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Stress as a psychological phenomenon

Abstract. *This article provides a theoretical analysis of the problem of stress as a psychological phenomenon. The different meaning of stress for different people in different conditions is considered. The first attempts and isolation of the concept by the author Hans Selye are studied: «Stress is a non-specific reaction of the body to any requirement.» The definitions of a number of outstanding psychologists who gave their definitions of stress as a psychological phenomenon and their vision of the problem are highlighted. The sources of stress, its biological and psychological components are highlighted. Psychological areas of stress have been identified. The authors provide a brief overview of the history of stress by date, highlight the main terms, symptoms and phases of stress. To fully understand the phenomenon of stress, various approaches are considered: biological, psychological and social in the study of stress. The article presents various stress models that represent and define concepts related to stress processes and combine situational requirements, individual and social resources. The considered models allow us to show the connections that exist between stimuli and the response to stress. The transactional model of stress describes its occurrence when a person perceives a situation he has encountered as difficult and does not immediately understand how to cope with it, that is, any situation can be a stressor. Selye's model, according to which stress is an interaction between an external change and the body's response to this change. Sociological models that focus on the development of stress in a social context, a model of crises of professional satisfaction, models of health and illness. Lazarus and Folkman stress model emphasizes the importance of cognitive assessment, in which stress does not exist by itself, but reflects a person's perception.*

Keywords: *stress, model, G. Selye, phase, psychological phenomenon.*

DOI: <https://doi.org/10.32523/2616-6895-2023-144-3-366-376>

Introduction

Despite the daily and frequent use of the term «stress», research in this area has not yet reached proper convergence, which is partly due to the ambiguity of the definition of stress and theoretical approaches to its study. In other words, the discrepancy in the research literature on stress, due to its complexity and multidimensionality, leads to disagreements at the stage of studying stress.

Stress has different meanings for different people in different conditions. The first and most general definition of stress is the definition proposed by Hans Selye: «Stress is a non-specific reaction of the body to any requirement.» Selye has repeatedly stressed that further use of the word stress as a non-specific reaction to any requirement is the most appropriate. Selye argued that stress is not identical to emotional arousal or nervous tension, since stress can occur under anesthesia or in response to anesthesia in humans and animals, as well as in plants and bacteria that do not have a nervous system [1].

The word «stress» used by Selye is accepted in all foreign languages, including those in which such a word did not exist before. Stress, Selye stressed, is not something that should be avoided. Indeed, it is impossible to avoid it, since mere existence creates a certain need for energy to maintain life. Even when a person is asleep, his heart, respiratory apparatus, digestive

tract, nervous system and other organs must continue to function. Complete freedom from stress can be expected only after death» [1].

Selye, in his book *Stress in Health and Illness* (1976), argues that, in behavioral sciences, stress is considered as «the perception of a threat with the resulting anxiety discomfort, emotional stress and difficulties of adaptation.» In a group situation, the lack of structure or the loss of an anchor «makes it difficult or impossible for the group to cope with the demands of the situation, and the problem of leadership and interpersonal behavior becomes a problem of developing or providing a structure or anchor, as well as providing experience to overcome the requirements of the situation» [2].

There are also a number of outstanding psychologists who have given their definitions of stress as a psychological phenomenon and their vision is as follows:

1. Stress is a normal psychophysiological reaction to events, as a result of which people have a feeling of threat, sadness, dysphoria and imbalance [3].

2. Stress is considered as a situation that results from the interaction of individuals and their environment and causes disharmony between situational requirements and biopsychosocial resources [4].

3. Stress is a bodily reaction to any demand. Stress can be caused by both good and bad experiences [5].

As a result, in psychology stress is defined as a psychological reaction to any change in life circumstances or a change in habits. Stress is an individual's subjective perception and assessment of the external environment, and any bodily wear and tear that the body experiences in everyday life can be considered stress. Stress is changeable rather than permanent, and can be caused by both pleasant and unpleasant events, although unpleasant events usually cause a higher level of stress, and the level of stress experienced by each person in connection with the same event is not the same and is very subjective. In general, there are two main sources of stress:

1. Biological stress

There are many everyday life events or unexpected situations that can become a source of stress, as well as demands from various sources, including friends, family and other interpersonal obligations.

