

# Stress Management : A Glance

## Abstract

Stress has been called “the invisible”. It is a disease that may affect you, your organization, and any of the people in it, so you cannot afford to ignore it. It produces numerous physical and mental symptoms which vary according to each individual's situational factors. The results of stress are harmful to individuals, families, society and organizations, which can suffer from “organization stress”. Stress in the workplace is currently a topic of much interest both to researchers and members of the general public. It has been studied by various academic disciplines including social science and medicine, and this has led to noticeable discrepancies in the way it is defined.

**Keywords:** Stress Management, CISM, Health

## Introduction

Stress in individual is defined as any interference that disturbs a persons' healthy mental and physical well being. It occurs when the body is required to perform beyond its normal range of capabilities..

The results of stress are harmful to individuals, families, society and organizations, which can suffer from “organization stress”. Ivancevich and Matteson define stress as individual with the environment.

Behr and Newman define job stress as “a condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning”.

Canadian physician Hans Selye (1907-1982) in his book the stress of life 1956 popularized the idea of stress. According to Selye, the General Adaptation Syndrome consists of three phases.

## Critical Incident Stress Management

(CISM) is an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. It can include pre-incident preparedness to acute crisis management to post-crisis follow-up. Its purpose is to enable people to return to their daily routine more quickly and with less likelihood of experiencing post-traumatic stress disorder (PTSD).<sup>[23]</sup> Evidence-based reviews, however, have concluded that CISM is ineffective for primary trauma victims, and should only be used for secondary victims, such as responding emergency services personnel. CISM was never intended to treat primary victims of trauma.<sup>[24][25][26][27][28][29][30][31][32]</sup>

Stress management refers to a wide spectrum of techniques and psychotherapies aimed at controlling a person's levels of stress, especially chronic stress, usually for the purpose of improving everyday functioning it involves controlling and reducing the tension that occurs in stressful situations by making emotional and physical changes.

In psychology, stress is a feeling of strain and pressure. Small amounts of stress may be desired, beneficial, and even healthy. Positive stress helps improve athletic performance. It also plays a factor in motivation, adaptation, and reaction to the environment. Excessive amounts of stress, however, may lead to bodily harm. Stress can increase the risk of strokes, heart attacks, ulcers, and mental disorders such as depression.<sup>[21]</sup>

Stress can be external and related to the environment<sup>[22]</sup> but may also be created by internal perceptions that cause an individual to experience anxiety or other negative emotions surrounding a situation, such as pressure, discomfort, etc., which they then deem stressful.

Humans experience stress, or perceive things as threatening, when they do not believe that their resources for coping with obstacles (stimuli, people, situations, etc.) are enough for what the circumstances demand. When we think the demands being placed on us exceed our ability to cope, we then perceive stress.

Stress Management refers to the wide spectrum of techniques and psychotherapies aimed at controlling a person's levels of stress, especially chronic stress, usually for the purpose of improving everyday functioning.



**Rajesh Kumar**

Assistant Professor,  
Deptt.of Business Administration  
and Commerce,  
P.G. Govt. College,  
Chandigarh

In this context, the term 'stress' refers only to a stress with significant negative consequences, or distress in the terminology advocated by Hans Selye, rather than what he calls eustress, a stress whose consequences are helpful or otherwise positive.

Stress produces numerous physical and mental symptoms which vary according to each individual's situational factors. These can include physical health decline as well as depression. The process of stress management is named as one of the keys to a happy and successful life in modern society.<sup>[1]</sup> Although life provides numerous demands that can prove difficult to handle, stress management provides a number of ways to manage anxiety and maintain overall well-being.

Despite stress often being thought of as a subjective experience, levels of stress are readily measurable, using various physiological tests, similar to those used in polygraphs.

Many practical stress management techniques are available, some for use by health professionals and others, for self-help, which may help an individual reduce their levels of stress, provide positive feelings of control over one's life and promote general well-being.

Evaluating the effectiveness of various stress management techniques can be difficult, as limited research currently exists. Consequently, the amount and quality of evidence for the various techniques varies widely. Some are accepted as effective treatments for use in psychotherapy, whilst others with less evidence favoring them are considered alternative therapies. Many professional organisations exist to promote and provide training in conventional or alternative therapies.

