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SHAPING LIFE

MANUAL FOR ADULT EDUCATORS



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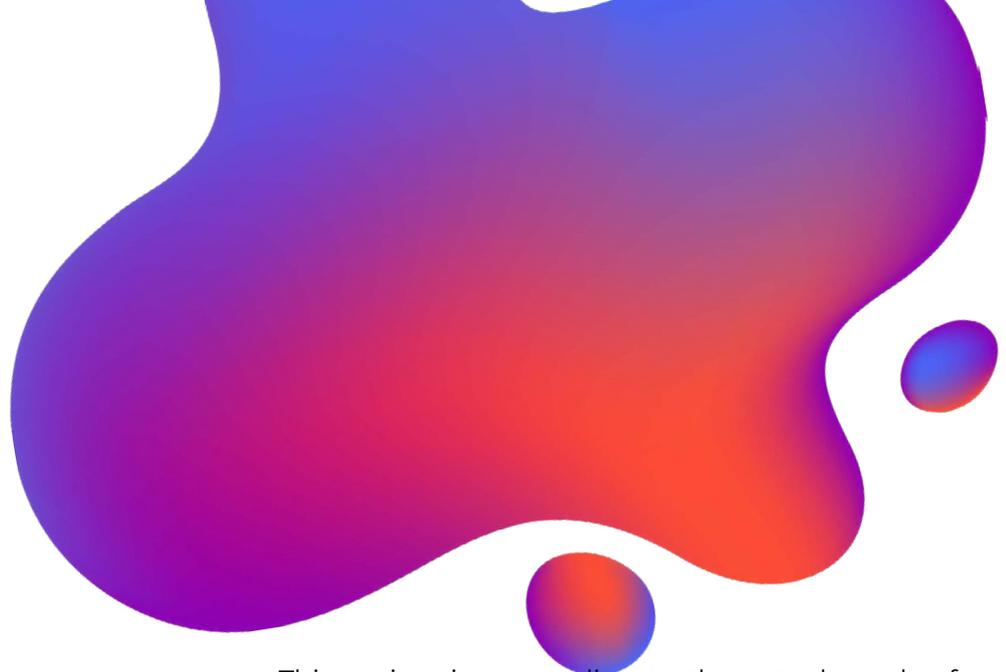


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Project Introduction 1

“Shaping Life” is a project co-funded by the European Commission, through the Erasmus+ Programme (KA220 – Cooperation Partnership in Adult education). Its aim is to educate adults from different socio-economic and cultural backgrounds, in order to achieve psychological life skills to develop and implement a healthy lifestyle, even in difficult conditions, such as pandemic context and post-crisis period. This will increase the well-being of adults through life abilities of facing and coping to difficult situations such as depression, anxiety, burn-out, parenting challenges and professional issues. The main goal will be achieved through 3 specific objectives:

Increasing the wellbeing level through the development of a healthy lifestyle for minimum 900 adults from 4 European countries (Romania, Italy, Spain and Portugal) during minimum 6 months of intervention program implementation.

This will be achieved through an innovative methodology of active involvement, peer-learning, and support groups of adults from different backgrounds, on 5 challenging topics: anxiety, depression, burn-out, career and parenting.

Increasing the adult educators' capacity to help their target group in implementation of a healthy lifestyle, through the development of an innovative curricula and training for 45 adult educators as coordinators for support groups for adults.

Besides this objective, the entire adult education field will be improved with qualitative materials (Adults Educator's Manual for a healthy Lifestyle and Shaping Life Intervention Program for Adults) freely available on a special webpage with resources in the field.

Capacity building for 5 European organisations from Romania, Italy, Spain, and Portugal, in the adult education field to offer qualitative support services through an innovative methodology, based on peer-learning, support groups and active involvement in the community's life of all people.

This project is responding to the actual needs of 2 big target groups: adults and adult's education field (including adult educators and organizations which are working in this field, developing non-formal methods of education).

The innovative element of this project is its methodology that combines the mental health approach with non-formal education and lifelong learning, in a post-crisis situation, given by the pandemic context. The innovation also relies on an interactive methodology of support groups for decreasing the anxiety, depression, burn-out and parenting and professional challenges, in a non-pathological way, creating at the same time trust for the adults involved in the program, but also awareness of the importance of active involvement in helping the others.

The Adult Educator's Manual for Healthy Lifestyle of Adults' purpose is improving the abilities of adult educators to guide adults when they want to implement change, either in their own's lives (for reducing anxiety, depression, burn-out or other challenges brought by the pandemic context).

This Adult Educator's Manual also brings as an innovation the fact that, besides aspects related to group dynamics in the field of adult education and maintaining motivation, the approaches in the context of the new social setting and highlights the need for certain of people to regain the trust in plans for future and an equilibrate lifestyle.

In the second chapter the 5 entities of this consortium are presented.

In the third chapter we summarize some important concepts about adult education. Also, you can find a bit of adult education history in four countries: Romania, Italy, Spain and Portugal.

The fourth chapter is the main one of this Manual. In this chapter you will find the theoretical framework about the five topics of this project: Anxiety, Depression, Burnout, Career Planning and Parenting.

Finally, you will find all the bibliographical references used in the manual, so you can deepen the themes that you are most interested in.

COORDINATOR GAMMA INSTITUTE 2.1



The purpose of the Quantum Awareness Research and Study Institute - Gamma Institute is the promotion, development, research, and initiative of activities in the field of psychology, psychotherapy and mental health, in particular through training for specialists, workshops, non-formal education for adults and promotion of best practices.

Another objective is to facilitate collaboration between Romanian specialists and experts from the international space in the previously mentioned fields.

Gamma Institute has 3 departments:

1. Gamma Training: is the educational department of the organisation, formed by 2 training schools: Systemic Training School (accredited by the Romanian Psychologists College) and Self-Activation School.

A training group has a curricula on a 4 years post-graduate format, with approximately 150 graduates so far. The graduates have the opportunity to work after their graduation in the private practice clinic and research department of the organisation.

2. Gamma Clinic: is the health department of the organisation, formed by 2 parts: Gamma Clinic Psychology (psychological services to adolescents, youth and adults) and Gamma Kids (which aims to help children of all ages and their families, with all kind of difficulties). The psychologists involved in Gamma Kids are specialized on children's psychological issues, clinical psychologists, speech therapists, art-therapy psychotherapists, and therapists for children with special educational needs. On Gamma Kids, they work with the whole family in a systemic approach and also collaborate with the teachers and other specialists.

3. Gamma Research: is the research department of the organisation and has the aim to develop fundamental research in the field of neurosciences and consciousness, but also in the psychotherapy field.

Through this department, Gamma Institute deve-

lops new training curricula for professionals in the psychological field, to develop new methods and instruments for a high standard intervention.

CEIPES 2.2

CEIPES

CEIPES – International Centre for the Promotion of Education and Development is a non-profit organisation founded in 2007 and based in Palermo, Italy. It leads a Network of more than 8 European and extra European associations focused on Education, Training and Social Development.

CEIPES has expertise on Education, Transfer of innovation and Project management in different European programmes tackling the Education and the capacity building of different target groups, from young people to adults, from women to unemployed, migrants and disadvantaged groups. It also promotes lifelong learning, vocational training, and entrepreneurship with the aim of enhancing opportunities for youth and adults to improve and acquire competences and therefore boost their employability and inclusion.

CEIPES has several links with public and private local and international stakeholders that can contribute to the achievement of project results in terms of dissemination, exploitation, and sustainability of them.

CEIPES can count on experienced staff composed of professionals with different competences and fields such as psychology, communication, training, international cooperation, social and cultural mediation, social assistance, ICT, digital manufacturing, and law.

ROSTO SOLIDÁRIO 2.3



ROSTO
SOLIDÁRIO

Rosto Solidário's work aims to foster global citizenship and solidarity by enhancing local communities' human and social development. The organization's core principles are civic participation, social integration, solidarity, networking and partnership. Rosto Solidário scope of work includes 4 main areas: International Development Cooperation, Global Citizenship Education, Volunteering and Family-based Social Support. Gender Equity, Human Rights and Social Inclusion are addressed as cross-cutting issues. Also, a methodological approach the organization considers Non-Formal Education as a vehicle for lifelong learning opportunities within the Global Citizenship Framework.

At the local level, Rosto Solidário is a member of Rede Social do concelho de Santa Maria da Feira

(local network of 115 organizations with social intervention programmes). Within this network, the organization has been awarded 4 times as recognition of its work in volunteering and supporting local communities' development.

Rosto Solidário promotes mobility and learning opportunities for youth since 2011 under the Erasmus Plus programme. The organization also promotes and is a partner in European voluntary service / European Solidarity Corps, partnership building activities, training courses and youth exchanges. It is also a Eurodesk multiplier.

Overall, Rosto Solidário initiatives within Global Citizenship Education aims to raise awareness and training young people for global citizenship and diversity, European values, civic participation, intercultural dialogue as well as fostering solidarity and action on common wealth behalf.

ACREF DOXAMUS 2.4



ACREF Doxamus is a non-profit organization that aims at the harmonious, physical, and mental development of children, adolescents and adults through training, education, and consulting activities in the social context.

To achieve its objectives, the association operates in 4 areas: working with young people, parental counselling, teacher training and addressing different socio-educational topics through awareness campaigns to the public.

The institution offers volunteering opportunities in order to bring youth closer to the educational field and develops programs and modules adapted after research in the field of neuroscience.

The NGO was established in 2009 and has mainly carried out training activities for children, young people, and adolescents, as well as for professionals in the socio-educational field.

Doxamus Center organized various workshops for teachers or professionals in the field on various topics related to the school-family relationship, the effectiveness of teaching-learning methods.

In recent years, the major activity aimed at promoting brain training programs that involve the development of fundamental mental abilities (memory, attention, thinking, willpower) in order to achieve school and professional performance or for the specific recovery of certain types of disorders (ADHD, autistic spectrum disorders) or to prevent the onset of a certain neurodegenerative type disorders.

ASPAYM CASTILLA Y LEÓN FOUNDATION 2.5



ASPAYM Castilla y León Foundation starts working in 2004, twelve years after the establishment of ASPAYM in the region of Castilla y León. Its main aims are to promote autonomy, equal rights and opportunities and to increase the quality of life of people with physical disabilities, allowing them a significant integration among the society. In addition, ASPAYM CyL seeks to be a leading association, providing its target users with the tools to achieve that mission. That goal is reached thanks to the quality of its programs and activities, the research, and the proper use of new technologies.

The organization, and also the youth department, has headquarters in different cities in Castilla y León, with a special emphasis on rural areas.

ASPAYM CyL has a youth department focused on activities with young people. This department is an active member of the Regional Youth Council of Castilla and Leon, and also part of the Permanent Youth Council of the Province of Valladolid, where ASPAYM is a member of the board. This entity is also part of the network of youth information points in the province of Valladolid, which makes it the only entity of young people with diversity that meets everything above. The youth department of ASPAYM Castilla y León develops many activities for advocacy, non-formal education, employment, leisure inclusive, etc.

One of the most prominent examples is the inclusive camp developed by the entity and which has 18 years of experience and multiple awards, as well as the awareness project "Ponte en mis zapatos" (Put yourself in my shoes), whose main objective is the standardization of disabilities in schools, community centres, youth organizations, etc.

Adult Education **3**

The Nairobi General Conference in 1976 defined “adult education” as all training processes organized outside the content, from the different fields of formal and non-formal education, developed by different institutions and in different places.

The UNESCO defines Adult Education as a multidisciplinary process aimed at promoting lifelong education for all and effective lifelong learning. It aims at the acquisition of knowledge that improves professional qualification and the achievement of civic, social, moral, and cultural attitudes and skills for the performance of responsibilities and for the progress in all areas (Martínez Morentin, 2006).

Adult learning and education are a basic component of the right to education and lifelong learning. It encompasses all forms of education and learning to involve all adults in their societies and in the world of work. It also designates all educational processes, formal, non-formal and informal, thanks to which persons considered adults by the society to which they belong develop and enrich their abilities for life and work, for their own benefit as well as that of their communities, organizations, and societies.

Alongside adult education, other concepts appear in education literature, such as education during the life and lifelong learning, which are sometimes used as synonyms: these concepts are closely related, but they describe different aspects of the education system, understanding that adult education is an essential component of education during the life and of lifelong learning (Folch Martí, 2015).

On one hand, education during the life is a continuous construction of the human person, of his knowledge, his abilities and of his powers of judgment and action. It enables people to become aware of themselves and their environment and to play a social role in the world of work. Thus, it is understood that education during the life goes from birth to the end of life, occurs in different contexts (family, community, school...) and allows personal fulfilment, the exercise of active citizenship, social integration, adaptability, and employability, to respond to a changing reality.

On the other hand, lifelong learning must be the basic principle of any education system in order for education during life to be possible. In the formal educational system, it includes from the childhood stage to the university.

Adult education, for its part, is limited to adults, who from the point of view of training are those who have already reached the compulsory school age. In addition to covering all stages of life, lifelong learning takes place in different spaces such as the home, the social environment, the workplace, the media, etc., and covers both formal learning (usually taught in schools, institutes, universities, etc.) and non-formal learning. For this reason, lifelong learning is an ideal tool for the inclusion of adults with fewer opportunities that complete their training within the regulated and compulsory system and cannot access quality education. Thus, this project helps to create inclusive scenarios and develop learning processes that allow these adults to have the necessary opportunities and support to develop their own learning processes (Down España, 2019) and achieve psychological life skills to develop and implement a healthy lifestyle, even in difficult conditions.

Adult education is an experience of everyday life marked by moments of special and intense effort to understand complex facts. It also extends throughout life because everything can be an opportunity to learn and develop skills. It is a question of the possibility of always receiving education, whether it is a question of satisfying the thirst for artistic knowledge or personal improvement, or of improving and extending the training strictly related to the professional life. Related to this point, the UNESCO (2016) believes that information and communication technologies (ICTs) have great potential to:

- Improve adult access to a big range of learning opportunities and promote equity and inclusion.
- Make lifelong learning a reality.
- Reduce dependence on traditional formal education structures and enable individualized learning.

At present, adult education (specifically non-formal education), including literacy programmes, is often the level of education with the most financial deficit. A fundamental element of the right to education is that it should be accessible to all, that was why primary and lower secondary education were generally free: the same principle applies to adult education (Lang, 2014).

About the education of adults in Romania can be talked about starting with the second half of the last century, with the establishment, in 1861, in Sibiu, of the “Transylvanian Association for the Literature Romanian and the Culture of the Romanian People” under the patronage of Anton Şaguna. ASTRA has proposed from the very beginning “to make national education on any occasion”, for which purpose it has created all the necessary means: it founded schools for adults in the villages, edited and disseminated books and newspapers, founded the first village libraries and cultural houses; organized conferences, exhibitions, etc. (Sava&Palos, 2019)

In the old kingdom (Modova and Muntenia), a concrete, systematic activity on the direction of popular education can be recorded only with Spiru Haret, the initiator and organizer of the extracurricular activity of rural teachers, aiming to raise the cultural and economic level of adult peasants through literacy courses, by spreading knowledge of general culture, agriculture, by organizing village communities of peasant banks and cooperatives.

Another notable experience, begun in the years before the First World War, is the one launched by Nicolae Iorga through the People’s University of Vălenii de Munte, in whose practical organization the vocational and the cultural orientation itself were combined.

The interwar period is the moment of an unprecedented efflorescence in Romania of the cultural institutions that promoted the education of adults: older actions, such as ASTRA and the University of Văleni, are continued and enriched, and besides these, new initiatives appear, coming from the great cultural centers of Greater Romania: Bucharest, Cluj, Cernăuți.

In the ‘50s, at the level of the entire territory of the country was established a network of houses of culture (in urban areas) and cultural homes (in rural areas), whose activity was coordinated by a national body.

The ‘60s brought, with the attempt of “detachment from Moscow”, the idea of decentralization of the institutions of permanent education, which resulted in the dissolution of the SNRSC and the founding of the People’s Universities at regional level.

Thus, in 1963, the Popular University of Bucharest was founded, the largest of its kind in the country. What is important to say is that these institutions, beyond the ideological tribute they were obliged to pay, carried out a sustained activity in the line of professional training, of raising the qualification and the level of culture in general - valuable activity for which the programs in their own archives bear witness.

In recent decades around the world, interest in the issue of adult education has permanently increased to a large extent due to the information explosion and the ever-increasing specializations that require the updating of knowledge and its maximum flexibility.

Until 1989, in Romania there were more than 200 houses of culture, over 2000 cultural homes and about 3000 popular universities, along with a national network of libraries, museums, folk art schools, centers for guiding popular creation, whose activity falls within the sphere of adult education. These institutions are subordinated to the Ministry of Culture and Cults. Both until 1989 and after, the adult education carried out in these institutions includes activities in the cultural-artistic sphere, promoting tradition, folklore, festivals, exhibitions, book presentations, all these events representing a part of the education system.

A second major direction of activity is represented by the vocational education courses that respond to the increasingly acute need of the adult employed in a constantly changing labor market.

Since 1989, the number of popular universities has shrunk to less than 200. A number of cultural houses, where popular universities operate, have been restructured in the sense that many of their spaces have been converted into spaces with another destination. About half of the cultural homes do not operate at normal capacity, either due to lack of staff or due to the poor conditions in which the buildings are located. Of the existing popular universities, less than 10 have legal personality, all the others being a department (which operates on the basis of legal regulations) within the houses of culture or cultural homes. As a result of the efforts of decentralization of the ministries, the above-mentioned institutions are subordinated to the local authorities, in some cases being also subordinated to the county councils that also finance them.

The following areas of activity find their place in the programs of popular universities (<https://eurydice.eacea.ec.europa.eu/>; <https://www.dalles.ro>):

- 1.** Organized education for adults, in some cases also for children and youth;
- 2.** Priorities related to professional qualification, including retraining and retraining courses for the unemployed;
- 3.** Complementary courses, upon request: informatics, foreign language courses especially English and German, accounting, vocational courses, radio-TV repair courses, tailoring, design, etc.;
- 4.** Highly requested courses: alternative therapies, courses related to health education, ecological education courses...
- 5.** ... and courses less and less in demand: literature, art, history, etc.
- 6.** For rural areas: agrarian techniques, animal husbandry, credits for small and medium-sized enterprises in rural areas, and basic adult education: literacy, arithmetic, etc.
- 7.** Promoting adult education as a study specialty within universities through forms such as master's degrees ("Al I. Cuza-Iași" University), specialized seminars (University of Bucharest), optional discipline ("Babeș-Bolyai" University Cluj Napoca), research in the field by establishing the Romanian Institute of Adult Education – IREA în Timișoara, West University;
- 8.** Extension of zonal centers of adult education in regions less covered with such activities: Moldova and South-East Romania.

Targhetta, F. (2015), takes a clear picture of Adult education history in Italy, distinguished by an heterogeneous character since its origins. Article 356 of Royal Legislative Decree No. 3725 of Nov. 13, 1859, the so-called Casati Law, is the mother law of Italian schooling. No specific specialization was required to teach.

Royal Decree No. 2860 of April 22, 1866, is aimed at regulating the organization of courses and allocating extraordinary funds for the promotion of new schools for adults. It was not so much about educating adults at the government level but about “giving a strong impulse to the economy of the country.”

Between the second half of the nineteenth century and the beginning of the twentieth century, the Italian state began, even if slowly, to take an interest in the issue. The Orlando Law of 1904 provided for the establishment of evening and holiday courses for illiterate adults, with teachers' compensation paid by the state.

Because of the state's lack in the matter, the active role is played by private individuals, industrialists, associations, congregations or philanthropists - a situation that has been prolonged for a long time, in some ways until today.

The 1940s saw the birth of the Centers for Popular Culture (Ccp) for the fight against illiteracy, sponsored by the National Union for the Fight against Illiteracy (Unla) and separated by the Ministry of Education.

The multiplicity of social actors and movements that shook Italian society between the 1960s and 1970s saw the issue of education at the center of a broad project of political and social renewal.

In the 1970s, the Educational Cooperation Movement, the pro-popular school movement, ideologically oriented journals, young teachers trained after the 1962 middle school reform, and many others contributed to important achievements: from the renewal of teaching and textbooks to the democratization of school management, sanctioned with various limits through the so-called delegated decrees.

The report by Federighi, P. (2019) shows well today's situation of Italian Adult education which is deeply unstructured. State rules vary across parts of the system and sectors. At regional level, adult learning chiefly operates within the framework of European funds. The domain school education for adults is under the responsibility of the MIUR (Ministry of Education, University and Research) and managed at a local level by the regions. The main providers of adult education are Provincial Centres for adult education (Centri provinciali per l'istruzione degli adulti, CPIAs) and upper secondary schools. The CPIAs provide educational opportunities aimed at the obtainment of qualifications released within the mainstream education system, as well as at the acquisition of basic Italian language skills for foreigners.

Non-formal education for non-vocational purposes is particularly consistent across Italy even though it is unstructured. A special role is played by social economy organizations (cooperatives of services, in particular), voluntary organizations, associations of all types and operating in different sectors (culture, recreation, environment, assistance, etc.).

The law regulating Adult education in Italy is the Presidential Decree 263 of October 29, 2012.

In Spain, the adult school was born with the “Somaruelos Law” in 1838, and the first adult schools that are known date back to 1840: a few years later its necessity was declared.

Adult schools brought together illiterate or semi-illiterate adolescents (it is important to highlight that they usually worked during 10 and 12 hours) in inappropriate locals and for a few months. These adolescents received elementary education identical to the primary school children, without specific resources or means.

Meanwhile, in Europe, the beginnings of schooling for adults' population meant progress and social improvement (Del Valle López, 2000).

At the beginning of the 20th century, there was a theoretical reconceptualization of adult education in Spain: in addition, adult schools that existed were replaced by night classes for adults, maintained by the city councils and taught by the same primary school teachers (Viñao & Moreno, 2020).

During Franco's regime, there was a stagnation in theoretical conceptions and in governmental and social action in the field of adult education.

At the beginning of the 1970s, Spain lagged behind in terms of adult education policy compared with the rest of Europe, where the basic education of adults was considered a right inspired by democratic principles of access, equity and compromise to the most disadvantaged social groups.

In the late 1970s, the “White Book of Adult Education” was published in Spain, where adult education was conceived as a subset of the global lifelong learning project, following the criteria established by the UNESCO and the Council of Europe.

The aim of adult education was not just to teach adults basic skills in order to be able to function in their daily lives, but adult education was considered an instrument at the service of freedom and social emancipation (Rumbo Arcas, 2020).

Among the strategic objectives for the year 2020, the European Commission set that, by that date, all member countries should reach an adult participation rate (between 25-64 years) in education and training of 15%.

In 2020, Spain had an adult population with one of the highest percentages of people with low educational level (43.4%), while the EU-28 average was 24% (Felgueroso, 2015).

At present, there are approximately 1.443 specific adult education centres in Spain and 14.4% of the adult population (between 25 and 64 years old) participate in educational activities (Ministerio de Educación y Formación Profesional, 2022).

The first initiatives related to Adult Education in Portugal can be dated from 1815, with the emergence of the “mutual education” that created the schools in the military barracks, in order to try to alphabetize the boys to provide military service.

Since 1848, a movement of popular education has emerged, aimed at adults, covering primary education courses (Alves, 2014).

However, it was only from 1866 that adult education and regulation of evening classes began to be legislated: a government decree proposed to found “adult education”, creating “schools” for this purpose. In 1987 a specific regulation was published for evening courses (Moreira, 2020).

The Republican Party, from its foundation in 1876, created primary schools with the aim of teaching how to read and write children and adults, as they placed the “education of the people” at the centre of political and social combat. One of the most interesting initiatives in the field of popular education was the “Mobile Schools”: temporary education structure in all localities of the country where it was possible and necessary to promote basic education of citizens, namely literacy. These schools were abolished in 1930 (Moreira, 2020).

Between the end of the 19th century and the first decades of the 20th century, also emerged within the labour movement, in its associations and unions, a set of structures and activities aimed at the promotion of education and in particular for combating illiteracy among workers (Moreira, 2020).

With the military coup of 28 May 1926, a dictatorship regime was installed in Portugal until 1974 and education and culture became “enemies”. The school and, more generally, the set of activities and actors in the world of education, will be the subject of close attention and regulation aimed at their control (Moreira, 2020).

In 1952, the Plan of Popular Education was launched, being one of its target illiterate adults. The main objective was the teaching of reading and writing and basic mathematical operations, to adapt the illiterate to modern life and to “defend it from false ideas and dangerous myths” (Alves, 2014).

In 1971, the General-Directorate for Permanent Education (GDPE) was created with the idea that basic education courses for adults should not be limited to literacy but should also focus on cultural improvement and on more practical disciplines (Moreira, 2020).

In 1974, there was a revolution in Portugal, which brought down the dictatorship.

Until 1976 the GDPE sought to implement a program of popular education aimed mainly at adults, around cultural animation, and the promotion of socio-educational initiatives, supporting the creation of “popular education associations” (Moreira, 2020).

In 1979, there was the constitution and construction of the Public Adult Education Network: the PNAE-BA - National Plan for Literacy and Adult Education (1978-1986). The “plan” was not only intended for the learning of “knowing how to read, write and count”, but also to provide access for all adults who wanted it to the various levels of compulsory education, as well as articulate literacy with policies of cultural development and socio-cultural animation and other non-formal education programs of interest to adults (Moreira, 2020).

In the 80s, socio-professional courses developed a little throughout the country.

In 1986, the Basic Law of the Educational System was approved and in 1991 the Adult Education Framework Law established the general framework of organisation and development of adult education in its aspects of recurrent education and out-of-school education and recognized the specificity of adult education as an “educational subsystem” (Moreira, 2020).

With the joining of Portugal to the European Community, the possibility of access to financial resources was opened, such as the Educational Development Program for Portugal (PRODEP I and II) (1990 - 1999). Adult education came with its own funding line for the population over 14 years and under 45 years, without completed compulsory education. The actions aimed to raise the educational and qualification levels of the young and adult population, promoting personal development and a better social and professional insertion (Alves, 2014).

In the late 90s, there it was created a “National Agency for Adult Education and Training” (ANEFA) (extinct in 2002), which aimed to ensure equal opportunities, fight against social exclusion, and prepare the transition to the “knowledge society”. ANEFA was created to develop the motivation of adults to demand; to develop an adequate, flexible, and diversified offer of education and training by training entities; and to develop the training of agents (Barros, 2018). There is to highlight the implementation of a National

System of Recognition and Validation and Certification of Skills that adults have acquired in different contexts. The certification included the oral presentation of the personal file to a validation jury, which analysed and evaluated the personal file submitted by the adult.

The program “New Opportunities Initiative - INO” (2006-2012) was based on the idea of giving a new opportunity to active adults and operated a massification of Centers (CNO) in operation in the national territory and stipulated results goals (outputs). CNOs’ mission was to ensure the education and training of young people and adults, promising fast and effective results in order to improve qualifications, which were lower than the European average (Barros, 2018).

In 2012, the National Agency for Qualification and Vocational Education (ANQEP) was created (<https://www.anqep.gov.pt>) which has the task of coordinating the implementation of policies for the education and training of young people and adults and ensuring the development and management of the system of recognition, validation and certification of competences.

In this context arises the “Programa Qualifica” (Qualifying Programme) aimed at adults with incomplete education and training pathways and aimed at improving the qualification levels of adults, population and improving the employability of individuals. Under the programme, a national network of specialised centres for the qualification of adults was created in 2016 - Centros Qualifica (www.Insignare.pt).

The programme seeks to achieve essentially the following objectives (<https://www.qualifica.gov.pt>):

- Increase skill levels and improve the employability of assets by equipping them with skills tailored to the needs of the labour market;
- Significantly reduce illiteracy rates, both literal and functional, while also combating semi-illiteracy and illiteracy;
- Promote greater investment of adults in education and training courses, particularly among those with very low levels of qualification;
- Correct the structural backwardness of the country in terms of qualification towards greater convergence with the European reality;
- Adapt the offer and training network to the needs of the labor market and national and regional development models.

Statistically, between 2000 and 2022, more than 1.6 million adults were certified in Portugal (Cavaco, 2021).

Theoretical Framework 4

For the adults, the pandemic context of Covid-19 exacerbated the pre-existing mental health problems or psychological problems, in a way that more than 50% of the adults are affected in a way or another from this point of view. No matter the country, language or culture, pandemic context brought big challenges in some life fields as familial relations and parenting, balance between professional and personal life (especially because telework increased the working hours and mixt these 2 roles) and emotional equilibrium (worries about getting the virus, worries about losing friends, family, intensive sadness in lonely people etc).

The most common psychological issues (according to WHO - World Health Organisation), in Europe, are depression and anxiety, with a prevalence of 44.3 million in 2017 (only the diagnosed, but WHO is also telling that most of the issues aren't diagnosed or are looking for specialized treatment only after approximative 11 years after the first symptoms). The major factor postulated by WHO for anxiety and depression are outcome inequalities and discrimination and nowadays pandemic context it is adding to depression and anxiety (increased in the last year), chronic fatigue, burn-out, problems in familial relations and in the career.

This Adult Educator's Manual main purpose is to improve the abilities of adult educators to guide adults when they want to implement change, either in their own lives (for reducing anxiety, depression, burn-out or other challenges brought by pandemic context), whether it's solving a problem in the community they live in.