2. Psychological stress

Stress is a subjective phenomenon, and the way people label, interpret, perceive, ponder and react to events determines whether they are stressful or not [6]. At one time, psychological stress is divided into three areas:

1. Too strong external stimuli disrupt the initial balance of mind and body and affect the mind and body. For example, if the stock market collapses, or a person suddenly hears bad news about a family member, or a company is on the verge of closure due to production difficulties, stress arises.

2. The influence of internal expectations on reality. For example, if an individual has a high opinion of himself, but as a result does not get what he wants, then as a result there is a resonance between reality and expectations, which leads to stress.

3. Stress occurs when life events change too often. A person has an instinct to maintain a state of balance, but if unemployment, relocation, the birth of a new child and illness occur simultaneously for a short period of time, the balance of a person is often disturbed and stress occurs.

Depending on the area of psychological stress, there are three types of stress, they are:

1. Frustration: Frustration occurs when a person's efforts are hindered either by obstacles in moving towards the goal, or by the lack of appropriate goals. It is often difficult for people to deal with frustration properly, as it often leads to a derogatory self-esteem, a feeling that a person is bound to fail, or a feeling that he or she is not capable.

2. Conflict: Sometimes stress occurs when one or more incompatible needs or motives arise simultaneously, and the choice of one of them excludes the satisfaction of the other. In fact, a person has to choose at this time, and he experiences a conflict trying to make a decision.

3. Pressure: Pressure can also come from achieving a certain goal or from performing a certain behavior. It is usually said that it accelerates, strengthens or changes the direction of an individual's behavior towards achieving the goal. However, in some cases, severe stress can overload an individual's adaptive resources and, being excessive, lead to maladaptive behavior. Stress is external conditions that cause discomfort or tension because they threaten or upset, or because they exceed a person's ability to cope with them. Stress is not only an objective condition, but also depends on a person's feelings and interpretations [6].

There are many sources of stress, which can be the result of overload at work, a dangerous situation, a role conflict, an unfavorable physical environment or an unexpected event. Many studies have shown that excessive stress can affect not only a person's physical health, but also his mental health. Severe stress can not only lead to mental disorders, but even end a person's life. Thus, stress is one of the sources of human suffering.

The main part

The concept of stress has evolved over time, and its understanding has been shaped by various historical milestones. The following is a brief overview of the history of stress by date:

1920-1930 [7]:

Hans Selye (in Hungarian Selje Janos) was born in Komarno, Slovakia (at that time Komarom, Hungary) in 1907. Selye attended school in a Benedictine monastery, and since there were four generations of doctors in his family, at the age of 17 he entered the German Medical School in Prague, from which he graduated first in his class, and later received a doctorate in organic chemistry. As a medical student, Selye noticed that patients suffering from various diseases often have the same signs and symptoms. They just «looked sick.» This observation may have been the first step in his understanding of «stress». Later, he discovered and described the general adaptation syndrome – the body's reaction to the demands placed on it. The syndrome describes in detail how stress causes hormonal autonomic reactions, and over time these hormonal changes can lead to ulcers, high blood pressure, arteriosclerosis, arthritis, kidney disease and allergic reactions. His fundamental work «The syndrome caused by various harmful agents» was published in 1936 in the journal «Nature». Selye's multifaceted works and concepts have been used in medicine and in almost all biological disciplines - from endocrinology to animal husbandry and social psychology.

Although Selye was fluent in at least eight languages, including English, and could speak half a dozen more languages, his choice of the word «stress» to describe the nonspecific reaction syndrome he discovered was unsuccessful. He used the word «stress» in his first letter to the editor of the journal Nature in 1936, who suggested deleting it because it implied nervous tension and replacing it with an anxiety reaction. He also didn't know that stress had been used in physics for centuries to explain elasticity, a property of a material that allows it to regain its original size and shape after being compressed or stretched by an external force.

Much of what Selye believed and offered was not entirely true. He didn't know about a lot of other components, which, as it was later shown, are important tools in understanding the phenomenon of stress. His real legacy can be summed up by the way he himself spoke about it: theories do not have to be true - only facts are true. Many theories are valuable simply because of their heuristic value, i.e. they encourage others to discover new facts, which then lead to better theories.

