

The bogus 'stress' concept

Angela Patmore considers the implication for counselling

Four years ago, Alison Dunn, head of the counselling and trauma service for London Underground, wrote an article in *Counselling at Work* taking me to task for my reported views on 'stress'¹. I was referred to as a *Daily Mail* journalist, and accused of being 'misguided' and of making 'generalisations' about the efficacy of stress counselling. Ms Dunn on the other hand was confident that: 'We have a thorough understanding of stress as a result of our training and experience.'

I am not a *Daily Mail* journalist: that newspaper was one of over 60 publications and television programmes that regularly request articles and interviews on my work. In 1997 as a former Fulbright scholar and research fellow working with scientists at the University of East Anglia's Centre for Environmental Risk (a World Health Organisation collaborating centre) I carried out a meta-analysis on the stress literature, examining literally hundreds of studies². The findings were, to put it bluntly, shocking.

In the clinical literature there were widespread, serious and disqualifying flaws. We found major definition failure which in any other scientific field would not be tolerated. 'Stress' could be a cause one minute and an effect the next. It could be used indiscriminately to refer to hundreds of very different emotional and physiological states and problems. BBC television recently filmed me unfurling a scroll of over 650 definitions on Paddington Station, with passengers adding more. These 'meanings' come from the scientific and authoritative literature and from stress sufferers themselves. All the things referred to are real, but they are very different. They include feelings (such as tension, anxiety, anger or exhaustion), external problems (like overwork, commuting, being bullied or having domestic troubles) and physiological mechanisms (such as fight-or-flight, heart rate or cortisol levels)³.

Concern over this lack of rigour is not simply a matter of hair splitting. It means that findings can be adapted to suit commercial priorities, political policies or pre-existing assumptions. It makes possible the marketing of dubious stress products and packages with a veneer of scientific respectability.

Poor logic (eg 'it happened after it therefore it was caused by it') was rife in the clinical literature. There was widespread and dangerous confusion of arousal and resignation, which have separate

biological consequences and which impact very differently on human health. The first is designed to galvanise the threatened individual over the short term into action to help himself; the second functions rather like a death wish and shuts off the immune system. When researchers refer to 'long-term stress' they are usually talking about the latter response, the scientific name for which is learned helplessness⁴. Such resignation can kill, and kill quickly. Yet these health harms are attributed to arousal.

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There was conflation of stimulus and response (opposites), and wide reliance on animal models, for example to represent the complexities of the human mind. This is partly because the term 'stress' was originally borrowed from engineering in the 1930s by Viennese endocrinologist Hans Selye⁵, who experimented on 1,400 rats a week in his Montreal lab and muddled up 'stress' and 'strain'. Fellow scientists have demolished his methodologies yet Selye's concept has been used ever since to pathologise normal human emotions and mechanisms and even the very latest psychoneuroimmunology (PNI) research shows no significant improvement in its concept precision.

Few of the stress practitioners I consulted had ever read Selye and fewer still had studied the clinical literature. Even the (then) chair of the International Stress Management Association Dr Rosemary

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Anderson, when asked in an interview for my book: 'Does your remit include looking at the scientific research?' replied: 'It would do if I had the time.'⁶ This may explain why members of the industry use the term 'stress', as Alison Dunn does, with such astonishing confidence. It may also explain why literally millions of them claim, with equal certainty, to be able to manage it.

In workplace studies huge credibility has been given to self-report data obtained through subjective questionnaires, which lack validity and which some scientific journals will no longer publish. Yet these 'inventories' are the stock in trade of workplace stress experts. At UEA we also found poor methodologies, inadequate control groups, lack of follow-up studies, small samples, conclusions drawn on the basis of surmise, reliance on cross-sectional data, false extrapolation (eg from engineering to biology) and a great many technical errors. My UEA/CERM report concluded that the term 'stress' was bogus, and that the theory and practice of 'stress management' was therefore by definition illogical, misleading and unscientific. The findings gave rise to a conference⁷ that brought together prominent critics of the concept from the sciences, from medicine, psychology, the emergency services and the arts professions (Dame Judi Dench and Fay Weldon both lent their support).

I went on to write *The truth about stress*⁸, which offers 440 pages of evidence on 'stress management' mythology and on the more traditional alternatives for dealing with emotional distress, such as inurement and emotional education. It examined a wide spectrum of 'psychological help' and differentiated between counselling per se – which may deal with many issues other than 'stress' and be good or bad according to the wisdom, skill and humanity of its practitioners – and 'stress counselling', which is inspired by the sort of scientific evidence we have discussed above. The book caused a storm of controversy. Critics thought I was attacking sufferers (rather than the industry) and the *New Statesman* reviewer claimed that I was widely regarded as 'a heartless bitch'⁹. On the other hand the head of OH at Unilever International, Dr John Cooper, said: 'This book should be compulsory reading for doctors, HR managers, CEOs, in fact pretty well everyone in the corporate world'¹⁰ and last year it was short-listed for the MIND Book of the Year Award.