In this fourth chapter you will find a theoretical framework regarding the five topics of this project: Anxiety, Depression, Burnout, Career Planning and Parenting. For each topic we developed some important contents, namely: Definition and general concepts; The actual social context as causing factor of problems in each problematic; Specific problems (symptoms/ problems and triggering factors and maintenance factors of the problems); Intervention directions and methods (what is a healthy lifestyle and intervention methods for achieving it) and some Conclusions and recommendations.

RUMINATION
TRIGGERS
STRESS RESPONSE
AVOIDANCE
COPING

Introduction about the topic

Definition, general concepts

4.1.1

ANXIETY

Does any of this sound familiar?
You overthink before taking action.
You're prone to making negative predictions.
You worry about the worst that could happen.
You take negative feedback very hard.
You're self-critical.
Anything less than extraordinary performance feels like failure.
If yes, you're not alone, and you're probably suffering from some degree of anxiety (Boyes, 2015).

From time to time, we all experience feelings of anxiety. Generally, it can be described as a sense of uneasiness, worry, fear, dread, or nervousness in a person relating to something that is about to happen or to something that may happen. The feelings that we get that associated with anxiety can be quite mild, but they can also be quite intense. Of course, this is dependent on the situation the person finds themselves in and the kind of person that they are. Most of us will have to deal with feelings of anxiety when faced with things that are unfamiliar or new to us. Plus, these feelings will arise when we are faced with a situation that proves to be challenging. The kinds of situations that could cause such feelings to occur would be when taking a test or going for an interview, even going out on a date for the first time can lead to you feeling more anxious than is normal. Yet even though these situations don't actually place any physical threat on our lives that can still cause us to feel "threatened" because we are worried that we are going to make a mistake (Chong, 2015).

First, it's important to understand that anxiety is a built-in human evolutionary survival mechanism. Just like all animals have evolved some kind of built-in biological survival mechanism to help protect them from predators, anxiety is our built-in response system for responding to physical danger. Our earliest ancestors survived because they experienced anxiety—also called the fight-or-flight response—in the face of a physical threat, which helped to mobilize them both mentally and physically to either stay and fight a predator, or to flee to safety by running. In this way we are physiologically hardwired to be on high alert in the face of danger. The fight-or-flight response immediately triggers mul-

multiple complex changes in our bodies and minds that stomp on the gas pedal and take action in the face of danger. In other words—from a survival perspective—anxiety is a good thing!

On the other hand, fear and anxiety are like a pair of overzealous bodyguards. Instead of issuing sensible warnings about potential danger, they scream alarms or nag incessantly. Rather than providing security so that you are free to move through your daily life without constantly looking over your shoulder, they lock you in your room. Rather than bringing you peace of mind, they commandeer your attention until everything seems like a potential threat, making it hard to pursue what matters most to you. And once fear and anxiety take hold, it can be hard to loosen their grip.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines anxiety as the "anticipation of future threat." People with anxiety experience tension, worry about potential threats, and avoid potentially dangerous situations. In short, anxiety is an emotional state characterized by feelings of worry, nervousness, and unease. At some point, anxiety can be helpful because it helps us to react to the stresses by making our bodies to quicken up in responding to those threats. When one is anxious, he feels that those feelings don't go away. The feeling tends to be extreme, and one is unable to control. When anxiety becomes severe it makes it hard for one to cope with daily activities.

In the DSM-5, the diagnostic manual followed by most therapists, there are six types of anxiety disorders: generalized anxiety disorder, social anxiety disorder, obsessive-compulsive disorder, panic disorder, specific phobia, and post-traumatic stress disorder.

In conclusion, fear is a natural and valuable emotion (McKay, Skeen & Fanning, 2019). It has great



survival value for human beings, preparing us to fight for survival or run away quickly from a threat. But too much fear in the form of chronic anxiety is incredibly painful and debilitating. Anxiety is prolonged fear that persists in the absence of a real threat: after a threat is over, during situations that aren't actually very dangerous, or before a potential threat in the future. When anxiety becomes chronic and dominates your life, it morphs into an anxiety disorder.

Anxiety has a way of weaving itself into each part of a person's existence. Whether it takes the form of full-blown panic or chronic worry, anxiety can limit the potential of every aspect in your life. It might stop you from going to college, prevent you from finding a job, damage your relationships, or even make you a prisoner in your own home. In short, it can be truly incapacitating. Finally, anxiety becomes a problem for us when it becomes excessive. For example, when motivation becomes debilitating performance anxiety or empathy becomes overprotection and unhealthy attachment, anxiety becomes unhealthy, and we begin to struggle with it.

Actual social context as causing factor of problems in Anxiety

4.1.2

Today, anxiety disorders have become very much part of some people's lives so that even the most normal reactions relating to anxiety can result in them creating doubts in that person's mind relating to their mental health. What one needs to remember is that feeling anxious is normal and helps you to cope more effectively with the stress that many of us are faced with today. However, it only becomes a disorder when the anxious feelings you are having are completely out of proportion to the levels of stress you are faced with. In fact, what you are feeling when you are anxious is a completely normal and natural human reaction that not only involves your mind but also your body. It is a very important function that helps us to survive. It is in fact our body's alarm system that becomes active when we perceive that we may be in danger or threatened.

The difficulty with anxiety in modern times, however, is that we get 'stuck' with our foot on the gas (as though we are being threatened by a predator) and can't let go. Over time, this can begin to impede your ability to function in your life academically, professionally, or personally. It can also lead you to experience ongoing distress, reduce your ability to enjoy your life, and eventually can lead to symptoms of exhaustion and burnout, which can further reduce your ability to function. While small amounts of anxiety in short bursts can be beneficial (such bursts can help energize you to focus and be mentally sharp, for example, when writing an exam or preparing an assignment under a tight deadline), we were not built to withstand prolonged exposure to the fight-or-flight response, and long periods of moderate to high anxiety take their toll.

Anxiety limits our lives by causing such uncomfortable thoughts and emotions that we begin to avoid the source of our discomfort, whether that's specific people, feelings, places, situations, or events. When you live with serious anxiety, avoidance might feel like the only thing to do that makes sense. It's a coping mechanism that feels protective and safe. If you have social anxiety and always feel judged and inadequate, you might start avoiding other people or situations where you have to interact closely with others. At first, such avoidance can actually relieve anxiety.

Many anxious people have had a lifetime of people telling them "Don't worry," "Don't stress," "Don't overthink it." As a result of constantly being told to just relax more and chill out, anxious people often end up feeling like there is something fundamentally wrong with their natural self. The "Don't worry,

be happy” message ignores research showing that there are benefits to both optimism and what’s termed defensive pessimism.

People feel anxious when they step outside their comfort zone. Avoiding stepping outside your comfort zone would lead to living life less fully. Since I’m anxiety-prone by nature, almost every major decision I’ve made in my life has involved feeling physically sick with anxiety. If I weren’t willing to make decisions that lead to temporarily feeling more anxious, my life would be much emptier than it is today.

Reducing your anxiety to zero isn’t possible or useful. Anxiety itself isn’t the problem. The problem occurs when anxiety gets to the point that it’s paralyzing, and you become stuck. I think of these bottlenecks as anxiety traps. We’re going to work on managing your responses to five anxiety traps: excessively hesitating before taking action, ruminating and worrying, paralyzing perfectionism, fear of feedback and criticism, and avoidance (including procrastination).

People struggle with anxiety when it becomes all-encompassing, invading our thoughts and emotions, and determining our behavior. Anxiety becomes a problem when it becomes life-limiting, preventing you from living a life that reflects your goals, desires, and values. Anxiety limits our lives by causing such uncomfortable thoughts and emotions that we begin to avoid the source of our discomfort, whether that’s specific people, feelings, places, situations, or events. When you live with serious anxiety, avoidance might feel like the only thing to do that makes sense. It’s a coping mechanism that feels protective and safe. If you have social anxiety and always feel judged and inadequate, you might start avoiding other people or situations where you have to interact closely with others. At first, such avoidance can actually relieve anxiety. Eventually, however, your anxiety will find another target, and the types of things you need to avoid will grow in number. What started as a way to protect yourself from anxious feelings can actually increase those feelings. The more you hide from your anxieties, the stronger their hold over your life and your actions. Suddenly, you’ll find avoidance has you trapped, and what used to be a useful coping mechanism is now a life-limiting problem.

AREAS OF CONCERN

We’ve talked a lot about specific anxiety symptoms. I’d also like to know about various areas of your life and how they relate to your anxiety. Life quality is

often reduced because of anxiety. Sometimes, life experiences may also trigger or aggravate anxiety, such as working at a stressful job or going through a divorce. Your current life situation is the context in which your anxiety has continued, so it’s important for us to consider.

Let’s take a moment now to take stock of each aspect of your life. I’d like you to reflect on how you are doing, where you feel you need improvement, and ways in which anxiety has taken a toll.

SOCIAL INTERACTIONS

Anxiety can cause problems in your relationships—and relationship struggles may also worsen your anxiety. Social anxiety may cause you to feel isolated. It makes it hard to forge new friendships. Panic attacks may leave you feeling ashamed. Often the stigma of having anxiety can create as much of a burden as the anxiety symptoms themselves. On top of this, relationship problems can contribute to anxiety. Stressful situations such as going through a divorce can create new worries that add to your burden and make it hard to cope.

EDUCATION AND WORK

Often, anxiety has an impact on your education or career, worrying constantly about work responsibilities, dropping out of school, or quitting a job because of a fear of leaving the house. Sometimes it happens to avoid taking classes or working at a job where public speaking is necessary.

DAILY RESPONSIBILITIES

This category includes things you probably do daily, such as driving a car, making meals, personal care, paying bills, cleaning the house, choosing clothes to wear, and so on. Anxiety can have an impact on your ability to do the most basic tasks.

HEALTH AND WELL-BEING

Anxiety can have a negative impact on your health and well-being. It may impair your ability to maintain your physical health, such as following a proper diet or getting regular exercise. Health problems can also make anxiety issues worse—such as asthma attacks triggering panic symptoms. Migraines and irritable bowel syndrome also tend to go along with anxiety and may cause you distress. You may even have overlapping mental health issues, such as depression or substance abuse, which can make overcoming anxiety that much more difficult.

Specific problems in Anxiety

4.1.3

Anxiety comes with a lot of baggage and to the uneducated victim it can be a confusing and frightening condition. 'Anxiety' is a word/topic that floats around society and dips in and out of conversation as frequently as talking about the weather. This type of anxiety doesn't seem to be questioned because throughout our lives we have concluded that this type of anxiety is normal. It is normal to fear an exam result, the dentist, an operation, public speaking, what the boss will say etc.

However, when worrying thoughts and anxious behaviours become a daily constant - for reasons beyond our comprehension - we start to acknowledge and admit to ourselves that something isn't quite right. The classic and most common sign of an anxiety problem is when we find that our days are mostly being dictated by feelings of intense and unexplainable fear, and that we may begin to perceive everything around us as different and somewhat 'detached'.

Chronic anxiety is like having an alarm sound in your mind and body that won't turn off. It just keeps ringing and warning you of danger. Everyone has a hardwired alarm system designed for survival. It helps you survive by mobilizing you to deal with threats. To understand how this valuable alarm response gets stuck in the "On" position, we first have to see how the mechanism works. There are four steps in the alarm response:

- 1.** Perception of threat—the alarm sounds.
- 2.** Appraisal of threat—you assess how serious the danger is and whether you have the resources to cope.
- 3.** Physiological and emotional responses—you experience a cascade of physical sensations preparing you to deal with danger, and the emotion of fear.
- 4.** Behavioural response—you do something to feel safer, such as avoiding the threat, postponing the threat until later, distracting yourself from the threat, and so on.

Symptoms/ problems - described on different ages on adulthood

4.1.3.1

The Four Components of Anxiety

Behavioural component

Examples

The urge to put off important but anxiety-provoking tasks

The urge to keep seeking information rather than act

The urge to wait for a go signal from someone else before acting

Emotional component

Feeling nervous, worried, or apprehensive

Physical component

Increased heart rate, sick feelings in your stomach

Thought component

Fear of failure

Mentally replaying events when you're worried about how other people might have perceived you

Table 1. The Four Components of Anxiety (Boyes, 2015)

Anxiety shows up as a variety of symptoms, from behavioural and emotional to physical and cognitive (Fletcher, 2014). No anxious person has the exact same set of symptoms, but everyone has some of each type .

PHYSICAL SYMPTOMS

- Blurry vision
- Blushing
- Chest pain
- Chills or hot flashes
- Crying
- Choking feeling
- Dizziness or light-headedness
- Dry mouth
- Excessive sweating
- Fatigue
- Headaches – constant or recurring
- Muscle tension
- Nausea or diarrhoea
- Numbness or tingling
- Racing or pounding heart
(short bursts of a rapid heartbeat)
- Shaky voice
- Shortness of breath or smothering feeling
- Trembling or shaking
- Trouble sleeping
- Constant lethargy
- Bloating
- Tickling/fluttering sensation in chest and oesophagus
- Tinnitus (ringing ears)
- Stomach/Abdominal cramps/pains
- Eye floaters (particle-like objects that 'float' in front of vision)
- Rib discomfort
(feeling pressure under ribs)
- Feeling tired after eating
- Shooting pains in back and abdomen
- Erectile dysfunction
- Jaw ache and tenderness

COGNITIVE/PSYCHOLOGICAL SYMPTOMS

- I worried others were judging me.
- I was afraid of being embarrassed or humiliated.
- I dreaded an upcoming social or performance event.
- I felt like things would always end badly.
- I felt keyed up and restless.
- I was afraid of losing control or going crazy.
- I was afraid of dying.
- I was afraid I could not escape if I panicked.
- I had a feeling of impending doom.
- I felt the need to escape.
- I had trouble concentrating.
- My mind went blank.
- I was irritable.
- I lacked confidence.
- I felt unable to cope.
- I felt hopeless.
- I felt like I could not control my worry.
- I experienced derealisation (feeling lucid and detached from surroundings).
- I experienced depersonalisation (feeling detached from persona/personality).
- I felt hypochondriac (The fear that you're seriously ill).
- I had repetitive & looping & obsessive thoughts.
- I felt unable to relax.
- I manifest difficulty completing tasks.
- I present an overactive imagination over my personal psychological or physical state.
- I am continually self-analysing (checking the body for signs that something is wrong).
- I experienced loss or a big increase in appetite.
- I experienced loss of libido.
- I experienced loss of interest in work.
- I am constantly trying to work out how to feel 'normal' again.
- I am constantly feeling tired.
- I had a dampened sense of humour.
- I am unable to focus.

BEHAVIOURAL SYMPTOMS

- I avoided things or situations that I feared.
- I overcompensated by working extra hard.
- I left or escaped from a situation.
- I did things to distract myself or not feel anxious (e.g., not looking someone in the eye).
- I sought reassurance from other people.

Below are some of the common assumptions that the standard anxiety victim can often relate to:

ANXIETY ASSUMPTIONS

- I feel terrified for no logical reason.
- I haven't felt normal for a long time, something must be wrong.
- Why am I scared to do 'normal' things?
- A psychological condition must be the cause of this change.
- I must have a serious health problem: i.e. heart failure, cancer.
- My brain/mind does not work like those around me.
- I don't think this is ever going to go away. I can't handle it.
- No one else fully understands what I'm going through.
- Why do I feel like I'm about to die?

Fear not as an anxiety problem isn't at all dangerous; it cannot permanently harm you and is something that's easily fixable when fully understood. What has happened in anxiety is that your body has arrived at a state of chemical imbalance as a result of trying to deal with high amounts stress and operating using a poor mental routine. In other words, unexplainable anxiety is your body's way of telling you that it has simply had enough, and something has to change.

Something must be wrong with me,' we often thought, usually spending the majority of the day analysing why we felt the way I did and panicking when the feelings didn't go away. It's important to know that a common feeling that accompanies an anxiety disorder is the feeling of being 'stuck' or trapped in a constant loop of worrying thoughts and panic. When this happens, we may start to become anxious for reasons beyond our normal ability to rationalize. We start to dwell on why we feel panicky and are inevitably sucked into the dark world of high anxiety and the increasing likelihood of panic attacks. Ultimately, we can start to become anxious because we are feeling anxious.

It doesn't take a genius to work out that anxious thoughts and questioning the way you feel can easily become an unwanted, obsessive hobby. You're probably doing it now, or it's queued in your thought pattern somewhere. This obsessive behaviour can easily spill over and dictate our actions too. Perhaps you've spent days on end perilously researching your symptoms on search engines, only to find that you've been frightened by what you've discovered despite the obvious improbability of it. When we are anxious, we become vulnerable and are easily drawn to the worst-case scenario in a given situation. Unfortunately, when we are vulnerable, we are drawn to this information which provides the negativity that feeds our obsessions. Probably, it's extremely hard to put scary and repetitive thoughts aside but for now at least, just let it go. Nothing bad will happen to you. 'Bad' is a subjective term, but 'bad' in relation to the topic of anxiety to be the feeling that you're about to die, or something awful is about to happen. Always remember that feeling anxious cannot do this to you. A common problem with anxiety is that it feels like it's tailored to the individual. One day we're feeling fine, then the next day we feel completely different and the world around us also feels and appears different. We fall prey to our feelings and emotions and our reality becomes a superficial projection of what's actually going on.

Sometimes we found it such a relief to be able to identify and relate to the symptoms which can occur with anxiety. Some of these symptoms present as very strange ones and may have you questioning both why and if they even relate to anxiety at all. The simple answer is that when we are in an anxious state, our body operates on a different level, and over time this different 'mode' of operation takes its toll on the body and mind.

Triggering factors and maintenance factors of the problems

4.1.3.2

One of the ways severe anxiety sucks people into its vortex is that avoiding anxiety often becomes the person's central focus. The more this happens, the more anxious the person becomes. When people overfocus on anxiety for a long time, they tend to lose confidence in their capacity to be anything other than a walking ball of worry and rumination. The more time and energy people spend managing their anxiety, the more it sucks the oxygen out of the rest of their life. Next, we'll explain how focusing on your anxiety causes it to escalate. Let's unpack the psychological mechanisms of how anxiety snowballs. People often develop routines or rituals to try to keep a lid on their anxiety. These can range from avoiding "forbidden foods," to going to only certain places or doing only certain activities with someone else, to washing their hands for a minimum number of seconds. Again, these routines help relieve anxiety in the short term but increase it in the long term and suck away self-confidence. Avoidance coping is one behavioural pattern that causes anxiety to grow like a weed; another is over-monitoring your symptoms.

Avoidance is one of the main factors that fuels anxiety and the most common safety behaviour - the flight part of the fight-or-flight reaction. Avoidance can be behavioural—you avoid situations or doing things that make you feel anxious. Or it can be cognitive—you try to avoid thinking about topics that trigger your anxiety. Avoidance will eat you alive psychologically if you don't work on it. Avoidance coping generates additional stress in your life. Further, the more you avoid, the more your anxiety will tend to spread to other tasks and situations. And when you avoid, you miss out on opportunities to learn that you can cope with situations, and you miss out on gaining skills through experience. Avoidance behaviours typically occur only after anxiety/fear and arousal have been triggered. The decision to avoid is often automatic and unconscious, unless you have a strong reason to face the threat (for example, avoidance would trigger dire negative consequences, or there is something you value about facing this particular fear). With avoidant safety behaviours, you are avoiding, delaying, or escaping the fear. This coping behaviour is very appealing because you get an immediate decrease in your level of anxiety. With approach safety behaviours, you engage in the anxiety-provoking situation, but you use strategies that will prevent or minimize your feared outcomes.

The problem with using safety behaviours is that you never learn anything. You never learn whether

your feared situation or experience will really cause you harm. You never learn to tolerate uncertainty. And you never learn to trust your judgment. So, the next time the same threat appears, you suffer the same anxiety, push it away with the same safety behaviour, and so on indefinitely. You live in a recursive loop where anxiety tends to become more frequent and intense, not less. The following sequence shows how safety behaviours maintain and often worsen anxiety:



As you become more familiar with your avoidance and other safety behaviours, you may also be thinking about the ways in which you are missing out on important aspects of your life. The more you avoid it, the more your life is limited. Avoidance affects you emotionally, creating depression when you stop doing things you enjoy or find nurturing. When you continually disappoint or upset your family and friends, your relationships suffer, and you feel shame and guilt. Safety behaviours are likely creating consequences at work or school as well, blocking you.

from reaching some of your life goals or preventing you from getting in touch with your life purpose. And, by continuing to engage in safety behaviours, you never learn that there is less to fear than you believe.

What about over-monitoring the symptoms? Have you ever found yourself unable to sleep? You end up looking at the clock and counting the minutes you've been lying there tossing and turning. "I've been trying to get to sleep for 40 minutes now!" Another hour passes and you think, "It's two a.m.; now I'm only going to get five hours of sleep before I have to get up for work." The more minutes tick by, the more stressed out you get. The next day, every time you yawn, you worry about getting to sleep that night. Later, when you get into bed, your anxiety about getting to sleep becomes a self-fulfilling prophecy. Sound familiar? It's the natural pattern that happens when you over-monitor something.

This same pattern happens with anxiety symptoms. The more closely individuals monitor their symptoms, the more stressed out by them they become. When people make reducing anxiety their primary focus, they usually do a lot of checking in with themselves about how anxious they feel at any given moment and what anxiety-provoking situations they have coming up. They might wake up in the morning and immediately ask, "How anxious do I feel today?" Overall, this tends to make their anxious feelings worse.

In this way, the pattern of installation and maintenance of anxiety can be summarized:

- Poor thought patterns and a bad behavioural routine cause the body to release an excessive amount of adrenaline.
- Adrenaline causes various changes within our bodies and eventually causes a chemical imbalance.
- Over time a constant flow of adrenaline causes us to become hypersensitive and hyperaware of ourselves and our surroundings (Fight or Flight response).
- Adrenaline and hypersensitivity can cause us to experience episodes of depersonalization and de-realization.
- Over time our nervous systems become over-stimulated making us further prone to anxiety and panic. We begin to panic about why we feel the way we do.
- We begin to panic about the other symptoms

anxiety can cause (refer to symptoms list).

- We're stuck in a loop of worrying and panicking about our well-being and attaching our own reasoning to why we feel the way we do.

Now instead of focusing on the negative aspects of your anxiety, think about the positive things you would like to do if anxiety weren't paralyzing you. What activities and abilities have you lost? What plans can you no longer make? What goals have you given up? What sources of joy or fulfilment seem closed to you now? In short, what do you care about? What are your life values?

Notice that values help guide your life toward things that matter to you. Because anxiety often makes it difficult to act on key values, anxiety can rob your life of meaning. You may end up avoiding many of the activities and experiences you care most about. This is how anxiety can co-occur with depression: anxiety gets in the way of meaningful activities, and the resulting loss of vitality and engagement causes you to spiral down into depression.

Being stuck in a loop at the peak of your anxiety is debilitating, depressing and awfully scary. However, use the knowledge of why you feel this way to provide a small, comforting degree of inner content. You are not going insane and in fact what you're experiencing is alarmingly common. What's also reassuring is that what your body is doing is only natural, so no matter how long you've had this condition I can repeat my earlier assurances that nothing 'bad' will happen to you as a result of it.



Intervention directions and methods

4.1.4

Keep in mind that many of the techniques found in this manual may seem fairly simple, so it's tempting to try them out and then not use them again until we absolutely need them. But to our brain, we are adding an unfamiliar element to an already stressful situation, and our bodies do not like unfamiliar situations! Therefore, it is important to practice the following basic skills when your stress isn't at its highest (when you're on "the back roads" instead of on "the highway"), and to maintain a consistent practice in order to make these skills more automatic and more effective. Practicing during "down times", or when our body is not at a high level of stress, helps make the techniques routine, and will have a greater effect on decreasing the anxiety reaction when you actually need it!

The first step any anxiety sufferer should take is to simplify their chaotic world of worries. It's the first step that should be taken when beginning to assume control of anxiety. When anxiety is high and blinding confusion has set in, you'll know that it can be extremely difficult to prioritize, organize and focus on your 'problems' in any logical order or with any rational sense. We have so many different worries, which mount up on top of our underlying worry of 'not feeling right', that we simply just don't know where to start. Have you tried waiting for the feelings to go away? You'll know it simply does not work like that.

When you feel that you can, you should write down everything that worries you and place all of these worries into an anxiety map. We honestly can't emphasize enough how such a simple task ends up becoming an enlightening and powerful form of relief.

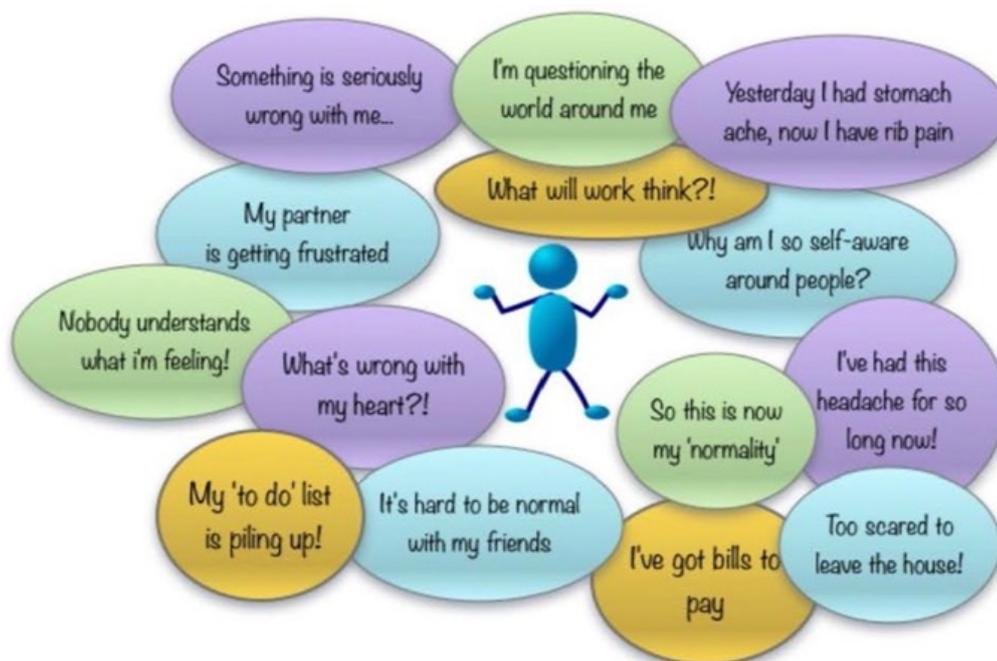


Figure 1. Examples of Worries
(Joshua Fletcher, Anxiety: Panicking about Panic, 2014)

Can you see how hard it must be to prioritize one single worry from out of the many? Where do we even start? Of course, it's normal to have every day worries such as work and social issues, however these worries can soon multiply and increase in intensity when anxiety is present. Anxiety can soon act as a barrier to resolving everyday issues, which results in worries building up very quickly. Worries and stress become harder to resolve causing an accumulation effect similar to that of the common snowball analogy.

What we can realize is that it wasn't the medical condition crippling us, but the constant and overwhelming fear that overcame us on a daily basis. After much deep thought we can decide that if a medical condition was to dictate our life it could do so, but we were in no way going to let our life be dictated by a negative emotion. Fear was not going to dictate our life. Fear is an emotion, not a medical condition. This is the beginning: the first decision.

What is a healthy lifestyle in terms of preventing Anxiety

4.1.4.1

Taking into account the complexity of the issue of anxiety, how do I differentiate between a healthy lifestyle, within the limits of normality, and the pathological state in which I most need intervention and support?

Examples of Having an Anxious Nature

When I make plans, I think about possible things that could go wrong. I make contingency plans.

When something going wrong seems likely, I take precautions to minimize any potential harm.

I'm extremely thorough when I do research.

Being anxious about looking good in the eyes of others causes me to be polite and to prepare thoroughly.

I do things carefully.

I think things over before making decisions.

Because I'm on the lookout for problems, I'm less vulnerable to being taken advantage of.

Examples of How Conscientiousness, Care, and Caution Can Be Productive

I take an extra credit card when going on an overseas trip in case my main card isn't working for some reason.

I keep receipts for things I might need to return. If a customer service person tells me something on the phone and I'm concerned the person is giving me the wrong info, I'll ask the agent to note what I was told on my account and read back to me what was written. I'll also ask for the person's agent ID number.

I'm not the type of person who arrives at a beach vacation only to find it's the middle of monsoon season.

I'll generally jot down a few brief notes or questions before a meeting. I write notes in meetings so that the person I'm speaking with recognizes that I value what he or she is saying.

I have routines for doing things, so I don't lose keys or accidentally leave the stove on.

When I need to make a purchase, I'll usually research online before visiting a store. Up to a point, I enjoy this. It saves me time returning purchases made on impulse.

When I know, I'll be needing to take a cab in a foreign country, I find out what the approximate price should be beforehand.

Table 2. Useful Types of Care and Caution (Boyes,2015)

Examples of Having an Anxious Nature

When I make plans, I think about possible things that could go wrong. I make contingency plans.

When something seems likely to go wrong, I take precautions to minimize any potential harm

I'm extremely thorough when I do research.

Being anxious about looking good in the eyes of others causes me to be polite and to prepare thoroughly.

I do things carefully.

I think things over before making decisions.

Because I'm on the lookout for problems, I'm less vulnerable to being taken advantage of.