1930-1940 [8]:

The term «fight or flight» was first developed by Dr. Walter B. Cannon in 1915. Walter Cannon studied at Harvard University and stayed there to teach in the Department of Physiology. Although he was a physiologist by training, Dr. Cannon became interested in the physical reactions of his laboratory animals under stress. Studying the digestion of his animals, Dr. Cannon noticed that physical changes in the work of the stomach occurred when the animal was scared or frightened. He continued to study various physiological responses to stress throughout the body.

The «fight or flight» reaction, also called an acute stress reaction, is an automatic reaction to a stressful and potentially dangerous situation. Our brain reacts quickly to protect us and prepare the body for action. Like animals, humans respond to acute stress either by fighting the threat or by fleeing from it.

Fight or flight can take many forms and often differs in different species. For example, a snake usually runs away from a person, but if it is cornered or guarded by a nest, it can attack. Some animals, such as frogs or lizards, disguise themselves in the hope that the predator will leave. Also, the reaction may vary depending on the sex of the animal. Males fight more often, and females hide more often, freeze in place so that they are not discovered, or run away to a safe place.

1940–1950 [9]:

Hans Selye, in a note in the journal «Nature» in 1936, initiated the study of stress, showing that rats exposed to unpleasant stimuli reacted to them with a «general adaptation syndrome» (OAS). One of the main features of OAS was «the formation of acute erosions in the digestive tract, especially in the stomach, small intestine and appendix.» This served as an experimental proof of the opinion based on clinical data that gastro-duodenal (peptic) ulcers can be caused by stress. This hypothesis was refuted by the discovery of Marshall and Warren, awarded the Nobel Prize (2005), a causal relationship between *Helicobacter pylori* and peptic ulcers. However, clinical and experimental studies show that stress can cause peptic ulcer even in the absence of *Helicobacter pylori*. Stress has also been associated with inflammatory bowel disease (IBD) and related disorders; however, there is no evidence yet that stress is the main etiological trigger of IBD.

1950-1960 [10]:

In their book *Stress, Assessment and Overcoming*, psychologists Richard Lazarus and Susan Folkman define stress as an internal reaction of the body to any external stimulus that is considered harmful. This can range from a minor annoyance from spilled coffee to a life-changing event, such as losing a job.

They found that the level of stress a person experiences directly depends on how confident he feels in dealing with the threat. For example, one person may treat spilled coffee as a minor inconvenience, just wipe it off and move on. Another may get upset and ruin his whole day.

Lazarus and Folkman believe that how we interpret or react to an event can often have a stronger impact on stress levels than the event itself. They have developed a scheme to help people cope with stressful situations through objective assessment and coping strategies. They called it a transactional model of stress and coping.

1960-1980 [11]:

In the second half of the 20th century, work stress became an important social problem, and a huge amount of scientific attention was paid to its study. Occupational stress indicates a potential impact on both individual and organizational outcomes. Various researchers have tried to give general models of stress in the work environment, for example, Cooper and Marshall 1976. Warr 1981, 1990 and 1994, as well as Cooper and Baglioni 1998 - they all referred to the Cooper model. Although the Cooper and Warr models differ in most areas, they both use a transactional approach to the study of occupational stress in the sense that they both proceed from the assumption that stress arises as a result of a complex dynamic interaction between a person and his/her environment.

Stress symptoms not only cause significant suffering and suffering to individuals, but are also a significant burden on society as a whole, and also have a significant impact on absenteeism and reduced productivity in the workplace. It is widely recognized that stress is dynamic, and in an organizational context it needs to be constantly evaluated and reviewed if organizations want to maintain and develop the health and well-being of employees.

In the occupational stress model developed by Cooper in 1988, he discusses workplace stress issues based on sources of stress, individual characteristics and symptoms of occupational ill health and diseases.

1980-2000 [12]:

The risk of injury has been part of the human condition since we evolved as a species. Attacks by saber-toothed tigers or 21st century terrorists are likely to cause similar psychological consequences for those who have experienced such violence. Shakespeare's Henry IV seems to meet many, if not all, diagnostic criteria for post-traumatic stress disorder (PTSD), like other heroes and heroines of world literature.

In 1980, the American Psychiatric Association (APA) included PTSD in the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in the nosological classification scheme. Despite the fact that the diagnosis of PTSD was controversial at the first introduction, it filled an important gap in psychiatric theory and practice. From a historical point of view, a significant change brought by the concept of PTSD was the position that the etiological agent is outside of a person (i.e., the traumatic event), and is not an innate individual weakness (i.e. traumatic neurosis).