There are several models of stress management, each with distinctive explanations of mechanisms for controlling stress. Much more research is necessary to provide a better understanding of which mechanisms actually operate and are effective in practice.

#### Review of Literature

The Journal on social and behavioural health (2006) defines stress as "the adverse reaction people have to excessive pressure and other types of demand placed on them," while the Readers Digest Universal Dictionary defines stress as "A state of tension or distress caused by a mentally or emotionally disruptive or disquieting influence." Research has indicated that removing stress helps to increase a person's health.<sup>[24]</sup>

Research released in the 1980s indicated stronger ties between stress and health and showed benefits from a wider range of relaxation techniques than had been previously known. This research received national media attention, including a New York Times article in 1986<sup>[22]</sup>

Walter Cannon and Hans Selye used animal studies to establish the earliest scientific basis for the study of stress. They measured the physiological responses of animals to external pressures, such as heat and cold, prolonged restraint, and surgical procedures, then extrapolated from these studies to human beings.<sup>[2][3]</sup>

Subsequent studies of stress in humans by Richard Rahe and others established the view that

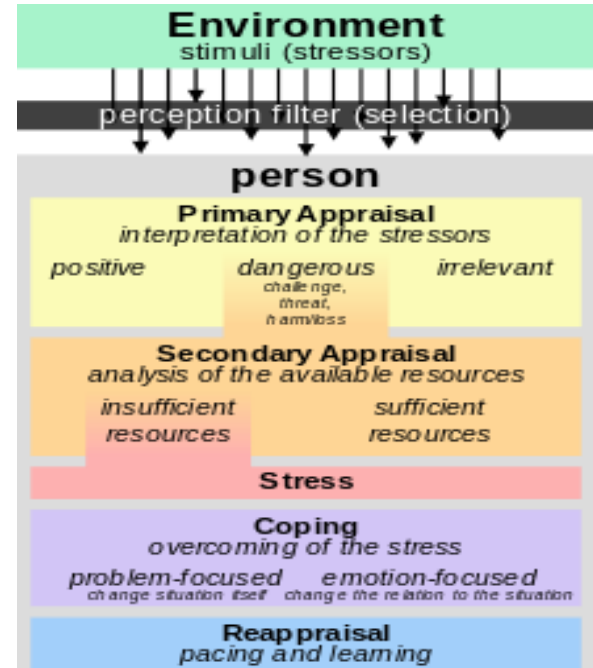
stress is caused by distinct, measureable life stressors, and further, that these life stressors can be ranked by the median degree of stress they produce (leading to The Holmes and Rahe Stress Scale). Thus, stress was traditionally conceptualized to be a result of external insults beyond the control of those experiencing the stress. More recently, however, it has been argued that external circumstances do not have any intrinsic capacity to produce stress, but instead their effect is mediated by the individual's perceptions, capacities, and understanding.

#### Models

The generalized models are:

1. The "emergency response" / fight-or-flight response by Walter Cannon (1914, 1932),
2. "General Adaptation Syndrome" by Hans Selye (1936),
3. "Stress Model of Henry",
4. "Transactional (or cognitive) Stress Model" / stress model of Lazarus after Lazarus (1974)
5. "Theory of resource conservation" by Stevan Hobfoll (1988, 1998; Hobfoll & Buchwald, 2004)

#### Transactional Model



#### Transactional Model of Stress and Coping of Richard Lazarus

[Richard Lazarus](#) and Susan Folkman suggested in 1984 that stress can be thought of as resulting from an "imbalance between demands and resources" or as occurring when "pressure exceeds one's perceived ability to cope". Stress management was developed and premised on the idea that stress is not a direct response to a stressor but rather one's resources and ability to cope mediate the stress response and are amenable to change, thus allowing stress to be controllable.<sup>[4]</sup>

Among the many stressors mentioned by employees, these are the most common:

