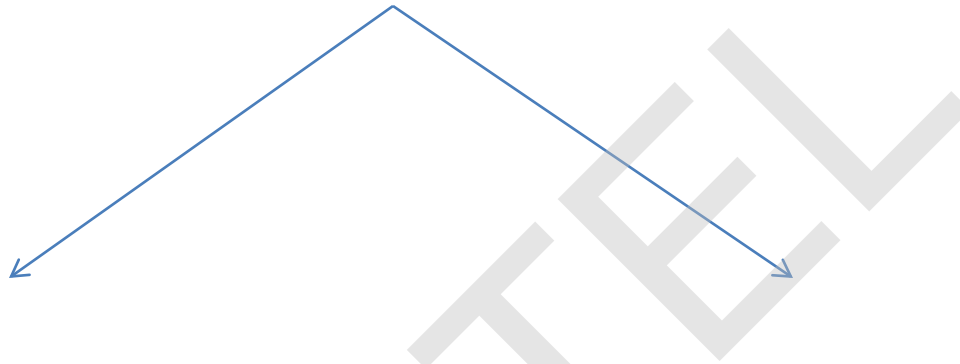
Generic Model: (Padesky , 1990)



Understanding & Managing Stress

Recognise and admit that you are feeling stressed

2 approaches for coping....



Self control

Situational control

(Problem Solving, assertiveness,
conflict resolution,
time management)