The key to understanding the scientific basis and clinical expression of PTSD is the concept of «trauma». In the collective consciousness, this diagnosis is associated with the legacy of the catastrophe of the Vietnam War. Earlier conflicts gave rise to such terms as «soldier's heart», «shell shock» and «military neurosis». The latter diagnosis was equivalent to «war neurosis» and «kriegsneurosis» in the French and German scientific literature.

Our days [13]:

In the 21st century, the understanding of stress has changed significantly compared to previous decades. Research in the field of psychology has made significant progress in elucidating the complex nature of stress and its impact on human health and well-being.

Stress is a multidimensional construct that includes the impact of events, the perception of stress and physiological responses to stress. Research has consistently demonstrated a close relationship between stress and a huge number of physical and mental health problems, which has led to a general interdisciplinary agreement on the importance of studying the relationship between stress and health. Developing a holistic understanding of stress requires an assessment of three areas vital to the study of stress:

- (1) the presence of stressors in the environment;
- (2) psychological and biological responses to stress;
- (3) the length of time during which a stress or stress reaction occurs.

To fully understand the phenomenon of stress, it is necessary to study various approaches, such as biological, psychological and social.

Biological

It has already been noted that stress is usually regarded as a very modern phenomenon - and above all as a problem. If we focus on stress as a biological reaction, we can claim that it has been a part of us since time immemorial and can be found even in plants and individual cells. Thus, we can say that the history of this component of stress is as old as life itself on this planet.

Now it can be assumed that the first people were also subject to excessively frequent triggering of a stress reaction during severe hunger, severe cold, heat, or even very long hikes, etc. Perhaps as a result of this, they also experienced damage to the mind and body. But whether these people could have already felt any connection between exogenous stresses and diseases, of course, is currently impossible to trace. However, thanks to scientific progress, we can get amazing information about the stress level of people who lived hundreds or even thousands of years ago. More recently, it was discovered that one of the main stress hormones - cortisol - can be determined by hair analysis. Thanks to this discovery, scientists can now track whether a person has experienced stress, when and how much by measuring the concentration of cortisol in the hair.

From a biological point of view, stress reactions are old, stereotypical activation schemes of the body, which are designed to provide the body with energy reserves for an immediate «fight or flight» reaction. Due to the increased release of stress hormones such as adrenaline, norepinephrine and cortisol, the whole body is put on alert. Heartbeat and blood pressure

increase, breathing accelerates, and glucose is released from the energy reserves of the liver, muscles and adipose tissue. Thus, the muscles are optimally supplied with oxygen and nutrients for a physical fight-or-flight reaction. Functions that do not serve immediate survival reduce their activity (for example, inhibition of digestive activity and libido). Thus, stress reactions are vital and natural defense mechanisms.

Biological stress studies describe a relatively stereotypical response to long-term stressors as a general adaptation syndrome. The general adaptation syndrome consists of three phases [14]:

1. Alarm response for fast provision of energy reserves. Thus, the body goes into a state of increased activity and readiness for activity.

2. Resistance phase to restore equilibrium. The body tries to reduce the high level of activation by eliminating stressors or adapting to constant stressful conditions.

3. The stage of exhaustion with the prevention of further adaptation by destroying the resistance.

The resistance stage can only be maintained for a limited period of time. If the body is constantly undergoing phases of increased activation without recovery, for example, in the case of constant professional or personal stress, serious long-term damage may occur.

Psychological

While the biological model describes physiological responses in a stressful situation, psychological models focus on what stimuli are perceived as stressors and how they are processed. The psychological perspective of stress emphasizes the importance of cognitive assessment. Stress does not exist by itself – it is something that is perceived by a person as such.

According to the transactional stress model, stress occurs when a person perceives a situation that he has encountered as difficult and does not immediately understand how to cope with it. Thus, any situation can be a stressor.

The assessment process in the transactional stress model is divided into two phases [15]:

1. Initial assessment

First, a person considers the stimulus he has encountered from the point of view of his well-being. Three estimates are possible. The incentive may be:

(1) unimportant for a person;

(2) it can be considered as positive;

(3) it can be considered as a stimulus that challenges its immediate coping abilities, that is, it is stressful.

Only the evaluation of the stimulus as stressful is important for the overcoming process. In this case, the next estimate is that:

(1) has damage or loss already occurred;

(2) is deterioration impending;

(3) this is a positive challenge, i.e. an effort that causes stress, but seems interesting or useful to a person.

