STRESS AND BURDEN IN THE CONTEXT OF THEIR COPING

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Abstract: The current society puts pressure on each of us. More and more stressors appear to have their source in the environment and work in our everyday lives. People`s reactions to these stressors vary a lot. In our article, we do not aim to uncover stress more deeply in the context of its theoretical definition nor to analyse stressors and their consequences. We focused on the elementary perception of coping with stress using various coping strategies.

Keywords: adaptation, defence mechanism, problem, stress, stressor, burden, coping strategies, coping style

1 Introduction

In the specialised literature and everyday life, we meet with the concepts of adaptation and coping when dealing with requirements placed on us. The concept of coping describes conscious and purposeful effort, which includes all attempts to deal with stress, the behavioural and cognitive effort to reduce the impact of extremely high requirements in demanding situations (Lazarus, Folkmann, 1984, Urbanovská, 2010) or conscious adaptation to stressors (Čáp, Mareš, 2001, Urbanovská, 2010). According to Čáp, Mareš (2001) and Mareš (2013), the possible aim of coping is, primarily, to control and lead the environment (the effort to adapt the surrounding environment to the required form). Moreover, the secondary aim is to control and lead oneself (to adapt to the forces that impact the individuals). Čáp and Mareš (2001) say that, in principle, we can react to stress in two possible ways: with a defence reaction (also called stress reaction) or with a coping reaction. On the contrary to the concept of adaptation which describes dealing with average or increased burden, coping is defined as a superior concept helping in dealing with border or extreme burden (Bratská, 2001). Erickson and her colleagues (Čáp, Mareš, 2001) elaborated a thorough overview of shared and different characteristic features of defence and coping reactions (Table 1 and Table 2).

Table 1: Shared characteristic features of defence and coping reactions (modified according to Erickson et al., 1991, in: Čáp, Mareš, 2001, p. 532)

Defence and coping reactions
• they reduce distress
• they guide emotions
• they have a dynamic character
• they are potentially reversible
• it is possible to differ specific parts in them
• they develop with the age

Table 2: Shared characteristic features of defence and coping reactions (modified according to .Erickson et al., 1991, in: Čáp, Mareš, 2001, p. 532)

Defence reactions	Coping reactions
• they contain implicit operations	• they contain explicit operations
• they are activated intrapsychically	• they are activated in the specific environment and circumstances
• they are more intricately observable	• they are more readily observable
• individuals are not conscious of them	• individuals are conscious of them
• individuals do not manage them with their will	• individuals manage them with their will
• they are determined with personal	• they are determined with personal characteristic
characteristic features • their basis is an instictive behaviour • there is no previous evaluation of the situation • their result is automatic behaviour	features but also with the situation itself • their basis lies in cognitive processes • there is previous evaluation of the situation and proper possibilities • their result is deliberate behaviour

In the following part, we will deal with the analysis of both stress reactions mentioned above. First, we will describe the adaptation process and, subsequently, focus on the process of coping.

2 Adaptation process and defence mechanisms

Although every person, as a unique and unrepeatable personality, comes through the adaptation process to the stressful situation individually, it is usually possible to describe several phases. Ďurný, Šlepecký and Praško (2001) mention the following five phases of adaptation:

1. The first phase – shock:
The first phase follows immediately after the influence of an intense stressor, e.i. after experiencing too much stress, such as loss of work, the death of a close person, a severe illness. The first reaction is the tendency not to believe what has just happened. There can also appear tempestuous emotional expressions, such as crying, shouting, fury or aggression to other people. Another form can be the repression of emotions into the proper interior, which reflects in passivity, crippling or inability to do any activity or to have good reactions. As this process is running, individuals will gradually accept what has happened after several days or weeks.

2. The second phase – optimism:
After the phase of shock, there often comes the feeling of relief or release. The stressful situation has apparently finished, and individuals can start planning their „new lives" and set their new goals. For example, people who have lost their work positively accept sufficient free time. They actively look for a new job and think it will take only a few days until they get it. They focus on their hobbies and, therefore, they are short of time.

3. The third phase – blaming of others or even fight:
If individuals are not successful in reaching the new goals, they have more negative experiences from their failure. There begins the phase of looking for the guilty one. The characteristic feature of this phase is the tendency to blame other people for the given situation and make them responsible for the failure in reaching their goals. During this phase, the other people in their surroundings often suffer a lot, and their reactions gradually worsen. For this reason, proper individuals suffer a lot as well.

4. The fourth phase – self-blaming or even depression:
This phase leads to pessimism, self-underestimation, and the loss of self-confidence begin to be more evident. Individuals revise the meaning of their existence and life. They have increased expressions of self-pity or even depression and reduced hope and activity. The given individuals are aware of the severity of their situation, and they blame themselves. They re-evaluate their previous activities with a strong tendency to focus on their negatives and weak points, blaming themselves for their own failures.

5. The fifth phase – the decisive phase in the adaptation process:
The fifth phase is utterly crucial from the individual`s long-term orientation view. It can lead to the mobilisation of efforts and realisation of the new forms of active solving of the given situation (problem), which represent the way to later success. They result in finding new options and more efficient ways of proper functioning.

On the contrary, this phase can also lead to passive adaptation to the given situation. Subsequently, there follows the phase of resignation or even fatalism.

6. The phase of resignation or fatalism – nothing will help me:
In this phase, individuals resign and adapt themselves to the adverse situation. They lose the initiative in solving this situation and their belief in possible change. This situation leads to worsened physical and mental strength. The escape from this unpleasant state can be excessive alcohol drinking, abuse of other addictive substances or other undesirable phenomena.

It is possible to observe the course of the adaptation process in various burdensome situations. People usually experience the same phases also in stress caused by severe life events. However, the mentioned phases do not have to follow consecutively, and the length of these phases can also vary in particular individuals. It is not seldom that people who go through these phases can also return to the previous phase. For example, individuals in the self-blaming phase can return to blaming others due to the influence of their surroundings. These returns to the previous phases prolong the overall adaptation process, and they can make the active approach to constructive problem solving of the given situation more complicated. According to Ďurný, Šlepecký and Praško (2001), the so-called „closing in a case" is not a rare solution. In this approach, individuals remain for a long time (sometimes, even for the rest of their lives) in the position of blaming other people or blaming themselves.

Several factors have an impact on the process of natural coping with demanding situations. However, all individuals can influence this process with their active approach, activity, contacts with other people, or professional help.