1. The way employees are treated by their bosses/supervisors or company
2. Lack of job security
3. Company policies

4. Co-workers who don't do their fair share
5. Unclear expectations
6. Poor communication
7. Not enough control over assignments
8. Inadequate pay or benefits
9. Urgent deadlines
10. Too much work
11. Long hours
12. Uncomfortable physical conditions
13. Relationship conflicts
14. Co-workers making careless mistakes
15. Dealing with rude customers
16. Lack of co-operation
17. How the company treats co-workers<sup>[5]</sup>

In order to develop an effective stress management programme it is first necessary to identify the factors that are central to a person controlling his/her stress, and to identify the intervention methods which effectively target these factors. Lazarus and Folkman's interpretation of stress focuses on the transaction between people and their external environment (known as the Transactional Model). The model contends that stress may not be a stressor if the person does not perceive the stressor as a threat but rather as positive or even challenging. Also, if the person possesses or can use adequate coping skills, then stress may not actually be a result or develop because of the stressor. The model proposes that people can be taught to manage their stress and cope with their stressors. They may learn to change their perspective of the stressor and provide them with the ability and confidence to improve their lives and handle all of types of stressors.

**Health Realization/Innate Health Model**

The health realization/innate health model of stress is also founded on the idea that stress does not necessarily follow the presence of a potential stressor. Instead of focusing on the individual's appraisal of so-called stressors in relation to his or her own coping skills (as the transactional model does), the health realization model focuses on the nature of thought, stating that it is ultimately a person's thought processes that determine the response to potentially stressful external circumstances. In this model, stress results from appraising oneself and one's circumstances through a mental filter of insecurity and negativity, whereas a feeling of [well-being](#) results from approaching the world with a "quiet mind".<sup>[6][7]</sup> This model proposes that helping stressed individuals understand the nature of thought—especially providing them with the ability to recognize when they are in the grip of insecure thinking, disengage from it, and access natural positive feelings—will reduce their stress.

**Techniques**

High demand levels load the person with extra effort and work. A new time schedule is worked up, and until the period of abnormally high, personal demand has passed, the normal frequency and duration of former schedules is limited.

Many techniques cope with the stresses life brings. Some of the following ways induce a lower than usual stress level, temporarily, to compensate the biological tissues involved; others face the stressor at a higher level of abstraction:

1. Autogenic training
2. Social activity
3. Cognitive therapy
4. Conflict resolution
5. Cranial release technique
6. Getting a hobby
7. Meditation
8. Mindfulness
9. Music as a coping strategy
10. Deep breathing
11. Yoga Nidra
12. Nootropics
13. Reading novels
14. Prayer
15. Relaxation techniques
16. Artistic expression
17. Fractional relaxation
18. Humour
19. Physical exercise
20. Progressive relaxation
21. Spas
22. Somatics training
23. Spending time in nature
24. Stress balls
25. Natural medicine
26. Clinically validated alternative treatments
27. Time management
28. Planning and decision making
29. Listening to certain types of relaxing music<sup>[8]</sup>
30. Spending quality time with pets

Techniques of stress management will vary according to the philosophical [paradigm](#).<sup>[9] [10]</sup>

**Stress Prevention and Resilience**

Although many techniques have traditionally been developed to deal with the consequences of stress considerable research has also been conducted on the prevention of stress, a subject closely related to psychological resilience-building. A number of self-help approaches to stress-prevention and resilience-building have been developed, drawing mainly on the theory and practice of cognitive-behavioural therapy.<sup>[11]</sup>

Relaxation Technique	
Intervention	
ICD-9-CM	94.33

A **relaxation technique** (also known as **relaxation training**) is any method, process, procedure, or activity that helps a person to relax; to attain a state of increased calmness; or otherwise reduce levels of pain, anxiety, stress or anger. Relaxation techniques are often employed as one element of a wider stress management program and can decrease muscle tension, lower the blood pressure and slow heart and breath rates, among other health benefits.<sup>[33]</sup>

People respond to stress in different ways, namely, by becoming overwhelmed, depressed or both.<sup>[34]</sup> Yoga, QiGong, Taiji, and Pranayama that includes deep breathing tend to calm people who are overwhelmed by stress, while rhythmic exercise improves the mental and physical health of those who are depressed. People who encounter both symptoms simultaneously, feeling depressed in some ways and

overexcited in others, may do best by walking or performing yoga techniques that are focused on strength.<sup>[34]</sup>

