

STRESS: ACUTE AND CHRONIC

Stress, burnout, critical incident stress, post traumatic stress... What's the difference between these common terms? **Carol Quinn**, a registered counsellor, who worked for 21 years as an ATCO, explains some important distinctions.

What is stress?

There are many definitions of stress that tend to emphasise the relationship between a person and their external world. The UK Health and Safety Executive define stress as *"The adverse reaction people have to excessive pressures or other types of demand placed on them."*

Those pressures may come from different sources. When there is an imbalance between the external demands and our internal 'resource capacity' to deal with them, stress is experienced.

Just as our mobile phones need constant recharging and updates in order to function and to protect from bugs and viruses, as human beings we need to recharge and look after our mental and physical wellbeing.

Stress (unlike a motivating pressure) is not good for you – it is an unhealthy state that needs to be addressed for mental health. Often we find an excuse to neglect self-care, or our belief system gets in the way. We might pay more attention to maintaining our car (fuel, oil and tyres) than ourselves. Just as our mobile phones need constant recharging and updates in order to function and to protect from bugs and viruses, as human beings we need to recharge and look after our mental and physical wellbeing.

What is burnout?

The World Health Organisation (2019) refers to burnout as *"a syndrome*

conceptualised as resulting from chronic workplace stress that has not been successfully managed and is defined by three symptoms:

- *feelings of energy depletion or exhaustion*
- *increased mental distance from one's job or feeling negative towards one's career*
- *reduced professional productivity"*

Burnout may be the result of chronic or prolonged stress, but it isn't the same as too much stress. Stress involves too many pressures that demand too much of you, physically and mentally.

However, stressed people can still imagine that if they can just get everything under control, they'll feel better. Burnout is a condition of exhaustion where mental health has eroded over time due to chronic exposure to non-traumatic stressors.

People experiencing burnout often don't see any hope of positive change in their situations. They lose motivation, and seem to be beyond caring. If excessive stress feels like you're drowning in responsibilities, then burnout is a sense of being 'dried up'. While you're usually aware of being under a lot of stress, you don't always notice burnout when it happens.

What can be done to prevent or address excessive chronic stress and burnout?

You have a lot more control over stress than you may think. There are positive steps you can take to deal with overwhelming stress and get your life back into balance. It's important to pay attention to the three R's:

- **Recognise** – Watch for the warning signs of burnout.
- **Reverse** – Undo the damage by seeking support and managing stress.
- **Resilience** – Build your resilience to stress by taking care of your physical and emotional health.

Recognising the signs is key. Sometimes our work can define us. But work achievements aren't everything. Asking yourself what and who you are outside work can be liberating and help to find a healthy balance in the way we set boundaries and manage our priorities for self-care. Knowing how to delegate and nurturing your creative side is essential. Being off 'sick' to pay attention to stress doesn't mean you are bad at your job; on the contrary, it is being conscientious. Trying to push through the exhaustion and continuing as you have will only cause further emotional and physical damage.

By learning to give yourself permission to pause and change direction, you can manage your stress, overcome burnout and give yourself a chance to feel healthy and hopeful again.

One of the most effective things is to reach out to others. We know from research that social support is a natural 'salve' to the effects of stress, reducing feelings of isolation or difference. ATCOs often avoid reaching out; convincing themselves that experiencing stress is an issue of their own ability and competence. They don't realise it is a health issue.

The person you talk to won't necessarily 'fix' your stressors. They just have to be an attentive and acknowledging listener, without expressing judgement.

What is critical incident stress and post-traumatic stress?

Critical incident stress (CIS) and post-traumatic stress (PTS) are both terms to describe a normal, acute and somewhat predictable psychological reaction to an unusual or traumatic event. It can have survival value and it is not an illness. Critical incidents are “*unusually challenging events that have the potential to create significant human distress and can overwhelm one’s usual coping mechanisms*” (International Critical Incident Stress Foundation, ICISF).



In order to do our jobs with focus, we ATCOs often try to contain our emotions and strive to keep the ‘picture’ of what is happening, whilst planning for the safe and orderly control of any situation. When something out of the ordinary or unexpected happens, it can leave us feeling like that control has been taken away from us. The magnitude or suddenness of some events overwhelms our reasoning ability, leaving us feeling helpless. This is down to our brain’s survival networks and the ‘shortcuts’ to safety-orientated actions. These are influenced by the way the amygdala, part of our brain with a key role in emotion and behaviour, detects threats from our environment, which can render the higher parts of our brain weak. Autonomic emergency responses such as aggressive outbursts or startle and hypervigilance persist to keep us safe and defended.

When we are impacted by our biology in this way, we often don’t feel right. Memory, concentration and appetite are hijacked by certain stress hormones, brain structures and the autonomic nervous system generally. These evolved to help us defend against threats at lightning speed, without conscious reflection. But once we recognise it, we can then choose to regulate the response and soothe ourselves, thereby reclaiming a sense of control. The small things that we do have control over at these times are key (e.g., what to eat, who to be with, when to rest or exercise).

Post-traumatic stress disorder (PTSD) is a dysfunctional variation of PTS, resulting from a complex interaction between the traumatic event and the individual

experiencing the event. Symptoms must persist for a minimum of 30 days. It can be treated successfully. This is discussed elsewhere in this Issue of *HindSight*.

What is Critical Incident Stress Management (CISM)?

Critical incident stress management (CISM) is a comprehensive, integrated, systematic and multi-component approach. The aim of CISM is simply to help people to help themselves. CISM principles come from learnings from the First World War. These principles are:

- to provide support near to the front line or place of work (proximity)
- to mitigate more serious psychological difficulty or physical illness (immediacy)
- to normalise reactions and instil a hope for recovery (expectancy).

Any crisis ‘intervention’ should be based on need and should target the response (not the event). It is in our nature as ATCOs to analyse an event over and over, and in doing this we often forget to pay attention to caring for our response.

Normalising the response is not to dismiss the seriousness of it, but rather to acknowledge, validate and

encourage choices for adaptation to a sense of being able to cope. This may involve finding a ‘new normal’ and there has been much research in recent years around experiences of personal growth after traumatic events – post-traumatic growth.

Internationally, most ANSPs have adopted the ICISF models of CISM. There has been some confusion with terminology. The use of the word ‘management’ can trigger a fear that somehow we are going to be managed by someone, when the real aim is to enable ATCOs to help themselves, through information and an opportunity for catharsis. Similarly, ‘incident’ has a specific meaning in ATC, while it is the response to the crisis that needs to be addressed.

What we do know for certain is that unpredictable things happen. Being able to recover from the experience of dealing with these, alongside the everyday (more predictable) busy experiences, is key to adaptive functioning. Not just for a procedure-driven aviation system and for ourselves as workers, but for our mental health as human beings. **5**

“You can’t stop the waves, but you can learn to surf.” ~ Jon Kabat-Zinn.



Carol Quinn worked as an ATCO with NATS from 1988 to 2009, latterly on Heathrow Approach. She is now a trauma therapist, registered with the British Association of Counsellors and Psychotherapists (BSc Psychology, MSc Psychological Trauma). Carol helped set up the NATS CISM programme, co-ordinating over 200 CISM peers and sat on the EUROCONTROL CISM User Group. She now supports individuals and organisations worldwide.

carol@qdm.eu.com | www.cism.co.uk