2. Secondary evaluation

After a person has determined in the course of the primary assessment what significance and what consequences the stimulus may have for him, at the stage of the secondary assessment, an assessment of the person's available coping resources is carried out. These include the skills acquired by a person in previous stressful situations, his self-confidence, as well as material resources and social support options. The fewer resources a person sees to overcome a specific stressful situation, the more intense the stress reaction will be.

These two estimates do not strictly follow each other in time, but can overlap and influence each other. Moreover, they are formed under the influence of a person's subjective perception, and not the objective circumstances of the situation.

After the assessment process is completed, actions are taken to overcome the situation. They can be aimed at changing the situation (instrumental coping) or at intrapsychic coping

strategies (emotional coping). This is followed by a reassessment of the situation. If the coping was successful, the situation will be classified as less threatening or as an interesting challenge in the future. If the coping was inadequate, the threat increases [16].

Approaches to individual stress prevention and overcoming its consequences can be based on a Transactional Stress Model. For example, cognitive techniques can be used to work on assessing situations. You can also teach individual strategies to overcome stress.

Social

Sociological models focus on the development of stress in a social context, for example, stressors in the work environment, and on social support as a coping resource. In many cases, an imbalance between personal and environmental factors plays a role.

According to the «demand-control» model, stress in the world of work occurs when there is no balance between the demands of work and the control that a person has. The higher the requirements and the fewer opportunities for control, the greater the stress. The lack of social support further exacerbates the risk associated with stress [17].

The model of crises of professional satisfaction is based on the assumption that interpersonal exchange is determined by mutual «give and take», and that this norm is applicable to the world of work. If employees do not receive adequate compensation for what they do, for example, in the form of wages, job security and recognition, this leads to negative emotions and, accordingly, stress reactions. If a constant high level of expenses remains without adequate satisfaction, this can lead to a crisis escalation with negative consequences for health («high expenses + low profit = crisis of satisfaction») [18].

From these models, you can make suggestions for the development of work assignments and employee management. More modern approaches also affect areas of life that are not related to work, for example, the health status of housewives and mothers [19].

Another area of sociological research on stress is related to the influence of social inequality and health/illness [20]. Social inequality, for example, due to socio-economic status, gender or ethnicity/culture, has a negative impact on the development and overcoming of stress in many ways (including increased exposure to stress due to stressful living conditions; fewer strategies for overcoming stress in the individual, as well as in the environment; less availability of social and material resources; fewer opportunities to activate resources). Thus, at least for vulnerable groups of the population, social determinants and inequality should be considered not only as indirect, but also as direct variables of influence. Accordingly, preventive measures, especially for people in particularly dangerous living conditions, should also be aimed at changing vulnerable living conditions.

Models represent and define concepts related to stress processes. They combine situational requirements, individual and social resources. These models allow us to show the connections that exist between stimuli and the response to stress. The construction of these models, especially interactionist and transactional models, allowed us to move away from linear models of stress with environmental requirements and physiological response. These interactionist and transactional models emphasize that stress depends not only on the invasion of hostile forces of the environment, but also on a set of conditions related to vulnerability, individual resources, coping skills and knowledge.

The Selye model

According to Selye, stress is the interaction between an external change and the body's response to this change. And in 1956, he developed a theoretical model of the «General Adaptation Syndrome» (OAS), which states that after stress, the body seeks to restore homeostasis. In its typical form, OAS goes through three phases: (anxiety phase; resistance phase and exhaustion phase). The three aforementioned phases are presented below. They are expressed through consequences at the neurobiological and somatic level, as well as at the behavioral and psychological level [21].

1. Alarm, shock and countershock phase

This is a set of general nonspecific phenomena caused by the sudden impact on the body of a stimulus to which it is not adapted either qualitatively or quantitatively. Shock is manifested by symptoms of passive changes in functional balance (tachycardia, drop in blood pressure, decrease in temperature) and lesions (gastroduodenal ulcer). The shock lasts from a few minutes to one day. If it does not lead to death, then the shock is followed by a countershock, which indicates the activation of the body's active defenses. Then there is an increase in the volume and activity of the adrenal cortex, involution of lymphoid organs and the reverse development of signs of the shock phase (hemodilution, increased diuresis, hyperthermia) [22].