Examples of How Care and Caution Can Be Counterproductive

I sometimes find myself unwilling to try things because of the potential for something to go wrong.

I sometimes spend so much time trying to prevent things from going wrong in unimportant areas that I run out of time and willpower to do it in more important areas.

I sometimes get stuck in research mode for long periods.

Sometimes I get so anxious about how I'm perceived that I try to control how others perceive me. I act controlling or end up mentally replaying conversations, wondering if I said the right thing.
Being anxious about how others perceive me sometimes causes me to jump to the conclusion that other people don't like me, when that's not the reality. Because I perceive that I'm being judged negatively, I act less open/friendly and sometimes create a self-fulfilling prophecy.

Sometimes I'll spend ridiculously excessive amounts of time on tasks. I sometimes find myself over-checking some things and ignoring other work that's objectively a higher priority.

I sometimes spend hours overthinking a \$100 decision when I could've put that time toward something that would've generated two or three times that amount in income.

I'm sometimes excessively suspicious of other people, to the point where I avoid collaborations.

Table 3. Counterproductive Types of Care and Caution (Boyes, 2015)

Taking into consideration that we are developing anxiety as a result of a poor mental routine and then eventually having to deal with a shocking life event, we need to be aware of this perspective. So, we have to develop a personal procedure of thinking about thinking, analysing constantly our thoughts and beliefs regarding their truth value. On the other hand, we have to understand the necessity of emotional trauma/shock processing and not just distracting from it or repressing it.

SELF-CARE/SPEMS

Self-Care underlies healthy living in general, and it is particularly relevant for your mental health. Within this manual we divide Self Care into five domains. These domains can be thought of as buckets that need filling. We are at our best when our buckets are full, or nearly full, but it takes work to keep them that way. When we are feeling low, or our anxiety is high, it may be because our buckets are low or—in some cases—empty. It's important to look at all five buckets; it's typical to lose sight of one or two of the buckets every once in a while, and these are often the ones that need filling the most!

Social Self Care

The Social bucket has to do with people around you, and the connections that you have with them. "People" can refer to pretty much anybody that you have a relationship with; they can be friends, classmates, or family members. In some cases, our social connections to others are not strong enough so we need to put effort into planning time to spend with others. On the other hand, we may spend too much time with the people in our lives (those social connections can become overloaded), in which case being able to take some time for ourselves may actually help to fill this bucket.

Physical Self Care

The Physical bucket looks at the body and ensures that health care habits are happening. This bucket is primarily focused on physical activity, nutrition, and rest/sleep. Like anything else to do with Self Care, these three components can vary for the individual; however, there are some general guidelines to consider. Regular physical activity is important—ideally at least a moderate level of activity (enough to increase your heart rate)—several times per week. Regarding nutrition, aim to have snacks and meals that provide a wide variety and healthy range of nutrients in your diet. Sleep is a tricky one for many people to maintain. The amount of sleep your body requires decreases as you get older so ensure that your sleep is consistent and an important part of your routine!

Emotional Self Care

The Emotional bucket is often forgotten. The important part of this bucket is to ensure that you are giving yourself space and permission to feel a range of emotions—both 'positive' and 'negative'. Note that crucial word: permission. As with many aspects of

dealing with anxiety, balance is key. Emotional Self Care ensures we aren't trying to bottle up everything negative in our lives, but rather we are giving ourselves permission to experience some of those distressing emotions in a healthy and effective way.

Mental Self Care

The Mental bucket is about both activating and relaxing your brain. Obviously, you need to have time in your schedule as a student/employee to focus on academics/job; however, life still exists outside of school/profession. If learning/working is really what excites you, try finding something to learn about beyond what you need to do for class/job (something interesting and just for you), even if it's just for five minutes a day—that is truly Mental Self Care!

Spiritual Self Care

The Spiritual bucket is about recognizing things outside of yourself and your own day-to-day life. This is often the most difficult bucket to define, as spirituality can mean so many different things, and it's important to note that it can—but does not necessarily—mean religion. For example, to many people Spiritual Self Care can simply be getting outside and taking the time to notice things in nature that they don't always have time to notice. Others may do the exact same activity and will take the time to reflect on their religious views. Within the same Spiritual bucket, it is also good to recognize and reflect on yourself as an individual; different from being socially alone, this emphasizes that you are important and deserve to do things that you want 'just because' every once in a while!

Intervention methods for achieving a healthy Lifestyle

4.1.4.2

In order to have a healthy lifestyle and overcome anxiety, there are three main things you'll need to successfully navigate your anxiety bottlenecks.

- The first is self-knowledge about the thinking and behavioural patterns that have caused your anxiety to develop and persist.
- The second essential element is a set of tools for coping when you find yourself caught in the web of anxiety.
- The third piece of the puzzle is some general confidence in yourself. You'll need to believe you have the capacity to use the information and tools provided to solve your own problems.

SET OF TOOLS FOR COPING

(Acreman, Bossio, Vatcher & Woolnough, 2018)

Deep Breathing

Deep breathing, diaphragmatic breathing, or box breathing are all commonly used names for this tool in this Manual. The purpose of this exercise is to hit the brake pedal on stress or activate the parasympathetic nervous system to calm our body's fight-or-flight response.

1. Lie down or sit in a comfortable chair, maintaining good posture. Your body should be as relaxed as possible. Close your eyes. Scan your body for tension.
2. Find a quiet space where you won't be interrupted.
3. Start out by simply bringing your attention to your breathing. Place one hand on your abdomen, and one hand on your chest. When we are anxious, our breathing tends to be quick and shallow. If you are engaging in shallow breathing, the hand on your chest is the one more likely to be moving up and down. Notice which hand is moving, and how fast it is moving.
4. Begin by taking a slow, easy, mindful breath in, through your nose, gently pulling the air deep down into your abdomen. You should feel your abdomen rise with this inhalation and your chest should only move a little. Inhale for a count of 5.
5. Hold that breath deep in your lungs for a count of two.
6. Slowly exhale, making sure to keep your mouth, jaw, and tongue relaxed. Exhale for a count of 5-7. Notice which hand is moving (the one on your chest, or your abdomen?). As all the air is released with exhalation, gently contract your abdominal muscles to completely empty your lungs of all air. It is important to remember that we deepen our breath by completely emptying our lungs on an exhale,

not by filling them with more air on an inhale.

7. Repeat.

Mindfulness

Mindfulness is non-judgmental, purposeful attention to the present moment. This may seem simple enough but take a moment to reflect on how often you find yourself doing some sort of mundane activity—like having a shower or walking to class/job—where you realize that you are “on autopilot”, “a million miles away”, “off in space”, or just not really paying attention to what you're doing. In other words, mindfulness is the act of keeping your mind here, in the present, instead of letting it wander.

Mindfulness is an important tool for anxiety management (and mental health, in general) because it teaches us to observe our thoughts. Thoughts are critical in anxiety; they happen all of the time and are difficult to control. Mindfulness works by allowing us to view our thoughts in a more objective, or non-judgmental way. Mindfully noticing our thoughts can be looked at as the first step in recognizing the connection between our thoughts and our feelings or our behaviours, and also as a way to minimize the impact of negative emotions attached to harmful or anxious thoughts.

The neurons in our brains are constantly firing, which means that our minds are constantly thinking. How do you just “turn it off?” The answer is: you don't. Instead, you learn to simply observe the thoughts as they happen, observe any feelings that may be attached to those thoughts, and then actively bring your attention back to the present. To illustrate: Imagine that it is a beautiful summer day, and you are lying in the soft grass on top of a hill watching the clouds go by. Each thought that you have is like a passing cloud. You watch it as it passes, but you don't get caught up in all of the intricate details of the cloud or get swept away by whatever feelings come to mind when you see that cloud. Instead, you simply notice the cloud and allow it to pass as you continue to stare into the sky. More clouds will come, and that's ok. You simply acknowledge them and let them pass gently by.

Mindfulness is a very effective tool for stress management, but it is also a very tricky tool to master. With that being said, research shows that mindfulness can have positive effects on mental health regardless of the number of treatment sessions a person gets; that is, it may take a while to master the skill, but a regular practice is all you need to reap the benefits of this tool.

Progressive Muscle Relaxation

One of the more discrete changes that happen in our body when we are stressed or anxious is muscle tension. Muscle tension is an adaptive feature of the fight-or-flight response to help us escape danger. That is, shallow breathing helps blood cells fill up on oxygen, and an increased heart rate pumps that oxygenated blood to the muscles. The muscles use this oxygen-rich blood as fuel to build up tension in preparation to either fight, or to run away to safety (flight). You can think of an anxious person's muscles as an elastic band all stretched out and ready to snap in a burst of energy. Progressive Muscle Relaxation, or PMR, is a technique that helps release the tension that builds up in our muscles from anxiety or stress.

PMR works to promote relaxation by letting the tension out of the muscles. Similar to deep breathing, this sends a message through the vagus nerve, which runs throughout the body, to calm down and this, in turn, activates the parasympathetic nervous system, or the brake pedal of stress. Typically, PMR is practiced for a minimum of 15 minutes; however, we also include a shorter alternative in this chapter to use if anxiety strikes you in the moment.

Follow the directions below to practice:

- 1.** Pick a spot. Find a quiet, private spot where you can practice this exercise. As this exercise typically takes about 15–30 minutes, you want to find a place where you will likely not be disturbed for this length of time.
- 2.** Get comfortable. Ideally, you want to be seated in a comfortable chair that can support your legs, arms, head, and neck. It is also possible to practice PMR when you are lying down, but make sure that you are not practicing in your bed (according to rules of sleep hygiene, your bed is only for sleeping! Using it to practice PMR may actually disrupt your sleep schedule).
- 3.** Set a timer. If you are going through the exercise without an audio recording (i.e., running through the steps in your mind), make sure to set an alarm in order to remove the need to worry about keeping track of time.
- 4.** Tensing. In order to truly relax each muscle group, you will first need to tense it as hard as you can. This is so that your body can recognize the contrast between tense and relaxed muscles. You will go in order from the tip of your toes to the top of your head. Make sure that you are isolating your tension to only one muscle group at a time; don't let the tension seep into another muscle group. For example, if you are tensing your chest, make sure that your

shoulders are not creeping up to your ears. Watch that your jaw is not tensing with other muscle groups, as well (it tends to do that!).

As you tense each muscle group, focus on all the sensations your body creates. Tease apart all the feelings. Does it feel warm? Cold? Does the muscle feel strong? Is the muscle shaking? What values do you place on these feelings? Does it feel pleasant or not so nice? Stay with all the feelings. Remember to squeeze as hard as you can for the entire time you are tensing the muscle group, but not so hard that it causes serious pain or injury. Continue to hold the tension for about 10 seconds.

5. Relaxing. Once you are done tensing, completely let go of all tension. Let that body part drop back down or feel that body part sink deeper into the chair/couch/floor that it's resting on. Imagine that all the tension is flowing out of that muscle group like water (e.g., picture the tension dripping from your fingertips, or flowing down your legs to the floor). Focus on the new sensations that your body creates as the tension seeps out of that muscle group. See if you can contrast the feelings of relaxation with the sensations you experienced when the muscles were tense. What temperature is the muscle group now? What values would you place on the feelings now? Continue to release all tension for about 15 seconds (longer than the time you tensed it).

6. Repeat. Follow the same format for each muscle group in order from your toes to your head. Remember to keep the tension isolated just to a single muscle group.

7. Final check. Once you've gone through flexing and relaxing all the muscle groups, scan your body one last time. Is there any area that is still holding tension? If so, repeat the tensing and relaxing procedure a final time on those muscle groups. Once all your body is feeling relaxed, take the remainder of your 15–30 minutes to sit with this sensation of full-body relaxation. Note if tension starts to creep into any muscle group and repeat the tense/relax procedures. Otherwise, sit with the feeling of relaxation. Be as present in your body as you can be. Enjoy!

Worry Time

Everyone experiences worries at one point or another, but sometimes those worries can start to get in the way of other things. Worrying can act like a chain reaction: one worrying thought pops up, which tends to bring a different worrying thought, and that is attached to a number of additional worrying thoughts. Worry tends to increase in response to two different situations: (1) When we have a parti-

cular thing that is making us anxious (e.g., an upcoming exam); or (2) When our over-all anxiety is high. Worrying maintains or increases our anxiety, and it can eat up a lot of time and energy.

Thoughts tend to come up as if they're acting of their own accord. No one enjoys having worrying thoughts, but we all have them on occasion. Worry Time is a tool that gives you permission to worry in a controlled way, so that the worrying thoughts that pop up over the course of a day can be dealt with, instead of allowing them to eat up more than their share of your precious time and energy. Here's how it works:

- 1.** Pick a time in the evening to practice your Worry Time. Make sure that you have plenty of time to "unwind" in between Worry Time and your bedtime so as not to interfere with your ability to fall asleep. Typically, it is a good idea to practice Worry Time just before you have something to do (like dinner time, or cleaning the dishes), so that you can shift your thoughts to something different immediately afterwards.
- 2.** Find a quiet place, somewhere where you are unlikely to be disturbed.
- 3.** Set a timer for no more than 15 minutes. This is the time that you are allowed to worry for. You don't want to make that time too long, otherwise you may cross over from "worrying" to "ruminating" (when the same negative thoughts just go round and round and round in your head), which is not helpful!
- 4.** Sit down with a pen and paper or open up a new word processing document on your computer. Once your timer starts, begin writing down all your worries. Use this time to worry your heart out! There is no worry too big or too small for Worry Time.
- 5.** When the timer goes off, stop! Turn the paper over or take your hands away from the keyboard. Some people do not like to hold onto their worries, so feel free to rip up that paper or close the document without saving. That is it; the end of your Worry Time.
- 6.** Try to immerse yourself in a different activity as soon as you can, in order to help prevent your mind from continuing on the trail of some of those worrying thoughts.
- 7.** Throughout the day, if a worrying thought comes up for you, take note. Tell yourself "ok, that is something I will need to worry about in Worry Time tonight". If it helps, you can even write that thought down on a notepad or in your phone to remember for Worry Time.

Worry Time is different from ruminating or dwelling on thoughts because it offers you a controlled time

to deal with them. For some people, one Worry Time per day isn't enough. That's just fine. You can have more than one Worry Time per day. With practice, you will begin to notice that you don't need as much Worry Time, and you can try reducing the number of times you practice this tool in a day.

The Thought Record

One of the most important Basic Anxiety Management Skills is the ability to deal effectively with your thoughts. Negative automatic thoughts—or 'anxious cognitions' as they are sometimes called—play a central role where anxiety is concerned.

Thoughts pass through our minds all the time, including benign thoughts and more emotionally charged thoughts. This is what our minds love to do—our minds love to be busy and to think about things. This is part of the benefit—and at times the liability—of being in possession of a higher order brain! Ideally, we want to be able to take advantage of the amazing things our brains can do, while also being able to slow and calm down our minds when they behave in ways that are unhelpful. Anxiety tends to ramp up the speed of our thoughts and compel us to think increasingly worrisome, extreme, and frightening thoughts. Getting pulled into this cycle is definitely unhelpful.

When we think anxious thoughts, our bodies can't differentiate between an actual physical threat in the world (like a sabre-toothed tiger) or a non-physical threat (like worrying about passing a course or getting a job). Our bodies respond as though we are actually in physical danger. This is why anxiety is often accompanied by emotional and physical symptoms. Our bodies and minds are hardwired to do this and can handle this in short bursts. The problem with anxiety is that we get stuck in this high gear and can't get out, which in turn leads to emotional distress, and over time, exhaustion and burnout.

So what can you do to intervene with your anxious thoughts? Well, you can't control what you think. In fact, trying to do so sometimes increases anxiety. What does work is subjecting your anxious thoughts to the light of day by saying them out loud to someone else, or, as you'll see below, writing them down on paper. Getting anxious thoughts out of our head is the first step in helping us to see the distortion in our thinking. The next step is to subject our thoughts to questioning, critique, or inquiry. When we do so, the anxious thought usually lessens in intensity and may even be released entirely from our mind, at least for a period of time, giving us some relief from our anxiety.

Conclusions and recommendations

4.1.5

In conclusion, the first step to solve the problems of your anxiety is not only to understand but to know. You are not the negative things in your life that you learned, learned, or experienced. These are experiences that you can choose to have or reject. You can now see your life as a new creation, the real you. You can now reject fear, anger, jealousy, and anxiety because it doesn't serve you. What helps you is to know who you are, even if it is not entirely obvious in your life right now. The more you ignore the other one and accept what you want, the changes will take place.

Also, Anxiety comes from a lack of self-confidence. You aren't good enough, talented enough, lovable enough from years of being told. When you see the power of life without worrying about what others think, the depression ceases.

Finally, confronting your fears must be done in the right way. Don't feel that you must do everything at once. It can be done gradually, and you can ask that time how you think and what is happening around you. Remember that you can accept rejection, loss, or judgement, but also remember that it is so impossible that this is happening every day that you think it is irrational. The more confidence you get, the more expert you know that you can control your life the way you want it.

We offer some resuming guiding point regarding the current issue:

**THE DO'S AND DON'TS WHEN
APPROACHING ANXIETY**

DO

Acknowledge that your symptoms are all connected to an anxiety problem. Group all your worries under one umbrella and tackle them as one singular problem.

Realize that when we feel panicky, lightheaded, wanting to escape or feel like something awful is going to happen, that this is primarily down to adrenaline and other bodily chemicals. The effect of your bodily chemicals have little connection to the outcomes of the outside world. Try and stick it out.

Understand that anxiety comes with a lot of symptoms, which at times of high anxiety can seem completely separate from the issue at hand. However, if there is a concern then DO see your general practitioner for reassurance.

Partake in what you would usually do or try something new. To begin rewiring the brain, you must establish new positive thought paths and give the adrenal gland a rest. Do what you would usually do and keep your mind busy!

Talk to people and be as open as you can about your anxiety. You'll find that those who care and love you will accept it in their own way and give you the space, time, and patience you need to deal with the problem. This is great for relieving any pressures mounting in your social life.

Look after your body by keeping it active and providing it with healthy foods.

DO NOT

Accept that anxiety is simply who you are.

Try to 'think your way out of it' in states of high anxiety. There is no 'miracle thought' that can cure all of your ailments.

Assume the worst-case scenario. Anxiety and panic forces us to do this. Use positive rationalisation to realize that it's probably the anxiety, not your true beliefs.

Run away from a situation. You'll only place more importance on the issue and make it become a more frightening prospect.

Rely on emotional crutches, such as the walls of your own home, alcohol, drugs and even smoking.

Do this alone. Share your thoughts, feelings, progress and experiences with others, regardless of what they think.

Consume excessive amounts of caffeine and alcohol.

This is the end of our journey together for now. Thank you for the hard work you've put into understanding and learning how to navigate your anxiety. Over the coming months, you'll no doubt have lots of opportunities to apply the insights you've learned here to your life. Through that process, the insights you've gained will turn into skills, which you will then always have at your disposal to cope with any situation.

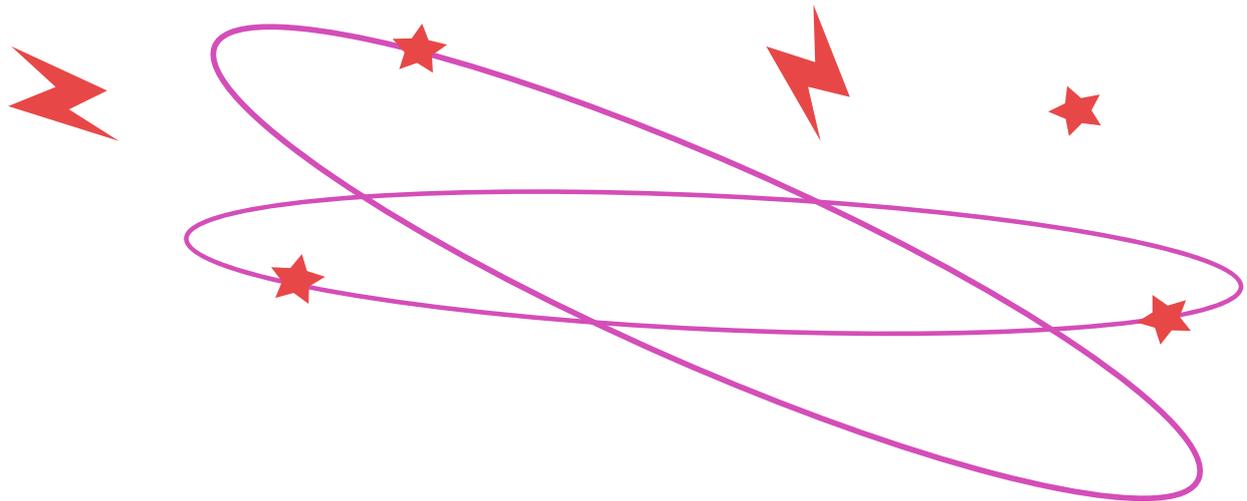
DEPRESSION
EMOTIONS
SELF
THOUGHTS
CRITICAL

Introduction about Depression

Definition, general concepts

4.2.1

DEPRESSION



Everyone feels sad or worried from time to time. Such emotions are both natural and unavoidable. People worry about their children, bills, ageing parents, jobs, health, and powerful social issues. And most people have shed a tear or two watching a sad movie or a news story about a poignant tragedy. It's perfectly natural to experience significant sadness when faced with loss, frustration, or pain. That's normal. Anxiety and depression are part of everyday life (Smith, 2022).

Depression often begins after a stressful event, especially interpersonal stress, such as the sudden death of a loved one or a feeling of rejection by a loved one. Still, some people become depressed more easily than others (Kalat, 2017).

Depression is among the most prevalent of all psychiatric disorders. Recent estimates indicate that about 20% of the American population, primarily women, will experience a clinically significant episode of depression at some point in their lives, a significant increase over rates reported two decades ago and earlier (Gotlib, 2009).

Although depression (or melancholia) has been recognized as a clinical syndrome for over 2,000 years, yet no completely satisfactory explanation of its puzzling and paradoxical features has been found. There are still major unresolved issues regarding its nature, its classification, and its etiology.

Among these are the following:

- Is depression an exaggeration of a mood experienced by the normal, or is it qualitatively as well as quantitatively different from a normal mood?
- What are the causes, defining characteristics, outcomes, and effective treatments of depression?
- Is depression a type of reaction (Meyerian concept), or is it a disease (Kraepelinian concept)?
- Is depression caused primarily by psychological stress and conflict, or is it related primarily to a biological derangement? (Beck, 2009)

WHAT IS DEPRESSION?

There are basic facts about depression that we would like to emphasise (Wissman, 1995):

- There are different types of depression: major depressive disorder, dysthymia and bipolar disorder.
- Depression is one of the most common psychiatric disorders.
- Depression is more common in women than in men.
- Depression is otherwise an equal opportunity disorder. It occurs across all countries, levels of education and occupations. It affects rich and poor and people of all races.
- Depression is a family affair. It runs in families and has serious consequences for family life.
- Depression is increasing.
- Depression is occurring more frequently in younger persons. There are many effective treatments for depression: medications and psychotherapy. Sometimes these treatments are combined.
- Depression tends to be a recurring disorder. Some patients will need available treatments for long periods. Others will have one bout and never have another period of symptoms.
- There is not one treatment that is right for all patients or all types of depression. If one treatment doesn't work after a sufficient time, you ought to consider another.

Fleeting moments of feeling sad and blue or depressed are part of the human condition. These mood changes are normal and tell you that something is not quite right in your life and usually pass. Clinical depression is different. It is persistent, impairing and includes a range of symptoms. There are different types of depression.



A major depression is a more extreme condition lasting weeks at a time, during which the person experiences little interest, pleasure, or motivation. Sadness is characteristic of depression, but lack of happiness is even more characteristic (Kalat, 2017).

Major depression is characterized by the prolonged presence of either depressed mood or anhedonia, a markedly diminished interest or pleasure in response to previously enjoyable activities. This definition focuses on symptoms that are experienced subjectively and are **emotional rather than physical in nature** (Gotlib, 2009).

Mild depression. Many persons have mild depression, e.g. sleep problems or loss of interest, which do not meet the criteria for major depressive disorder. These states are referred to by different names: minor depression; depression not otherwise specified; mixed anxiety/depression; or adjustment disorder with depressed mood. People with these mild symptoms either do not go for treatment or are only seen by their family doctor, a primary care practice or a health maintenance organisation. These symptoms should not be ignored if they persist since they are impairing and can interfere with your enjoyment of life and productivity. Moreover, persons with minor depressive symptoms are at increased risk for developing major depressive disorder in the near future.

Emotions and depression. Human nature is composed of physiological, behavioural, emotional, and cognitive systems that interact in response to internal and external environmental demands to ensure our adaptation and survival. Emotions such as joy, sadness, fear, anger, surprise, and shame play a major role in both adaptation and functioning; they even define in large part what it means to be human. Technically, the word emotion refers to a very brief, momentary feeling state (e.g., joy, anger, fear), usually triggered by a particular situation and involving a distinct pattern of thinking, facial expression, and behavioural response. Mood, on the other hand, is a more enduring emotional state that can last for hours or even days and often involves a more complex mixture of specific emotions as well as persistent ways of thinking. Sad mood is a sustained period (i.e., hours or days) of unpleasant feeling. Different terms have been used to describe sad mood, including prolonged sadness, dysphoria, depressed mood, mild depression, or stuck in the blues (Clark, 2014).

Emotions erupt in response to what happens in

the present, what happened in the past, and what might happen in the future. **Emotional reactions involve physiological, cognitive, and behavioral responses.** People across the world express six primary emotions:

Happiness

Sadness

Anger

Fear

Disgust

Surprise

From those basic emotions, more subtle expressions emerge. For example, from happiness springs joy, contentment, cheerfulness, or pleasure. From sadness, depression, gloom, despair, despondency, low self-esteem, or shame occur. Fear may bring anxiety, terror, worry, embarrassment, or panic. Disgust usually leads to distaste or feelings of grossness. Surprise is a brief emotion. What follows surprise varies depending on what brought forth the initial response. Surprise may turn into curiosity, amusement, disgust, relief, or fear. Emotions guide behaviour. Fear increases alertness and avoidance, anger produces aggression, and sadness involves withdrawal. Although most people have a variety of emotional experiences, those with anxiety or depression are likely to experience more sadness and fear, or possibly anger and disgust (Smith, 2022).

The three deadly emotions of anger, fear, and guilt—and their uncanny ability to fuel one another—are nearly always present to some degree in the hearts and minds of people suffering from depression.

The damage that anger, fear, and guilt can cause in your life is the same, no matter what ignites the fire to begin with. Here are just a few common sources of toxic anger, according to Gregory Jantz (2019):

- mistreatment (real or perceived) during childhood
- being unfairly denied promotion at work or deserved recognition in other contexts
- unresolved conflicts with family and friends
- infidelity and divorce
- illness and the sense of “why me?” injustice it can prompt
- financial misfortune
- grief at a painful loss that turns to bitterness
- general social injustice and “righteous rage”

Also, it's important to notice that everything on this list could just as easily be a source of guilt and fear instead. The interplay between these deadly emotions is like an ever-shifting kaleidoscope, each twisted shape blending into the next. It is difficult to say which comes first, runaway deadly emotions or depression. But in any case, they have a proven

and powerfully negative influence on one another. If you are prone to depression for other reasons, these toxic feelings will rob you of the natural resilience you need to keep or regain your balance.

Here's the important part for anyone struggling with depression: lasting healing is not possible when unexamined and untended anger, guilt, and fear smoulder beneath the surface of your life. They will undermine any progress made on other fronts—such as nutrition, sleep, and exercise—and place a hard limit on what's possible. For this reason, while some traditional treatments for depression ignore these emotions, the whole-person model makes diffusing them a high priority, just as important as any other link in the chain of healing (Jantz, 2019).

This is the soil in which depression grows.

Is it possible for those same emotions to lead to empowerment instead? Yes, it is. In fact, that's the purpose of proper and balanced emotions—even heated ones like anger, guilt, and fear. They are meant to guide us into thoughts and actions that make life better.

Anger. There are times when anger is not only appropriate but also positively beneficial. That's because anger—like pain—is a signal that something is not right in our environment. Something important needs our attention. Anger motivates us:

- to correct what needs correcting, in the world and in ourselves;
- set and keep personal boundaries;
- defend ourselves when threatened;
- stand up for others in need of help;
- and lend our voices to important issues in our communities.

Appropriate anger is the warning light on the dashboard of our lives alerting us to the need for action.

Guilt. There are two types of guilt—self-correcting and self-loathing. You might also call them true guilt (justified) and false guilt (unjustified). The first occurs naturally when you recognize you've made a mistake. It's a spontaneous emotional signal that you need to make amends and give thought to avoiding the same mistake in the future. It's obvious from its name that the second type of guilt—self-loathing—is the kind that contributes to depression. It may also be prompted by a particular incident, but rather than encouraging introspection and self-improvement, it results in a generalised feeling of unworthiness. That's not something we know how to correct, so it lingers and grows until it stops being about something we may have done and becomes a statement on who we are: worthless. Combine that with other common ingredients, and you've got a recipe for depression.