**Uses**

People use relaxation techniques for the following reasons, among others:

1. Anger management	1. Preparation for hypnosis
2. Anxiety attacks	2. Immune system support
3. Cardiac health	3. Insomnia
4. Childbirth	4. Pain management
5. Depression	5. Relaxation (psychology)
6. General well-being	6. Stress management
7. Headache	7. Addiction treatment
8. High blood pressure	8. Nightmare disorder

**Techniques**

Various techniques are used by individuals to improve their state of relaxation. Some of the methods are performed alone; some require the help of another person (often a trained professional); some involve movement, some focus on stillness; while other methods involve different elements.

Certain relaxation techniques known as "formal and passive relaxation exercises" are generally performed while sitting or lying quietly, with minimal movement and involve "a degree of withdrawal".<sup>[35]</sup>

These include:

1. Autogenic training
2. Biofeedback
3. Deep breathing
4. Meditation
5. Mindbody relaxation
6. Pranayama
7. Progressive muscle relaxation
8. Qigong
9. Zhineng Qigong
10. Self-hypnosis
11. Transcendental Meditation technique
12. Visualization
13. Yoga Nidra
14. Zen Yoga

Movement-based relaxation methods incorporate exercise such as walking, gardening, yoga, T'ai chi, Qigong, and more. Some forms of bodywork are helpful in promoting a state of increased relaxation. Examples include massage, acupuncture, the Feldenkrais Method, Myotherapy, reflexology and self-regulation.

Some relaxation methods can also be used during other activities, for example, autosuggestion and prayer. At least one study has suggested that listening to certain types of music, particularly new-age music and classical music, can increase feelings

associated with relaxation, such as peacefulness and a sense of ease.<sup>[36]</sup>

A technique growing in popularity is flotation therapy, which is the use of a float tank in which a solution of Epsom salt is kept at skin temperature to provide effortless floating. Research in USA and Sweden has demonstrated a powerful and profound relaxation after twenty minutes. In some cases, floating may reduce pain and stress and has been shown to release endorphins.

Even actions as simple as a walk in the park have been shown to aid feelings of relaxation, regardless of the initial reason for the visit.<sup>[37]</sup>

**Measuring Stress**

Levels of stress can be measured. One way is through the use of psychological testing: *The Holmes and Rahe Stress Scale* is used to rate stressful life events, while the DASS contains a scale for stress based on self-report items. Changes in blood pressure and galvanic skin response can also be measured to test stress levels, and changes in stress levels. A digital thermometer can be used to evaluate changes in skin temperature, which can indicate activation of the fight-or-flight response drawing blood away from the extremities. Cortisol is the main hormone released during a stress response and measuring cortisol from hair will give a 60-90 day baseline stress level of an individual. This method of measuring stress is currently the most popular method in the clinic.

**Effectiveness**

Stress management has physiological and immune benefits.<sup>[12]</sup>

Positive outcomes are observed using a combination of non-drug interventions.<sup>[13]</sup>