The prefrontal cortex, the area that analyzes data and manages decisions, is no longer a priority. The brain switches to «reflex» mode and through the sympathetic nervous system prepares the body for action. The hormone norepinephrine stimulates the work of organs (heart, blood vessels, muscles, etc.). The adrenal glands secrete adrenaline. Respiratory and cardiac rhythms are accelerated to better supply oxygen to the organs, bronchial tubes and pupils dilate, sweating increases [23].

2. Resistance phase

This is a set of nonspecific reactions caused by prolonged exposure to harmful stimuli on the body, to which it has adapted during the anxiety reaction. In this phase, the phenomena that began during the countershock are prolonged and intensified. Resistance to the pathogen increases, while resistance to other stressors decreases. The parasympathetic nervous system calms the heart rate and respiratory activity, reduces blood pressure. In the brain, the hypothalamus produces corticotropin-releasing hormone, which stimulates the pituitary gland to secrete adrenocorticotropic hormone. Being transported through the blood to the adrenal gland, it allows the production of cortisol, which regulates metabolism and maintains homeostasis [23].

3. The exhaustion phase

This last stage occurs after prolonged exposure to stress. Our body's resistance to stress decreases and eventually loses ground, as the immune system becomes defective. According to Hans Selye, patients suffering from stress for a long time may become victims of heart attacks or severe infections due to greater vulnerability to diseases [24].

Cortisol saturates the brain, and control over the reaction to stress is no longer carried out. Receptors in the central nervous system become less sensitive to glucocorticoids (cortisol and cortisone), the amount of which increases in the blood. There are harmful consequences for the brain and organs: cardiovascular diseases, digestive pathologies, diseases of the musculoskeletal system (ODE), effects on mental health (sleep loss, mood disorders, depression) [22].

Lazarus and Folkman Model

The psychological perspective of stress emphasizes the importance of cognitive assessment. Stress does not exist by itself — it is something that a person perceives as such. According to the transactional stress model, stress occurs when a person perceives a situation that he has encountered as difficult and does not immediately understand how to cope with it. Thus, any situation can be a stressor [25].

The assessment process in the Transactional Stress Model is divided into two phases:

1. Initial assessment

First, a person considers the stimulus he has encountered from the point of view of his well-being. Three estimates are possible. A stimulus may be (1) unimportant to a person, (2) it may be viewed as positive, or (3) it may be viewed as a stimulus that challenges their immediate coping abilities, i.e., it is stressful. Only the evaluation of the stimulus as stressful is important for the overcoming process. In this case, the next assessment is (1) whether damage or loss has already occurred, (2) whether deterioration is impending, or (3) this is a positive challenge, i.e. an effort that causes stress, but seems interesting or useful to a person [26].

2. Secondary assessment

After a person has determined in the course of the primary assessment what significance and what consequences the stimulus may have for him, at the stage of the secondary assessment, an assessment of the person's available coping resources is carried out. These include the skills acquired by a person in previous stressful situations, his self-confidence, as well as material resources and social support opportunities. The fewer resources a person sees to overcome a specific stressful situation, the more intense the stress reaction will be.

These two estimates do not strictly follow each other in time, but can overlap and influence each other. Moreover, they are formed under the influence of a person's subjective perception, and not the objective circumstances of the situation.

After the evaluation process is completed, actions are taken to overcome the difficulties. They can be aimed at changing the situation (instrumental coping) or at intrapsychic coping strategies (emotional coping). This is followed by a reassessment of the situation. If the coping was successful, the situation will be classified as less threatening or as an interesting challenge in the future. In case of inadequate overcoming, the threat increases.

Approaches to individual stress prevention and overcoming its consequences can be based on a transactional stress model. For example, cognitive techniques can be used to work on assessing situations. It is also possible to teach individual strategies for overcoming stress [27].

Conclusion

Thus, we see that the problem of stress has been bothering the authors for a long time and has been studied from different sides. This allows us to understand its nature and, knowing its psychological characteristics, learn to overcome it in different spheres of life.