Fear. If you are walking alone through a darkened parking lot at night in a rough neighbourhood, a dose of fear-induced adrenaline is a very helpful asset. It sharpens your senses and reflexes, preparing you to fight or flee, should it become necessary. It's what kept our ancestors alive back when the "neighbourhood" was likely to be filled with hungry carnivores and pillaging enemies. But what happens when fear (or anger or guilt) becomes a way of life—no longer a momentary response to specific dangers but a constant, low-level tension? In that case, these emotions have exactly the opposite effect, with all sorts of physical and emotional consequences—including depression. According to researchers at Mayo Clinic, the long-term activation of the stress-response system—and the subsequent overexposure to cortisol and other stress hormones—can disrupt almost all your body's processes. This puts you at increased risk of numerous health problems, including anxiety, depression, digestive problems, headaches, heart disease, sleep problems, weight gain, memory and concentration impairment.

Incidentally, the "stress-response system" surrounding fear releases the same neurochemicals as chronic anger does—adrenaline and cortisol. Research has shown that, while these two compounds are essential and beneficial in short bursts, chronic exposure produces significant disruption to your body's immune system, opening the door to all manner of secondary health problems. One of the most striking things about the above Mayo Clinic list is that it's full of conditions that mental health professionals encounter with people who believe they are simply suffering from depression. In other words, depression never stands alone. It is always both the circular cause and the effect of numerous other factors—including letting the three deadly emotions go unresolved.

Actual social context as causing problems with Depression

4.2.2

For people all over the world, these past years of unrest, divisiveness, and fear and uncertainty related to the devastating pandemic have increased stress significantly. Stress often precedes the emergence of emotional disorders, especially anxiety and depression (Smith, 2022). Sometimes, also we can observe that our society produces isolation, maltreatment, and disempowerment. In other words, the very way we live is abusive to ourselves and our children.

In the words of two prominent researchers, the late Gerald L. Klerman and Myrna M. Weissman of Cornell University, “society itself has pathogenic effects.” What’s more, they say, the rate of depression has been doubling every twenty years since 1960, largely due to the increasing stresses and isolation imposed on the modern family. In fact, according to a study headed by Jean M. Twenge of Case Western University, today’s “normal” children report the same level of depression and anxiety as child psychiatric patients in the 1950s. The social environment, on its own and filtered through the family a person grew up in, is the fundamental cause of depression (Murray, Fortinberry, 2004)

Fortinberry and Murray (2004) have examined the evolution of humans since about 10 thousand years ago. Our ancestors followed much the same hunter-gatherer lifestyle for about two and a half million years. Due to environmental change and the population explosion of the Stone Age, they were forced to abandon their ancient ways and become farmers and herders.

During this vast period, humans developed a whole host of genetic characteristics that helped them survive the dangers and exploit the opportunities they faced. Most of the attributes were social. Human social cooperation allowed us to survive and compensated for the lack of other advantages such as sharp teeth, long claws, size, and speed.

The table compares the hunter-gatherer lifestyle with modern life:

HUNTER-GATHERER	MODERN SOCIETY
Nuclear family part of band	Unsupported, stressed nuclear family
Interdependent	Isolated and alienated
Cooperative	Competitive
Non-hierarchical	Hierarchical
Band of 30–50 members	Mass society
Relationships a priority	Work a priority
Social and technological stasis	Rapid societal and technological change
Individual empowerment and autonomy	Disempowerment and loss of self
Consensus decision-making	Loss of decision-making power
Work 5–10 hours per week	Work 40–60 (or more) hours per week
Roles defined and valued	Roles confused and devalued
Little specialization	Great specialization
Early responsibility and economic role	Late responsibility and dependence
Communal child rearing	Insufficient adult supervision
Little or no child abuse	Prevalent child abuse
Rituals around most activities	Few rituals
Pervasive spirituality	Fragmented or lost spirituality
At one with nature	Separate from nature

Table 4: Comparison between the hunter-gatherer lifestyle and modern life

Specific problems regarding Depression **4.2.3**

Symptoms/ problems **4.2.3.1**

Clearly, we are caught in a social system that does not meet our human needs and over which we have lost control. We are forced to work too much, change too fast, and socialise and chatter too little. Worse for the future, we spend less and less time caring for and teaching our own children. With each step away from the lifestyle to which we are evolutionarily adapted, we become more stressed, less happy, and more prone to depression (Murray, 2004).

Depression lies behind a considerable proportion of the world's health care problems. Increasingly, illnesses the medical community categorised as purely "physical" are now found to be linked to depression. They include (as of this writing) diabetes, some forms of cancer, osteoporosis, fibromyalgia, chronic pain, and even eye diseases. And this does not include depression's role in addiction and conditions arising directly from a negative lifestyle such as obesity, lack of exercise, isolation, and stress. Depression is a symptom of underlying social problems as surely as the plague of the Middle Ages was due to poor public hygiene. And depression's grasp is as pervasive within each community and far more wide reaching geographically. According to a 1998 Australian government report, no one is immune from its effects. Everyone will either feel its pain sometime in his or her own life or someone close will.

The core signs and symptoms such as **low mood, pessimism, self-criticism, and retardation or agitation seem to have been universally accepted.** Other signs and symptoms that have been regarded as intrinsic to the depressive syndrome include **autonomic symptoms, constipation, difficulty in concentrating, slow thinking, and anxiety** (Beck, 2009).

Very few systematic studies have been designed to delineate the characteristic **signs and symptoms of depression.** Cassidy et al. compared the symptomatology of 100 patients diagnosed as manic depressive with a control group of 50 patients with diagnoses of recognized medical diseases. The frequency of the specific symptoms was determined by having the patient complete a questionnaire of 199 items. **Among the symptoms that were endorsed significantly more often by those in the psychiatric group were anorexia, sleep disturbance, low mood, suicidal thoughts, crying, irritability, fear of losing the mind, poor concentration, and delusions (Beck, 2009)**

Patients were classified according to the depth of depression they presented (none, mild, moderate and severe), independent of their primary diagnoses (manic-depressive reaction, schizophrenia, anxiety reaction, etc.). Depression is a highly recurrent disorder. Over 75% of depressed patients have more than one depressive episode (see Boland & Keller, Chapter 2), often developing a relapse of depression within 2 years of recovery. This high recurrence rate in depression suggests that specific factors serve to increase people's risk for developing repeated episodes of this disorder.

In this context, therefore, in trying to understand mechanisms that increase risk for depression, investigators have examined biological and genetic factors and psychological and environmental characteristics that may lead individuals to experience depressive episodes. (Gotlib, 2017)

The term depression covers a **large spectrum of experiences**, and its meaning is often unclear or confusing. But how we frame, and approach depression is vital to our ability to successfully change, clear it, free ourselves from it. To understand what depression really is, it helps to describe some of its **symptoms.** Doing so can help you to recognize what you or those around you currently experience or have experienced in the past. Please note that this is by no means a comprehensive list and is not meant to clinically diagnose depression.

Depression rates among teens and adults are consistently higher in countries with rapidly changing economic and political conditions, such as Chile, and the post-Soviet states than in countries with stable economic and political conditions (Gotlib, 2009).

Symptoms of Mild Depression

With mild or low-level depression we may experience restlessness or a general dissatisfaction with our circumstances. We may sense that something is off balance or needs to change in our lives, even though we may not be clearly aware what the problem is. We may feel 'down' or 'blue'; we may feel a disconnection with other people or with life, feel lacklustre, low in energy, listless or tired. Our goals or aspirations in life can lose their potency or become vague, and our ability to take charge, to make happen and change our circumstances, slips out of our grip. Our behaviour often gets more passive, and we become somewhat negative or cynical about life's challenges and even its opportunities. At this level there may also be some defined anxiety, background nervousness or a feeling of being ill at-ease with life. We may begin to feel lethargic and sleep more, or to experience difficulty sleeping and lie awake fretting and worrying. We may start eating more and putting on weight, or watching more television, or habitually playing video games instead of getting outdoors, walking, or going to the gym. Sometimes there may be a sense of 'caring less' or a sense that something is not quite right, is 'off' in ourselves or in life.

These low-level symptoms of depression can commonly come and go. They may last for days or weeks at a time; they can last for years or even decades. But they also can disappear, and often do when there is a positive shift in, say, our relationships, home environment, career or financial circumstances. We can more easily talk or act ourselves out of this level of depression than we can the deeper, more serious levels. For most people, though, the likelihood is that at some point, like the reappearance of some embarrassing or tiresome old friends, the symptoms will eventually return. It is not inevitable that the pattern will deteriorate. It may stay at this level, but if it worsens our symptoms will get more acute (Billet, Bays, 2023).

Symptoms of Moderate Depression

Our dissatisfaction and restlessness can deepen into real sadness, emptiness, and a sense of loss, or of being lost. Life may begin to appear pointless or meaningless, and we can develop a sense of purposelessness. We may become more withdrawn socially, avoiding friends and hunkering down at home. Our sex drives may reduce, and we might begin to shun intimacy. A sense of victimhood can begin to grow and make us feel that we are puppets and life is cynically pulling our strings.

At this moderate level we may begin to experience the 'blanket' of depression, as if we have insulated ourselves from life's pains by covering ourselves with thick, dense, or fuggy layers of energetic protection. We may feel numb or narcotized to life, as if nothing can really reach us or touch us because we have metaphorically medicated ourselves. Or we may start, literally, to self-medicate, eating more comfort foods, drinking more alcohol, or using recreational drugs in an attempt to alleviate our di-

scomfort.

Any background sense of anxiety or nervousness may now show itself more prominently, and can lead to mindless, pointless, or rote activities that may distract us from what we are really feeling emotionally. This type of background anxiety may cause us not to eat more, but to lose our appetites, eat less and lose weight.

As this level intensifies, we might feel an increasing sense of being trapped, with a growing sense of helplessness or overwhelm. Our focus turns more strongly inwards as we become increasingly absorbed in the battle with our seemingly irresolvable problems.

At this stage our bodies can begin to really suffer: our physical energy can plummet, tiredness can seem overwhelming, our hidden insecurities and fears become more explicit and present. Our immune systems can become compromised, causing frequent colds, infections, or other illnesses. As symptoms increase, it becomes increasingly difficult to 'pull ourselves together' and find a genuinely positive attitude. It becomes more difficult to find effective, lasting antidotes by changing interests, focus and activities, despite the exhortations of those who care about us.

Symptoms of Severe Depression

Again, it is not inevitable that things will get worse. But if they do, life gets even more painful as a shift takes place into severe depression. Here, it can feel like being drawn relentlessly into a deeper darkness. Our existence can seem completely empty, like a void. It can feel like being caught in a whirlpool of negativity from which there is no escape, or like being in a dark tunnel with no light at the end. We can become disoriented, detached from our surroundings or circumstances, oblivious. Our rote behaviours may disintegrate into frantic or manic 'wheel spinning' as we desperately attempt to avoid facing reality and our painful emotions.

Our physical health can rapidly deteriorate as we neglect to feed ourselves and fail to take care of our own basic needs. We may begin to self-punish or self-harm. Our bodily functions begin to shut down and our biochemistry gets seriously disrupted. Physical pain increases: our mental functioning deteriorates and can become incapacitated. At the most deteriorated levels we may seriously consider and plan suicide; at worst we may follow through and take our own lives.

Triggering factors and maintenance factors of depression

4.2.3.2.

According to Kalat, genetics play an important role in analysing **the causes of depression**. Although studies of twins and relatives of patients with depression indicate a moderate degree of heritability, extensive research on the chromosomes of thousands of people failed to identify a gene with a major effect. Perhaps many uncommon genes can lead to depression, or perhaps the explanation lies with epigenetics instead of chromosomal changes. Another hypothesis is that certain genes, such as **one gene that influences serotonin levels in the brain, increase the risk of depression only in people who endured major stressful experiences**. After one study reported this finding, many researchers attempted to replicate it, some successfully and some not. The problems with this type of research include both the difficulty of measuring depression and the difficulty of measuring stress. One study suggested that the gene in question increases the risk of depression only after interpersonal stress (death of a loved one, divorce, social rejection, etc.), and not after other types of stress. Most people with depression have relatives with depression, and also relatives with other problems, such as substance abuse, antisocial personality disorder, attention deficit disorder, bulimia nervosa, migraine headaches, asthma, arthritis, and others. Many people recover from depression and then later develop anxiety disorders, substance abuse, or an eating disorder. In other words, the genes or other factors that predispose to depression increase vulnerability to many disorders, not just depression (Kalat, 2017).

Aaron introduces the primary triad paradigm to be applicable to different types of depression. This shows the connections between the previously described cognitive aspects and the affective, motivational, and physical phenomena of depression (Beck, 2009):

The first component of the triad - "Negative view of the world" is the pattern of constructing experiences as representing defeat, deprivation, or contempt; life is a succession of burdens, obstacles, or traumatic situations.

The second component - "Negative view of self" is the pattern of seeing oneself in a negative way, attributing one's unpleasant experiences to physical, mental, or moral defects in oneself. Patients know themselves as deficient, inadequate, undesirable, and worthless.

The third component - "Negative view of future" consists of a future viewer in a negative way. Patients anticipate that their current difficulties or

suffering will continue indefinitely. As I look ahead, I see a life of unceasing hardship, frustration, and privation.

People who have these "automatic thoughts" interpret ambiguous situations to their own disadvantage. Therapists try to overcome these thoughts and get clients to reinterpret events in a more positive way (Kalat, 2009)

Most people who become depressed after a highly stressful event find it helpful to talk about their reactions to that event with a therapist, and all the common types of psychotherapy appear to be approximately equal in effectiveness. However, continuing to talk about a stressful experience month after month does more harm than good. Discussing a bad experience too long is rumination, which interferes with recovery. Good therapists help a patient put an experience behind them and move on with life.

WHAT MAKES A PERSON VULNERABLE TO DEPRESSION?

Psychological factors

Certain aspects of your personality may make you more vulnerable to developing depression. For example, you may be a perfectionist and set unrealistic goals for yourself, or excessively shy and reserved, or very dramatic. Such traits, in combination with one or more triggers, can make you more vulnerable to depression. As pointed out earlier, there is a certain amount of intermixing of the factors: it is clear that some aspects of temperament are partly genetically determined.

Physical conditions

Genetic factors. Depression can sometimes run in families, with yet unknown genetic factors. If a close relative has depression, you may be at increased risk of suffering it at some time in your life. However, bear in mind that depression occurs naturally in up to 10 per cent of the population so it is merely elevating a normal risk. It is complicated because someone may have experienced depression mainly because of difficult childhood experiences and not because of a gene that increases their vulnerability. However, genes usually require a life experience or a context to 'switch on'. In different or better circumstances, the person concerned might not develop depression at all. Life experiences might include adversity during childhood or adolescence, such as emotional neglect, bullying or sexual abuse.

Medical 'causes' of depression. Very few medical conditions aggravate or mimic depression. However, if your history suggests a possible medical cause or if you are not getting better with conventional treatments, it is important that such causes are investigated despite their relative rarity. Some of these are: thyroid problems, vitamin B6 deficiency, folic acid deficiency, vitamin B12 deficiency, excessive alcohol and drug use or use of certain medications.

Biological causes of depression. Biological explanations for some types of depression are supported by research using brain scans which show decreased activity in the frontal lobes of the brain of people with depression compared to those of people without the condition. However, the activity in the brain tends to return to normal following therapy or medication. This suggests that the abnormal brain activity is a consequence of depression rather than a cause.

WHAT CAN TRIGGER DEPRESSION?

Depression usually occurs as a very understandable response to specific events and in a particular context. Many of the triggers in depression are long-term difficulties which may drain you over time. The most common triggers for depression are:

- loss (for example, the death of a loved one, the break-up of a relationship, the loss of a job, ill-health, lost opportunities, or a severe financial downturn). For some people, loss is very difficult.
- changes to your role in life (for example, moving job, children leaving home, increased responsibility, and stress at work). These are particularly difficult when such changes occur without any choice.
- conflicts in a relationship (for example, with your partner or a family member). These are especially difficult when you may cope by subjugating your own needs and feel resentful that you are not being heard.
- a sense that things are missing from your life (for example, a relationship, children, or a job)
- failing an important exam, not achieving adequately at work, and feeling ashamed about the consequences
- chronic physical illness or pain
- jetlag or anything that disrupts your sleep.

Sometimes depression seems to occur out of the blue, without any identifiable trigger or social factors. In this case there are probably more biological factors at work (especially in bipolar disorder). In this case you may be excessively critical about being depressed and coping by avoiding getting support from your friends and family (Veale, 2007).

Intervention directions and methods: searching for healthy lifestyle

4.2.4

Self-help tools benefit almost everyone who puts in the effort. Many people find they can overcome minor to moderate emotional problems by working with books like this one. Nevertheless, some difficulties require professional help, perhaps because your anxiety or depression is especially serious or because your problems are simply too complex to be addressed by self-help methods (Smith, 2022). The common treatments for depression are antidepressant medications and psychotherapy, depending on the severity of the symptoms.

What is a healthy lifestyle in terms of preventing depression

4.2.4.1

When you are committed to getting plenty of nutrients, exercise, and sleep; when you free yourself from toxins, addictions, and grudges; when you embrace healthy spiritual practices; and when you take action to manage and reduce stress in your life, you are well on your way to better health all the way around. Your mental health will be improved, and your physical health will be too. As foundational as these actions are, they are not exhaustive. There is a wide array of treatment options you can explore in your pursuit of wholeness and healing. In my whole-person approach to dealing with depression, we encourage people to try anything that is safe and sane (Murray, 2004).

Intervention methods for achieving well being and get rid of depression

4.2.4.2

Of course, just as no two people are affected by depression in the same way, neither is there a “one size fits all” treatment to cure depression. What works for one person might not work for another. By becoming as informed as possible, though, you can find the treatments that can help you overcome depression, feel happy and hopeful again, and reclaim your life.

There are some main principles regarding intervention in cases of depression. Pay attention! We are speaking about self-help intervention on mild depression, the severe depression requesting medication and it is not the specialty of this manual.

Learn as much as you can about your depression.

It's important to determine whether your depression symptoms are due to an underlying medical condition. If so, that condition will need to be treated first. The severity of your depression is also a factor. The more severe the depression, the more intensive the treatment you're likely to need.

It takes time to find the right treatment. It might take some trial and error to find the treatment and support that works best for you. For example, if you decide to pursue therapy it may take a few attempts to find a therapist that you really click with. Or you may try an antidepressant, only to find that you don't need it if you take a daily half hour walk. Be open to change and a little experimentation.

Don't rely on medications alone. Although medication can relieve the symptoms of depression, it is not usually suitable for long-term use. Other treatments, including exercise and therapy, can be just as effective as medication, often even more so, but don't come with unwanted side effects. If you do decide to try medication, remember that medication works best when you make healthy lifestyle changes as well.

Get social support. The more you cultivate your social connections, the more protected you are from depression. If you are feeling stuck, don't hesitate to talk to trusted family members or friends, or seek out new connections at a depression support group, for example. Asking for help is not a sign of weakness and it won't mean you're a burden to others. Often, the simple act of talking to someone face-to-face can be an enormous help.

Treatment takes time and commitment. All of these depression treatments take time, and sometimes it might feel overwhelming or frustratingly slow. That is normal. Recovery usually has its ups and downs.

Healing can and does happen individually . . . but most healing happens within a community. People with depression often feel isolated, alone, and misunderstood. That's why groups centred on discussing depression and sharing personal experiences can be so powerful. Such groups are greatly needed because depression is recognized as one of the most widespread mental health issues in the world (Jantz, 2019). While individual approaches can be helpful and sometimes needed, lasting healing occurs through a whole-person, multifaceted approach. Depression always arises from multiple factors converging from lots of different directions in a person's life. Treating one thing at a time, with one method at a time, may move you toward healing but will usually fall short of complete healing. This is why whole-person approach addresses the following, according to Jantz (2019):

- achieving ample, restorative sleep
- examining the use of technology and making sure it is not contributing to depression minimizing and managing stress
- uncovering hidden addictions
- resolving the three deadly emotions: anger, guilt, and fear
- working through the process of forgiveness for hurts and heartaches
- engaging in soul care and spiritual practices
- participating in consistent physical activity
- fortifying your nutrition and hydration
- detoxing your body of contaminants
- refreshing your dreams and plans for the future

SEVEN WAYS TO TAKE RESPONSIBILITY FOR YOUR WELLNESS AND RELIEVE YOUR DEPRESSION

Here are seven principles you can follow to help you take care of you, according to Gregory Jantz (2019):

1. Don't Ignore What Ails You

Many people have the attitude of “ignore it and hope it goes away.” In this case, ignorance is not bliss. Most health concerns are like cavities in your teeth: they're not going to get better; in fact, they will likely get worse without treatment from a skilled professional. When it comes to your physical, mental, and emotional health, denial is not your friend.

2. Stop Procrastinating

Sometimes we have every intention of getting to a doctor or addressing an issue. We're not in denial—we know there is something going on that needs to be solved. Maybe we even understand that the matter is serious. It's on our to-do list . . . it just never gets done. The reasons we procrastinate are many and can vary by person. It's possible that some people procrastinate due to poor time management, but that's unlikely. The truth is that we are very good at making time for things we consider important (or even just enjoyable—for example, how many hours have you spent on social media this week?).

Procrastination is more often related to negative feelings (such as fear) or perceived needs (such as the need to be in control) that we have attached to the task at hand.

In addition to creating an environment in which small health problems can potentially bloom into bigger problems, studies show that procrastination itself is bad for you, increasing stress and anxiety and decreasing the quality of your sleep, which impacts things like weight gain, the immune system, and more. Figuring out what is fuelling your procrastination can be helpful, but it's not necessary. Procrastination can be solved—and solved quickly—by simply doing the thing you've been putting off.

3. Stay Current on Your Particular Condition

With a simple online search, you can stay up to date on the latest discoveries and treatment options. You can also join online groups or subscribe to e-newsletters related to your unique health issues. And if your doctor recommends periodic evaluations or checking, don't neglect appointments of this nature because you are currently feeling good or symptom free. The best way to stay that way is to maintain your care.

4. Assess Your Medications

Because so many drugs can contribute to depression, if you are experiencing symptoms of depression, have a health care professional assess the medications you are taking to see if any might be adding to your struggle. Ask if dosages of suspect drugs can be adjusted, eliminated, or replaced with

a different drug or treatment.

5. Be Your Own Advocate

Another way to take care of yourself is to be willing to explore new treatment options, schedule appointments with specialists, and pursue non-traditional healing pathways. Casting your net wide to compile a team of skilled professionals who care about your health takes time and effort, but you will reap the rewards in a longer and healthier life. Finally, understanding your insurance and health care options goes a long way. Choosing the right doctors and the right treatments is easier when you understand what is available to you.

6. Keep Good Records of Your Health History

Your medical history is important and may inform future treatments and techniques to bring healing. It can shed light on current struggles and provide invaluable information to current health care professionals. Keep good records of past ailments, who has treated you, and any medications you have taken.

7. Enlist an Accountability Partner

The power of accountability can't be denied. According to a study conducted by the American Society of Training and Development, when you make a goal-related commitment to a friend or a specialist (therapist, counsellor), the likelihood of completing that goal goes up to 65 percent. And if you make a specific appointment with your accountability partner related to your progress or results, your likelihood of success goes up to 95 percent.

An accountability partner can ask you questions such as these: Are you keeping up with your exercise goals? Did you take your vitamin D today? Did you meet your water-intake goal for today? Are you making the health care appointments you said you needed to make? Did you get in touch with that doctor about your depression symptoms like you promised you would?

Giving someone permission to ask about the health goals we set for ourselves makes sense. Accountability partners don't “make” us do anything. They don't even tell us what to do. They check in and ask us how we are succeeding at the things we say we want to do. And sometimes that can make all the difference in the world. When it comes to your health, you're in charge. No one knows what you are experiencing as well as you do, and you are also the person with the greatest access to the decisions and behaviours that can have the most significant impact on how you feel. No one can do this for you. By accepting responsibility for your wellness, you will be on your way to optimise your physical health, and your mental and emotional health too.

CHANGE THE BLUE MOOD: STRATEGIES:

STRATEGY 1

Correct your mood expectations and predictions

Thinking that you're depressed all the time can make you feel more depressed. It is likely that you are experiencing a lot of sadness and unhappiness throughout the day—but when you wake up expecting to live each day under a black cloud, your depressive state can only get worse.

- Do you expect more sadness and less happiness in your everyday life than you actually experience?
- Correct your negative expectations. Does your day often go better than you expect? Developing a more accurate and balanced expectation of your daily mood can improve your mood state.

STRATEGY 2

Take your Emotional Temperature

It is probably safe to say that none of us, at least regularly, take our “emotional temperature.” We all go about our days, feeling more or less satisfied, unhappy, frustrated, joyful, contented, nervous, or anxious, without bothering to take notice of the ebb and flow of our emotions. But what we do know is that emotions change throughout the day, even for people who are quite depressed. It may be that you are experiencing more moments of at least some happiness and fewer moments of sadness than you assume. Learning the true nature of your daily mood state will help you become strategic in your mood repair efforts. You will learn which times of the day are associated with your lower periods, and which times of the day may feel more hopeful. Once you know the natural flow of your daily emotions, you can use your mood repair strategies in a more targeted and efficient manner.

To develop a more accurate picture of your shifts in mood throughout the day, it is important that you keep a systematic record of your daily experience of positive and negative emotion. Ideally, this will involve tracking your hourly mood state each day for at least 2 weeks.

STRATEGY 3

Time your mood repair work

Everyone experiences some variability in positive and negative emotions, so why not schedule your mood repair work to coincide with the natural rise and fall of your emotions? If your depression is quite intense, or if you've never done mood repair before, it would be better to start with times of the day when you are feeling less depressed. Tackle the less depressive times of the day before you start working on the really difficult times, such as the evenings, when you may be alone, tired, and naturally inclined to feel sadder. Most people may want to start with the mornings or weekends, because that's when sadness is generally lowest, and happiness is usually highest.

STRATEGY 4

Create a mood hierarchy

Over the decades, psychologists have discovered two fundamental interventions that have proven highly successful in treating clinical anxiety and depression. The first is breaking down a complicated problem into its component parts and then working on each component in a systematic fashion. The second approach, originally introduced in the treatment of anxiety, is the development of an exposure hierarchy—a list of feared situations, ranked from least to most feared. The same approach can be used to schedule your mood repair work. For most people, times when they are alone are more depressing than times when they are interacting with others, such as at work or recreation. Thus, times when you are alone might be placed toward the top of your mood hierarchy. You would not start mood repair at such a time, but rather when you have briefer, less intense sadness—when, let's say, you are driving to work. That time of the day might be lower on your mood hierarchy because the sadness is briefer and less intense.

STRATEGY 5

Hunt your “tigers” by using situation monitoring

The external triggers of a depressed mood can be like tigers hiding in the grass: You may hardly be aware of their effect on your mood because you're unaware of them or you've become used to them. Or maybe you don't fully appreciate their negative effect; you know these problems exist, but you underestimate their negative impact on you. Or you may be very aware of your depressed feelings, but what is causing them may not be nearly so obvious. And some external triggers can simply be subtle and transitory.

It can be easy to be aware that a fight with your spouse or a poor performance review at work got you down, but much harder to see that a scratch on a new piece of furniture or an unkind comment by a clo-

se friend really got to you. Also, a trigger may not have occurred just now, but instead may be caused by thinking back to a past negative event. You might also be thinking that the event should not be bothering you, and so you try to deny or rationalize its effect. All these factors mean that identifying the external situations and circumstances associated with feeling depressed may be a difficult task.

You need to identify repetitive situations that tend to have a significant effect on your depressed mood—and unique ones that are happening only at this moment—before you can deal with these triggers and reduce your sadness.

STRATEGY 6

Cage your tigers by minimizing negative effects

If we continue with the tiger analogy, one obvious way to improve your mood state is to see whether you can cage your tigers—that is, whether you can contain or minimise the negative impact of your life problems, situations, or circumstances on your emotional well-being. Once you've completed the situation-monitoring described above and have identified the triggers of your depressed mood, you can determine how to reduce their negative effects on you.

Determine whether you can reduce your exposure to difficult or negative people/ situations. It may be that you've been living with a difficult problem or situation for a long time. Re-examine the depressive situation from the perspective of reducing your exposure to it, or at least minimising its negative effects on your mood.

After reducing exposure to this difficult situation or person, evaluate whether this has resulted in a direct improvement in your mood without causing undue interference or distress in your daily life. It is important that your efforts to minimise the negative impact of triggers to depressed mood do not turn into chronic avoidance.

STRATEGY 7

Take charge of the hunt with a responsibility chart

The majority of life circumstances that make you feel down may not be controllable through minimization or avoidance. In these cases, the only solution may be to change the situation. To continue with the tiger metaphor, you may need to “take charge of the hunt”—that is, to take responsibility for unpleasant circumstances by changing how you deal with them. But before you can do this, it is important to have a realistic understanding of the level of personal control and responsibility you have over each event.

If you overestimate your control and responsibility, you will be frustrated by your attempts to change the situation, and you may end up feeling even more depressed. So, the first thing to do before creating an action plan is to arrive at a realistic appraisal of your responsibility and control. Realising that you have much less control and responsibility over changing a negative situation than you may have thought can in itself improve your mood state, because now you can work on accepting the things that you cannot change and limiting your efforts to aspects of the problem that are under your control.