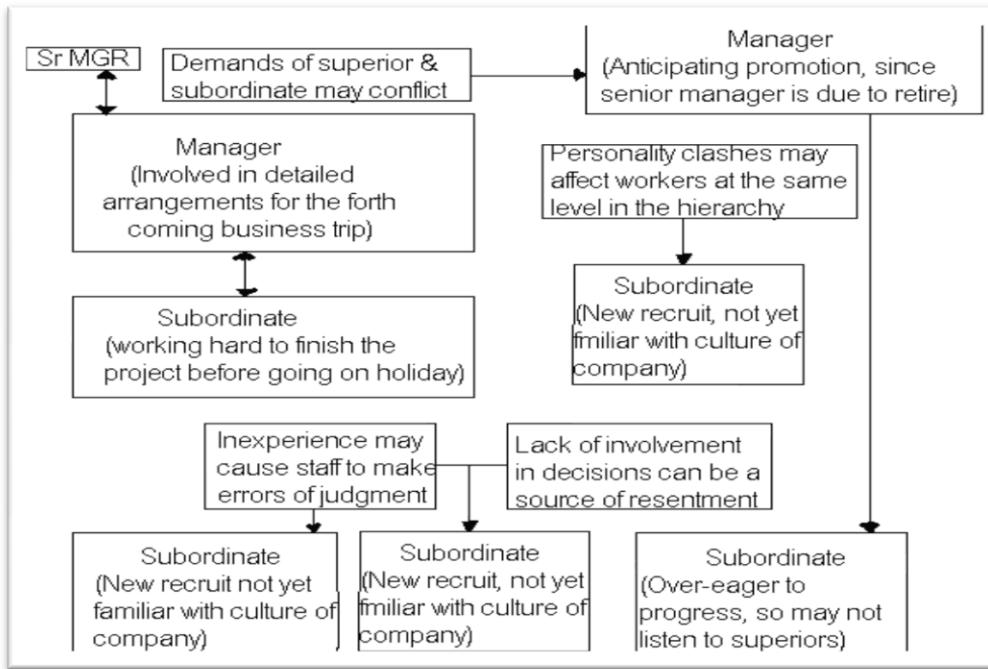
1. Treatment of Anger or Hostility,
2. Autogenic Training
3. Talking Therapy (Around Relationship Or Existential Issues)
4. Biofeedback
5. Cognitive Therapy For Anxiety Or Clinical Depression

**Objectives of the Defining Stress At Work**

Change in working practices, such as the introduction of new technology or the alternation of new technology or the alternative of targets, may cause stress, or stress may be built into an organizations' structure. Organizational stress can be measured by absenteeism and quality or work.

**Organizational Stress**

Stress affects as well as the individual within them. An organization with a high level of absenteeism, rapid staff turnover, deteriorating industrial and customer relations, a worsening safety record, or poor quality control is suffering from organizational stress.



The cause may range from unclear or overlapping job descriptions, to lack of communication, to poor working conditions, including “sick building syndrome”

**Types of Stress**

**Acute Stress**

Acute stress is the most common form of stress among humans worldwide. Acute stress deals with the pressures of the near future or dealing with the very recent past. This type of stress is often misinterpreted for being a negative connotation. While this is the case in some circumstances, it is also a good thing to have some acute stress in life. Running or any other form of exercise is considered an acute stressor. Some exciting or exhilarating experiences such as riding a roller coaster is an acute stress but is usually very enjoyable. Acute stress is a short term stress and as a result, does not have enough time to do the damage that long term stress causes.<sup>[14]</sup>

**Chronic Stress**

Chronic stress is unlike acute stress. It has a wearing effect on people that can become a very serious health risk if it continues over a long period of time. Chronic stress can lead to memory loss, damage spacial recognition and produce a decreased drive of eating. The severity varies from person to person and also gender difference can be an underlying factor. Women are able to take longer durations of stress than men without showing the same maladaptive changes. Men can deal with shorter stress duration better than women can but once males hit a certain threshold, the chances of them developing mental issues increases drastically.<sup>[15]</sup>

**In the workplace**

Stress in the workplace is a commonality throughout the world in every business.<sup>[citation needed]</sup> Managing that stress becomes vital in order to keep up job performance as well as relationship with co-workers and employers. For some workers, changing the work environment relieves work stress. Making

the environment less competitive between employees decreases some amounts of stress. However, each person is different and some people like the pressure to perform better.

Salary can be an important concern of employees. Salary can affect the way people work because they can aim for promotion and in result, a higher salary. This can lead to chronic stress.<sup>[citation needed]</sup>

Cultural differences have also shown to have some major effects on stress coping problems. Eastern Asian employees may deal with certain work situations differently from how a Western North American employee would.<sup>[citation needed]</sup>

In order to manage stress in the workplace, employers can provide stress managing programs such as [therapy](#), communication programs, and a more flexible work schedule.<sup>[16]</sup>