Regarding stress, it is essential to be aware of the individual variability in perceiving stressful impulses. A situation can be stressful for some people, but it does not have to be burdensome for others. The evaluation of the given situation analyses its consequences for the future. It also focuses on its impact on the individual`s integrity and keeping. The possibilities of keeping this integrity are related to the use of coping mechanisms, which individuals have at their disposal, and to their defence (Heretik, Heretik et al., 2007). Zigmund Freud used the concept of defence mechanisms concerning „*the strategies used in coping with mostly unconscious anxieties.*" (Atkinson et al., 2003). The defence mechanisms can change the way individuals perceive stressful situations and how they think about them. Thus, all defence mechanisms include the element of self-delusion. We mention the primary defence mechanisms and their brief characteristic features in the following Table 3.

Table 3: Main defence mechanisms (Atkinson et al., 2003, p. 513)

Defence mechanism	Characteristic features
Crowding-out:	Exclusion of too threatening or painful impulses or memories from the conscience.
Rationalisation:	Attribution of logical or socially desirable motives to our activities so that they give a rational impression.
Reactive formation:	Non-acceptable tendencies are suppressed or substituted with the opposite tendencies.
Projection:	Ascribing own undesirable qualities to other people in an excessive form.
Intellectualisation:	An effort to be separated from the stressful situation with the use of abstract, intellectual expressions.
Denial:	Denying the existence of unpleasant reality.
Transfer:	Motives that cannot be satisfied in a specific form are transferred to the substitutional goal.

Naturally, each of us sometimes uses defence mechanisms. They help us overcome unpleasant situations until we can cope with them directly. The defence mechanisms are expressions of inadequate adaptation when they become a dominant way of reacting to problems (Atkinson et al., 2003). Defence and coping mutually complement each other when people cope with requirements laid on them, often overpass their limits in stressful situations (Heretik, Heretik et al., 2007). In the following part, we will deal with the coping processes. As we have already mentioned above, one difference between defence and coping strategies is that defence mechanisms are unconscious processes, whereas coping strategies are often conscious processes.

3 Coping processes

The term „coping" is derived from the Greek word „*kolaphos*", which means a punch a person strikes to his rival in boxing (a direct punch on the ear). In the metaphoric meaning, a person who gets in a complicated life situation strikes this punch. In English, coping is an ability to overcome and deal with a problematic or almost unmanageable situation. We also use the English word „coping" in Slovak. We translate this concept as managing or dealing with burden and stress (Křivohlavý, 2009).
In literature, there is not a complete concordance in defining the concept of coping with a burden. Lazarus and Folkman, 1988, (Melgosa, 1998) are authors of the classic theory of coping with stress. They define coping as a cognitive effort of an individual to solve the given problem and, at the same time, also the negative emotional response it provokes. A frequently quoted definition of coping is also the definition by Lazarus, Folkman (1984, in: Bratská, 2001), which defines coping as a set of cognitive and behavioural efforts aimed to cope, tolerate or reduce outer and inner requirements which threaten or even overpass the psychological sources of an individual. Similarly, Křivohlavý (2009) also says that coping is a process of managing external and internal factors the individual evaluates as threatening ones in the given situation. Čanigová (2001) defines coping as a set of cognitive and behavioural efforts to cope with inner and outer requirements that threaten or overpass people's possibilities or sources. Lately, the spectrum of demanding situations includes significant, severe and traumatic situations and minor, ordinary, daily unpleasant events, the so-called daily hassles. For this reason, a more suitable definition of coping is a newer definition by Kohn (1996, in: Čáp, Mareš, 2007), who defines coping as a conscious adaptation to a stressor. In this way, coping differs from the unconscious defence reaction.

The process of coping with difficulties is also denoted as „*stress management*" in the expert literature. It describes the management of acting whose aim is to change the unpleasant and unfavourable state of stress.

Hartl and Hartlová (2000) define stress management as a procedure where it is possible to cope with stress by focusing on a specific problem or situation which appeared. Subsequently, it is necessary to find a way to change this situation or avoid it next time (e.g. learning a new skill). At the same time, people have to focus on calming or alleviating emotions that the stress reaction provokes even if there does not change the given situation (e.g., reducing fear with relaxation). In the expert literature, we can meet with several approaches to the issue of coping. Most frequently, we meet with two approaches. The first approach considers coping as a dispositive characteristic feature, and, on the contrary, the second approach investigates the issue of coping as a specific activity in various situations. Lazarus (1966, in: Křivohlavý, 2009) explains coping as a dynamic process involving a mutual interaction between a person and a stressful situation. Within this process, he differentiates efforts to tolerate and reduce the inner and outer requirements laid on the person and the coping reactions, which are congenital and automatic. We agree with the opinions of Křivohlavý (2009), who thinks that, in coping with stress, personal characteristic features of individuals fighting with stress, coping styles and strategies, as well as coping techniques play a significant role, and it is possible to learn them. Similarly, Bratská (2001) says

that coping is not a stable personal feature because the ways people perceive, evaluate, solve, experience and act in stressful situations change according to the requirements of the given situation and the efficiency of necessary strategies.

Several factors are included in the variables determining coping. To the most known conceptions of personal stress mediators, Heretik, sr. (2007) includes the *sense of coherence (SOC)* by Antonovský (1979), *hardiness* by Kobasová, *self-efficacy* by Bandura*, learnt optimism-pessimism* by Seligman. Reactions to stress impulses are running automatically and unconsciously. These reactions are, primarily, the biological, physiological adaptation and defence mechanisms. People also cope with stress through conscious psychological and behavioural processes denoted as coping processes, which lead to factual solving of the stressful situation, and these processes run mainly at the conscious level (Křivohlavý, 2001). According to Urbanovská (2010), we can divide coping strategies into strategies focused on the problem or strategies focused on emotions depending on whether there is an effort to change or manage the environmental factors or an effort to deal with own unpleasant emotions. Regarding the obtained effect, coping strategies can be positive strategies (an active approach to solve the problem) and negative strategies (strategies of distraction and escape) (Janke, Erdmanová, 2003). People`s gender and age determine the choice of coping strategies. Women are more sensitive to stressful situations, and they cope with them using social support, have more escaping and resigning strategies, and deal with the problem incessantly. With their growing age, women change their coping strategies applying active independent problem solving more frequently (Urbanovská, 2010).

We can consider two basic preventive procedures to be the primary principle of prevention:

1.   to reduce stressors (risk factors),
2.   to strengthen supportive factors.

The basis is to restore the disrupted balance, to alleviate the burden and, at the same time, to strengthen the individual`s resistance in external conditions (institution, social environment, e.i. creation of favourable working conditions from the physical view, organisation of work and working activities during labour days, enough motivational impulses, rewards, evaluation of working performance, measures for increasing workers` and employees` resistance. It is also crucial to support their resistance at the individual level. For example, we can reduce possible stressors at the personal level with excellent professional preparation, purposeful increasing of resistance against stress, and elimination of unsuitable thinking patterns and life attitudes. We can also seek a sense of life, suppress undesirable behaviour, have a healthy diet and lifestyle, respect the natural rhythm of work and relax, acquire time management principles, and use available relaxing methods. At the level of social environment, it is crucial to create a social network that provides safety, emotional support, help, feedback and impulses for further work and personal development. Professional supervision becomes significant support for workers of helping professions because it helps to increase the quality of all participating workers and employees. It also helps find solutions for severe problems with clients and interpersonal conflicts arising at the workplace (Škobrtal, Urbanovská, 2012, Koukola, Urbanovská, 2017).