STRATEGY 8

Face the tiger through expressive writing

Although writing about a difficult experience can cause some temporary increase in negative emotion immediately after a person completes the exercise, within a few hours this disappears. For the majority of individuals, expressive writing leads to positive emotions like relief, happiness, and contentment. It would seem, then, that facing the tigers in your life—that is, actually confronting your feelings about life's failures, losses, and unreasonable demands through expressive writing—can have a positive impact on your emotional state. Expressive writing counteracts the tendency to avoid or inhibit thinking about a disturbing situation, which is a poor coping strategy associated with a more negative mood. It also provides an opportunity to express unwanted intrusive thoughts, which will reduce the impact of these thoughts on your mood state.

STRATEGY 9

Take a new perspective on the tiger

Sometimes the difficulties in our daily lives are like tigers that seem to pop up out of nowhere. We may be going along as usual when something bad happens; its suddenness throws us off; and we react badly, because we do not truly understand the nature of the difficulty. On the other hand, we can get emotionally attached to the everyday problems that depress us. We become so self-focused, so concerned with the long-term negative consequences, that we easily become blind to possible solutions. We become invested in a certain way of dealing with the problem and can't think creatively; we can't think of alternative ways to cope. In other words, we are caught in our own perspective, our own way of understanding the problem. This narrow view can hinder us from changing the situation or finding some other solution. Dealing with either a sudden, unexpected difficulty or a problem that has been around a long time requires

that we stand back and try to gain perspective on the problem, trying to see it from another perspective. To help people broaden their insight into a problem, cognitive therapists often use an intervention called perspective taking. You can apply this strategy to any tiger that may be lying in wait for you, especially the sudden, unexpected twists and turns of life that leave you with a strong sense of uncertainty about the future.

STRATEGY 10

Tame the tiger by taking action

You take control of it by refusing to be the victim of the negativity, losses, disappointments, and mistakes that assault you in daily life. For years cognitive behaviour therapists have been teaching depressed and anxious patients a set of coping skills, called problem solving, for reducing stressors in their lives. Now you can use the same skills as a mood repair strategy to change a situation that is causing you to feel depressed. Often the most effective way to repair sadness is to deal more effectively with the problems and people causing the misery in your life.

- **Define the problem:** Before you can tackle a problematic situation, you need to have a clear understanding of its nature. Describe the problem in specific, behavioural terms, rather than in terms of vague and generalised feelings. Complex problems need to be broken down into specific parts that you can focus on one at a time.
- **Set goals for change:** Create a very specific, concrete, and realistic description of how you would like the situation to change. How could the situation change in a way that would make you feel less depressed? How would you like to handle the situation, and what is the most desirable realistic outcome? If the problem that depresses you is “poor physical health,” what would be specific indications that you were now in better health?
- **Brainstorm solutions:** Write down as many different solutions to the problem as you can think of, without prejudging or evaluating which ones are best. It’s important that you put your sensor on hold; be open-minded and creative, writing down any solution you can think of no matter how ridiculous it may seem.
- **Evaluate each solution:** Examine the solutions you have brainstormed and write down the pros/cons or the advantages/disadvantages of each. Rachel realised that trying to run long distances immediately, giving up her passion for running, and switching to biking were all unrealistic. Each of the other solutions had advantages and disadvantages, so she selected the one for her action plan that seemed to have the most advantages and the fewest disadvantages (i.e., hire a personal trainer and work on a physical strengthening program).
- **Implement an action plan:** After selecting a solution, break it down into various components or tasks that you will need to implement in order to try it out. Describe what you need to do, when you will do it, and any problems you might encounter doing the task. Then record whether or not you tried it. Rachel’s action plan for starting a physical strengthening program included asking friends for recommendations, checking out various gyms, searching online for post-surgery recovery programs, consulting with her surgeon about physical exercise, meeting with a physical trainer, completing a pre fitness assessment, and scheduling her first week of fitness training.
- **Evaluate the outcome:** Problem solving does not end with taking action. It is important to proceed to this final step and actually determine whether your course of action has been effective, or at least whether you are on the right track. There are two outcomes that are important to consider. First, has the solution you chose led to the type of change in the problem you desire? And second, how has the process of implementing the solution—the action plan—affected your mood? Do you feel more or less depressed by the action you’ve taken? You may decide that you’ve selected the right action plan, but now need to persist longer to meet your goals. Or you may decide that the solution was not the right one, and so you need to go back, select another solution, and develop a different course of action.

STRATEGY 11

Know the critic

The first step in silencing the inner critic is to know how you are criticising yourself. Certain negative critical thoughts tend to recur during periods of sadness. Fortunately, you can train yourself to be more aware of the inner critical voice, so you can deal with one of the key sources of your negative mood state. Most people who struggle with a depressed mood have one or more recurring critical themes that get triggered when discouragement comes their way.

Often the inner critic focuses on issues such as incompetence, failure, rejection, disapproval, not being loved, abandonment, shame, embarrassment, and loss. Negative situations at work, school, relationships, health, finances, and even leisure or recreation can elicit these critical automatic thoughts about yourself. The first step toward overcoming the inner critical voice and repairing your depressed mood is to know

how you are being harsh on yourself. What is your self-critical theme? What do you dislike most about yourself?

STRATEGY 12

Weigh the facts

Once you have discovered the recurring negative theme in the thoughts voiced by your inner critic, the next step is to evaluate its accuracy. How does your thinking compare with real life? What is the evidence for and against your negative critical self-evaluation? Although there may be lots of evidence of imperfection in your life, are you exaggerating your negative qualities or the seriousness of the situation? Learning to challenge your negative automatic thoughts—to correct them so that they more accurately reflect reality—is the most potent cognitive therapy intervention for repairing depressed mood. We call this therapy technique evidence gathering, and you can use the form below to do this type of mood repair work.

STRATEGY 13

Know your biases

Beck and his colleagues have identified several cognitive errors that people tend to make when they are feeling down. These errors contribute to our tendency to make negative evaluations and raise the volume on the voice of the inner critic.

- All-or-nothing thinking: the tendency to view yourself, others, and even situations in black-or-white categories with no greys (e.g., thinking of yourself as highly competent only if you succeed in absolutely everything you do, or as a complete failure if you struggle in even one area of your life).
- Negative filtering: the tendency to see only the negative aspects of people or situations, and to ignore the positive elements (e.g., dwelling on a critical remark by a coworker, while not even being able to remember the friendly and complimentary comments of others).
- Personalization: the tendency to assume that you are responsible for negative events or other people's bad behaviour, and therefore to excessively blame yourself rather than others or external circumstances (e.g., your friend Marla makes a curt remark, and you assume that you must have angered her rather than that she might be having a bad day).
- Overgeneralization: the tendency to jump to conclusions—that is, to make a broad generalisation from a single incident or situation (e.g., assuming your marriage is in trouble after a heated verbal disagreement over finances).
- Catastrophizing: the tendency to anticipate the worst in the future, without considering less negative possible outcomes (e.g., being convinced that you'll lose your job and will have to foreclose on your mortgage when your company has announced that it is restructuring).
- Imperatives (i.e., shoulds): the tendency to judge yourself or others in terms of rigid, fixed ideas or expectations (e.g., expecting people to always treat you in a polite and fair manner). Cognitive therapists have found that learning to catch and correct cognitive errors can lead to improvements in negative mood states.

STRATEGY 14

Discover an alternative way of thinking

Becoming skilled at correcting the overly negative inner critic and replacing it with a more reasonable, balanced perspective is an especially powerful tool for repairing negative or depressed mood.

This essential element of cognitive therapy is one of the factors that has made it such an effective treatment for clinical depression. It will take time and practise for you to become skilled at generating alternatives. At first you may find the alternatives dubious or hard to believe, because they challenge your old, critical way of thinking. Try to remember that these doubts are coming

STRATEGY 15

Consider the consequences

It is important that you also recognize the consequences—the cost to you—of continuing to listen to the harsh, critical inner voice versus the new, more adaptive alternative. For example, if your negative thought is “I will never succeed in life,” and you've experienced significant failures at work or in your relationships, evidence gathering may still lead you to the negative conclusion. But you can also look at this from a practical perspective: What effect is thinking that you'll never succeed in life having on you right now? Could it cause you to give up, and so you end up fulfilling what you've come to expect? There is a serious cost to assuming “I'll never succeed in life.” Would it not be more useful to adopt a more hopeful way of thinking, even if it might not be totally accurate? Cognitive therapists call this cost/benefit analysis, and here's how to do it.

STRATEGY 16

Take action against the critic

Nothing could be truer when it comes to mood repair. To truly change the way you think so that you will feel less depressed, you need to change your behaviour; that is, you need to act on your new alternative way of thinking. This is the most powerful approach that cognitive therapists use with their depressed patients to shift from negative automatic thinking to more positive, adaptive thinking. We call this empirical hypothesis testing, and it is designed to weaken belief in the negative, self-critical thoughts and strengthen belief in the more positive alternative cognitions. Essentially, this involves planning a series of activities that will constitute a test of your negative thinking versus the more realistic alternative.

STRATEGY 17

Complete a behavioral inventory

Using a more specific self-monitoring form for behavioural change—a form that involves rating the sense of accomplishment and enjoyment you got out of your daily activities. So, you should also complete a behavioural inventory using this new form.

STRATEGY 18

Invigorate your behavioral inventory

Rank your two lists of positive and negative behaviours from the least difficult to change to the most difficult to change. Also, take a look at the enjoyment/accomplishment ratings associated with the positive behaviours and the sadness ratings associated with the negative behaviours. Circle the positive behaviours that are less difficult to change but associated with significant enjoyment/accomplishment, and work on increasing these behaviours in your daily life. Do the same for the negative behaviours: Circle the ones that are less difficult to change but associated with a moderate level of sadness and begin to work on reducing these behaviors in your daily living.

STRATEGY 19

Set goals for behavioral change

- Start by setting some priorities. How would you like to change? In terms of what is important to you—your personal values and goals in life—what are the most significant, meaningful tasks that you would like to target for change? Making behavioural changes in the important areas of your life will have the greatest impact on repairing your depressed mood. So what life goals are most important to you: family relations, marriage, work, finances, recreation, health, leisure, friendships, spiritual matters?
- Think about what positive behaviours you could increase and what negative behaviours you could decrease to improve each of those life areas and begin your behavioural change program by targeting goal-related behaviours. Increase behaviours that move you closer to attaining your goal and decrease behaviours that thwart goal attainment. When you are feeling down or blue, determine whether you are engaging in negative, goal-interfering behaviour. If so, work on replacing that behaviour with positive, goal-enhancing behaviour.

STRATEGY 20

Embrace behavioural change

Even if the preceding strategies have already helped you make important behaviour changes, certain behaviours may be proving especially resistant.

STRATEGY 21

Boost rewarding behavior

At this point, you should be both decreasing negative behaviour and increasing positive behaviour. However, many people struggling with the blues focus more on eliminating the negative, because when they are down they don't expect that their efforts to experience joy or satisfaction will succeed, and they convince themselves that trying is too hard. So, they avoid exposing themselves to the very experiences that can improve their mood state. Therefore, this strategy is a specific focus on increasing the extent of rewarding or reinforcing experiences in your daily living.

STRATEGY 22

Savor the change

Behaviour change provides its own rewards, but you can intensify its mood repair effects by recognizing and celebrating the work you've done and the accomplishments you've made. Take time to stand back, reflect on the positive effects of your behavioural changes, and consider how you've taken control of your emotional state.

STRATEGY 23

Complete a rumination impact statement

Beliefs — “Rumination makes me feel out of control, a bad person, a failure”— will then contribute to even stronger feelings of depression. So, a person could start with the positive belief “If I think about this hard enough, I’ll solve the problem,” but end up with the negative conclusion “Why can’t I solve this problem? I must be an idiot.”

The power of erroneous positive beliefs about rumination is a compelling reason to start your battle against depressive rumination by challenging those beliefs.

STRATEGY 24

Reevaluate your depressive mood

Rumination tends to cycle back on itself, always bringing us back to repetitive thinking about how bad we’re feeling because we’re so down. This can be thought of as emotion- focused rumination, and it leaves us feeling “depressed about being depressed.” Of course, being depressed about feeling the blues only intensifies negative thinking, which perpetuates the cycle between negative thoughts and negative emotions.

Developing a realistic, balanced perspective on a depressed mood is key to reining in your emotion focused depressive rumination.

STRATEGY 25

Recalibrate your standards

When we fail to achieve important life goals, we are more susceptible to ruminating about ourselves and our shortcomings. But sometimes we get trapped in this kind of thinking because our performance standards are too high or our social comparisons are too extreme. One way to deal with this maladaptive form of comparison is to re-evaluate your criteria for success. Maybe you are being more successful at goal achievement than you think, and the problem is that you have excessively high standards.

Keep in mind that your standards were not handed down from on high. you acquired them through life experiences, and so you can change them.

STRATEGY 26

Schedule a brooding session

One reason brooding may have such a strong link to depressive mood is that it seems so natural and yet uncontrollable. When you start ruminating in this way, it may seem spontaneous, as if it were the only thing you could do at the time. You don’t have to remind yourself that it is time to start brooding; you seem to fall into it quite easily, unintentionally.

Intentional brooding works because you’re taking back some degree of control over the brooding process. It’s also a type of exposure, gradually making the ruminative thoughts less distressing and the process of rumination less anxiety- provoking. It helps you to objectify rumination—to treat the thoughts as “just thoughts” and not facts or truths about your life. As well, it’s a way of experiencing the futility of rumination and its inability to lead to any kind of resolution; it is truly a “treadmill experience.”

STRATEGY 27

Develop your distraction skills

In the early years of research on rumination, distraction was considered the opposite of rumination. People who engaged in positive distraction activities when they fell into a depressed mood— activities such as doing something enjoyable, engaging in a hobby or some physical exercise, or making contact with friends—were thought to be responding adaptively to their negative mood state. Thus it was believed that distraction should reduce rumination, although the research findings have not always been so supportive.

STRATEGY 28

Cultivate mindfulness by heightening awareness

When we feel depressed, we tend to filter out much of our present experience, because our minds are focused on some negative or disappointing experience in the past. When we are thinking about the past, much of our present, momentary experience goes unnoticed. Admittedly, we are aware of feeling depressed—but this becomes detached from the rest of our momentary experience, which gets filtered out and ignored because of our preoccupation with the past. What makes this process even worse is that our depressive thinking is highly biased for negative information, so that even our thinking of the past becomes a skewed misrepresentation of reality.

To counter this process, mindfulness therapy teaches people to pay attention to aspects of their current experience that they often ignore when feeling depressed.

Instead of trying not to think negatively about the past—that is, trying to exert control over thoughts—

mindfulness teaches individuals to let go of negative thinking, to cease trying to control it (e.g., “Let the negative thoughts float through your mind without effort”). This is done through attention- training exercises that focus on other, non-emotional aspects of momentary experience. This focus on other aspects of total experience leaves fewer attentional resources available for preoccupations with past events or for negative, critical self- reflection.

STRATEGY 29

Let go of negativity by decentering

Cultivating mindfulness does not mean that you'll never have negative, depressing thoughts about the past. Negative thinking is a part of life; it's a natural feature of your emotional brain, and you can't erase your memory of past hurts, losses, or failures. So having negative thoughts is inevitable, but how you deal with them determines their effect on your mood state. Decentering, or taking the perspective of a non-judgmental observer when you have such thoughts, is another key therapeutic strategy of mindfulness therapy.

STRATEGY 30

Express your negative emotions

Mindfulness therapy also emphasises the acceptance of negative feelings as well as negative thoughts. Although people are able to suppress negative emotions in the short term, this is not very effective in actually reducing the experience of sadness—and it may actually lead to a more depressed mood over the long term, especially when a person stops exercising active emotion suppression.

Emotional suppression may contribute to a greater depressed mood.

STRATEGY 31

Find peace and solace through meditation

Based on the rich history of Buddhist meditation, mindfulness meditation seeks to raise awareness of the present moment through clear, deliberate, accepting, and non-judgmental attention to a single object of experience.

STRATEGY 32

Retrieve specific positive memories

Don't wait until you're feeling depressed to try to recall positive memories for the first time. It is important for each positive memory to be detailed, including specific information about the time, place, and circumstances in which the positive experience happened. It is particularly critical to recall what you did to make the positive event happen and what positive consequences were associated with the experience.

Happy experiences rarely happen completely out of the blue; we all play some role, however minor, in our personal experiences. So, consider the role you have played in creating positive memories.

STRATEGY 33

Realign your negative memories

Negative memories can seem like vultures waiting to swoop down on you when your mood is low. Their tendency to enter the mind may be somewhat unavoidable, but there are better ways to think about the negative past that reduce its impact on depressed mood. That's what this strategy is all about.

Although the effects of negative memory suppression are far from settled, it is probably safe to conclude that trying not to think about a past negative experience is a maladaptive mood repair effort. So the best advice to everyone is, don't try to suppress negative personal memories but instead to harness the negativity of unpleasant memories by working with them in a more productive manner.

STRATEGY 34

Confront the crystal ball

You can begin rebuilding a sense of hope right now, by taking stock of your level of hope for the future. It involves looking into your personal “crystal ball” and examining your desires for the future.

The objective is to arrive at a more realistic, balanced perspective in which you can truly recognize the positive

STRATEGY 35

Define your life goals and values

Hope requires that we have life goals and aspirations, and these, in turn, are derived from our personal

values—that is, from what we consider meaningful and worthwhile. Our values can centre on a variety of domains, such as family, social relations, wealth, health, popularity, spiritual depth, and charity. So, the questions now are these: What are your values, and how focused are you on their attainment? Personal values guide goal selection, which gives meaning and purpose to life.

STRATEGY 36

Construct a positive imagery script

Recently researchers have discovered that mental imagery has a much more powerful impact on emotions than simply thinking in words does: It acts as an emotional amplifier. In other words, positive feelings are felt more strongly when positive future events are mentally visualised, compared to simply thinking about them. Clinical researchers have also shown that positive imagery can reduce depressed mood. Imagery is a mood amplifier; hopeful daydreaming can increase positive mood and reduce negative feelings.

STRATEGY 37

Engage in mental contrasting

A mild sad mood can actually have a positive impact on problem solving and goal attainment, if your expectations of success are high and you engage in a cognitive strategy called mental contrasting.⁴ This process involves intentionally imagining a positive future goal, and then reflecting on obstacles or problems in the present reality that interfere with achieving the future goal.

Emotional well-being is a combination of hope for a promising tomorrow with acceptance of that which we cannot change.

STRATEGY 38

Count your connections

The first step in reconnecting with others is to do an audit of your social support network. Who are the people you have relationships with—from casual acquaintances to intimate family members? Are there some people from your past whom you haven't contacted for a long time? Could you potentially connect with others, but have never bothered to follow up on previous conversations with them?

STRATEGY 39

Engage in social planning

To make changes in how you relate to others, you need to develop a plan. Taking more initiative in your social life won't happen by accident. You need to be strategic.

STRATEGY 40

Learn to listen

The amount of enjoyment you get from social interactions depends as much on your interpersonal style as it does on your social companion and what you are doing. That is, the potential for mood repair increases when you have an enjoyable, pleasant social interaction. One way to ensure such a positive experience is to practice good interpersonal skills. And one of the very best social skills is listening. Most of us find listening hard to do, and this is especially true when we are feeling depressed. We are much more likely to talk about ourselves than to listen to a friend or family member.

STRATEGY 41

Initiate interpersonal contact

Most people who struggle with low mood find it easier to be passive, submissive, and unassertive in their social relationships than to initiate contact with others. So taking the initiative, being more assertive, and making the first move to engage in social interchanges may seem exceedingly difficult, especially if you are also an introverted person or you're battling social anxiety as well as depression. But, in fact, waiting for friends or family to make contact means that you're not in control of your social life. It puts you in a more vulnerable and helpless state and deprives you of the opportunity to use social contact to repair your depressed mood. Although the prospect may seem intimidating to you, the only way to re energize your connections with others is to take the lead and initiate social contact.

STRATEGY 42

Practice being a greeter

If you've been feeling depressed for a while, it is likely that you've stopped being a friendly person. No doubt you tend to ignore people, to go about your daily activities alone, and to avoid eye contact or interaction with others as much as possible. But saying hello, smiling, asking acquaintances or even strangers about their day—that is, offering friendly greetings—has a positive influence on others and will actually

make you feel better. A smile or casual remark to the many strangers you interact with on a daily basis, such as cashiers, store clerks, waiters, people waiting for an elevator, delivery persons, or people waiting in line at a restaurant, expresses friendliness. Even though you may not feel like being friendly, these small behaviors can have a momentary positive effect on your mood state.

We all differ greatly in our personalities, and friendliness may be much more difficult for you than it is for others. At first it will feel odd and quite phony, but with repetition it will come to feel more genuine.

STRATEGY 43

Take the intimacy initiative

The majority of us have loved ones in our lives; we have partners, children, grandchildren, parents, and/or siblings. We are all part of some family network, even though members of this family may be spread across the country or around the world. Conflict, procrastination, or sheer neglect is much more likely to be causing any separation from them. Strong intimate connections can do wonders to repair the sense of abandonment and alienation that can result from being stuck in the blues.

STRATEGY 44

Be a joiner, not an avoider

One of the main social causes for the increase in depression and anxiety in contemporary society is the loss of community. The variety of groups open to new members is almost endless. There are book clubs, hobby groups, social action groups, volunteer and charitable organizations, faith groups (churches, synagogues, mosques, etc.), exercise and stress reduction groups (yoga, Pilates, etc.), university extracurricular courses, and numerous others. Whatever your interest, there is probably a class or group of people who share your interest.

STRATEGY 45

Practice intentional appreciation

If being busy and preoccupied with your worries and difficulties can drag down your mood, then shifting your attention to the small comforts that are happening in your life will have the opposite effect: It will improve your mood, at least momentarily. The moment

is what we are working on—taking life one moment at a time. If you are thinking that you have no small pleasures, or that no comforting moments are happening in your life, you've likely been too busy and preoccupied to notice. You need to learn to slow down, to shift your attention so you can "stop and smell the roses." This is actually a powerful strategy for repairing negative moods.

STRATEGY 46

Build a compassionate image

You need to be able to see active compassion toward self and others in your mind's eye. It will be difficult, if not impossible, to develop a compassionate mind without some goal—some idea or image of what you would be like if you exercised compassion and kindness toward yourself and others.

STRATEGY 47

Lovingly embrace your distress

If your mood plummets frequently, distressing events are undoubtedly occurring in your life. Possibly you are struggling with feelings of hurt, rejection, disappointment, or failure. Why not respond to this distress with the self-compassion image?

STRATEGY 48

Do unto others

From the smallest gestures of kindness (such as a smile, opening the door, or letting others go first) to larger acts (such as giving gifts, spending time with someone in need or suffering, or volunteering), acts of kindness can be contagious in their positive effects on self and others. Researchers are just beginning to understand the positive effects of kindness and generosity toward others. Even a tiny act of kindness, like smiling at a person, can have a positive impact. The smile will be interpreted as an expression of happiness, which is then contagious, so the person receiving the happy emotion will mimic the happiness and even show a positive attitude shift (especially if the receiver likes the happy person). There is evidence that genuine smiling can reduce the effects of negative affect and is associated with better emotional adjustment.

STRATEGY 49

Choose the right physical exercise

The World Health Organization and the U.S. Department of Health and Human Services recommend at least 2.5 hours per week of moderate intensity aerobic physical activity for periods of 10 minutes or longer, or at least 1.25 hours per week of high- intensity aerobic physical exercise or some equivalent combination of moderate- and vigorous intensity activity.

STRATEGY 50

Keep a happiness diary

It may be human nature to notice the negative things that happen to us more quickly and efficiently than the positive things. Situations involving loss, failure, and danger threaten our survival, whereas success, achievement, and mastery experiences have much less immediate effects.

*Start tracking daily
experiences
of joy and happiness.*

Conclusions and recommendations

4.2.5

FACTS ABOUT DEPRESSION

**IT IS COMMON
IT IS NOT SOMETHING YOU WILLED
YOU WILL RECOVER
YOU WILL RETURN TO YOUR USUAL SELF**

Depression is a common disorder. It affects three to four percent of adults at any one time. Depression may feel like a hopeless condition. Even though a person is suffering now, depressions do respond to treatment. The outlook for recovery is excellent. There are many different treatments available, many different medications and different psychotherapies, so that people do not need to feel pessimistic if the first one does not work.

Most people with depressions recover quite quickly with treatment and some recover without treatment, although it may take longer. The prognosis is good even though some people may need continuing treatment for long periods of time in order to prevent recurrence. Once you receive treatment, they should return to their normal functioning when the symptoms disappear. There are a variety of standard treatments, psychotherapy is one of them.

While a person is depressed, may not feel like being sociable or doing the things that he/she usually do. May need to explain this to their family members. The expectation is that as a person recovers, she/he will resume the normal activities and should be back to normal if not better. In fact, there is every reason to hope that it will be better than before, although it may be harder to believe this when the person is feeling down and hopeless (Weissman, 1995)

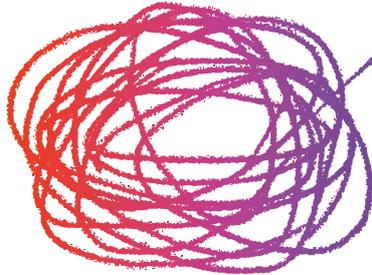
The underlying message is that depression is a disorder in which we are not fully in control, but from which we will recover without serious residual damage. Treatment will hasten the recovery. Depression is not a failure, nor a sign of weakness, nor a punishment for past misconduct nor even a deliberate act. It is not something we have willed.

**SOCIAL SUPPORT
DEPERSONALISATION
OVERLOAD
WORKPLACE
SIGNS**

Introduction about burnout - Definition, general concepts

4.3.1

BURNOUT



The need to study burnout syndrome is linked to the right to health protection that every worker has as a member of an organisation. This right implies not being subjected to the various causes of exposure that are at the origin of any possible decline in health. Thus, in the case of burnout, this damage is produced by causes of exposure to psychosocial, organisational or work organisation risks in human service demand environments. Demands that, in the current socio-economic environment, are increasingly greater, specifically with regard to elements of an emotional nature. Emotional labour, defined as the requirement to express socially desirable emotions during service transactions, is a key element in Burnout syndrome. Also, the interest in the study of work stress processes and a certain concern of organisations about the quality of work life they offer their employees, support the need for a better understanding of the burnout phenomenon. A company is more competitive and efficient if its employees are healthier and have a better quality of life at work, otherwise it has a negative impact on the organisation (more incidents and accidents, absenteeism, turnover, lower productivity, lower quality, etc.). Nor should we underestimate the consequences for society of professionals being affected by this syndrome, both in terms of service and economic costs.

Although, in general, it is important for health professionals to be able to identify and diagnose this pathology, for professionals who deal specifically with occupational risk prevention it is more important to identify the exposure factors that can lead to the appearance of this type of damage to health, whether it is more or less serious or has more or less consequences for the individual.

The study of this syndrome has been undertaken by many authors, often with some differences in conceptual nuances. This derives from the difficul-

ty of defining a complex process such as this syndrome, as well as discriminating it from the concept of work-related stress.

It was Herbert Freudenberger (USA) who, in 1974, first described this clinical syndrome. Basically, this picture explained the process of deterioration in professional care and services provided in education, social work, health care, etc. He defined it as "a sense of failure and an exhausting experience resulting from an overburdening by demands on energy, personal resources or spiritual strength of the worker".

Cristina Maslach (1976) studied what she called "loss of professional responsibility", thus, from a psychosocial point of view, she described the syndrome without stigmatising the person psychiatrically. For Maslach, burnout syndrome can occur exclusively in the helping professions (e.g. among health care workers and educators serving the public). It is the excessive external and internal emotional demands that are impossible to satisfy that produce the experience of personal failure, after investing the work with an excessive emotional burden.

In 1986, Maslach and Jackson defined the syndrome as "a syndrome of emotional exhaustion, depersonalisation and low personal accomplishment, which may occur among individuals who work with people". These early studies emphasised the importance of individual differences - such as prior personality - rather than the influence of objective working conditions.

In 1988, Pines and Aronson proposed a broader definition, not restricted to the helping professions: "It is the state of mental, physical and emotional exhaustion produced by chronic work involvement in emotionally demanding situations". Excessive psychological demands are not only found in direct service to the public, but can also occur in other areas of work, such as in managerial positions, commercial work, politics, etc. Pines stresses the importance, in terms of prevention, of the quality of interpersonal relationships at work, the mode of supervision and the opportunities for continuous learning and career development available to the employee.

Brill, another researcher in this area, understands it as a dysfunctional work-related state in a person who does not suffer from any other significant psychopathological disturbance. Once the worker is affected, if it is not through an external intervention to change the conditions that have led to this alteration, protection, help or through a readjustment at work, he or she will not be able to recover his or her health. The Burnt-out worker syndrome does not occur as a result of insufficient pay, or incompetence due to lack of knowledge, or because of physical difficulties, nor is it the result of any mental disorder.

Actual social context as causing factor of problems in burnout

4.3.2

Burnout syndrome is one of the most important psychosocial injuries in today's society. The high pace of life, the transformation of markets and the structure of the economic sector (for example, there has been an increase in emotional and mental work), the demands for a higher quality of work, together with the costs that exhaustion entails for workers and organizations (Salanova & Llorens, 2008), has shown the need to know and take measures to prevent burnout and its effects.