Self control

Constructive self-talk

Cognitive Restructuring

Relaxation and Breathing exercises

Physical Exercise

Healthy Life style

Constructive Self-Talk

Identify negative self-talk



Write it down



Develop alternative positive self-talk statements

Cognitive Restructuring

A - B - C - D - E

A - An active situation / experience

- unable to do a task on time

B - beliefs relating to the situation

- I'm GFN

C - behavioural, emotional, physiological changes

- sad, stressed

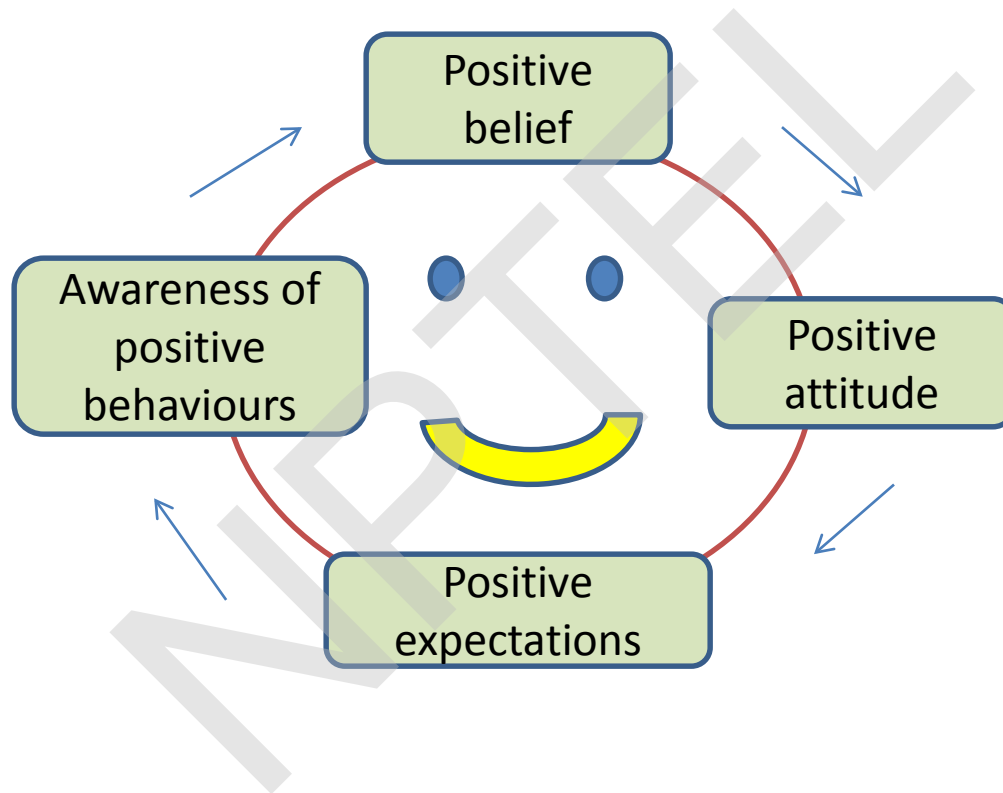
A - B - C - D - E

D - identifying irrational beliefs

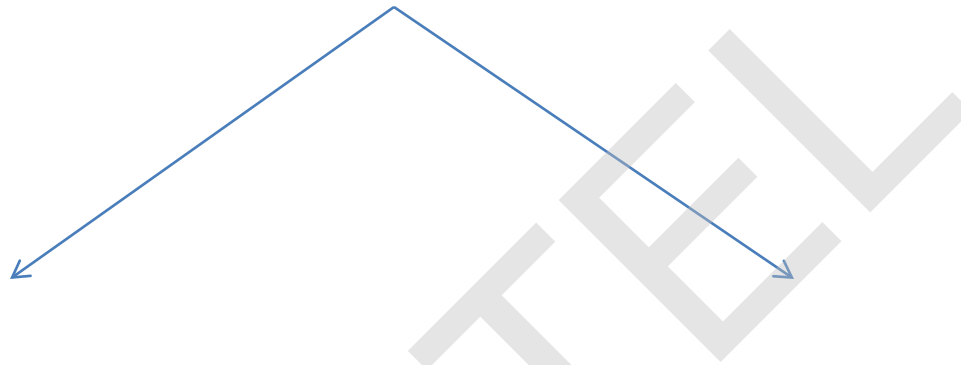
- I'll have to take care of using my time properly instead of I'm GFN

E - trying out newly learnt coping strategies

POSITIVE CYCLE



2 approaches for coping....



Self control

Situational control

(Problem Solving,
assertiveness,
conflict resolution,
time management)

Problem Solving

Acknowledge and clarify the problem



Analyse the problem + identify needs of those affected



Brainstorm for all possible solutions



Evaluate each option

Problem Solving

Select best option and implement plan



Evaluate the outcome

Some tips....

- ▶ Take short breaks
- ▶ Set priorities
- ▶ Talk about your stressors with someone and put it in perspective
- ▶ Participate socially
- ▶ Develop interests and hobbies
- ▶ Use humour to de-stress
- ▶ Develop realistic goals
- ▶ Anticipate stress
- ▶ Stop keeping things for later
- ▶ Get help

To improve planning...

- Lists of tasks to be done posted on refrigerator
- Choosing one day for appointments and errands
- Master list for home chores done weekly, monthly
- Identify individual strengths while exploring resources
- Ask partner for input
- Re-evaluate effectiveness

An Appointment with Yourself



ASSERTIVENESS

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WHAT IS ASSERTIVENESS?

Asking for what one wants or
Acting to get what one wants...
...in a way that respects
the rights and feelings
of other people

Test your Assertiveness

TEST YOUR ASSERTIVENESS

- Can you express negative feelings about other people and their behaviors without using abusive language?
- Are you able to express and exercise your strengths?
- Can you easily recognize and compliment other people's achievements?

TEST YOUR ASSERTIVENESS

- Do you feel comfortable accepting compliments?
- Are you able to stand up for your rights?
- Are you able to refuse unreasonable requests from friends, family or co-workers?

TEST YOUR ASSERTIVENESS

- Do you have the confidence to ask for what is rightfully yours?
- Can you accept criticism easily without being defensive?
- Can you comfortably start and carry on a conversation with others?
- Do you ask for assistance when you need it?

WHAT DOES IT MEAN TO BE NON ASSERTIVE?

PASSIVE

Individuals not committed to their own rights

More likely to allow others to infringe on their rights

-than to STAND UP and SPEAK OUT

AGGRESSIVE

Defend their own rights and work to achieve own goals

Likely to disregard rights of others

Blame others for problems instead of offering solutions

BEHAVIOUR STYLE OF PASSIVE INDIVIDUALS

- Hoping to get what you want without actually having to say it
- Giving in to the will of others
- Leaving it to others to guess or letting them decide for you
- Taking no action to assert your own rights
- Putting others first at your expense
- Giving in to what others want
- Remaining silent when something bothers you

BEHAVIOR STYLE OF PASSIVE INDIVIDUALS

- Acting submissive
- Apologizing a lot

E.g.: Talking quietly, Laughing Nervously, Sagging shoulders, Avoiding disagreement, Hiding face with hands etc...

