ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2017; 3(7): 400-401
www.allresearchjournal.com
Received: 28-05-2017
Accepted: 29-06-2017

Dr. Praveen Singh Jadon
Assistant Professor, K.A. (P.G) College, Kasganj, Uttar Pradesh, India

Correspondence
Dr. Praveen Singh Jadon
Assistant Professor, K.A. (P.G) College, Kasganj, Uttar Pradesh, India

Social impact of stress

Dr. Praveen Singh Jadon

Abstract
Stress is a normal and unavoidable part of life — but too much stress can affect your emotional and physical wellbeing. Emotional support is an important protective factor for dealing with life's difficulties. There are ways to seek out such support, and to nurture your supportive relationships. Experts say, almost all of us benefit from social and emotional support. And though it may seem counterintuitive, having strong social support can actually make you more able to cope with problems on your own, by improving your self-esteem and sense of autonomy.

Keywords: Stress, social impact

Introduction
The term Social Support is used to describe how available and intimate are people's relationships with important others, including family, friends and acquaintances.
In general, social support functions as an important stress buffer. The more social support people have, the less stress will have an opportunity to affect them in a negative way.
Social support seems to affect our balance of hormones. Adequate amounts of social support are associated with increases in levels of a hormone called oxytocin, which functions to decrease anxiety levels and stimulate the parasympathetic nervous system calming down responses. Oxytocin also stimulates our desire to seek out social contact and increases our sense of attachment to people who are important to us. Stressed people who have adequate levels of social support receive an oxytocin boost which helps them feel less anxious, more confident in their ability to cope, and more drawn to other people (thus perpetuating the positive cycle of social support).
Oxytocin helps balance out other stress hormones such as vasopressin, which is associated with fight-or-flight behaviors such as enhanced arousal, focused attention, increased aggressive behavior, and a general increase in sympathetic nervous system functioning. People who are stressed and who withdraw from others (rather than seeking out support) become more exposed to hormones like vasopressin than to oxytocin, with predictable negative effects. They may end up having difficulty negotiating smooth interpersonal relationships with spouses, children, friends, and co-workers, and end up becoming more isolated, frustrated and stressed than when they started.
Many people experiencing negative stress simply do not have adequate forms of social support available. They may not have the assertiveness skills necessary to feel comfortable asking for help from others. They may feel depressed enough to start to withdraw from others (a normal symptom of depression), further decreasing the amount of social support available. This social support deficit is both a vulnerability factor for further stress problems, and also a self-fulfilling prophecy (where isolation begets further isolation). We talk more about how to cope with stress by building up levels of social support in a later section on Socialization.

Diathesis-Stress: Why Stress Makes Certain People Sick
The popular diathesis-stress model is a medical and psychological model that explains the cause of illnesses as an interaction between pre-existing vulnerabilities (such as genetic problems, and old traumas or infections), and stressful causal factors (such as new virus or bacteria infections, new traumas, or other stressful insults to the body). In this widely accepted way of thinking, our genetic and other pre-existing vulnerabilities or predispositions (e.g., our diatheses) interact with the environment and various stressors to trigger the onset of illnesses.

A diathesis is a weakness or predisposition; by itself it is not sufficient to cause an illness. Some additional stressor must be added to a diathesis before an illness occurs. All people who have a diathesis for a given illness will be more vulnerable to getting that illness (it will require less stress for them to get the illness) than will other people who do not have that diathesis. However, if a person who has a particular diathesis never experiences the necessary additional stress, that person will not get the illness. The model also predicts that people with smaller diatheses for a given problem will require much more stress to occur before they may experience that problem.

An intriguing and dramatic example of the diathesis-stress theory comes from a study of Jewish concentration camp survivors. Those people who went into the camps with genetic vulnerabilities (diatheses) for developing stress-related illnesses (such as having a family history of heart disease) were more much more likely to die of heart disease later on in life after experiencing the stress of being held in a concentration camp.

The diathesis-stress theory can also provide an explanation for why different people respond so differently to stressful situations. In most people, the HPA axis is designed to be responsive to threats, allowing the body to mobilize to face a threat and then later to relax when the threat has been resolved. Some people inherit differences in the genes that control the activation of the HPA axis. These small genetic differences create varying levels of stress sensitivity diatheses in any given population of people. Some may inherit the tendency (the diathesis) to have a weak responses to stressors (i.e., an under-responsive HPA axis, or decreased sensitivity to stress), while others inherit a hyper-responsive HPA response to even minor threats.

The ability of the HPA axis to respond appropriately to stress can also be permanently altered by stressors themselves. Exposure to extreme stress or trauma during any time of life (adulthood, adolescence, early childhood, or even in the womb) can cause the HPA loop to become hyper-responsive and hyper-sensitive to future stressors. This sensitization process, which is characteristic of Post-Traumatic Stress Disorder, results in individuals who are extremely sensitive to perceived threats, and who have a difficult time not overreacting to minor threats that other people would not give much notice.

References

1. Bevans K, Cerbone AB, Overstreet S. Advances and future directions in the study of children's neurobiological responses to trauma and violence exposure. Journal of Interpersonal Violence. 2005; 20(4):418-425.
2. Buchanan TW, Brechtel A, Sollers JJ, Lovallo WR. Exogenous cortisol exerts effects on the startle reflex independent of emotional modulation. Pharmacology Biochemistry and Behavior. 2001; 68(2):203-210,
3. Buka SL, Stichick TL, Birdthistle I, Earls FJ. Youth exposure to violence: Prevalence, risks, and consequences. American Journal of Orthopsychiatry, 2001; 71(3):298-310.
4. Cohen S, Schwartz JE, Epel E, Kirschbaum C, Sidney S, Seeman T. Socioeconomic status, race, and diurnal cortisol decline in the coronary artery risk development in young adults (cardia) study. Psychosomatic Medicine. 2006; 68(1):41-50.
5. Collier P, Hoeffler A. On economic causes of civil war. Oxford economic papers. 1998; 50(4):563-573.
6. Evans GW, English K. The environment of poverty: Multiple stressor exposure, psychophysiological stress, and socioemotional adjustment. Child development, 2002; 73(4):1238-1248,
7. Evans GW, Kim P. Childhood poverty and health cumulative risk exposure and stress dysregulation. Psychological Science, 2007; 18(11):953-957.
8. Fearon JD, Laitin DD. Ethnicity, insurgency, and civil war. American Political Science Review, 2003; 97(1):75-90.
9. Fischbacher U. z-tree: Zurich toolbox for ready-made economic experiments. Experimental Economics, 2007; 10(2):171-178.
10. Inslicht SS, Marmar CR, Neylan TC, Metzler TJ, Hart SL, Otte C *et al*. Increased cortisol in women with intimate partner violence-related posttraumatic stress disorder. Psychoneuroendocrinology. 2006; 31(7):825-838.
11. Kliewer W. Violence exposure and cortisol responses in urban youth. International journal of behavioral medicine. 2006; 13(2):109-120.
12. Laibson D. Golden eggs and hyperbolic discounting. The Quarterly Journal of Economics. 1997; 112(2):443-478.