Choosing the right strategy of coping with stress, we have to respect the thoughts, emotions and behaviour of an individual who has decided on the given strategy (Křivohlavý, 1994). In the cognitive area, it is the thinking solution and coping with a stressful situation. While deciding, individuals think about what would probably happen if they acted in a specific way. The emotional area includes everything connected with the participants` emotions. In stressful situations, negative emotions are often present related to worries, threats, fear, and anxiety. The elimination or alleviation of their intensity is significant here. In behaviour, at the beginning is a decision and thinking activity. Subsequently, we have to manage the following steps

with self-controlling (Křivohlavý, 1994). Cohen, Lazarus (in: Křivohlavý, 1994) describe five strategies of coping with stress:

1.   To increase people`s awareness about what is happening with them. We have to inform them about what is happening in their surroundings, which is related to them. People have to know how they can change the course of events or alleviate the impact of a stressor with the chosen strategy.
2.   Direct activity – whatever action which people start to fight with stress. This action can be an impulse from their initiative, or a stressor can provoke it.
3.   Inhibition or reduction of certain activities could worsen the given situation, or it could make people weaker.
4.   Intrapsychological (inner) processes of self-speaking where people try to re-evaluate the given situation, change their value hierarchy and find other solutions.
5.   Asking other people for help, e.g. professional advice, consolation, reassurance and social support.

Lazarus (1966, in: Křivohlavý, 1994) emphasises that the situation does not change if we fight with a stressor. Coping with stress is not a one-off event but a whole set of actions that follow up. For this reason, it is crucial to know what has changed with the chosen strategy so that we could choose the next strategy more efficiently. According to Křivohlavý (1994), when evaluating the efficiency of adaptation efforts and strategies of coping with stress, we have to differentiate two aspects with an efficiency determined by a stressor:

1.   An aspect of the current efficiency,
2.   An aspect of a long-term perspective.

The variability of coping strategies with stress enables us to choose the most efficient strategy in that situation, bringing expected results. These expectations should be realistic. A simple scheme could help us solve the given problem. In the following part, we offer an example of this scheme. Particular steps of the coping strategy with stress are answers to the questions about the initiator, circumstances of stress, self-management and assessment (Praško, Prašková, 2001):

1) Definition of a problem: *What do you want to solve? What do you want to change?*
2) Aim: *How should the problem look after the change?*
3) Specification of the problem: *How does this problem look?* Describe it thoroughly.
a) Circumstances of the problem: *Which outer circumstances impact the given problem? Which of your inner attitudes have a link to this problem? Which behaviour is related to the problem?* Try to be aware of everything from the outer circumstances, your inner characteristic features and stereotypes in your behaviour which can influence the stress you experience.
b) Stress initiators: *What is happening before arising of stress? When, where does the stress appear? With who?* Initiators are typical situations that initiate the experiencing of stress. Some of them are unique, they appear only occasionally in particular situations, and probably, they will not represent the main problem. Problematic are those situations, which repeat regularly, and they lead to the experiencing of stress.
c) Expressions of stress: *Write all ideas, emotions, behaviour and body reactions that appear in stress.* Stress subjectively reflects in thoughts, emotions, behaviour and body reactions. All these subjective expressions are mutually related, and they create a vicious circle of stress.
d) Consequences of stress: *What positive and negative consequences can your behaviour in stress have?* Consequences of whatever behaviour or experiencing can be positive, negative or neutral. Positive consequences often lead to keeping the given behaviour. It is hard to be aware that stress can also have positive consequences related to non-constructive behaviour. They are usually short-term and hardly noticeable. They are important because they lead to a stereotyped repetition of our reactions, although we do not desire it consciously.
e) Modifying factors: *What is modifying the course of stress?* Describe the factors which influence whether you

experience stress more strongly or weakly. Modifying factors are factors that impact our experiencing of stress – they can strengthen or weaken it. We can plan and manage some of these factors (e.g. we can decide whom we will or will not meet with). Other factors are independent of our will (e.g. women`s menstruation).

4) Problem-solving strategies: *What methods and strategies will you apply so that the situation changes?* In this stage, we choose the best and most efficient ways to solve the given stressful situation. We consider all strategies we can carry on and think about their chance to solve our problem. We assess whether they are in concordance with our long-term orientation.

a) Change of circumstances: *How will you change the circumstances related to stress?* If we successfully change the circumstances related to stress, we often change and sometimes even eliminate the given problem. The change of circumstances usually changes also the whole atmosphere that is in the background of stressful problems. These circumstances can be related to your personality (your value hierarchy, behaviour, communication). However, they also depend on solving practical issues that worsen life, such as lack of time for relaxing, boredom, or financial problems.

b) Control of initiators: *How will you start controlling what initiates stress?* You have to focus on controlling those initiators – stressors that appear repeatedly, and they lead to stress. We can control initiators in many ways: prepare for them in advance, avoid them, or change how we evaluate them. We can also change the way we will react to them.

c) Control of stress expressions: *How will you change your thoughts, emotions and behaviour in stress?* The control of stress expressions consists of the control of thoughts, emotions and behaviour. To control subjective expressions of stress is more complicated than to change the circumstances and control the initiators.

d) Change of stress consequences: *How can you substitute or reduce the positive stress consequences related to stress?* Positive but very short-term consequences of stress mostly lead to the strengthening of the stress reaction. When we are worried, and somebody is hugging us and helping us alleviate the given activity, we will probably worry longer. On one side, we can perceive this alleviation as a confirmation of our bad condition, and, on the other side, these alleviating actions are pleasant themselves. When we criticise somebody, we can feel our increased self-confidence and relief of tension for a short time what is a short-term positive benefit. It is usually enough to repeat our verbal aggression the next time, even though the long-term consequences are usually negative – worsening our relationship with the given person. When we avoid a specific situation we are afraid of or a particular activity where we have a reduced motivation, we feel a short-term relief – a short-term positive consequence. A long-term avoiding behaviour leads to the cumulation of stress. Despite its general long-term disadvantage, a short-term relief as a positive consequence is enough to repeat this avoiding behaviour. The control of stress consequences focuses mainly on preventing the short-term positive consequences.

e) Control of modifying factors: *How can you control what is alleviating or worsening stress?* The control of factors that strengthen or weaken stress can sometimes help us a lot. For example, we can postpone the most difficult tasks to that part of a day when we have the most significant performance.