BEHAVIOR STYLE OF AGGRESSIVE INDIVIDUALS

- Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person
- Standing up for your own rights with no thought for the other person
- Putting yourself first at the expense of others
- Overpowering others
- Reaching your own goals, but at the sake of others
- Dominating behaviors

E.g.: Shouting, Demanding, Not listening to others; Saying others are wrong; Leaning forward; Looking down on others; Wagging or pointing finger at others; Threatening or Fighting

BEHAVIOR STYLE OF ASSERTIVE INDIVIDUALS

- ✦ Telling someone exactly what you want in a way that does not seem rude or threatening to them
- ✦ Standing up for your own rights without putting down the rights of others
- ✦ Respecting yourself as well as the other person
- ✦ Listening and talking
- ✦ Expressing positive and negative feelings
- ✦ Being confident, but not pushy

BEHAVIOR STYLE OF ASSERTIVE INDIVIDUALS

- ✦ Staying balanced knowing what you want to say
- ✦ Watching out for terms that are used E.g. 'I feel' not 'I think'
- ✦ Being specific. Using 'I' statements
- ✦ Talking face-to-face with the person
- ✦ No whining or sarcasm
- ✦ Using body language that shows you are standing on your ground, and
- ✦ Staying centered

Why practice assertiveness?

WHY PRACTICE ASSERTIVENESS?

- let others boss us around
- react to the things that other people expect of us
- Unable to express feelings, thoughts
- Not using ability to think 'out of the box'
- Become dependent on others for decision making
- Low on confidence

How to practice Assertiveness

Practicing assertiveness

Assertive Listening

- To let the other know that you want to understand his or her point of view
- To understand accurately what another person is saying
- To let the other person know that he or she has been understood

For Example:

I'd like to hear your views on...

Could you tell me about them?

Would you tell me more about how you see the situation?

I think we are approaching this from two different perspectives...

What does the situation look like from your perspective?

I 'd like to hear your thoughts on...

BODY LANGUAGE AND ASSERTIVENESS

- Maintaining direct eye contact
- Maintaining erect posture
- Speaking clearly and audibly
- Not Whining!!!!
- Using facial expressions and gestures to add emphasis to words

BODY LANGUAGE AND ASSERTIVENESS

- Asking for what you want (Clear and Direct)
- Avoiding Negative Phrasing
- Dressing like you mean business
- Eye contact is crucial
- Avoiding nervous body language-keep hands quiet and relaxed
- Emphasizing on not what you say but how you say
- Choosing words carefully, speak clearly, be concise

ASSERTIVE COMMUNICATION

....the key to Stress Management

Assertive Communication can...

- Improve interpersonal relationships
- Reduce conflicts/anxiety
- Enhance self esteem
- Retrain self respect
- Minimize stress
- Treats others respectfully
- Reduce feelings of helplessness/depression
- Gives a sense of control

Four styles of communication Postures

- **PASSIVE** - "I don't count"
- **AGGRESSIVE** - "I count, but you don't count"
- **PASSIVE-AGGRESSIVE** - "I count. You don't count, but I'm not going to tell you about it"
- **ASSERTIVE** - "I count and you do too"

5- Steps to Assertive Communication

When approaching someone about behavior you'd like to see changed, stick to factual descriptions of what they've done that's upset you, rather than labels or judgments

- **Situation:**
Your friend, who habitually arrives late for your plans, has shown up twenty minutes late for a lunch date
- **Inappropriate:** "You're so rude! You're always late."
- **Assertive Communication:** "We were supposed to meet at 11:30, but now it's 11:50."

5- Steps to Assertive Communication

The same should be done if **describing the effects of their behavior**. Don't exaggerate, label or judge; just describe:

Inappropriate: "Now lunch is ruined."

Assertive Communication: "Now I have less time to spend lunching because I still need to be back to work by 1pm."

5- Steps to Assertive Communication

Use "I Messages"

Simply put, if you start a sentence off with "You", it comes off as more of a judgment or attack, and puts people on the defensive.

If you start with "I", the focus is more on how you are feeling and how you are affected by their behavior. Also, it shows more ownership of your reactions, and less blame

'You Message': "You need to stop that!"

'I Message': "I'd like it if you'd stop that"

5- Steps to Assertive Communication

Here's a great formula that puts it all together:

"When you [their behavior], I feel [your feelings]."

When used with factual statements, rather than judgments or labels, this formula provides a direct, non-attacking, more responsible way of letting people know how their behavior affects you

For example:

"When you yell, I feel attacked."

5- Steps to Assertive Communication

A more advanced variation of this formula includes the results of their behavior (again, put into factual terms), and looks like this:

“When you [their behavior], then [results of their behavior], and I feel [how you feel].”

example:

“When you arrive late, I have to wait, and I feel frustrated.”

to Summarize....

- Assertiveness
- Assertive communication