**Medical environment stress**

A study was done on the stress levels in general practitioners and hospital consultants in 1999. Over 500 medical employees participated in this study done by Dr. R.P Caplan. These results showed that 47% of the workers scored high on their questionnaire for high levels of stress. 27% of the general practitioners even scored to be very depressed. These numbers came to a surprise to Dr. Caplan and it showed how alarming the large number of medical workers become stressed out because of their jobs. Managers stress levels were not as high as the actual practitioners themselves. An eye opening statistic showed that nearly 54% of workers suffered from anxiety while being in the hospital. Although this was a small sample size for hospitals around the world, Caplan feels this trend is probably fairly accurate across the majority of hospitals.<sup>[17]</sup>

**Stress Management Programs**

Many businesses today have begun to use stress management programs for employees who are having trouble adapting to stress at the workplace or at home. Many people have spill over stress from

home into their working environment. There are a couple of ways businesses today try to alleviate stress on their employees. One way is individual intervention. This starts off by monitoring the stressors in the individual. After monitoring what causes the stress, next is attacking that stressor and trying to figure out ways to alleviate them in any way. Developing social support is vital in individual intervention, being with others to help you cope has proven to be a very effective way to avoid stress. Avoiding the stressors all together is the best possible way to get rid of stress but that is very difficult to do in the workplace. Changing behavioral patterns, may in turn, help reduce some of the stress that is put on at work as well.

Employee assistance programs can include in-house counseling programs on managing stress. Evaluative research has been conducted on EAPs that teach individual stress control and inoculation techniques such as relaxation, biofeedback, and cognitive restructuring. Studies show that these programs can reduce the level of physiological arousal associated with high stress. Participants who master behavioral and cognitive stress-relief techniques report less tension, fewer sleep disturbances, and an improved ability to cope with workplace stressors.<sup>[18]</sup>

Another way of reducing stress at work is by simply changing the workload for an employee. Some may be too overwhelmed that they have so much work to get done, or some also may have such little work that they are not sure what to do with themselves at work. Improving communications between employees also sounds like a simple approach, but it is very effective for helping reduce stress. Sometimes making the employee feel like they are a bigger part of the company, such as giving them a voice in bigger situations shows that you trust them and value their opinion. Having all the employees mesh well together is a very underlying factor which can take away much of workplace stress. If employees fit well together and feed off of each other, the chances of lots of stress is very minimal. Lastly, changing the physical qualities of the workplace may reduce stress. Changing things such as the lighting, air temperature, odor, and up to date technology. Intervention is broken down into three steps: primary, secondary, tertiary. Primary deals with eliminating the stressors all together. Secondary deals with detecting stress and figuring out ways to cope with it and improving stress management skills. Finally, tertiary deals with recovery and rehabbing the stress all together. These three steps are usually the most effective way to deal with stress not just in the workplace, but overall.<sup>[19]</sup>

### Conclusion

At last we can say that stress is like tension of anything. It gives a negative attitude and a lot of pressure on mind. There are many kinds of stress like actual stress, chronic stress etc. Many businesses today have begun to use stress management programs for employees who are having trouble adapting to stress at the workplace or at home. Many people have spill over stress from home into their working environment. There are a couple of ways businesses today try to alleviate stress on their

employees. One way is individual intervention. This starts off by monitoring the stressors in the individual. After monitoring what causes the stress, next is attacking that stressor and trying to figure out ways to alleviate them in any way. Another way of reducing stress at work is by simply changing the workload for an employee. So stress can be controlled by management.