5) Timetable of using chosen strategies: *What do you have to do first? What is possible to do later? What speed is it possible to continue?* It is not enough to choose strategies. You have to plan their use, including their timetable and rewarding yourself after fulfilling particular goals. The most important task is to have all steps marked in the calendar.

6) Evaluation of the problem-solving process: *Are you successful? What have you already achieved?* Assess particular problem-solving strategies (4a-4e), and say whether you have successfully applied the set changes.

7) Self-rewarding: *What do you deserve when you have achieved it?* It is necessary to reward immediately and adequately every difficult step and every achieved success.

Now you can pay your attention to a mentioned example of a plan to cope with stress prepared by a man in young adulthood.

A man is at the age of 24 years, single, childless, without any commitments. Besides his work, he studies at the university. Since his school age, he feels insecure in social situations and social interactions because he is worried about his failure. This man is afraid that he will be rejected and negatively evaluated by others. He feels fear, anxiety and anger. At the same time, the man is emotionally deprived and exhausted; he fulfils his studying and working tasks with the maximum possible effort. The man feels safe at home, and he is aware of the stress and burden he experiences. He is critical and strict to himself.

The plan of overcoming stress

1. **DEFINITION OF A PROBLEM:** „I feel anxiety when I have to present something in front of my colleagues at the seminar. The result is that I am afraid of the verbal expression also in a situation when I know that there is no danger threatening me.“
2. **AIM:** „I want to present my work in front of my colleagues without stress, extreme insecurity, and negative thoughts such as I will not be able to do it, or I will embarrass myself.“
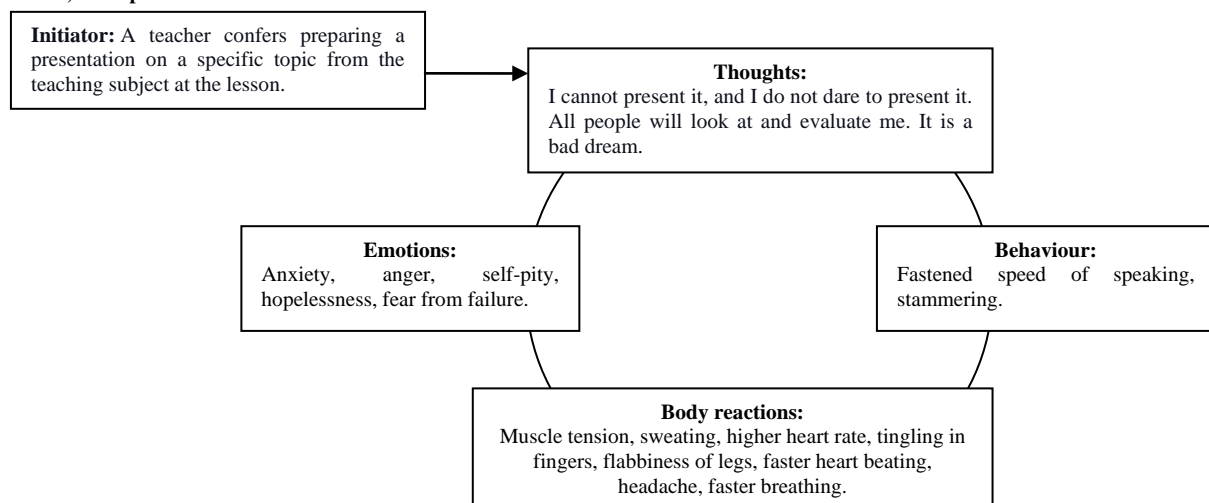3. **SPECIFICATION OF THE PROBLEM:**
   a) **Circumstances of the problem:**

a1	I hate presenting in front of the audience. I feel hopeless and insuperable fear. I often think that I will embarrass myself and that my life is meaningless. I feel unable to do it. I am often angry at the person who conferred me this task of presenting and refused to fulfil my requirements without this presenting to avoid this task. However, I know that this person is supporting me and has not done it on purpose.
a2	I am a person who likes a quiet and calm environment. I do not like many people around me (more than two people), and I prefer written communication. I do not like speaking in front of other people.
a3	I cannot evaluate and motivate myself, nor I can reward myself. I do not expect rewards or appraisals from others because I often think I do not deserve them.

   b) **Initiators of stress:**

b1	When I have to present my work in front of my colleagues, regardless of the number of participants.
b2	Whenever I have to present something verbally in front of more people, sometimes even one person
b3	When I meet with a person who does not know me, this person expects my verbal expression.

   c) **Expressions of stress:**

Initiator: A teacher confers preparing a presentation on a specific topic from the teaching subject at the lesson.

Thoughts:
I cannot present it, and I do not dare to present it. All people will look at and evaluate me. It is a bad dream.

Emotions:
Anxiety, anger, self-pity, hopelessness, fear from failure.

Behaviour:
Fastened speed of speaking, stammering.

Body reactions:
Muscle tension, sweating, higher heart rate, tingling in fingers, flabbiness of legs, faster heart beating, headache, faster breathing.

   d) **Consequences of stress:**

	positive	negative
short-term	If I avoid presenting, I experience short-term relief, and I can relax for a while.	Unpleasant emotions, tension, hopelessness, life is not meaningful.
longterm	Postponing of elaborating the set tasks.	A bad habit of avoiding situations that provoke my stress and anxiety.

   e) **Modifying factors:** stress is getting stronger one day before the planned presentation, before the given presentation in front of the audience and just before its beginning. It is also worse during a planned meeting with an unknown person or a person I do not know very well. The stress is stronger one day before the given meeting when there will be more than two people.

4. **PROBLEM SOLVING STRATEGIES:**
   A) **Change of circumstances:**

a1	I do not like presenting in front of an audience. I feel hopelessness and insuperable fear. I often think that I will embarrass myself. I am often angry at the person who conferred met the task of presenting and refused to fulfil my requirements without this presenting.	To practise my speech at home in the known environment.
a2	I am a person who likes a quiet and calm environment. I do not like many people around me (more than two people). I do not like speaking in front of other people.	I am an introverted person. I like a quiet and calm environment, and I like being alone. I will let everything run naturally.

a3	I cannot evaluate and motivate myself, nor I can reward myself. I do not expect rewards or appraisals from others because I often think I do not deserve them.	I will start with regular self-evaluating, self-rewarding after every presented task. Maybe I will buy something small for myself to realise how well I have coped with it. I will prepare a list of rewards and a list of successful presentations. Every day I will practise breathing exercises for thirty minutes as my psychologist has recommended to me.

b)   Control of initiators:

b1	When I have to present my work in front of my colleagues, regardless of the number of participants.	In advance, I will prepare the plan of presenting. In colours, I will mark sentences that I want to read. I will try to keep calm and think that I will manage it.
b2	Whenever I have to present something verbally in front of more people, sometimes even one person.	I will think about something I like and what makes me calm
b3	When I meet with a person who does not know me, this person expects my verbal expression.	I will be calm. I will clarify what is waiting for me, and I will prepare my answers to possible questions. I will also come to the agreed place earlier.

c)   Control of stress expressions:
Control of thoughts:

Negative thoughts	Re-framing
I will not be able to present it.	„What does not kill you will make you stronger" – it is unpleasant, but I will try, and I will manage it. Maybe not all people will like my speech, but that is all right.
I do not dare to present it.	I have support from my parents and colleagues that I will manage my presentation. I have already managed it in the past. I am skilful, successful in my study and I have good written preparation.
Everybody will look at me, and they will evaluate my speech.	Now I am exaggerating; not everybody will look at me. I will concentrate on my presentation, and I will aim to provide my colleagues with new information.