In order to understand the burnout syndrome it is necessary to firstly understand the influence of psychosocial factors on work: on the one hand, the interactions between the workers, the environment, the job satisfaction and the organizational conditions, and on the other hand, the skills, needs, culture and personal situation outside of work (Uribe, 2015). All together have effects on worker performance and their own health. It is important to highlight that people who are experiencing burnout may have a negative impact on their colleagues or co-workers, either causing greater personal conflicts, or altering work tasks: in this sense, it can be said that burnout syndrome can be "contagious" (Maslach, 2009) and perpetuated through interactions at work.

It is generally agreed that Burnout syndrome is a response to chronic (long-term and cumulative) stress at work, with negative consequences at the workplace and also at the individual and organisational level, and that it has very specific peculiarities in certain areas of work, whether professional, voluntary or domestic, when it is carried out directly with groups of users, whether they are highly dependent or ill.

These cases are the most repeated cases, which does not exclude others, although it should be noted that the syndrome manifests itself less in manual, administrative, etc. jobs. In these cases, work-related stress is not usually conceptualised as Burnout, according to general discrimination in the field of psychology (Buendía & Ramos, 2001; Hombrados; 1997). However, it does occur in areas such as volunteering, without the existence of conditioning factors such as work, salary, hierarchies, etc. (Moreno & cols. 1999).

Thus, for example, Freudenberg (1974) used the concept of Burnout to refer to the physical and mental state of the young volunteers who worked in his "Free Clinic" in New York. They were striving in their roles, sacrificing their own health in order to achieve higher ideals and receiving little or no reinforcement for their efforts. Thus, after one to

three years of work, they exhibited behaviours of irritation, burnout, cynical attitudes towards clients and a tendency to avoid them (Buendía & Ramos, 2001; Ramos, 1999; Buendía 1998; Mingote, 1998; Hombrados, 1997). To the mere concept of "being burnt out" was added something that was no longer only work-related stress, but also the meaning for the person of the work he/she does, his/her own capacity to generate coping strategies, the mission to be carried out that sometimes generates excessive involvement in the work and can end in desertion or neglect of the users, but also of him/herself (Mingote, 1998).

In general, it is considered that social relationships within and outside the workplace can buffer the burnout syndrome effects. The positive effects of social relationships on stressors are generally considered to be positive in the workplace. The positive effects of social relationships on the worker have been classified as emotional, informational and instrumental. In any case, it is essential that there is social support, which results in social integration, the perception of the availability of others to inform or understand and the provision of material help and assistance (Manassero & col., 2003, Hombrados, 1997). House (1981) has classified several sources of social support: partner, relatives, neighbours, friends, peers, superiors or supervisors, self-help groups, service professionals and carers (Manassero & cols., 2003). In general, the accepted social variables would be:

a) Extra-occupational social variables. Family relationships and/or friends. Burnout studies emphasise the importance of support from these sources, as they allow the subject to feel loved, valued and cared for. According to Repeti (1989), family support, at home, mitigates the minor stressful effects of daily life. Workers who have social support through family, friends, co-workers or prayer groups, among others, are less likely to develop burnout syndrome. It is generally accepted that the lack of social support can be a stress factor and can even accentuate other stressors, since the presence of social support reduces or eliminates stressful stimuli, modifies the perception of stressors, influences coping strategies and improves mood, motivation and self-esteem.

b) Organisational variables. Often, burnout syndrome is triggered under working conditions that are particularly stressful such as work overload, direct contact with the disease, pain and death, rapid technological changes, etc.

Organisational risk factors include stressors related

to job demands, job control, physical work environment, job content, temporal aspects of the organisation, job insecurity, role performance, interpersonal work relationships, career development, organisational policies, and climate.

The characteristic of job demands, and job stress have been extensively studied. Two types are distinguished: quantitative and qualitative. The former refers to workload, and the latter to the type and content of work tasks (nature and complexity of work demands). Both overwork and excessively low workload tend to be unfavourable as opposed to moderate levels. High levels of objective work overload and time pressure decrease cognitive performance, increase affective distress, and increase physiological reactivity.

From the qualitative demands, the stressful effects of jobs with much higher risks and dangers than others (firemen, policemen, etc.) and the adverse effects of monotony and simplicity of work have been studied. Fragmented and repetitive work tasks (industrial workers) have been associated with dissatisfaction, anxiety, and somatic problems. It has also been concluded that industrial control and control tasks demand continuous attention and are potentially stressful. Such control is related to levels of responsibility, i.e., excesses of responsibility are sources of stress, for example, if control errors involve product quality or cost, or even the death of workers. In summary, the degree of environmental hazard, pressure and excessive responsibility are potential stressors.

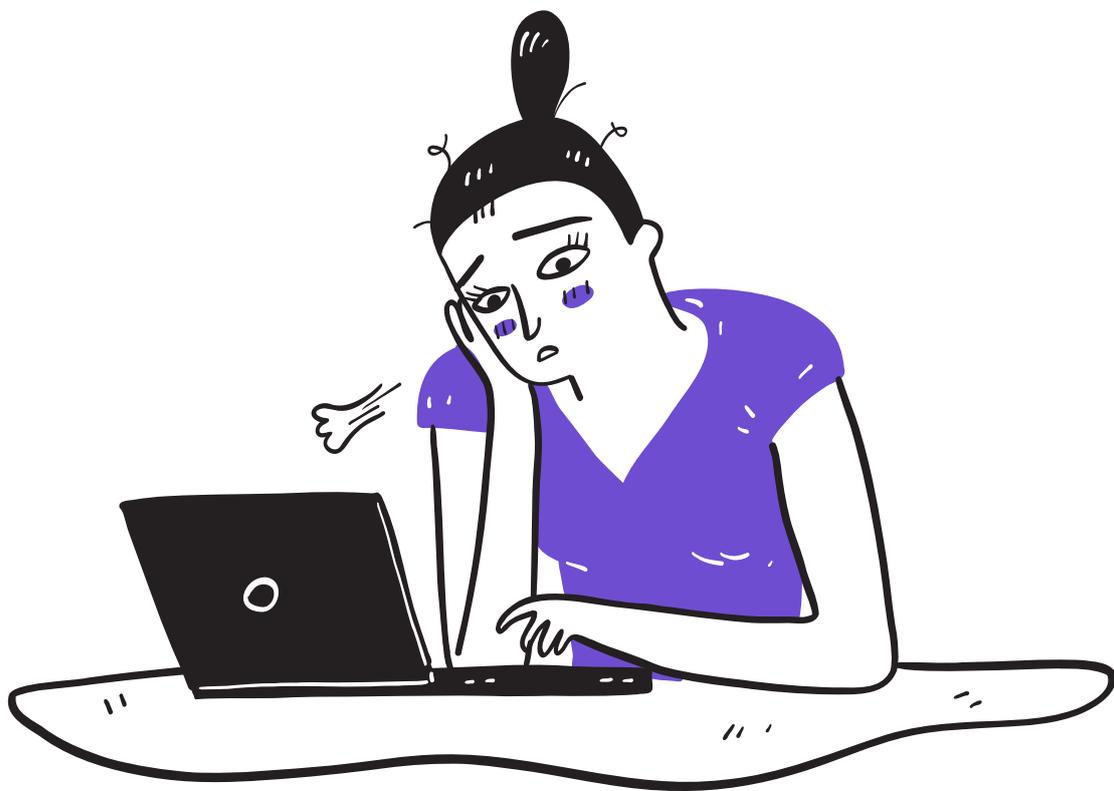
The possibility of using and developing skills and abilities at work, without going to excess, promotes job satisfaction. Therefore, it is concluded that in general an active job with high demand and high control promotes new skills and coping beha-

viours. But it is recommended to analyse personal preferences and personal resources in relation to job demands when trying to prevent job stress.

Another important element as a trigger for Burnout are the working time conditions: shift work, high rotations, night work, long working hours or a lot of overtime, working hours of indeterminate length.

Shift length and rotation are positively related to sleep quality, cardiac fitness, health complaints, job satisfaction, attention, cognitive performance, and accidents. Broadly speaking, in the implementation of a particular shift and rotation system, it is necessary to consider the social, cultural, economic, and social environmental factors and job characteristics need to be considered along with demographic factors and individual characteristics when analysing responses to work.

One of the most studied work issues is the definition of work roles as a result of the worker's social interaction in the work environment. These interactions can lead to role ambiguity (lack of information) and role conflict (conflicting demands on each other), resulting in role stress: such stress causes tension, anxiety, dissatisfaction, and the tendency to leave the job. There are certain types of work that are more vulnerable to role stress, such as boundary roles, intermediate hierarchical levels, and ill-defined jobs. Concern for professional development can be a source of stress, since people aspire to progress and achieve certain goals and expectations: it is said that any professional or worker with a great vocation, who surrenders to his or her profession, with high levels of professional idealism and developing its work focused on dealing with others can develop the burnout syndrome (Fidalgo, 2020).



Specific problems in burnout

4.3.3

Burnout represents an association of emotional exhaustion, depersonalisation (or cynicism) and low self-fulfilment, which can occur among individuals in helping professions such as human services, education and health care. This definition has been confirmed in the recent International Classification of Diseases (ICD-11)², which considers burnout (code QD85) as a “phenomenon in the work context”.

Emotional exhaustion manifests itself in feelings such as being overwhelmed, being tired, having no emotions left or not being able to cope with what is required of you at work, especially if these emotions are prolonged over time. Depersonalisation (cynicism) manifests itself through a constant negative attitude towards the value and importance of the profession. Low self-fulfilment consists of doubts about professional efficacy and lack of awareness of personal competence.

Healthcare students can be affected by burnout. They may experience exhaustion in their attempt to achieve good results (developing negative emotions towards their tasks), cynicism (a negative attitude towards the meaning and usefulness of their studies) and feelings of incompetence or ineffectiveness in the performance of various academic duties.

Students often experience episodes of increased stress when increased cognitive demands are associated with time pressure, which may result in the emergence of the “stress syndrome”.

Burnout is a consequence of exposure to work-related stressors. This interaction of the worker with certain risky working conditions can lead to the syndrome, thus being a consequence on the health of the person deriving from work.

It is necessary that in the course of work there is an intense and long-lasting worker-client, worker-patient or worker-user relationship exchange. This response is most characteristic of “human services” relief work. However, it has been identified in other professionals such as managers, middle managers, athletes, coaches, etc.

The scientific community conceptually accepts the empirical approach of the three-dimensionality of the syndrome (Maslach and Jackson, 1981), which is symptomatized

in emotional exhaustion, depersonalisation and reduced personal fulfilment.

The concepts of stress and burnout are different constructs.

Symptoms/ problems described on different ages on adulthood

4.3.3.1

It is important to conceptualise burnout as a set of escalating responses, consisting of feelings of emotional exhaustion, negative attitudes towards service recipients and a tendency to evaluate oneself negatively, which is related to feelings of job dissatisfaction (Fidalgo, 2020).

From this same perspective, the syndrome is conceptualised along three fundamental dimensions:

- Emotional exhaustion. Workers perceive that they can no longer give more of themselves (Martínez, 2010; Maslach, 2009) at the affective level due to the exhaustion of their own energy or emotional resources (Fidalgo, 2020).
- Depersonalisation (Maslach, 2009). Development of feelings and attitudes of cynicism towards the people for whom the work is intended, who are seen by the professionals in a dehumanised way due to an affective hardening (Fidalgo, 2020; Martínez, 2010), which leads to them being blamed for their problems.
- Lack of professional fulfilment. Disillusionment and failure to give personal meaning to work (Martínez, 2010; Maslach, 2009); feelings of personal failure (lack of competence, effort or knowledge), lack of expectations and horizons at work (Fidalgo, 2020) and general dissatisfaction are experienced.

Thus, burnout syndrome is a response to chronic work stress that appears when the coping strategies that the individual habitually employs to manage work stressors fail (Quiceno & Vinaccia Alpi, 2007). Its development follows the subjective and chronic experience of work stress. The burnout process is the result of the interaction of work environment conditions and personal variables (Maslach, 2009).

The work environment will be the trigger for the aetiology of the symptoms and their progression. Regarding Piqueras et al. (2009), these symptoms negatively affect emotions (emotional exhaustion, hatred, irritability...), cognitions (low self-esteem, low professional fulfilment, feeling of powerlessness to perform the professional role...), attitudes (cynicism, depersonalisation...), behaviours (isolation, absenteeism, aggressive behaviour towards clients...) and the physiological system (insomnia, headaches and backaches, fatigue and hypertension, hormonal alterations...).

The psychological, physiological and behavioural alterations of the work stress process are closely related to health problems (Beron, 2022).

An analysis of the components of burnout can also be established in the following way (Gil-Monte, 2019; Guitart, 2007; Ministerio del Trabajo, 2015):

EMOTIONAL EXHAUSTION

Feeling of wear and tear

Physical overexertion

Exhaustion

Fatigue

COLD AND DEPERSONALISED ATTITUDE

Feelings, attitudes, and negative responses

Irony

Irritability and loss of motivation towards work

Reactions of distancing reactions

Cynicism

Hostility

LOW PROFESSIONAL OR PERSONAL FULFILMENT/ACHIEVEMENT

Low performance at work/Inability to withstand pressure

Low self-esteem

Affectation of relationships, professional and personal relationships

Table 5. Analysis of the components of burnout

Regarding the clinical manifestations and the intensity of the symptoms of burnout syndrome, these vary according to the worker's efforts to achieve professional fulfilment. Its effects can be classified into psychosomatic disorders, emotional, behavioural, attitudinal, or social disturbances (Maslach, 2009).

Psychosomatic

- Tiredness to exhaustion and general malaise (Guitart, 2007).
- Chronic fatigue (Fidalgo, 2020).
- Functional disturbances in almost all systems of the organism's systems (cardiorespiratory, digestive, reproductive, nervous), with symptoms such as headaches, sleeping problems, ulcers and other gastrointestinal disorders, weight loss, muscle aches and pains, hypertension and asthma attacks, among others (Guitart, 2007; Ministerio del Trabajo, 2015).

Behavioural

- Depersonalised behaviour in the relationship with the client (Maslach, 2009).
- Development of excessive behaviour such as psychoactive substance abuse (Ministerio del Trabajo, 2015).
- Sudden mood swings.
- Inability to live in a relaxed way (Guitart, 2007).
- Inability to concentrate (Ministerio del Trabajo, 2015).
- Superficiality in contact with others (Guitart, 2007).
- High-risk behaviour (Cañadas-de la Fuente et al., 2014).
- Increase in aggressive behaviour (Ministerio del Trabajo, 2015).

Emotional

- Emotional exhaustion (Maslach, 2009).
- Dysphoric symptoms (sadness, irritability or restlessness).
- Affective emotional distancing as a form of self-

protection (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999).

- Anxiety.
- Feelings of guilt, impatience, and irritability (Ministerio del Trabajo).
- Low tolerance to frustration (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999).
- Feelings of loneliness (Gil-Monte, 2019; Guitart, 2007).
- Feelings of helplessness.
- Disorientation (Fidalgo, 2020).
- Boredom.
- Experiences of low personal fulfilment (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999).
- Depressive feelings.

Attitudinal

- Distrust (Ministerio del Trabajo, 2015).
- Apathy (Guitart, 2007).
- Cynicism and irony towards clients or users of the company (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999).
- Hostility.
- Suspiciousness and little verbalisation in interactions (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999).

Social

- Negative attitudes towards life in general (Maslach, 2009; Ministerio del Trabajo, 2015).
- Decrease in the quality of personal life.
- Increased problems with partners, family and extra-occupational social networks (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999).

Moreover, burnout syndrome develops through different stages or phases

STAGE 1

A motivation without limits

Overflowing with energy and applying oneself 100% at work (Cañadas-de la Fuente et al., 2014; García, Álvarez and Lira, 2021; Psírculo creativo, 2020). The person wants to do his/her best. There is ambition and the person wants to set an example and be valued (Gil-Monte, 2019).

STAGE 2

Excessive demands

In the constant quest for perfection, one forces oneself to go beyond one's limits (Psírculo creativo, 2020). The person may work overtime (Maslach, 2009; Méndez, 2021), continue to work at home, or in the case of the pandemic, he/she doesn't switch off and always try to be on top of his/her work (Lozano, 2020). In addition, moments of rest are scarce, work takes an important place (Gil-Monte, 2019).

STAGE 3

Failure to consider personal needs

Leisure and free time are often sacrificed in favour of work (Beron, 2022). There are fewer outings, people eat more quickly, they sleep less and less, they listen less and less to their bodies (Méndez, 2021; Psírculo creativo, 2020). One thinks that "there is no time for that".

STAGE 4

Escape

There are more and more moments of discomfort, stress or even panic (Gil-Monte, 2019; Psírculo creativo, 2020). However, the person is unable to realise the source of these worries (Beron, 2022). When conflicts or tensions arise, escape is chosen.

STAGE 5

Redefining values

Work has become the absolute priority (Cañadas-de la Fuente et al., 2014; Gil-Monte, 2019). Traditional values are relegated to the background: friends and family are increasingly neglected (Méndez, 2021); the person becomes isolated (Ministerio del Trabajo, 2015; Psírculo creativo, 2020).

STAGE 6

Denial of problems

The person becomes less and less patient and tolerant towards others, sometimes even aggressive (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999; Méndez, 2021). Problems are believed to multiply due to work overload, lack of time or incompetence of colleagues (Lozano, 2020; Psírculo creativo, 2020).

STAGE 7

Retreat into oneself

The person no longer feels the need to go out or to see others. Social interactions are reduced to what is strictly necessary (Cañadas-de la Fuente et al., 2014). The outside world becomes too exhausting and there is constant distress (Méndez, 2021; Ministerio del Trabajo, 2015; Psírculo creativo, 2020). The person may resort to excesses to relieve stress, e.g. he/she may smoke or drink more than usual.

STAGE 8

Overt behavioural changes

The person feels overwhelmed by tiredness, stress and loneliness (Martínez, 2010). People close to him/her start to say that they don't recognise him/her any more, "he/she does not look well" and so forth (Gil-Monte, 2019; Psírculo creativo, 2020). Deep down, he/she seems to be the only one who has not noticed the change in his/her attitude.

STAGE 9

Depersonalisation

The person feels that he/she no longer has anything good to offer (Beron, 2022; Ministerio del Trabajo, 2015). Self-confidence and self-confidence have been lost. There is low self-esteem and existence is summed up in a succession of mechanical acts devoid of emotion (Gil-Monte, 2019).

STAGE 10

An inner emptiness

The person feels an immense emptiness inside. This emptiness is desperately tried to be filled by all kinds of excesses (García, Álvarez and Lira, 2021; Psírculo creativo, 2020): tobacco, alcohol, drugs or sex, for example.

STAGE 11

Depression

The person feels exhausted, hopeless and apathetic (Instituto Nacional de Seguridad e Higiene en el Trabajo, 1999; Gil-Monte, 2019; Martínez, 2010). The person no longer feels like anything: not at work, not with others, not in life. He/she is plunged into darkness, and the idea of a better future seems inconceivable (Psírculo creativo, 2020).

STAGE 12

Burnout

The person has hit rock bottom. He or she may even suicidal thoughts (Cañadas-de la Fuente et al., 2014; Gil-Monte, 2019; Lozano, 2020; Méndez, 2021). The body and mind are on the verge of collapse. The person now realises that there is professional burnout (Psírculo creativo, 2020). At this stage it is time to ask for help as soon as possible.

Triggering factors and maintenance factors of the problems

4.3.3.2

Although there are many factors involved in the generation of burnout, its development basically depends on three types of variables: individual, social and organisational.

Individual variables include, among others:

Gender As Brummelhuis (2009) explains, the gender-role theory is commonly used to explain gender differences in the relationship between family and work, and consequently, in burnout. These differences may be caused by socially and culturally embedded expectations about gender roles (Guitart, 2007; Martínez, 2010). In this case, women are more vulnerable to burnout than men, which has been explained as a consequence of discriminatory treatment, high family demands and low income (Fidalgo, 2020).

Age Burnout syndrome is less frequent in people over 40 years of age (Ministerio del Trabajo, 2015), which has been explained because possibly with the passage of time and more work experience, more skills are developed to cope with stress and burnout (Guitart, 2007; Fidalgo, 2020).

Personality Workers with Type A (highly competitive) and Type B (overly relaxed) personalities are the most susceptible to burnout because Type A personalities have difficulty relaxing, are perfectionists, ignore the signs of fatigue, generally have unrealistic expectations and tend to suffer high levels of stress; and Type B personalities tend to avoid conflict, resist new challenges, do not negotiate their own needs, seek to please everyone, and tend to victimise themselves (Martínez, 2010; Ministerio del Trabajo, 2015).

Marital status Single people are at greater risk of burnout because people in a stable union seem to have more family support, much of it provided by their spouse (Ministerio del Trabajo, 2015). Also, people who have children appear to be more resilient because in addition to being better able to cope with emotional problems and conflicts, they also tend to be more realistic (Fidalgo, 2020).

Locus of control This consists of the way in which the individual attributes the results of his or her work management. There are two types, "external" and "internal" (Ministerio del Trabajo, 2015): workers who attribute the results of their activities to exter-

nal circumstances or factors (external locus of control) are more vulnerable to developing burnout syndrome, compared to those who take the results of their work as their own (Martínez, 2010).

Career stage Burnout syndrome is more frequently observed in workers who are at the beginning of their professional career due to the fact that at this stage there is greater self-demand and stress, the latter due to the pressure to demonstrate one's own abilities (Fidalgo, 2020; Beron, 2022).

Other personal factors that influence the occurrence of burnout are High levels of self-demand and expectations regarding work (Ministerio del Trabajo, 2015), increased sensitivity to the feelings and needs of others, lack of therapeutic success in patients (in health professionals) and lack of observable progress in students (in teachers), as well as a lack of ability to cope with and manage stress and conflict situations (Fidalgo, 2020).

While demographic and personality variables and lack of social support facilitate the onset of the syndrome, organisational variables, mainly those linked to job performance, trigger it (Guitart, 2007). Work factors that influence the development of burnout include, among others:

Role ambiguity and lack of competence resulting in stress due to uncertainty generated by lack of clarity in assigned functions, contradictory orders from bosses, as well as lack of information or training to perform assigned tasks (Neffa, 2015).

Long working hours resulting in physical, intellectual, or emotional exhaustion.

High workloads, in addition to being in themselves factors that generate chronic stress, generally lead to an inadequate balance between the family - social - work spheres, becoming a risk factor for burnout (Martínez, 2010).

Burnout is more frequent in care and education workers (Fidalgo, 2020). The nature of the problems attended to the high demands on time, the low remuneration and sometimes the scarce possibility of recovery, mean that attending to people with health problems in emergency services, working with children and adolescents, as well as with people who are victims of violence, are factors that favour burnout, and are also factors that favour the development of burnout in the health sector.

Other work factors that influence the generation of the syndrome are the short time allocated for the care of users, the lack of support from the organisation, the institutional neglect of the needs of the worker in favour of administrative and financial needs, the lack of participation of workers, the lack of reinforcement or rewards, the few possibilities for professional development, as well as conflictive relationships, inadequate leadership and the perception of inequality in the treatment received (Guitart, 2007).

Social support, defined as the help the individual obtains or perceives from interpersonal relationships, both emotional and instrumental, plays an important role in whether or not burnout occurs (Martínez, 2010; Ministerio del Trabajo, 2015). Workers without social support (for example, through family, friends, prayer groups, co-workers...) are more susceptible to burnout.

Although burnout syndrome can occur in any type of work activity and organisation (Martínez, 2010), it most frequently affects the so-called care activities, including educators, social workers, youth workers, adult educators, police officers, military and public officials. This is due to the fact that in these professions the work is carried out in specific circumstances with high demands and low pay for the workers. For example, health professionals face conditions in which, in addition to continuously attending to the needs of patients (exposed

to a high level of contact with suffering and death), they have to work at a high pace (number of consultations per hour), with limitations of work elements (number of laboratories and diagnostic aids, as well as medicines to be used in the treatment), in work shifts that limit rest and social life. In addition to the complexity of tasks and schedules, hostility in treatment, little encouragement and appreciation of people and low remuneration, facilitate the conditions for this group of professionals to present high rates of prevalence of the syndrome, which vary according to studies between 1.9 % and 26.6 % in nursing staff (Cogollo et al., 2010) and between 9.1 % and 85.3 % in interns and residents in medical-surgical specialties (Borda et al., 2007; Paredes and Sanabria, 2008; Rodríguez et al., 2011). Studies in different countries with a teaching population have revealed a wide range of prevalence of burnout syndrome (from 12.5 % to 80 %).

This can be attributed to the fact that in teaching, in addition to performing tasks that involve constant interaction with students, planning curricular activities, preparing performance reports, constantly evaluating students, etc., they are required to take on training and guidance commitments that the parents of the students have not been able to carry out, responsibilities which, in addition to the amount of demands placed on them by the teachers, can also lead to a high level of burnout.

The number of demands for changes and reforms in curricula, the ongoing and increasingly frequent restructuring of the education system, and low salaries, make teaching a highly vulnerable profession in the face of the development and prevalence of burnout syndrome.

Equivalent risk factors to those described above are observed in workers who, due to the characteristics of their job, have a high risk of developing burnout syndrome: e.g., workers that face situations of violence, such as the police, the military, the army, the judiciary and prosecutors, among others.

Intervention directions and methods

4.3.4

It is important to consider burnout prevention factors. These factors should address organisations and companies on the one hand, and individual and personal factors on the other hand.

Prevention is defined as the measure or provision that is taken in advance to avoid the occurrence of something that is considered negative (Beron, 2022). In the context of work, this means the implementation of measures and activities necessary to prevent risks arising from working conditions and the fundamental tool is risk assessment.

As a means of prevention, it is important, from the work environment:

- Inform about Burnout, symptoms, causes and consequences (Beron, 2022).
- Controlling the conditions of the working environment and the interrelation of workers (Beron, 2022; Guitart, 2007; Ministerio del Trabajo, 2015).
- Train and implement policies that contribute to the development of skills to identify and cope with the adverse consequences of burnout (Guitart, 2007; Fidalgo, 2020; Martínez, 2010).
- Have an environmental design, ergonomics (Beron, 2022; Guitart, 2007; Ministerio del Trabajo, 2015; Moreno-Jiménez, 2011).

In terms of prevention by companies, activities for the identification and assessment of psychosocial risk factors should be carried out (Martínez, 2010), as this is the responsibility of the occupational health and safety area. Based on the results of the identification and evaluation of psychosocial risk and occupational medical evaluations, it is the responsibility of the occupational health and safety area to classify workers according to the type of prevention activity they will be part of, as follows: healthy workers, suspected workers and case workers (Ministerio del Trabajo, 2015).

“Healthy” workers correspond to people who do not present any alterations in their state of health and are therefore the target of primary prevention activities. Workers with signs and symptoms suggestive of burnout syndrome are classified as “suspects” and they should be included in secondary prevention activities (Ministerio del Trabajo, 2015). Finally, workers diagnosed with burnout constitute the target population for tertiary intervention activities.

With regard to personal aspects, the following aspects need to be taken into account:

- On the personal side, the worker must be aware that one should not demand more of oneself

than one can from oneself (Guitart, 2007; Martínez, 2010).

- Maintain a healthy lifestyle, balance between food, physical activity and work (Beron, 2022).
- Define our personal organisation, taking into account our personal priorities (Beron, 2022).
- Train and encourage staff development (Beron, 2022).

What is a healthy lifestyle in terms of preventing burnout

4.3.4.1

The keys to intervention to reduce work-related stress and prevent its negative consequences for the worker and the organisation lie in two fundamental pillars: prevention and adequate training for coping with it (INSHT, 1990).

The perception that the subject has of environmental stressors and of his or her capabilities, and the coping strategies that he or she employed will determine the degree of burnout (Martínez, 2010). To prevent burnout, measures should be put in place to reduce the risk factors, as well as actions to slow down the progression of burnout once the process is underway. Actions for the prevention of burnout should consider three levels (Fidalgo, 2020).

At the individual level, the risk of workers’ burnout will decrease if personal strategies are developed to reduce the risk of burnout and acquire communication and conflict management skills.

At the group level, social support environments should be built among professionals and teamwork and correctness in dealing with each other should be encouraged (Martínez, 2010).

At the organisational level, efforts should be made to eliminate or reduce stressors in the work environment, facilitate training in the necessary skills and provide the necessary support and care (Guitart, 2007; Martínez, 2010).

In addition, relaxation techniques are very necessary (Guitart, 2007), as well as having an internal dialogue in which you analyse your work situation and ask yourself: Does what I do make me happy? Why yes? Why not? And if not, what could I do about it? How is my workspace? Do I like or feel comfortable in my workspace? What could I improve? What could I do to change my current situation? Who can I ask for help?

In addition, positive emotions are those that produce a pleasant experience, e.g., joy, gratitude, pride, tenderness, interest. Negative emotions are those that produce psychological discomfort or displeasure: the most studied and best known are fear, anger, sadness, or anxiety (Cárdenas, 2020). When the discomfort and physiological activation caused by negative emotions are maintained over time and become chronic is when we talk about emotional disorders. It is essential for the prevention of these situations (and, consequently, in the prevention of burnout) to have good information and to develop skills to be able to manage emotions (Cárdenas, 2020). It is important to identify your emotions and validate them: How do you feel? What emotions do you recognise in yourself? What emotions do you recognise in yourself? What situation triggers them? If they are negative emotions, what negative thoughts can you identify? Ask yourself, how could I change the situation? What can you do? How can you change the negative thoughts into positive ones?