References

1. Selye Hans. «Stress without distress». – Moscow: Progress, 1982. – 300 p
2. Selye, Hans «Stress of life». – New York: McGraw-Hill, 1956. – 325 p.
3. Shalev A.Y., Yehuda R., MacFarlane A.K. International Handbook of Human Reaction to Trauma: Electronic books Springer, 2000. – 310 p.
4. Kaltabiano M.L., Sarafino E.P. Health psychology: biopsychosocial interactions - an Australian perspective: E-books «John Wiley and Sons», 2002. – 55 p.
5. Kumari, P., Mishra, R. - The impact of stress at work and stress in personal life on mental health and the results of medical workers: A network of research in the field of social sciences. 2009. – 476 p.
6. Rozenova M. I., Ekimova V. I., Kokurin A.V., Ognev A. S., Efimova O. S. Stress and fear in an extreme situation: Modern foreign psychology. – 2020. – Vol. 9. No. 1. – P. 94-102.
7. Selye, G. «Syndrome caused by various painkillers». The journal «Nature». – 1936. – P. 32.
8. Cannon, B. Walter Bradford Cannon. «Reflections on man and his contribution». New York and London, D. Appleton and Co., – 1994. – P. 145-158.
9. Bordin D.S., Shengelia M. I., Ivanova V. A., Voinovan I.N. «The history of the discovery of the bacterium *Helicobacter pylori*». Therapeutic Archive. 2022. – P. 283-288.
10. Lazarus R.S., Folkman S. «Stress, assessment and overcoming». Springer Publishing House, 1986. – 479 p.
11. Cooper K. L., and Payne R.L. «Causes, overcoming and consequences of stress at work» – 2011. – P. 3-5.
12. Kutbiddinova R.A. «Psychology of stress (types of stressful states, diagnostics, methods of self-regulation)». – Yuzhno-Sakhalinsk: Sakhgu, 2019. – 311 p.
13. Ewing G., Tatarchuk Y.S., Appleby D., Schwartz N., Kim D. R. Placental transfer of antidepressants: Consequences for postnatal adaptation syndrome. Clinical Pharmacokinetics. – 2015. – No.54(4). – P. 359-370.
14. Goh Y. M., Savang S., Oei T. P. S. Revised Transactional Model (PTM) of occupational stress and Coping: An improved procedural approach. Australian and New Zealand Journal of Organizational Psychology. – 2010. – P.13-20.

15. Toits, P.A. Mechanisms linking social connections and support with physical and mental health. *Journal of Health and Social Behavior*, 2010. – No. 52(2). – P. 145-161.
16. Karasek R.A., Theorell T. *Healthy work*. 1990. – 210 p.
17. Schramm E., Lachmann K., Allwang K., Kal K.G., Lang U.E. Promoting mental health at work: New perspectives and practical implications. *Frontiers Media SA*.
18. Sperlich S., Geyer S. Indirect influence of the imbalance of efforts and remuneration in housework and in the family on the relationship between education and women's health. *Social Sciences and medicine*. – 2015. – No. (131). – P. 58-65.
19. Lampert T. *Social inequality and health*. – Berlin: Springer, 2016. – 411 p.
20. Selye H. Evolution of the concept of stress: The founder of the concept traces its development from the discovery of the anxiety reaction in 1936 to the modern therapeutic use of syn toxic and catatoxic hormones. *American Journal of Psychiatry*. – 2005. – No.162(7). – P. 1384-1391.
21. McEwan B.S. Physiology and neurobiology of stress and adaptation: the central role of the brain. *Physiological Reviews*. – 2007. – No. 87(3). – P. 873-904.
22. Koolhaas J.M., Bartolomucci A., Buvalda B., de Boer S. F., Flugge G., Korte S. M., Fuchs E. (Stress Revised: A critical assessment of the concept of stress. *Neurology and biosafety*. – 2011. –No.35(5). – P. 1291-1301.
23. Lupien S.J., McEwan B.S., Gunnar M.R., Heim K. The impact of stress throughout life on the brain, behavior and cognition. *The Nature of Neuroscience Reviews*. – 2009. – No. 10(6). – P. 434-445.
24. Folkman S., Lazarus R.S. *Coping and emotions. Handbook of Neuroscience for the Behavioral Sciences*). – New York: John Wiley and Sons. – 463 p.
25. Compass B.E., Connor-Smith J.K., Saltzman H., Thomsen A. H., Wadsworth M. E. Coping with stress in childhood and adolescence: Problems, progress and potential in theory and research. *Psychological Bulletin*. – 2001. – No.127(1). – P. 87-127.
26. Skinner E.A., Zimmer-Gembeck M.J., Connell J. P. Individual differences and the development of perceived control. *Monographs of the Society for Research in Child Development*. – 1998. – No. 63(2). – P. 201-216.