Control of emotions: I can control my emotions indirectly through the control of my thoughts. Another way I can use is relaxation.
Control of behaviour: In the short term, I will concentrate on the speed and tone of my voice, gestures, and slow speaking. In the long term, I will focus on assertiveness training to reduce my fear of being criticised.
Body reactions: I will control the body reactions by controlling my thoughts, behaviour and emotions.

d)   Change of the consequences of stress:

d1	Avoiding presentation, a short-term relief.	I want to create higher self-confidence. I want to be brave and fearless.
d2	Postponing of elaborating the set tasks	As a priority, I will make a space for fulfilling essential tasks in my daily plan. I will prepare a weekly plan.
d3	Negative emotions, hopelessness.	I want to have at least thirty minutes a day for relaxation through exercising, walking in nature and reading motivational literature.

e)   Control of modifying factors:

e1	Strengthening of stress one day before presenting / meeting.	I will speak with parents and friends about unpleasant things, and I will practise presenting at home in a safe environment to prepare better. I will focus more on people and their needs than on what impressions I provoke in them.
e2	Presence of a higher number of people.	It is unpleasant, but it is not a tragedy. I know my colleagues well, and we respect each other as we are.

5.   TIMETABLE OF USING CHOSEN STRATEGIES:

A-plan: control of circumstances and initiators:

Record daily if there occurred	Mon	Tue	Wed	Thu	Fri	Sat	Sun
a1) exaggerated irrational thoughts and their re-structuralisation							
a2) self-rewarding, self-appraisal							
a3) control of a weekly plan							
a4) relaxation							

B-plan: control of stress expressions and their consequences:

Practise	Specify when and with who
a1)	Every day
Practice of the speech at home.	At least three or four days before presenting.
a3) thirty-minute breathing exercises	Seven days a week, before and after the presentation in front of colleagues, before and after the agreed meeting.
b)1 Plan of presenting	One week before the presentation.
d)2 Elaboration of a weekly plan	Always on Sunday evening.

6.   EVALUATION OF THE PROBLEM-SOLVING PROCESS: evaluation of the progress once a week, and if necessary, more times a week.
7.   SELF-REWARDING: motivation, appraisal, self-esteem.

4 Two primary forms of coping with burden, strategies and style

Emotions and physiological activation caused by stressful situations are quite unpleasant for individuals and, thus, they are motivated to do "something" to eliminate or, at least, alleviate this state (Atkinson et al., 2003).

According to Kohn (in: Čáp, Mareš, 2001), coping can have two primary forms. It includes the reaction to the direct stressor (coping strategy) or the consistent way how people cope with stressors acting in different forms and situations (coping style). Researchers investigated the transactional approach emphasising the coping strategies as specific features of the coping process for a longer time (Lazarus, Folkmanová, 1984, in: Čáp, Mareš, 2001). Other authors investigate the coping style, which is more determined by personal specific features, people`s predispositions, and it acquires the character of an individual`s way of behaving.

It is necessary to respect the difference between the coping strategies and styles in choosing a suitable diagnostic method and research interpretation, mainly in dealing with diagnostic findings (Čáp, Mareš, 2001). According to Křivohlavý (2009), coping styles represent a specific approach to stress, and coping strategies are even more specific ways of approaching stress. Ruiselová et al. (2006, p. 11) say that specific coping strategies group into more general styles, defining them as *"more general ways of behaving in various types of demanding situations."* Paulík (2010) explains that the concept of a coping style generalises the characteristic and relatively invariable patterns of individuals` behaving and experiencing in demanding situations and their tendencies to evaluate this situation in a specific way. Compared to coping styles, coping strategies are less general, and they are more determined with the specification of acts themselves. Concerning coping styles, we can understand coping strategies as a means of realisation that considers individuals' current psychosomatic state and the external situational conditions.

Čáp and Mareš (2001) compare various characteristic features of coping strategies and styles in the following table (Table 4).

Table 4: Comparing of coping strategies and coping styles (Čáp, Mareš, 2001, p. 534)

Compared characteristic feature	Coping processes, strategies	Coping style
origin	congenital and acquired	mostly congenital
psychological basis	current reflecting, thinking, evaluating and acting	personal predispositions and features to thinking and acting
stability	low	high
dynamics of changes	high	low
relation to burdensome situations	situationally specific acting	trans-situational acting
motivational aspects	significant	weaker
relation to the context	big	small
character of a diagnosed activity	particular, specific, unique	usual, common, typical

5 Coping styles

Events can be unpredictable, unavoidable, and they represent a challenge for our self-perception. We have to tendency to perceive and experience these situations as stressful situations. However, we can observe that some people perceive these events