### References

1. Paul Susic MA Licensed Psychologist Ph.D Candidate. "Stress Management: What can you do?". St. Louis Psychologists and Counseling Information and Referral. Retrieved February 5, 2013.
2. Cannon, W. (1939). *The Wisdom of the Body*, 2nd ed., NY: Norton Pubs.
3. Selye, H (1950). "Stress and the general adaptation syndrome". *Br. Med. J.* 1 (4667): 1383–92. doi:10.1136/bmj.1.4667.1383. PMC 2038162. PMID 15426759.
4. Lazarus, R.S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.
5. Somaz, Wenk Heidi & Tulgan, Bruce (2003). *Performance Under Pressure: Managing Stress in the Workplace*. Canada. HRD Press Inc.p 7-8. ISBN 0-87425-741-7
6. Mills, R.C. (1995). *Realizing Mental Health: Toward a new Psychology of Resiliency*. Sulberger & Graham Publishing, Ltd. ISBN 0-945819-78-1
7. Sedgeman, J.A. (2005). Health Realization/Innate Health: Can a quiet mind and a positive feeling state be accessible over the lifespan without stress-relief techniques? *Med. Sci. Monitor* 11(12) HY47-52. [1]
8. Lehrer, Paul M.; David H. (FRW) Barlow, Robert L. Woolfolk, Wesley E. Sime (2007). *Principles and Practice of Stress Management*, Third Edition. pp.46–47. ISBN 1-59385-000-X. Cite uses deprecated parameter `|coauthors=` (help)
9. Dubbed "Destressitizers" by The Journal of the Canadian Medical Association
10. Spence, JD; Barnett, PA; Linden, W; Ramsden, V; Taenzer, P (1999). "Lifestyle modifications to prevent and control hypertension. 7. Recommendations on stress management. Canadian Hypertension Society, Canadian Coalition for High Blood Pressure Prevention and Control, Laboratory Centre for Disease Control at Health Canada, Heart and Stroke Foundation of Canada". *Canadian Medical Association Journal* 160 (9 Suppl): S46–50. PMC 1230339. PMID 10333853.
11. Robertson, D (2012). *Build your Resilience*. London: Hodder. ISBN 978-1444168716.
12. Bower, J. E. & Segerstrom, S.C. (2004). "Stress management, finding benefit, and immune function: positive mechanisms for intervention effects on physiology". *Journal of Psychosomatic Research* 56 (1): 9–11. doi:10.1016/S0022-3999(03)00120-X. PMID 14987958.
13. Wolfgang Linden; Joseph W. Lenz; Andrea H. Con (2001). "Individualized Stress Management for Primary Hypertension: A Randomized Trial". *Arch Intern Med* 161 (8): 1071–1080. doi:10.1001/archinte.161.8.1071. PMID 11322841