The stress industry, I discovered, had 11 million websites (now 15 million)¹¹, and more UK members than our armed forces or GPs. Based on a Department for Education and Science mapping exercise 10 years earlier when the UK had a quarter of a million therapists, it now had upwards of two million accredited¹² (and countless unaccredited but practising), with a growth rate in accreditation

by BACP alone of 804 per cent between 1991 and 2003¹³. Most of that counselling, says media spokesman Philip Hodson, 'would include a stress component'¹⁴ and a survey of 136 UK organisations showed that stress counselling in the workplace had trebled since 1991¹⁵.

Even on its own terms, the stress industry had evidently failed. Its practitioners couldn't even tell me (as the Trade Descriptions Act surely requires) what they were managing. Plus they haven't managed it. A 2004 CIPD survey¹⁶ showed half the employers questioned had already introduced stress management measures, yet stress statistics continue to skyrocket. During the year I spent typing the book, HSE figures revealed that another 245,000 sufferers 'first became aware' of their stress¹⁷. The industry purporting to help them was unfettered by any government regulation, either by HSE, DTI, DOH, Health Professions' Council, the Healthcare Commission or the MHRA. Worst of all, my evidence strongly suggested that the industry was harming people.

Those who complain of 'stress' are clearly suffering: I do not dispute this. The question is, from what? Everybody has serious problems and worries, yet not all of us absent ourselves from work, or think we are in need of treatment. The book offers evidence to suggest that 'stress' sufferers, in addition to having problems, are actually experiencing unpleasant symptoms of anxiety and over-alertness (hyper-vigilance) about their own negative emotions and bodily sensations. They fear they cannot cope with life's demands and worry that they are about to break down mentally and physically. They think they need to avoid arousal and to calm down. Arguably, all of these fears have been engendered by the stress management industry itself.

Stress management is not reactive, like the NHS or Florence Nightingale. It is proactive. It proselytes what it calls 'stress awareness' and tells people they are suffering from stress and that they may die if they do not avoid it. It warns them to look out for signs and symptoms, for emotions like anxiety, tension, anger or fear, or for bodily reactions like the fight-or-flight response. It tells them that it can measure stress by monitoring their hormones, heart rate, temperature etc, and refers blithely to the 'causes' of stress, as though these have been ascertained. They have not. (Even in the workplace, depending where you look, different studies show 'stress' is caused by overwork, by insufficient work and by no work at all.)

Myths are spread by the industry using biologically inappropriate engineering terms like 'stress' and 'pressure'. Stress, we are told, is bad yet pressure is good – but why? Because stress is pressure you don't like, and pressure is stress you do? 'Stress

causes disease' is another edict, but that very much depends on what you mean by 'stress' as well. The research doesn't show, for example, that arousal or the fight-or-flight response cause disease. It does show that failure to self-help and apathy cause disease. If you mean by 'stress' being in a hurry, or being very busy, the latest research on anti-ageing indicates that they increase production of heatshock proteins that repair cells and prolong life (hormesis)¹⁸. Studies of the brain as a complex system suggest that it positively benefits from activities that involve arousal and resolution. These inspire our leisure pursuits (like sport, cinema and classical music), our creativity and our emotional development.

On the other hand, stress management can kill. Kava kava, a herbal 'stress' remedy, was withdrawn after reported deaths from liver damage. Ritalin, prescribed to control over-activity, has caused childhood fatalities¹⁹. Benzodiazepines, so-called minor tranquillisers, between 1964 and 2004 (extrapolating from Home Office data) were involved in 17,000 deaths²⁰. Furthermore, tranquillisers are chemically depressant. They literally depress the central nervous system, and it is no coincidence that in our calm-down culture we are seeing a depression epidemic.

Our ancestors who endured war, want and workhouses had no concept of 'stress'. They practised time-honoured alternatives to stress management – 'character-forming pursuits' that made them emotionally robust by exposure and rehearsal of negative emotions rather than protection. The public school system still fosters this 'toughening up', seen elsewhere in childhood dares and teenage rites of passage. Progressive exposure to negative emotions by means of physical and mental challenges is known as inurement. It underlies not only military training and outward bound-style activities but personal development programmes like phobia cures and cognitive behavioural therapy. Inurement increases resilience and the scientific evidence is robust.

Companies that offer employee resilience training are often highly successful: Alison Dunn's London Underground programme is one example. However this has nothing to do with fashionable arousal management. Coping skills are necessary to survival and need to be acquired. When I was a life skills trainer to the long-term unemployed, our small Colchester company achieved the best outcomes record in the region by asking trainees to confront their fears and anxieties and accept challenges²¹. Personal responsibility, courage and emotional maturity need to be learned. Conversely, workplace legislation, codes and interventions that focus on workers' feelings rather than on real organisational

issues betray those employees and patronise them by seeking to act *in loco parentis*. ■

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