in this way more often than others, and therefore, they experience stress reactions more frequently. There exist three fundamental theories which explain why some people tend to evaluate events as stressful situations: the psychoanalytical theory, behavioural theory and cognitive theory. *Psychoanalysis* differentiates *objective* anxiety, an adequate reaction to a harmful situation, and *neurotic* anxiety, disproportionate to real danger or threat. The founder of psychoanalysis, Zigmund Freud, thought that neurotic anxiety arises from *unconscious intrapsychological conflicts* between unacceptable impulses and actual requirements. Many of these impulses represent a threat for individuals because they are incompatible with their social or personal values. An example is a woman who cannot admit that she feels hatred for her mother because these feelings are contrary to her conviction that children should love their parents. If she admitted her real feelings, she would destroy her perception of a loving daughter and risk losing her mother`s love and support. When she starts feeling anger toward her mother, this activated anxiety signals potential danger. This woman can also perceive a negligible conflict with her mother (e.g. disagreement about a family holiday or food for dinner) as a severe stressor. On the contrary, a woman whose mother does not provoke such contradictory feelings can experience these conflicts as less severe stressors. From the psychoanalytical view, we all experience unconscious conflicts. However, these conflicts are more severe and numerous for some people and, thus, they experience more life situations as stressful situations. For this reason, the cause of inner sources of stressful reactions lies in unconscious conflicts. *The behaviourists* focused on the ways individuals learn to connect stress reactions with specific situations. Some people react to certain situations feeling fear and anxiety because, in the past, these situations had some loss or stress as consequences for them. According to the behaviourist theories, some phobias develop through *classic conditioning.* An example is a student who was not successful at the final exam, which took place in a classroom, and he can feel anxious when there is another exam in the same classroom next year. It is sometimes complicated to get rid of fear. When the first reaction is avoiding or escaping from the given situation, people do not have to recognise when this situation is not dangerous anymore. Thus, individuals can still fear specific situations because they usually avoid them and are not confronted with their fear. An example can be a woman whose parents punished her for her assertive behaviour in childhood. She may never learn that, in some situations, it is suitable to express her wishes directly because she will never try it. *Cognitive theories* emphasise the importance and influence of cognitive processes on the evident behaviour of an individual in a stressful situation. Cognitive processes have a mediating function between impulse and behaviour. For this reason, the impulse itself does not provoke specific behaviour, but it is important what the individual will ascribe to this impulse. Similarly, consequences also strengthen or weaken previous behaviour according to the importance of these consequences (Murdoch–Barker, 1996, in: Možný, Praško, 1999). Based on the knowledge about the meaning and significance of cognitive processes, we can better understand and foresee people`s behaviour in some specific situations. At the same time, we can also explain why the same impulses can lead to various answers. People (subjects) are active participants in the learning process, and they pay attention only to specific impulses they evaluate and compare with their previous experiences. Their reactions also depend on their convictions, expectations, and not least, on their self-evaluation and assessment of their possibilities to manage the given situation.

Modification of the learned helplessness theory (Abramsonová, Seligman, Teasdal, 1978, in: Atkinson et al., 2003) focuses on the *attribution* or explanation of causes people attribute to the crucial events. According to these investigators, people more often have helpless and depressive reactions to adverse events if they attribute these negative events to causes that are internal concerning them ("It is my fault."), they do not change in time ("it will take an eternity"), or they are global, influencing many areas of their lives. For example, people whose partners have left them will attribute this breaking up to their "bad personalities"

(internal, invariable, global attribution), and they will lose their self-esteem. They will also expect that their future relationship will not be successful as well. This attitude will lead to their decreased motivation, passivity and sadness. Contrary, if people have less pessimistic attributions (e.g. attribution of the divorce to the difference in characters of both partners), they will probably keep their self-esteem and motivation in the future. Abramsová and her colleagues (1978, in: Atkinson et al., 2003) suppose that people have *attributive styles* (*specific styles individuals attribute causes to various events in their lives)*, which influence the way they experience specific events as stressful, and whether they have helpless or depressive reactions to these problematic situations. Several studies support this theory. The attributive (explanatory) style has three dimensions (Heretik, sr., 2007): 1. *permanence* (temporary vs permanent character), 2. *pervasiveness* (specific vs global character), 3. *personalisation* (internalisation vs externalisation). If we evaluate adverse life events and stressors, learning to be optimistic means changing thinking from *permanent* to *temporary* (no stressors will last forever). It is also a change from the *global to specific character* (these stressors are not related to „everything", to the whole life, they are related only to some specific impulses); from the *internal to the external character* (to differentiate what I can or cannot influence). *Seligman's theory of learned optimism* (or *even learned happiness*) belongs to trendy concepts of the so-called positive psychology. In one study (more in detail: Atkinson et al., 2003), the investigators found out that students who got a worse mark than was their standard and who had a pessimistic attributive style were significantly more often depressed than students who got a worse mark, but their attributive style was optimistic. The pessimistic attributive style also connects with the body illness. They found out that students with a more pessimistic style mention illnesses, and they go to the medical centres more frequently than students with a more optimistic attributive style. In the longitudinal study lasting 35 years, investigators examined men who studied at Harvard from 1939-1940. They noticed that 25-year-old men who had a pessimistic attributive style got ill more often during the following years than men who had an optimistic attributive style (Peterson, Seligman, Vaillant, 1988, in: Atkinson et al., 2003). Another study examining individuals in late adulthood confirmed that pessimistic people had a worse immune system activity than optimistic individuals (Kamen, Siegel et al. 1991, in: Atkinson et al., 2003).

A cognitive-behavioural contribution to the mediation of stress is also the conception of estimating own *self-efficacy*. According to the social-cognitive theory by Bandura, we can consider and regulate our behaviour. We use symbols; we can think, create and plan. The cognitive processes are evident in actions. Our ability to imagine future consequences and outputs reflects in their insertion into the current motivations of behaving. The result of previous experience can also be the expectation that some forms of behaviour can succeed, and others have only minor or undesirable consequences. Thus, causality does not depend only on the environment. The environment and people mutually influence each other (Možný, Praško, 1999). These expectations impact people`s behaviour, and they are a determining factor in choosing their activities. They also determine how much effort people will put into specific actions and how long they will keep in this effort when coping with demanding situations (Bandura, 1977). In this theory, changing expectations related to personal self-efficacy is crucial if people want to change their behaviour. Individuals with a firm conviction about their self-efficacy can cope with situations even in an environment with limited conditions, and they attribute their failures to unfavourable circumstances. Goals mean a challenge for them, and they try harder to overcome possible obstacles. Contrary, people with a low belief in their self-efficacy use potential opportunities less, they attribute their failures to unfavourable situations, and their effort to reach their goals usually weakens if some obstacles appear (Bandura, 1988). To some extent, self-efficacy is similar to the concept of aspiration level; however, they are not the same. Whereas people`s aspiration level primarily results from external pressures, self-efficacy depends more on the inner conditions.

However, a positive correlation exists between these two views: the stronger the self-efficacy, the higher goals people have. The positive correlation is also between the perception of self-efficacy and success: success increases people`s self-confidence, and failure provokes their doubts about themselves. The research also confirms a relationship between perceived self-efficacy and the psycho-biological functioning of the body. The increase of self-efficacy improves the general level of arousal and has a favourable impact on health and mental well-being. It also influences the rate of vulnerability in stressful situations (Výrost, 1997). Another research tendency focuses on people who are more resistant to stress, and they do not get ill physically or mentally despite difficult, stressful situations (Kobasová, 1979, in: Atkinson et al., 2003). This characteristic feature is *hardiness*. More than 600 men participated in the research (Kobasová, 1979, Atkinson et al., 2003). It showed that men who overcame many stressful situations and were less ill differentiated in three main dimensions from those who overcame many stressful situations but were ill more frequently. These more resistant men participated in working and social life more actively, they were more focused on challenges and changes, and they had a feeling that they can more influence the course of events in their lives. According to Kobasová (1979, Atkinson et al., 2003), hardiness moderates the relationship between stressful life events and illness. She defines hardiness as a mixture of three different personal features: 1. Control (control of situations) – a feeling of personal control over external events in the life; 2. *Commitment* - (commitment and personal involvement) – a deep feeling of commitment, awareness of the meaning of life and events in everyday life; 3. *Challenge* – a flexible attitude in adapting to unexpected changes because they represent interesting challenges to further personal development. In general, resistance is an efficient moderating factor in the relation between stress and health. The resistance has a specific protective effect because it can eliminate, alleviate or regulate the negative impact of unfavourable life events, situations and circumstances.