14. McGonagle, Katherine; Ronald Kessler (October 1990). "Chronic Stress, Acute Stress, Depressive Symptoms". *American Journal of Community Psychology* 18 (5): 681–706. doi:10.1007/BF00931237.
15. Bowman, Rachel; Beck, Kevin D; Luine, Victoria N (January 2003). "Chronic Stress Effects on Memory: Sex differences in performance". *Hormones and Behavior* 43 (1): 48–59. doi:10.1016/S0018-506X(02)00022-3.
16. Nordic Labour Journal: Avoiding change-induced stress in the workplace
17. Caplan, R.P (November 1994). "Stress, Anxiety, and Depression in Hospital Consultants, General Practitioners, and Senior Health Managers". *BMJ Journal* 309 (6964): 1261–1269. doi:10.1136/bmj.309.6964.1261.
18. Schultz&Schultz, D (2010). *Psychology and work today*. New York: Prentice Hall. p. 374.
19. Hardy, Sally (1998). *Occupational Stress: Personal and Professional Approaches*. United Kingdom: Stanley Thornes Ltd. pp. 18–43.
20. Kumar rajesh "A Study on Impact of Stress on HDFC Bank Employees" A peer-reviewed Multi-disciplinary :An International Research registered & referred Journal -Periodic Research, ISSN No. 2231-0045, RNI NO. UPENG/2012/42622, Page no-63 to 67,-VOL.II\* ISSUE-II\*NOVEMBER-2013 Agra(U.P) With Impact factor: SJIF(2012)=3.474
21. Sapolsky, Robert (2004). *Why Zebras Don't Get Ulcers*. 175 Fifth Ave, New York, N.Y.: St. Martins Press. pp. 37, 71, 92, 271. ISBN 978-0-8050-7369-0.
22. Fiona Jones, Jim Bright, Angela Clow, *Stress: myth, theory, and research*, Pearson Education, 2001, p.4
23. "Critical Incident Stress Management: Purpose" (PDF). Virginia Beach Department of Emergency Medical Services. Retrieved July 16, 2009.
24. Mitchell, Jeffrey T (February 10, 2003). "CRISIS INTERVENTION & CISM: A Research Summary" (PDF). International Critical Incident Stress Foundation. Retrieved January 29, 2016.
25. Rose R, Bisson J, Wessley S. (2002). "Psychological debriefing for preventing post traumatic stress disorder (PTSD)". *Cochrane Database of Systematic Reviews* (2): CD000560. doi:10.1002/14651858.CD000560. PMID 12076399.
26. Roberts Neil P, Kitchiner Neil J, Kenardy Justin, Bisson Jonathan I (2009). "Multiple session early psychological interventions for the prevention of post-traumatic stress disorder". *Cochrane Database of Systematic Reviews*: CD006869. doi:10.1002/14651858.CD006869.pub2. PMID 19588408.
27. Harris MB, Stacks JS. A three-year five-state study on the relationships between critical incident stress debriefings, firefighters' disposition, and stress reactions. USFA-FEMA CISM Research Project. Commerce, TX: Texas A&M University, 1998.
28. Harris MB, Balolu M, Stacks JR (2002). "Mental health of trauma-exposed firefighters and critical incident stress debriefing". *J Loss Trauma* 7: 223–238. doi:10.1080/10811440290057639.
29. Arnold AP van Emmerik, Jan H Kamphuis, Alexander M Hulsbosch, Paul MG Emmelkamp (7 September 2002). "Single session debriefing after psychological trauma: a meta-analysis". *The Lancet* 360 (9335): 766–771. doi:10.1016/S0140-6736(02)09897-5. PMID 12241834.
30. Carlier IVE, Voerman AE, Gersons BPR (2000). "The influence of occupational debriefing on post-traumatic stress symptomatology in traumatized police officers". *British J Med Psych* 73: 87–98. doi:10.1348/000711200160327.
31. Carlier IVE, Lamberts RD, van Ulchelen AJ, Gersons BPR (1998). "Disaster-related post-traumatic stress in police officers: A field study of the impact of debriefing". *Stress Medicine* 14: 143–148. doi:10.1002/(sici)1099-1700(199807)14:3<143::aid-smi770>3.3.co;2-j.
32. Rose S, Brewin CR, Andrews B, Lirk M (1999). "A randomized controlled trial of individual psychological debriefing for victims of violent crime". *Psych Med* 29: 793–799. doi:10.1017/s0033291799008624.
33. Goleman, Daniel (May 13, 1986). "Relaxation: Surprising benefits detected". *The New York Times*. Retrieved May 23, 2006.
34. Robinson, Lawrence; Segal, Robert; Segal, Jeanne; Smith, Melinda (August 2011). "Relaxation Techniques for Stress Relief". helpguide.org. Retrieved December 23, 2011.
35. Mayo Clinic Staff (July 21, 2012). "Exercise and stress: Get moving to combat stress". mayoclinic.com. Mayo Foundation for Medical Education and Research.
36. Smith, Jonathan C. (2007). "Ch. 3: The Psychology of Relaxation". In Lehrer, Paul M.; Woolfolk, Robert L.; Sime, Wesley E. *Principles and Practice of Stress Management* (3rd ed.). p. 38. ISBN 9781606238288.
37. Smith, Jonathan C. (2007). "Ch. 3: The Psychology of Relaxation". In Lehrer, Paul M.; Woolfolk, Robert L.; Sime, Wesley E. *Principles and Practice of Stress Management* (3rd ed.). pp. 46–7. ISBN 9781606238288.
38. Irvine, KN; Warber, SL; Devine-Wright, P; Gaston, K (2013). "Understanding urban green space as a health resource: A qualitative comparison of visit motivation and derived effects among park users in Sheffield, UK". *International Journal of Environmental Research and Public Health* 10 (1): 417–42. doi:10.3390/ijerph10010417. PMC 3564151. PMID 23340602.

**Books**

1. "Organization Behavior"  
(Mc Graw Hill International)
2. "Organization Behavior – concept Controversies & Applications"  
(Stephen P. Robin)
3. Delhi shops & establishment Act & rules along with allied Labor law 2007  
(Nabhi publications published by Ajay Kumar Garg)
4. Social and behavioral health – journal

**Web Site**

1. www.wikipedia.com
2. www.ssrn.com
3. www.google.co.in