For example:

- Negative emotion: sadness, frustration, anger.
- Provoking situation: Workloads, work environment.
- Negative thoughts: “I’m not good enough”, “I can’t do anything right”.
- Positive thoughts: “I have had many achievements, what I do is enough, and I do what I can”.

Self-organisation also involves the ability to set priorities, manage time, plan methods and procedures, and determine the resources to carry out an activity (Gil-Monte, 2019). So: set your goals, plan, analyse activities and manage your time.

OTHER KEY ASPECTS ARE

Nutrition

Take care of your diet and go to a professional who can offer you support in this aspect (Beron, 2022).

Breaks during working hours

Try to take breaks from time to time, for example, 5 minutes every half hour of work (Ministerio del Trabajo, 2015).

Self-care

Take time for yourself. Do what you enjoy doing in your free time, but you can also do nothing. You don't have to do something all the time.

Physical activity

Try to be physically active, at least walking 30 minutes a day or doing some stretching.

Artistic activity

You can start some artistic activity such as writing, painting, etc., or dare to do a totally different activity, something you have never done before, have a new hobby.

Social life

Call and procure your friends and family, in case of pandemic you can make video calls with them constantly. There are many activities you can do together from a distance (Martínez, 2010).

Ask for professional help

Go to therapy or some professional who can help you solve the problem.

ACTIONS OF A GROUP OR INTERPERSONAL NATURE

Fostering a culture of teamwork. Professionals who work in teams are less worn out than those who work individually (Ministerio del Trabajo, 2015).

Cultivate a culture of good treatment among colleagues. To this end, it is very useful to have a code of good conduct in the workplace.

Generate spaces and situations of coexistence and relationships with co-workers.

Develop formal and/or informal relationships and networks of mutual support in the workplace.

- Encouraging the participation of professionals and their autonomy, within the framework of the objectives of the organisation.
- Provide conditions that favour coordination and teamwork.
- Favour the availability of space and time for support between professionals and the management of complex situations in the workplace (Martínez, 2010).
- Clearly define roles and objectives in work teams.
- Establish effective horizontal and vertical communication channels.
- Reduce the elements of uncertainty in the workplace.
- Establish systems of appraisal and recognition of work performed.
- Offering the necessary training, especially in communication skills, conflict management, conflict management, time management and stress control (Beron, 2022; Martínez, 2010).
- Establish channels for the resolution of internal conflicts and promote mediation mechanisms.
- Pay attention to physical and ergonomic conditions in the workplace (Martínez, 2010).
- Develop a proactive and accessible institutional culture of occupational risk prevention.
- Periodically evaluate the working climate in the teams.
- Define and publicise the channels of action and specialised attention in the event of symptoms of professional burnout, as well as facilitating access to them (Gil-Monte, 2019).

Intervention methods for achieving a healthy Lifestyle

4.3.4.2

The activities of care for the individual include the implementation of professional assistance activities focused on the acquisition and improvement of ways of coping, which enable workers exposed to psychosocial risk factors to modify cognitive processes and improve their health and quality of work and personal life.

The first activity to be carried out is to ensure professional assistance with specialised personnel for all workers diagnosed with or with symptoms suggestive of burnout. It is recommended that the human talent management area, in coordination with the person responsible for health and safety at work, request referral for assessment of the worker to the company to which he/she is affiliated, so that, if the diagnosis is confirmed, treatment can be started in a timely manner and complications or sequelae can be avoided. During this stage, the human talent management area must ensure that the worker is provided with the time to attend appointments, clinical or paraclinical examinations and that he or she receives the corresponding medical assistance and professional advice. It is also important to promote the holding of health roundtables, in order to jointly establish early treatments and interventions, and thus avoid the progression of the disease to chronic situations that are difficult to manage.

In addition, activities aimed at the worker or group of workers with signs and symptoms suggestive

of burnout syndrome can be developed, among them:

- **Mentoring:** this consists of the accompaniment, support and offering of advice, information or guidelines for action by people with greater experience and skills to solve work-related problems (Ministerio del Trabajo, 2015). Its objective is to support the professional development of people who present clinical symptoms suggestive of burnout syndrome.
- **Training in self-regulation or control techniques** (that neutralise or eliminate the consequences of the syndrome), for time management, delegation capacity, development of social skills and assertiveness, training in problem solving, among others (Ministerio del Trabajo, 2015), that maintain motivation and a sense of job performance at work (see the following actions: “Effective time management”, “Optimisation of relationship and communication skills” and “Development of coping strategies” contained in the Protocol of actions for the promotion, prevention and intervention of burnout factors and its effects in the workplace).
- **Individual intervention techniques** are complemented by the strengthening of activities aimed at developing healthy lifestyles: physical exercise (has calming and anxiolytic effects), relaxation techniques and training for voluntary self-control of certain bodily functions (heart rate, brain waves, blood

pressure and muscle tension), in order to reduce tension and stress-related somatic symptoms (Ministerio del Trabajo, 2015), as well as systematic desensitisation (see the actions “Training in the management of anxiety and stress” and “Techniques for systematic desensitisation to anxiety situations” contained in the Protocol of actions for the promotion, prevention and intervention of psychosocial factors and their effects).

It is important to clarify that measures aimed at developing exercises, yoga or meditation, both inside and outside the workplace, are insufficient on their own, because although they help to provide workers with moments of relaxation (Gil-Monte, 2019), work burnout syndrome deserves a comprehensive treatment since it is not only a question of mitigating the suffering involved, but that organisations and the people who are part of them consider work as a source of personal and social fulfilment and development, and not as an enemy of individual and collective health.

Simultaneously with the activities aimed at the worker or the group of workers diagnosed with burnout syndrome, the company must implement actions aimed at generating changes at the organisational level that allow for the management of psychosocial risk factors that have been classified as high and very high, in order to prevent the occurrence and avoid the recurrence of the disease (Neffa, 2015). Some of the intervention actions at work are:

- Carry out specific analyses of jobs (Neffa, 2015), with the aim of establishing the workload and demands of the job in order to adapt them to the psychophysiological characteristics of the worker diagnosed with burnout syndrome.
- Improvement groups: this involves forming teams that work together on a regular basis to exchange information, support each other emotionally and solve work-related problems (Ministerio del Trabajo, 2015). What these groups have in common is that they provide recognition, comfort, help and companionship to each of their members (see action “Participatory improvement of psychosocial working conditions” contained in the Protocol of actions for the promotion, prevention and intervention of psychosocial factors).
- Improve communication networks and promote the participation of workers in the organisation (Ministerio del Trabajo, 2015). Techniques aimed at increasing employee participation (in identifying

stressors, devising ways of alleviating them and proposing improvements), increasing communication and social support (Martínez, 2010), reducing role ambiguity, functions and improving communication, operate positively on perceived stress in the organisation (see actions: “Promotion of formal communication mechanisms” and “Optimisation of relationship and communication skills” contained in the Protocol of actions for the promotion, prevention and intervention of psychosocial factors and their effects).

- Promoting flexible working hours: flexible working hours in companies offer a series of interesting benefits, both for companies and for workers, especially those who show signs and symptoms of work burnout (Fidalgo, 2020; Ministerio del Trabajo, 2015). It is not about working fewer hours, but working differently, more focused, and optimising time and resources (Guitart, 2017). People who work with flexible working time models generally have a better work-life balance, which increases motivation towards work, generating a positive atmosphere that translates into a better organisational climate (see action: “Reconciliation of intra- and extra-work environments”, adoption of flexible practices in the temporal distribution of work, contained in the Protocol of actions for the promotion, prevention and intervention of psychosocial factors and their effects).

- Strengthen the development of leaders capable of early identification of signs and symptoms suggestive of chronic stress (Ministerio del Trabajo, 2015) and guide their workers to include them in the programme of prevention and care of burnout syndrome (see action: “Role of managers in the prevention and management of stress” contained in the Protocol of actions for the promotion, prevention and intervention of psychosocial factors and their effects).

In addition to these intervention tasks focused on prevention, a series of guidelines can be established for intervention when burnout is already present (Uribe, 2015). In other words, these are rehabilitation activities.

Rehabilitation activities include, among others:

- Psychotherapeutic treatment based on the principles of cognitive-behavioural therapy (INSHT, 2019), which should be carried out by psychiatrists or psychologists with experience in the management of mental and behavioural disorders (Ministerio del Trabajo, 2015).

Treatment is generally structured in four distinct phases:

Symptom reduction: these are treated with cognitive-behavioural techniques such as graded activation for exhaustion, sessions to talk about worries, impulse conditioning for inability to relax and stimulus control for irritability.

Understanding one's personality: according to clinical experience, there are Type A and Type B personalities, which are more susceptible to burnout. In this phase, the aim is for the employee to learn how to manage his or her personality through the use of techniques such as cognitive assessment and also to manage those personality traits that are problematic and that have caused problems in the past.

Coping with the problem: through training in skills aimed at reducing work-related stress, such as chairing a meeting or speaking in public.

Preparing for the future: the psychotherapeutic programme ends with a discussion about the role of work in the worker's life. Most people suffering from burnout have poured all their energies into work at the expense of their private life. Therefore, they need to regain the power to know and accept that there are limits to what they can do, and that there are boundaries and differences between the two, distinctions between public and private spaces that need to be respected in order to achieve balance between what is work and what is not, between their working life and their private life.

■ **Counselling** (Ministerio del Trabajo, 2015): this is an active methodology that seeks to restore the worker's control over their working life and encourages them to take back responsibility for their own behaviour. It is developed in three phases: in the first phase, the worker must understand and accept the problem and become aware that only he/she can solve it with his/her own effort and dedication. In the second phase, techniques are used to describe and deal with the problem (self-diagnosis, time management, among others), and in the last phase, the subject is prepared to return to work through systematic exposure.

Finally, in addition to the activities aimed at the worker or the group of workers diagnosed with burnout syndrome, the company must implement tertiary prevention activities aimed at generating changes at the organisational level, creating the

conditions for people to develop attitudes that tend to adapt creatively to work, increase the degree of self-awareness and knowledge of others, reducing the risk of generating sequelae as a result of burnout syndrome (Guitart, 2007; Fidalgo, 2020). Adapting creatively to work does not mean adjusting to its demands, but rather creating conditions in the psychic and work reality so as not to fall into monotony, depersonalisation, exhaustion and feelings of frustration and emptiness. The management, in coordination with the person in charge of health and safety at work, should consider interventions such as the following:

- **Promoting worker-job adaptation:** this is a fundamental activity in the rehabilitation process in which the worker is gradually incorporated into the activities of his or her job. Adaptation to the workplace includes training activities and training in the company's production processes, as well as health and safety issues at work, and reinforcing knowledge about the risk factors inherent to the activity and the controls for these.

■ **Modifying the work environment:** it is the responsibility of the human talent management area, in coordination with the occupational health and safety area, to make the administrative, organisational, job design, safety and work environment changes required to compensate people's capabilities with the job performance requirements.

■ **Strengthening social links between workers:** it is important to have colleagues with whom cordial, sincere and mutually cooperative relationships can be established. Likewise, consolidating group dynamics allows workers to increase their control over the psychological demands of the job.

■ **Strengthening social support networks,** for which it is possible to consider the inclusion of legal clinics, psychological support from Universities, Family Compensation Funds or agreements with entities specialised in the management of mental and behavioural disorders.

■ **Strengthen performance management** (feedback), ensuring recognition of workers for completed activities.

Conclusions and recommendations

4.3.5

Burnout Syndrome can be well managed by all those who work in non-formal, formal education, health and other work areas if they are informed and prevented about it, also by teaching them how to tolerate or get rid of all those situations that generate conflicting emotions with oneself or with the various people (managers, colleagues, nursing staff, relatives, friends, etc.) they deal with on a daily basis and last but not least, we have enough therapeutic weapons to treat it.

Burnout syndrome, as can be seen, is therefore a “modern” illness, a consequence of the chronic work-related stress to which every worker is exposed. It is called a syndrome because it brings together a series of pathological signs and symptoms to be considered as such. The figures on its presence are really worrying and even alarming, especially when we come to the conclusion that the professionals referred to here are those who maintain direct contact with the patient and with the students, without forgetting that they are also in contact with their relatives and with the rest of their work colleagues, from superiors to subordinates, and that the syndrome causes changes in behaviour, aggressiveness, problems in relationships with work colleagues, children, relatives, etc., as well as probably a diminished attention to the patient and the students, and a diminished motivation to carry out their professional activity.

Burnout syndrome is a disease that disrupts the quality of family, social and working life of those who suffer from it. Let us remember that the performance of health personnel requires a series of activities that necessarily require much greater mental and emotional control than in other services and even in other professions: this is due to the fact that in these professions the work is carried out in specific circumstances with high demands and low pay for the workers. However, the figures show a high percentage of the syndrome in educators and teachers.

It is essential to identify the causal factors of this health problem and to introduce preventive measures and/or treatment for those who require it.

In conclusion, Burnout results from a discrepancy between individual expectations and ideals, and the harsh reality of everyday life. Regarding to the clinical manifestations and the intensity of the symptoms of burnout syndrome, these vary according to the individual characteristics and the efforts of the worker to achieve professional fulfilment. The burning-out process may be consciously seen by the affected person, or it may remain unreco-

gnised for a long time. Gradually, the person feels affected and changes his or her attitudes towards work, and the people he or she works with, until the process ends. This may be felt on an emotional level as excessive activation, by their symptoms or by their behaviour at work. The formal technique or style that each person uses to deal with these warning signs will be crucial to whether or not Burnout develops, whether it results in effective and satisfactory performance, or deterioration, dissatisfaction and Burnout. However, it must be recognised that there is no one coping strategy that is universally valid.

Therefore, the person who has this syndrome must be seen by a doctor to determine the treatment, but the first step to healing is to recognise the illness and to have the courage to move forward.

**CONSCIOUSNESS
COUNSELLING
ORIENTATION
GUIDANCE
NETWORK**

Introduction about Career planning
Definition, general concepts

4.4.1

CAREER PLANNING

*“The future depends on what
you do today.”*

Mahatma Gandhi

To understand what career planning is, it is fundamental to make a difference between job and career. A job is an occupation that you have at any given point in time. A career refers to your working life over time and could include a single job that you stay in for many years, or a series of successive jobs within the same field. Going deeper, career refers to a person's journey in one or more organizations, a process of development that takes on different trajectories over time that give a typical shape to the person's work history. A career, unlike work, includes different dimensions. First, “time”, because it is within a temporal perspective that plans and experiences are placed; “the direction”, that is, the orientation towards which we move through tasks, activities, and assignments; the “expertise” developed in the profession that can disregard the specific job assignment; the “subjective aspects” that activate responses on the emotional, cognitive, and behavioural level aimed at controlling new situations so that they are compatible with their expectations (Gysbers 2014).

Career planning creates the conditions to facilitate the understanding of the relationship between personal and organizational purposes and the awareness of possible impediments to developing and facilitating a balanced relationship between personal expectations and those of the organization. It is complemented by the career management process, relating to the revision by the worker of his





knowledge and skills to refine and enrich it. Finally, they are intersected by career development, which includes a pre-work phase of preparation for the choice of work, after the entry into work concerns the acquisition of the essential elements of the organizational culture, the progressive management of attitude changes and skills on the job that draw the possible trajectory of professional growth in the organization.

Counsellors affirm that to outline a career plan the first step is to study and explore itself to be aware of the competencies and knowledge. And once detected in the fields in which you are weaker, work to improve that competency. The second step will be an occupational exploration in which you have to research what is in line with your competencies but also with your ambition and wishes.

Exploring these two areas you can start to plan your education path or career plan. This process requires self-awareness, and you may plan it in the short term or in the long term. A short-term career planning operation focuses on a period ranging from a few months to one or two years. What distinguishes this type of planning from long-term planning is not only the time but the type of objectives that could be set: they are, in fact, realistic, ambitious but moderate goals. When you are about to start your career planning, take a break from your work and calmly analyse all the possible obstacles you may encounter in a new profession or once you get the promotion you hope for. Ask yourself: what are the actual obstacles I will have to overcome? Are there personal barriers I will have to overcome, such as lack of stimulation or laziness? Are there any family obstacles, such as the pain I will cause my loved ones with a possible departure to another city? These are questions that require a precise, if not immediate, answer. The trick, in this

case, is to give the right weight to every choice: try not to put too much pressure but to respect your time and plan also according to the different changes you will experience: External factors affect your choice as much as internal ones and are never to be underestimated.

However, long-term career planning usually includes goals to be developed over a period of time ranging from 2 to 5 years. Since it is the analysis of a longer period, it is easy to understand how planning is more difficult: we live in a constantly changing world and, also from a professional point of view, finding the best way to make predictions about the evolution of the context in which you work is not easy. A similar type of planning is what employers are looking for and university students should think of obtaining the skills required in the workforce.

One successful strategy is to identify trends in the professional environment and ask how we can prepare for changes in the labour market. The ideal would be not to lose sight of short-term career planning, proving ready to change skills and goals. In addition, you could take advantage of the present moment by acquiring fundamental skills in the workplace such as the ability to work in teams, the predisposition to listen, the management of very complex projects, and total autonomy in solving problems. These characteristics are ideal for a typical employee and can also be useful for managers and self-employed people.

In this chapter, we will explore obstacles arising during the planning of your career path, whether they are internal or coming from external factors; and intervention plans to overcome the most common problems in this process according to the international literature on the matter.

Actual social context as causing factor of problems in career planning

4.4.2

When it comes to career planning the key element is the organizational aspect of it. The weight of the long-term task should not be put on the individual behalf alone, it is a societal need that should be fulfilled by its structures as the Institutions as well.

A research article conducted by researchers from different universities in China (Jan 2022) collects literature on career planning and data from college students in the country. Even if the study refers to an area geographically far from Europe some aspects are valid globally.

Researchers found that systematic career planning is helpful for a successful career. Among the factors affecting negatively successful career planning there is gender, while age does not play a main factor. Compared with girls, boys have more confident and positive attitudes toward careers; we will explore better the gender issue in paragraph 4.4.3.2 of this chapter. Another data that emerged from the paper is that post-1990s college students understand very clearly the importance of career planning but they lack tools and knowledge on how to achieve it.

Several internal and external factors can influence students in their journey of career planning. The models based on Career Orientations questionnaires (explored in paragraph 4.4.4.1) focus on the individual's skills, interests, strengths, and weaknesses, but fail to consider the internal factor of the individual set of values. In a constantly changing world and job market, personal values can be a reference point to be transmitted in the professional field. It's not an aspect to be taken under the radar as it can be decisive in the responsibility of a professional role.

External factors influence the viability of a career path as well. If the desired career doesn't meet the job offer in society, the possibility of succeeding in embarking on this path might be narrowed down. Opportunity is another influencing factor. It's vital to know national policies and systems to better understand job trends in the future. These policies should be easily accessible and shared by Institutions with students. Understanding the Political, economical, and cultural changes of society, and then adjusting accordingly is the key to successful career planning.

Within the research was also conducted a survey. What emerges is that college graduates aren't satisfied with the career planning services and employment guidance provided by schools or external sources. This negatively affects the decision-making process regarding career. It's apparent that

career planning is not the focus of Institutions or national policies in the study's country. Students often will seek help and guidance from parents, family members, and friends, or prefer to solve the difficulties met in the process by themselves. This situation creates a lot of confusion around the matter. To sum up, college students put a lot of stress into career planning but know more about the theory rather than the practice, making their efforts inefficient. It shows a lack of career orientation that can be solved by a professional career planning platform and the formulation of a college growth training plan to help students deal with employment issues.

Regarding the European Union scenario, we have some data collected within the European co-funded project Icard - Individual career development in Higher Education, involving Italy, Greece, Romania, Netherlands, Belgium, and Spain. The project analyses 88 practices from 23 countries showing how career management skills development is varied and there isn't a common framework of reference in Europe. The European policy on lifelong guidance is implemented with the support of the European Lifelong Guidance Policy Network (ELGPN).

There are shared basic guidance services in the EU:

- individual guidance is available in all institutions, and it is delivered mostly face-to-face, although the use of online tools is increasing.
- there's a widespread practice of workshops and seminars for group guidance.
- online information is widely available with different degrees of interactivity and completeness. There's still a need to include the development of key competencies at all levels of education and training, and to put in place lifelong guidance strategies, to empower citizens to manage their own careers.

An important phenomenon slowing down the healthy development of a career is impostor syndrome (IP), as described by Neureiter's work (2016). The impostor syndrome, or better, phenomenon, is described as a psychological condition characterized by the lack of self-confidence necessary to believe oneself capable of executing the tasks and responsibilities required for a job role. This leads the person affected by it to live in a constant state of fear of being unmasked as non-capable, so, as an impostor. It has to be kept in mind that this state is present even when there are no actual reasons to support it.

Specific problems in career planning

4.4.3

Neureiter's work analysed the obstacles created by IP when trying to advance in your career. Impostor feelings are connected to fear of failure, success, and low self-esteem. The higher these feelings are present in a person, the higher the chance to experience the impostor phenomenon. IP is also connected to the impossibility of thinking about a viable future career plan. The impostor will be stuck in his work position longer than others because of the unawareness of their skills.

Different feelings can play a role in IP at different stages of life. It's about the fear of failure for students and more about the fear of success for professionals as demonstrated by Neureiter's research in European universities (2016). Neureiter's research also confirms other studies describing low self-esteem as a precondition for IP, involving 63% of the student sample and 71% of the sample of working professionals. The appearance of the phenomenon is encouraged by other variables to be added to this case study, such as inappropriate attributional styles, perfectionist concerns, and the fear of being exposed. Maintenance, reinforcement, and development of the IP are determined by the coexistence of all these elements.

So, how does IP influence career planning? People affected by it don't have a strategy or make future plans when it comes to career planning. A capable and potentially good employee might get lost in its path. The researchers even suggest that the effects of the phenomenon might increase throughout the career journey, making it more difficult for aged workers to move further in job positions. The most promising candidates might prefer to transfer their skills to other jobs that require a less important role rather than risk the feeling of exposure to a more important one.

To conclude, IP is a severe barrier to career development and should be tackled to improve workers' mental health and possibilities of advancing career-wise. A way that impostor feelings could be approached is by including them in Career Construction Interview or Career Story Interview. Telling your own career story might make you regain control of your career path and not feel hopeless under the weight of your insecurities.

In the next two paragraphs we will be discussing the symptomatology of adults facing challenges in their career path at different stages of life. At different phases of our lives, we might face difficulties that can affect our job and career path. We are going to analyse the most common and understand how they develop from social context, cultural background, ethnicity, gender, and sexuality. External factors work together with internal ones when describing difficulties arising in career development. A powerful tool is definitely consciousness about one's path and the planning should start when studying. There's a need for tools and an understanding of all the variables that make an individual vulnerable to the changing needs of the job market within society; preparation and consciousness are vital.

Specific problems in career planning

4.4.3.1

We spend almost two-thirds of our lives working. It is clear that, depending on where we are in our lives, we can experience the work environment in a different way. With every stage comes a challenge and specific problems.

In a Publication of the American Counseling Association, Meyers (2014) writes about one of the most vulnerable stages in our life and career: old age. With a growing ageing population and the improvement of quality of life, we are moving towards being at work until our 70s. With age comes a series of health issues and economic ones. Earning a decent amount of money in retirement is not so obvious anymore with all the socioeconomic changes and re-allocations of funds. It's important to guide ageing people with career counselling because they might face additional fragilities due to their age.

People who are over 50 suffer significantly more than their younger peers when job market changes occur; it's not so easy to go through retraining or relocate in an advanced stage of life.

A challenging situation that an older person may

face during their career path is taking care of grandchildren. Adolescents and kids counsellors might help in this case so the older person it's not overwhelmed by responsibilities when already in a vulnerable state. Caregiving can also be directed to a partner or spouse not able to take care of themselves. One of the most challenging times is definitely when experiencing loss, which is more frequent in old age. In fact, at an older age, it's easier to face health issues, illness, and disability.

When it comes to factors affecting people in old age we find elements such as race, gender, ethnicity, sexual orientation, and even historical context. Meyers' article states, "For instance, older adults who are lesbian, gay, bisexual, or transgender (LGBT) can face difficulties that their heterosexual counterparts are, in a sense, protected from". One of these difficulties can be the possibility of not having a community to sustain them both economically and psychologically at the end of their life journey. It is true that lesbian couples, for example, can rely on their partner for longer than straight couples, as women usually outlive men. On the other hand, straight women usually have a better network of family and people surveilling them in such cases.

It's important to see ageing people as individuals first and not define them only according to the demographic aspect. A helpful tool to discover personal stories and empower skills, competencies, beliefs, values, commitments, and abilities, is narrative therapy. "Simply having someone listen to the older adult's story can be a kind of therapy in and of itself".

When it comes to younger adults, especially males, in Gysbers' book (2014) emerges that most men go through what is called a career Transition Experience during their lives. The focus of their interest in their career development path switches from what type of job they do to the meaning of what they're doing. There then are listed four main outcomes of this transition as defined by O'Neil and Fishman: discrepancy and incongruity, devaluation, restriction, and violation.

The sense of discrepancy and incongruity originates from anger, depression, and feelings of inadequacy when trying to separate themselves from a traditional male model. Devaluation is linked to self-blame and loss of self-confidence, leading to anger, and depression. Restriction is when committing to traditional masculine roles makes it difficult for a man to cope with interpersonal conflict and stress. Violation occurs when men reject the masculine standards of success, this can cause a sense of alienation in the work environment.

Changes in the workplace can also have many effects on the psychological health of adults. Anger in the workplace, either stemming from the outside or within the workplace itself, might lead to episodes of violence (abusive language, bullying, assault, homicide). Anger can also be one of the stages following job loss. It's important to establish

the source of anger; counselling can help to cope with the negative emotions to reestablish balance within the person and the workplace.

Sometimes problems in the workplace stem from violence perpetrated by one or more people. Verbal abuse and offensive behaviours in the workplace such as humiliation, or intimidation are to be considered bullying. The outcome can be a prolonged absence from work, feeling devalued, low self-esteem, and depression, and ultimately affect a person's work life and extend to an external environment.

A key aspect in the life of every working adult is how they can manage to balance career and family, love life, and circle of friends and community.

There are several approaches in Gysbers' book that describe the balance of family and work. The first, the spillover theory, sees no boundaries between the work sphere and family life. The compensation theory describes when people might look for what is missing in one of the two areas in the other one. Segmentation theory occurs when the two environments are completely separated and instrumental theory is when someone takes advantage of their role in one sphere to succeed in the other. Finally, there's the conflict theory. This theory sees success reached in one of the two environments at the expense of the other. It is clear that there should be a balance between the two spheres to guarantee a good mental balance as well in someone's adult life.

One of the goals an individual should aim at is Career consciousness. It is considered a fundamental self-knowledge tool to help overcome difficulties in building a career path. Career consciousness can be described as the ability of understanding and analysing viable futures for your own career, or, in Gysbers' words "the ability to visualize possible life career roles, analyze them, and relate them to present situations and conditions". This way the individuals can find new opportunities and be ready for a change in any situation.

Career consciousness is composed of several elements: Possible Selves describing the speculation around what you can potentially become in the future; Counterfactual Thoughts where feelings of Regret, sadness, and disappointment are feelings that might originate from thoughts like "what it could have been" leading to unhealthy pathways; Calling, occurring when someone perceives a bigger picture in what they're doing and consequently experience a sense of accomplishment thanks to the idea of having an important goal from a societal point of view.

To conclude, working adults have to deal with many difficulties arising from age, gender, sexuality, and body and mental ability. These difficulties can be tackled with career planning based on a strong basis and counselling. Self-knowledge and a network of people and institutions can redirect the person on the right path to a successful career journey.

Triggering factors and maintenance factors of the problems

4.4.3.2

Labour markets are constantly changing, demographics show greater individual choice, and the technological revolution is underway. According to the World Economic Forum: 57% of the professions and jobs we know today could be done by computer systems or robotics in the next 5 years. Therefore, the objective that must be set is not a job for life, but employment, that is, to develop skills, experience, and competence.

When coming to help people in their career path in a constantly changing job market we have to address each category of people and specifically target their needs. Gysbers, Heppner, and Johnston's Career counselling work (2014) highlights what obstacles face people from different backgrounds and categories in the development of their career path. Gysbers and colleagues (2014) in the study analyses women, men, sexual minorities, and people with disabilities, within the context of the US societal view. Race and ethnic background can be discriminatory factors when talking about the work environment.

Data that emerged in 2011 shows that 15,9% of the population lived in poverty. 16.3% of the population is Latina/o or Hispanic and the poverty rate among this group is 25,8%. The percentage of poverty rate among African Americans is 28,1%, this group constitutes 12.6% of the population. The rate rises to 29.5% for Native Americans even if they constitute only 0.9% of the population. Although non-Hispanic Whites have the lowest poverty rate of any U.S. racial group at 11%, they represent 45% of people living in poverty.

This data is important to understand the context where problems in career development might arise. When people are seen as members of a specific cultural group, the risk is to rely on group stereotypes and overlook the variables that make each one unique.

In Europe, at the European level, 13 laws have been developed from the '70s to fight discrimination based on gender. Since 2000 new legislation prohibits discrimination based on ethnic and racial origin, religion and beliefs, disability, sexual orientation, and age (Amsterdam Treaty of the European Union).