According to Atkinson et al. (2003), it is possible to describe the personal characteristic features of people resistant to stress with three concepts: „*involvement*", „*influence*", and „*challenge*". The author says that these characteristic features are in a mutual relationship with factors that influence stress intensity. For example, the feeling of influencing the course of life events also impacts evaluating stressful situations. The challenge also includes cognitive evaluation. Antonovsky (1979) pointed to three dimensions of a personality that influence whether people will fail to cope with difficulties or resist them. These dimensions represent: the *meaningfulness* of the given situation in contrast to its alienation, *clarity* in contrast to a chaotic character and *manageability* in contrast to an unmanageable situation. If people see their situation as meaningful, evident, and manageable, they acquire a more hopeful and optimistic attitude to fight difficulties.

Type A behaviour represents one pattern of personal behaviours, and nowadays, experts pay much attention to it. Over time, doctors observed that the myocardial infarction victims are hostile, aggressive, and impatient people who focus too much on their work. In the 1950s, two cardiologists (Friedman and Roseman, 1974, in: Atkinson et al., 2003) defined a model of behaviour characterising patients with the ischemic illness of heart, and they called this behaviour as *the Type A behaviour*. People with this type of behaviour are significantly competitive and focused on performance, and they feel a constant lack of time. These people cannot relax. They are impatient and angry when they have to postpone something or deal with people they consider unable. Even though they look self-confident, they are probably victims of their incessant doubts about themselves. These people try to do everything in the shortest time possible. Contrary, people with *Type B behaviour* do not have these features, which are characteristic of Type A. They can relax without feeling guilty, and they can work without stress. These people do not feel a constant lack of time, are not impatient and do not get angry quickly. In 1981, after examining all existing evidence, the American

cardiological association marked Type A behaviour as a risk factor for the occurrence of the ischemic illness of the heart. We mention an overview of all components of Type A behaviour in Table 5 and its expressions in Table 6.

Table 5: Components of Type A behaviour (Nôtová, 2007, p. 495)

• Competitiveness	• Pushingness
• Fight for success	• Hostility
• Lack of time	• Responsibility
• Impatience and Speed	• Working involvement

Table 6: Expressions of the Type A behaviour (Nôtová, 2007, p. 495)

Behavioural	Verbal
• Faster motor speed	• Explosive speech
• Decreased ability of relaxation	• Interruption
• Excessive activity and unrest	• Tense breathing in
• Performance orientation	• Briefness – emphasis
• Impulsiveness	• Hostile colouring

A relatively newer concept is the so-called *Type D personality (distressed personality),* and experts published several works about this topic in 1996-2005 (Denolt, 2002, 2005, in: Nôtová, 2007). The concept of the Type D personality emphasises that these people tend to suppress expressing emotions, and they have negative emotions. There is also social isolation and increased depressive symptomatology (Denolt, 2003, in: Nôtová, 2007). The Type D personality possesses two stable features: *negative affectiveness* (a higher occurrence of negative emotions) and *social inhibition* (a tendency to inhibit the expression of these emotions in social situations). These people tend to be worried, tense, unhappy, irritable, and generally are in a worse mood. In Table 7, we mention an overview of typical characteristic features of the Type D personality.

Table 7: Characteristic features of Type D personality (Nôtová, 2007, p. 492)

• Depressive symptoms	• Lack of social support
• Chronic tension	• Absence of positive emotions
• Hostility	• Decreased self-evaluation
• Pessimism	• Life dissatisfaction
• Irritability	• Inhibition of negative emotions

However, a positive fact is that we can modify non-adaptative behaviour, which can cause even more stress retrospectively. It is possible to modify it with suitable ways of intervention (training and therapeutical programmes). The Stressful Situations questionnaire allows us to understand how we can cope with stressful situations in a better way (Buchwald, 2013).

6 Coping strategies

In the professional literature, we can find several divisions of coping strategies. The strategies of defence and attack, or active and passive strategies, belong to the oldest divisions of the coping strategies. *Active strategies* appear in the attacking solving of the conflict. Characteristic features are activity and increased level of aggression. People do not hesitate to fight with a stressor. The active strategies include: repeated trials to overcome obstacles (we do it with increased effort); open aggression; compensation; setting an adequate substitutional goal, effort to reach another success or satisfaction; escape to excessive activity. *Passive strategies* usually include a passive solving of situations. However, there also belongs the escape from the unfavourable situation, accompanied by significant activity. The category of passive strategies involves: resignation (i.e. stopping with an effort, setting a substitutional or inadequately low goal), escape to fantasy, inactivity, escape to

alcoholism or abuse of other narcotics, isolation, avoiding of people (Senka, Čečer, 1988, in: Bratská, 2001). The classification by Lazarus belongs to the oldest strategies of coping. In his book *Psychological Stress and the Coping Process*, he mentioned the following strategies of coping with stress (Lazarus, 1966, in: Bratská, 2001, p. 114): *a strategy of indifference (apathy), a strategy of avoiding the noxious influence, a strategy of attacking the attacker, a strategy to strengthen and increase own sources of force.* Folkman and Lazarus (1984, in: Atkinson et al., 2003) further describe two primary forms or strategies people use to cope with stressful situations. People can focus on a specific problem or situation that occurred, and they try to find ways to change or avoid it in the future (*coping focused on a problem*). They can also focus on alleviating emotions related to the stressful situation, whereas a proper change of the situation does not have to occur (*coping focused on emotions*). Most people cope with stressful situations using both coping strategies, focusing on the given problem and emotions. In coping focused on a problem, individuals try to eliminate what provokes fear and worries, destroy all stressful situational influence, and achieve the change of conditions that worsen the general state. These strategies consist of identifying and defining a problem, seeking possibilities for solving and acquiring special skills. Contrary, strategies focused on emotions often include the evaluation of the given problem, use of various means to alleviate its urgency (e.g. physical exercises, psychological support by friends), or to achieve a temporary postponing of the situation (e.g. „*it is not worth so that I worry with it now*"). According to Folkman and Lazarus (1980, in: Křivohlavý, 2009), strategies focused on a problem are more frequently used in the working area, whereas people prefer strategies focused on emotions in solving family conflicts. One study (Arthur, Hiebert, 1994) points to gender differences in coping strategies related to differences in stressful situations (women showed a higher level of emotional stress). Another factor was a different approach of men and women to stressful situations (women more often used strategies focused on emotions). However, both mentioned types of coping are efficient if people suitably use them. Subsequently, they have a favourable effect on people`s mental and physical health. The following form provides steps of solving a problem (Table 8) (Praško, 2003).