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Стресс психологиялық құбылыс ретінде

Аңдатпа. Бұл мақалада психологиялық құбылыс ретінде стресс мәселесіне теориялық талдау жасалады. Түрлі жағдайдағы әр түрлі адамдар үшін стресстің бірнеше түрінің мәні қарастырылады. Автор Ганс Сельенің тұжырымдаманың алғашқы әрекеттері мен оқшаулануы зерттелген «Стресс – бұл организмнің кез-келген талапқа спецификалық емес реакциясы». Стресске психологиялық құбылыс ретінде өз анықтамаларын берген бірқатар көрнекті психологтардың анықтамалары және олардың проблематикаға деген көзқарасы көрсетілген. Стресстің дереккөздері, оның биологиялық және психологиялық компоненттері анықталды. Стресстің психологиялық бағыттары анықталды. Авторлар стресс тарихына күндер бойынша қысқаша шолу жасайды, стресстің негізгі терминдері, белгілері мен фазалары көрсетілген. Стресс құбылысын толық түсіну үшін әртүрлі тәсілдер қарастырылады: стрессті зерттеудегі биологиялық, психологиялық және әлеуметтік тәсілдер. Мақалада стресс процестеріне қатысты ұғымдарды білдіретін, анықтайтын және ситуациялық талаптарды, жеке, әлеуметтік ресурстарды біріктіретін әртүрлі стресс үлгілері берілген. Қарастырылған модельдер тітіркендіргіштер мен стресстік реакциялар арасындағы байланыстарды көрсетуге мүмкіндік береді. Стресстің Трансакциялық моделі және оның пайда болуын сипаттайды, егер адам өзінің басынан өткерген жағдайды қиын деп қабылдаса және онымен қалай күресуге болатынын бірден түсінбесе, яғни кез-келген жағдай стресс болуы мүмкін. Селье моделі, оған сәйкес стресс-бұл сыртқы өзгеріс пен ағзаның осы өзгеріске реакциясы арасындағы өзара әрекеттесу. Әлеуметтік контексте стрессті дамытуға бағытталған әлеуметтанулық модельдер, кәсіби қанағаттану дағдарысының моделі, денсаулық пен ауру үлгілері. Лазарус пен Фолкманнның стресс моделі когнитивті бағалаудың маңыздылығын атап көрсетеді, онда стресс өздігінен болмайды, бірақ адамның қабылдауын көрсетеді.

Түйін сөздер. стресс, модель, г. Селье, фаза, психологиялық құбылыс.

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Стресс как психологический феномен

Аннотация. В данной статье проделан теоретический анализ проблемы стресса как психологического феномена. Рассмотрено разное значение стресса для разных людей в разных условиях. Изучены первые попытки и выделение понятия автором Гансом Селье: «Стресс — это неспецифическая реакция организма на любое требование». Выделены определения ряда выдающихся психологов, которые дали свои определения стрессу как психологическому феномену и их видение проблематики. Выделены источники стресса, его биологическая и психологическая составляющие. Определены психологические области стресса. Авторами приводится краткий обзор истории стресса по датам, выделены основные термины, симптомы и фазы стресса. Для полного понимания феномена стресса рассмотрены различные подходы: биологические, психологические и социальные в изучении стресса. В статье представлены различные модели стресса, которые представляют и определяют понятия, связанные с процессами стресса, и объединяют ситуационные требования, индивидуальные и социальные ресурсы. Рассмотренные модели позволяют показать связи, существующие между стимулами и реакцией на стресс. Трансакционная модель стресса описывает его возникновение, когда человек воспринимает ситуацию, с которой он столкнулся, как сложную, и не сразу понимает, как с ней справиться, то есть стрессором может быть любая ситуация. Модель Селье, согласно которой, стресс - это взаимодействие между внешним изменением и реакцией организма на это изменение. Социологические модели, которые фокусируются на развитии стресса в социальном контексте, модель кризисов профессионального удовлетворения, модели здоровья и болезни. Модель стресса Лазаруса и Фолкман подчеркивает важность когнитивной оценки, при которой стресс не существует сам по себе, а отражает восприятие человека.

Ключевые слова: стресс, модель, Г. Селье, фаза, психологический феномен.

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