Table 8: A form for structured solving of a problem (Praško, 2003, p. 192)

Step 1 – Definition of a problem and setting of a goal:
Step 2 – List of all possible (also imaginative) solutions:
1.
2.
3.
4.
5.
6.
7.
8.
9.
Step 3 – Evaluation of particular solutions:
Go through all possible solutions and consider their main advantages and disadvantages!
Step 4 – Choice of the best or most practical solution:
Choose a solution (or combination of solutions) that will lead to the goal most easily or practically (e.g. short time, short costs, use of skills you know)
Step 5 – Plan of steps:

1. ———————————————————————————
 —

2. ———————————————————————————
 —

3. ———————————————————————————
 —

4. ———————————————————————————
 —

Plan: When? Where? What? How? With who? Consider your sources and skills, or, if necessary, get or practise them.

Step 6 – Practical solving of the problem:

Follow the plan and timetable you prepared in the previous step. Do not postpone the beginning!

Step 7 –Evaluation:

Did you reach the set goal? Consider where you were successful and where you failed. Which steps were helpful, and which were less efficient? What experience did you acquire? What did you learn? Reward yourself!

Besides *coping strategies focused on solving the problem* arising from stress and *strategies focused on coping with the emotional state* related to the given stress, Kebza (2005) describes another strategy – *avoiding coping*. Avoiding coping represents activities and changes where people focus on avoiding stressful situations by diverting or distracting their attention. The most frequent example of this non-adaptive coping with stress can be the confrontation ways of solving the consequences of a stressful situation with aggression or inadequate risk-taking: the *rumination strategy*, which means a process of continuous thinking, worrying, repeating of the problem in oneself, and describing of inner feelings without an effort to change the given situation. Another non-adaptive coping strategy is the *avoiding strategy* based on alcohol abuse, risk-taking, or attacking others (Dobríková, 2007).

As we can see, there are numerous ways of coping with demanding situations. Some strategies can be efficient (e.g. evaluation of the situation), and, contrary, some strategies can cause even more stress (e.g. alcohol or drug abuse).

In stressful periods, people can learn various strategies under professional guidance. They can learn how to decrease the harmful stress on the mental and physical condition. In general, there is an emphasis on behavioural or cognitive approaches or their combination. *The behavioural approaches* focus mainly on the change of external conditions and the change of people`s behaviour. We also include techniques to manage physiological reactions to stressful situations (e.g. biofeedback, relaxation training, meditation and physical exercises). *The cognitive approaches* primarily aim to change cognitive reactions to stressful situations. Several investigators show that the improvement achieved with the combination of cognitive and behavioural approaches lasts the longest time (Atkinsonová et al., 2003). Similarly, Dobríkova (2007) mentions several types of adaptive strategies: behavioural strategies (physical exercise, seeking for psychological support in the social environment, training of relaxation), which alleviate severe consequences of the problem). There are also *cognitive strategies* (evaluation of the situation or temporary postponing the problem from the conscience). Moreover, she also pointed to *distracting strategies* (performance of pleasant activities that enable relief from burdensome feelings, leading to the acquisition of control over the given situation). We can include Schwarzer (2000), Schwarzer, Knoll (2003), Schwarzer, Taubert (2002), Reuter, Schwarzer (2009) in newer approaches to coping. According to

the time dimension, they differentiated four types of coping strategies. *Reactive coping* solves stressful situations at the moment when they occur or have already occurred. Reactive coping is problem-focused, emotion-focused or social-relation-focused. These coping strategies compensate for the loss or alleviate harm, and they are following the traditional coping. *Anticipatory coping* deals with the impending threat. People are dealing with a problem that may occur in the near future. This coping aims to directly solve the upcoming stressful situation, and people have to manage the perceived risk. It is a cognitive, emotional and free preparation for possible burdensome situations. People consider possible strategies, create their energy resources, and develop their specific competences. At the same time, they purposefully strengthen their resistance against stress. *Preventive coping* helps to create resistance to stress which may occur. It is an effort to prepare for uncertainty from a longer perspective. This coping does not arise from an acute stressful situation. *Proactive coping* creates resources that will be necessary so that people do not perceive stressful situations as a threat, but as a challenge they accept. They see risks and demands in the future, but they do not appraise them as threats, harm, or loss. In this way, they will achieve personal growth focused on the future, and at the same time, they will strengthen their anticipatory and preventive coping. Preventive and proactive coping styles are partially expressed with the same types of evident behaviour, such as developing skills, accumulation of resources and long-term planning. However, they differ in the motivation that can arise from evaluating a threat or a challenge. In the threat evaluation, the levels of fear are higher than in evaluating a possible challenge. Proactive individuals have the motivation to face these challenges, and they accept the commitment to achieve personal quality standards.

One way we can positively influence our health and life quality is to eliminate or, at least, alleviate some symptoms of stress in its very beginning. We agree that successful prevention and coping with stress require a combination of direct action strategies and relaxing strategies. First, it is crucial to discover and define the sources of stress and its causes. In the following step, we consider and choose how we can eliminate or, at least, alleviate the causes and (already arisen) consequences of stress. Subsequently, we recommend applying relaxation techniques in everyday life for the prevention of stress. Everyday „work" on ourselves and applying psycho-hygiene principles represent an efficient tool for prevention against stress and for increasing the feeling of subjective well-being. It is also an efficient tool that helps us alleviate our experiencing of stress in situations when its source is persisting. Besides physical exercises, we recommend using breathing and relaxation exercises or mental techniques. Last but not least, protective factors against stress also include building a network of social help, the inclusion of pleasant activities in a daily regime, adequate self-evaluation and aspirations, sense of humour, optimism, a feeling of life meaningfulness, the ability to perceive obstacles as a challenge, a healthy diet, a balance between work and relax, enough physical activities, good sleeping and others.

7 Conclusion

The research subject analysed in this study is highly up-to-date. We think that it is currently an important social topic and increasing responsibility laid on every individual. Stress and burden represent part of the life of all people. With no resignation, we have to accept it and deal with its coping in the current environment. At the same time, we have to be able to perform the roles which are required from us by society. The study offers verified strategies that we can understand as efficient and applicable interventions in our reality.

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