In the EU data are collected based on citizenship rather than ethnicity. Looking at the unemployment rate in the EU among members and extra EU people, what emerges is that During the period from 2010 to 2020, persons born outside the EU consistently recorded lower activity rates than their EU-born peers or the native-born population

in the country they're living. In 2020, there was a drop for both foreign groups, down 1.5 percentage points for persons born outside the EU and down 1.3 points for EU-born persons; for the native-born population, the drop in the activity rate was notably smaller.

Gysbers continues: *"In addition to the differences based on gender, age, social class, sexual orientation, and ability status are to be considered culture-specific variables. These variables may affect each stage in the career development process"* (p. 61).

One of these variables is the Worldview, meant as *"the frame of reference that a person uses to interpret and define events"* (p. 61), where the focus is on the value dimension. This system of values might take into consideration the environment an individual grows in; ambitions and values connected to cultural background and social status, barriers connected to racial and societal identity, and the centrality of a career in someone's life.

Acculturation is another of these variables and is defined as *"a multidimensional psychosocial process that occurs when members of two or more cultures come into contact with one another"* (p. 62). A different degree of assimilation might cause problems in the work environment when being a minority in a dominant group.

Other variables are Racial and ethnic identity. This variable may play a role in several career decisions, for example, negative feedback based on racial biases and prejudice. The worker belonging to the minority group might experience distrust in the majority or an extra level of pressure to fit in the dominant environment.

According to recent studies (Gysbers 2014), women face difficulties in many fields: 70% of the world's poor people are women, and women are under-represented in STEM. Occupational stereotyping starts early. Not only at an occupational level, but gender roles are also reinforced since birth and strongly influence a career decision path. This phenomenon is described in Gottfredson's theory of circumscription as a compromise until narrowing down your career possibilities according to your gender, starting from kindergarten. One of the outcomes is that women drop more easily non-traditional gendered path careers.

Even if the interest in maths-related subjects has increased in the female population at school in the

past two decades, this doesn't translate into bigger participation in maths-related occupations for women. In general, girls believe less in their maths skills. Low self-esteem also seems to play a key factor in choosing a career path. Women at a young age feel they have limited options and are less expected to reach success compared to boys.

Studies (Gysbers 2014) indicate that women who enter the job market even full-time are still responsible for more than 80% of the housework. This happens to be true in ethnic groups but is less defined among lesbian couples. It constitutes a motive for stress. In Gysbers' words: "Young women still see themselves as needing to take more flexible or family-friendly jobs to be able to both work and manage home and family" (p. 86)

The gender pay gap in the EU stands at 13.0 % in 2020 and has only changed minimally over the last decade. It means that women earn 13.0 % on average less per hour than men. The gender employment gap stood at 10.8% in 2021, with 67.7 % of women across the EU being employed compared to 78.5% of men (EU27 data).

Also men - who are considered the standard in studies concerning career planning and counselling - face problems like that of underperforming women in education and work. Another of the main issues that the category can face when planning a career it's the complete overlap of career and oneself. The societal pressure of identifying men with their job leads to a state of lack of self-confidence and a depressive state when being unemployed.

Literature (Gysbers 2014) studying career problems tend to ignore minorities within main groups. Gay men and transgender men face several difficulties: (discrimination, experiencing transphobic employment cultures, navigating employment-related legal status as male or female, etc.).

In a changing labour market where it's required a high level of qualification, people with disabilities are the ones facing longer periods of unemployment. This status can affect the economical aspect of the disabled's life but even more their self-image. Disability, therefore, is a risk factor in career planning.

Many problems linked to career planning come from social-economic status, gendered roles, and physical abilities. Counselling and intervention plans can help face some of the outcomes of social structures. In the next paragraph, we are going to explore Intervention directions and methods.

Intervention directions and methods 4.4.4

When it comes to healthy pathways for career planning the subject can be vast and complicated. The risk can be to give generic advice that applies to everyday life but not the planning of a career, specifically. The first important thing to mention is that it takes will to plan your career. This might sound like an obvious statement but there won't be any plan without initiative. Secondly, career planning is a life process, especially nowadays where work takes a huge portion of our life span. In the two paragraphs of this chapter, we will read about the importance of personal development, and skill-gaining, and address weaknesses. Career planning in a healthy way is about connecting to who we are as a person and what we would like to achieve. It's a path leading from a young age, during the formation days, through adulthood and a job, until retirement. These paragraphs will guide you through managing techniques.

What is a healthy lifestyle in terms of career planning

4.4.4.1

Planning your career is a continuous process to be managed with care and commitment: a real mission that concerns yourself.

In recent years, skills development has been the predominant approach in career planning. It has been shown that improvement in one field gives new skills and confidence to try to grow in another. This process must be driven by the belief that we work to become exceptional in that area rather than remain mediocre, going beyond the ordinary or the average.

Personal development makes you better at what a person is capable of and to carry this path forward it is important to make a list of personal contributions made to the company in recent years, to explain what the organization expects from you, set realistic goals about what you can or can't achieve, look for challenging tasks that can make a difference.

People are more inclined to do the things they love and are good at. Therefore, the initial will to attempt a behaviour will probably manifest itself for a strength rather than a weakness. The behaviour will come more naturally and increase your strength will attract positive comments and praise that will increase your self-esteem and gratification. At the same time, you have to work to make your weaknesses irrelevant to the success of your journey. Another technique is to have a good role model to refer to and be inspired in the path of their professional development. To avoid deadlock it is crucial to learn from your mistakes, they are part of the learning process.

Edgard Schein identifies points closely related to the Sphere of Self that inevitably affects the professional choices of individuals. The anchors of a career, according to the American psychologist, are the set of talents, needs, and values defined by the person, which serve to guide, integrate, and stabilize the career (Schein, 1978).

They are personal characteristics that help determine outcomes in the person's work experience. They also influence people's career choices and decisions to move from one role to another, contributing to the selection of specific occupations or work environments by shaping what an individual seeks in life and guiding it in defining a future temporal perspective through a personal project. Finally, their function is also to determine the relationships between people and their working environment, based on the congruence between the career anchors and the properties of the external environment. The congruence between certain

anchors and the working environment can lead to effectiveness and stability at work, adaptation to the role, or even psychological well-being and job satisfaction.

Delong (1982) taking up the reasoning, triggers the process that leads from anchors to career orientation. He refers to the concept of career orientations, wanting to emphasize with them the aspects of an occupation in which the person deliberately invests his career according to his talents, needs, and values. Based on these evolutions, the two scholars together develop the first Career Orientation Inventory for the quantitative measurement of orientations. Subsequently, Schein (1978) develops the career success orientation model which he describes as a long-term planned work history, and which represents the dynamic intersection between work, relationships, and self-development. They are measured by the Career Success Map Questionnaire, which consists of 30 dichotomous questions where the person has to choose between two opposing career orientations. Creating a career orientation model based on anchors not only identifies your strengths but makes a fairly stable point in life that can remain constant for a long time.

The development of a career path starts when studying. There are hypotheses that positive career orientation can prevent adolescents from engaging in or escalating problem behaviour. A study conducted in 2007 by V. Skorikov and F. W. Vondracek, involving 234 junior high and high-school students tackles how career orientation can significantly reduce juvenile crimes, a problem spiking in adolescents around the age of 17. Early career orientation can also influence positively poor career prospects.

One of the first studies to consider lifelong work careers and how they influence well-being in retirement was the 1998 paper by the University of Oulu in Finland (Luoma, 1998). The purpose was to demonstrate associations between the progress of the work career, retirement orientation, health, and ability to work among aged workers. The research works on a group of 706 people aged 55 in northern Finland.

The research takes on relevance if we consider that many health conditions are strictly linked to our environment and so, the workplace as well. The tester submitted a questionnaire to each person. The results that emerged were that the level of occupational education was low among 69% of the women and 59% of the men, 14% of the women had a school certificate, and 21% of the men. Only 17%

Intervention methods for achieving healthy career planning

4.4.4.2

of the women had a college diploma or university and 20% of the men did.

The study showed interesting data. Work-oriented people considered themselves healthier than the retirement oriented. Not only, but a physician also estimated that the work-oriented were able to manage all their work tasks significantly more often than the retirement-oriented. The prevalence of musculoskeletal and circulatory diseases and mental health disorders was significantly higher in the group of retired than in the work-oriented group. The relationships between work orientation, good health and good ability to work remained similar when examined in the three different groups based on the nature of work tasks or the level of occupational education. The state of health and ability to work was estimated to be better among the women and among the participants who advanced during their work career than among the other participants. The state of health and ability to work were the poorest among participants with poor progress in their work careers.

To discuss the final results, we can affirm that the risk of early retirement increases when there's a reduction in health status, low socio-economic status, and a high physical and mental workload. A lifelong work career is presented as influencing a worker's health. A high level of education seems to offer the possibility of receiving more demanding and interesting professional tasks, promoting job satisfaction and health, and reducing the desire to retire early. The study concludes that there is evidence that work career, retirement orientation and health have associations and, in the future, they should be studied in more detail.

An important aspect must be considered, which concerns the attitude to be taken when deciding on career planning. To start off on the right foot you need to understand thoroughly that planning does not mean controlling. The trajectory that your career will take depends not only on you but on many external factors that may not be possible to estimate, such as the political scene, technological changes, health emergencies, and global economic trends; It is, therefore, better to be aware that it is not possible to have total control over the progress of professional life, to avoid having unnecessary frustrations that could have negative consequences on health.

The unpredictability of external factors that can affect your career plan strongly relates to the Antifragile principle that Nassim Nicholas Taleb exposed in his book "Antifragile" in 2012.

The principle of antifragile applies to any field and indicates the attitude of some systems to change and improve in the face of stress, factors of stress, volatility, and disorder.

Taleb (2012) states that to understand the concept of anti-reason we start from its opposite, fragility. A fragile system is continually exposed to risks that can damage or even destroy it. To protect a fragile system, behaviours or modifications are typically implemented to make it more robust. But robustness and resilience carry within themselves the limit of the rupture. A resilient or robust system is however equal to its fragile version, only it has "something more" aimed at increasing its resistance, raising the level of its breaking point. Instead, an antifragile system undergoes the traumatic event, makes it its own, and exploits it to improve. This concept can be applied in different fields and some scholars use it in career planning to be ready and use the unpredictable as a power.

At the same time, you can face the "traumatic" event by implementing your own strategy.

A good strategy to deal with your career plan in a healthy way is to frequently ask yourself questions. The first question should be "Which course of study interests me?" because career planning starts right here. School education is very important because it is useful to orient you toward the profession that interests you. If, after years of compulsory education, you decide to continue studying, you must choose the course of study that best suits your professional interests and aspirations, without neglecting to reflect on the effort to be made because some studies are long and difficult, and may not be suitable for your character and personality.

Then, you have to deeper explore yourself more by asking “What are my strengths and weaknesses?”. This is perhaps the most difficult question you need to answer, but it is the most important. If you can objectively assess your strengths and weaknesses, you will have a very powerful tool to steer your choices in the right direction and plan your career in the best way for you, and that will be of great help even during job interviews.

Knowing yourself is the first step to be taken, to be able to move at ease in the challenges that life presents us, face them with awareness, and succeed in overcoming them.

Think deeply about what you like and don't like to do. For example, you might take note of the activities you do on a daily basis, analysing them to understand the ones you cope with peacefully and others that are unpleasant for you will help you to have more awareness of yourself. Examine situations where you are comfortable and where you are not, especially in your relationship with others: for example, if you are inclined to communicate effectively and convince people about the things you believe in and find solutions, you might be gifted for a role in the sales industry. Think about the people you admire: it could give you important ideas to plan your professional career in a certain field. For example, if your idols are people who play important social roles in the community, maybe a job in this industry fits your values well. After these reflections, write a description of yourself, specifying what you think are your positive and negative qualities. Ask people who know you to describe your strengths and weaknesses, then check where they fit with what you think about yourself. Also, consider interviewing a professional. A psychologist can help you identify your strengths and weaknesses and highlights the traits of your personality and character that can be useful, and those to be improved, for the career path that interests you.

Another question to deeper explore yourself more will be “What are my professional skills and competencies?”. While the answer to the previous question contains subjective elements, if you talk about your skills and professional skills, nothing is left to doubt. The knowledge you have acquired is objective data and should be considered when planning your career. It means that you will have to plan your career by thinking about your professional development in the field where you have skills gained both with studies and with work.

The next question will be “What are my areas of im-

provement?”. Once you've thought carefully about yourself, what you like, what you want to do, and your skills and competencies, the time will come to take action on some weaknesses to strengthen. It might be useful to enrol in specialized courses, also online, and participate in themed events, to be used as tools for growth and professional updating. Furthermore, asking about timing is fundamental. If you start from scratch, that is from the first job, it is reasonable to program the planning path with a certain timing, which is not to be observed rigidly, but with a certain degree of flexibility. We can divide the roadmap into short-term and long-term deadlines. For example, for short-term planning you can consider how to achieve your professional goals at 6 months, 12 months, and up to 24; you can consider the long term as a 5-year timeframe. During this period, on a regular basis, you will draw the sums and repeat the analysis about yourself that you conducted at the beginning, repeating these questions, until the end of the long-term deadline. By doing so, you will see if the path you have taken has satisfied you, what you have liked and what you have not done; if you like the working environment you frequent, you will update your acquired skills and competencies and check your progress against your areas of improvement.

At the end of the last period, you will have had an important experience in the world of work and learned how to conduct proper career planning, which can be useful for the rest of your working life.

For all those who want to implement their career plan, the best tool is to prepare a detailed resume (McCarthy 2014) and have the consistency to update it, whenever necessary. It, together with the cover letter will represent the first impression that you want to give.

Remember that the purpose of a resume is to promote yourself in the job market. Make sure your skill and experience match the job criteria. Show your achievements, Industry experience, and your scored high results.

Understand your work history: what were your role, duties, and transferable skills? Remember that even when you are freshly out of school you might have the skills necessary to enter the job environment. The most appreciated skills are Literacy and numeracy skills, Communication skills, IT skills — or, at least, confidence using computers, the Ability to work in a team, and Customer service skills. Adding your personal interests and hobbies can be a winning move. It helps an employer understand who you are as a person and as a possible employee.

Conclusions and recommendations

4.4.5

What is really important to know is that you can choose the format of your resume based on what elements you'd like to highlight, and the job position you are applying for. The most common is the reverse chronological order that lists your career from the most recent job to the less one. It's easy to read and it's commonly used.

But there might be circumstances where other formats may be preferable. A functional resume focuses on your skills. Thanks to this format, you can highlight transferable skills you've acquired through all sorts of experiences. You can choose skill headings that match the requirements of an advertised role. It hides employment gaps and periods of instability at first glance.

Hybrids work when you have more experience but still want to highlight specific skills. Sometimes hybrids are less easy to read so they might discourage an employer from going through them entirely.

Remember to target the company you would like to join when writing your CV.

Cvs and resumes are a bit different. Even though the two are often used interchangeably, a cv is a longer document that goes through your academic history. Make a one-page resume, and longer CVs to enlist your academic history and achievements.

There's no unique solution that can be applied to everyone in every work environment or country. Some contexts require CVs with a picture on them, some others would avoid that in the name of equal opportunities. The ideal cv should be visually appealing, consistent, with no typos, and displayed on one page to let you frame you in a glance. Some other times your experience might be wide enough that the one-page format can be constraining. Ideally, the candidate for a future job should start understanding personal goals, strengths, and weaknesses first, and then focus on the job position, company, and criteria to apply for a job at a local level. Some companies and stakeholders might put more attention to details and have a certain standard, while others might not take into consideration these factors. It's ultimately up to you where you want to end up as an employee.

The success of a career can be considered, from an organizational perspective, as the rise to the top of the ladder of organizational positions and the corresponding power, prestige, and remuneration. At the social level, it is often linked to reputation resulting from signs of high status, income, or lifestyle. But from the point of view of the person the success of a career concerns in particular the perceptions, representations, and emotions about the adequacy of the path taken, the positivity of the feelings of merit and fullness connected with what has been done, the degree of approximation to the underlying objective or values associated with the work experience (Ng et al., 2005).

According to recent studies, career planning is also the key to a healthier lifestyle. The work sphere is an important element in our lives that accompanies us throughout our path. It is clear that what happens in this sphere is reflected in everyday life. Planning your career from a young age provides the opportunity to receive more challenging and interesting professional tasks, foster job satisfaction, and health, and reduce the desire to retire early. This is why career planning is an important tool to integrate into a balanced lifestyle and overall well-being and life satisfaction.

On the one hand, a career is the prerogative of the individual, who, untangling between constraints and environmental opportunities, intends to find his own path to reach the desired goals. On the other hand, practices and the social context constitute a force capable of shaping such individual paths. The individual should find a balance between external and internal factors thanks to counselling, early career orientation exposure during studies, and self-awareness that leads to career consciousness, the ultimate tool to adapt yourself in a changing climate with minimum negative impact and maximum success.

CONCERNS

NEEDS

COMMUNICATION,

SUPPORT

PARENTING STYLES

PARENTING

BEING A FAMILY

Theoretically, a family is a system, and that this is understood as related elements in dynamic interaction in which the state of each one is determined by the state of the other constituent elements (Barrera, Males and Martin, 2009).

According to Rivero and Ramos (2010), in each family system we can consider several subsystems: individual, conjugal, parental, fraternal, among others. In each subsystem, we find family members that relate to each other and perform their functions in view of the individual needs for protection and autonomy, within the explicit or implicit norms created in the family.

This means that families are complex realities with multiple issues, not only in their dynamics and history, but also at the individual level of each of their members (Rivero and Ramos, 2010).

From a systemic point of view, a family is more than just the sum of its elements, and that gives uniqueness to each family. Each family can be perceived as a living organism, in which it is fundamental to learn about the relationships between all its ele-

ments and the way they organize themselves: the type of relationships established, the way of communicating, the activities developed inside and outside the home, the exchanges of affections, the norms, etc. (Rivero and Ramos, 2010).

Naturally, all families try to find their own organization in terms of functioning and no two families are the same and there is no one right way to be in a family. The only aspect in common between families is that, for a well-suited parenting, it is very important to understand and reflect on the feelings and perception that parents have about their role.

BEING A PARENT

Being a parent can be both a satisfying and stressful experience, particularly during periods of uncertainty and rapid social change, like our current times (Fu, Chesters and Cuervo, 2019). But what issues are parents most worried about at this moment? Some suggest the cost of living and education, others the impact of slow wage growth on family budgets, the environment, health care costs, the concern about the impact of social media and



technology... and on top of it all: children's ability to develop positive relationships.

Caring for children can be a strenuous task (www.cuf.pt) due to the enormous demands and responsibility involved. If we add to this the fact that it is an ongoing duty (children must be looked after continuously) and sometimes carried out without support, it is easy to understand why parents can reach extreme fatigue. This issue has become a very important one in the field of mental health since the beginning of the 21st century.

Also, we cannot forget that parenting doesn't end when children grow. Once a parent, always a parent. The effects of parenthood on well-being are extremely important at older ages as adult children provide one of the major sources of care for aging adults (Seltzer and Bianchi, 2013, cit. Thomas, Liu and Umberson, 2017). Also, in the 21st century we see that older parents often provide instrumental/financial and emotional support to their adult children (Thomas, Liu and Umberson, 2017). As explained by those authors "Intergenerational support exchanges are integral to the lives of both parents and adult children, both in times of need and in daily life."

PARENTING

Parenting in the 21st century is not only about following what is in the books, or web articles, or what the doctors tell us, and doing well or badly within normality. All the technological and informational evolution of today leads us to challenge our role as active parents who want the best for their children. Not only because of the speed at which things happen today, and the infinite worries in parents' minds and hearts, but also because it leads us to question our fears as a person and our own fears as parents.

It takes a lot of practice, but conscious and positive parenting is a continuous growth and learning, an inner process with inspiring outer results. Barrera, Males and Martin (2009) give particular focus to the need to belong to a community that can provide resources to meet the needs of children while sustaining and supporting the parental resources of families.

Silva and Esteves (2019) remind us how vital it is that parents meet the most basic survival and health needs and provide an organized, safe, and predictable physical world that allows the existence of routines essential to the children's development. Alongside with the essential needs of affection, trust and security and the establishment of secure

links between family members.

At the same time, (Silva and Esteves, 2019) be aware that the exercise of parental functions depends on several variables, namely, the history of parent development; their personality and psychological resources; the child's own characteristics; the relationship between parents; socio-cognitive resources (attitudes, expectations, beliefs) and parenting styles and practices.

Last but not the least: the existence of an outside context and social support, which takes us back to the systemic approach: parents allow the child to contact, recognize and interact with the physical and social world that surrounds them, and, simultaneously, parents belong to a wider community from which they can rely on and ask for/receive support.

Considering all of this, each parent will define the exercise of parenting, in all its dimensions: recognizing and satisfying the child's needs, with affection; defining rules and limits and allocating the adequate consequences in relation to non-compliance with rules, as well as to monitoring the child's progress (Silva and Esteves, 2019). Given that all these variables are important, the exercise of parenthood is a demanding and engaging task that requires resilience and continuous learning.

Around the world, parents share three major goals: ensuring children's health and safety, preparing children for life as productive adults, and transmitting cultural values, while holding a high-quality parent-child relationship (<https://www.apa.org>). In other words, all we want is to give our sons and daughters a lot of love, acceptance, appreciation, encouragement, and guidance, and, at the same time, to humanize our children, to give them constructive rules and limits that offer security and equip them with the skills and resources to succeed as adults.

These children, tomorrow's adults, need to explore, discover, play and, above all, gain autonomy. And this is our greatest challenge as parents: to give them autonomy and foster the maturation of their personalities and identities physically, cognitively, emotionally, and socially, while enjoying life and growth as happily as possible. That is our great mission (<https://parentalidadpositiva.com>).

Actual social context as causing problems in Parenting

4.5.2

Social context

The age of insecurity and uncertainty

Sociologist Marianne Cooper (cit. Molz, 2021, p. 4) argues that “we are now living in an “age of insecurity”: decades of neoliberal government policies and private sector labour relations have effectively shielded the economic burden of educating our children, caring for our families, saving for retirement, and securing futures onto the shoulders of individuals”.

For better or for worse, technological innovations, new online resources, arrangements of remote and freelance work have opened completely new possibilities for where and how people live their lives. However, these uncertainties of modern life may be a source of anxiety for many.

Sociologists have given this contemporary moment in which we are living many labels. They describe it as liquid modernity, reflexive modernity, late modernity, late capitalism, neoliberalism, the global era, the mobile era, the age of insecurity, and the risk society, to name a few. If there is one theme that prevails in all these theories, it is this: the central hallmark of modern life is uncertainty.

This atmosphere of uncertainty stems from many sources. At the same time, the economic and social precarity wrought by neoliberal policies means we are constantly navigating changing conditions of work, diminishing access to social welfare programs, and new forms of selfhood. Meanwhile, complex global flows of people, objects, money, ideas, and media, ongoing geopolitical volatility, and increasing environmental hazards are making us hyper-aware of the new opportunities and the daily risks we face in a world in flux (Molz, 2021).

In traditional societies, the psychological space of individuals was very small, since the individual was framed in the chain of generations. However, although there was less autonomy and freedom, there was more ontological security, since this is dependent on attributes such as permanence, stability, and consistency (Giddens, 1991). The process of individuation was rudimentary and there was a social determinism, with no mobility, which led to a sense of security, since the future was predetermined (Dubar, 2006).

With the dawn of modernity, “our identities and lives are no longer dictated by the circumstances of our birth but rather are re-created through the choices we make” (Molz, 2021, p. 4).

In contemporary societies, however, “many of our contemporaries (...) suffer from a “sense of insufficiency”, an acute awareness of “not being up to” (...)

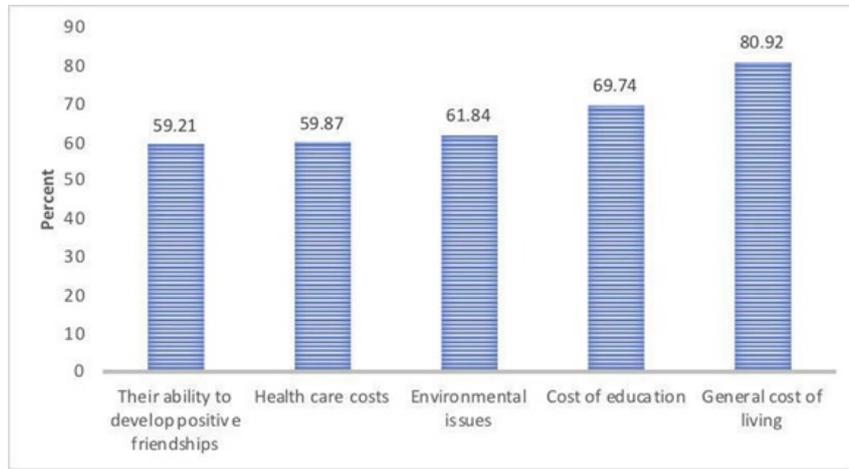
a weakening of the self, a decrease or collapse of self-esteem” (Dubar, 2006, p. 142).

Going back to Parenting, one of the questions that arises as we consider family life in uncertain times is this: if we are living mobile lives in an age of insecurity, what does that mean for parents tasked with the responsibility of preparing children for the future? (Molz, 2021).

How can parents place themselves and their parenting in individualistic cultures that tend to value competition, performance, and perfectionism (Abramsom, 2021)? Eastern cultures typically prioritize children’s obedience and respect toward elders; however, Western cultures commonly assert values of self-improvement or independence, which means children can be less likely to follow instructions.

Furthermore, people already experiencing multiple stressors, such as single parents, parents of special needs children, inter racial families and immigrant parents, may also have a lower threshold for increasing stress because of the ongoing demands of parenting.

All of this leads to never-ending stress and uncertainty towards parenting, as shown in the following chart.



Fu, Chesters and Cuervo (2019) presents testimonials of parents concerns that we share here:

“I can’t imagine the world my daughter will be an adult in – but I can see the trends – towards a less equitable society in user pays, environmental segregation, reducing living standards, smaller government. Let’s hope the generation after Gen-Y can fix our mess”. (Mother)

“The current reactionary political climate and its attendant social and environmental destruction are of the profoundest concern possible. As the parent of a girl, I have particular concern regarding her ability to promulgate and develop socially transformative, politically progressive feminist values in such a regressive culture.”(Father)

“I believe my children will live in an era of rapid world change, and I encourage them to be adaptable, resilient and intuitive”. (Father)

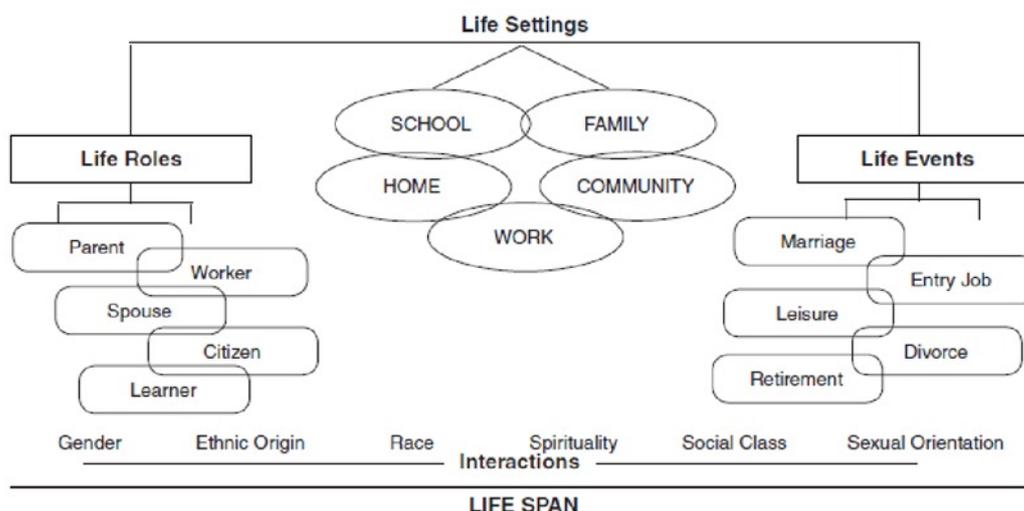
These parental concerns center around the impact of social and economic change on children’s everyday lives – as well as the accelerated pace of social change that generates anxieties around how to prepare children for uncertain futures. Importantly, parents in the 21st Century are now under considerable pressure to prepare their children for a future they cannot even imagine (Fu, Chesters and Cuervo, 2019).

A Parent & A Person

Parenting is deeply connected to adulthood, and, to the common public, adulthood is associated with maturity, caring, responsibility, reliability, and experience. Mainly, what distinguishes adults from those who are younger is responsibility for others, i.e., adults live not for themselves alone, but for those who depend on them, whether these are their children, a partner, ageing parents, friends, or co-workers.

Adults have duties and obligations in a way that children, adolescents, and most twenty-somethings do not. These responsibilities make the lives of adults more stressful and demanding than at any other stage of life. But it is these duties that invest life with meaning and purpose.

Then, parents are also people. Each parent is a person that combines multiple dimensions in oneself - worker, participant in leisure, learner, family member, and citizen; moving around in diverse settings - home, school, community, and workplace; and going through all types of events, planned and unplanned, that occur over their lifetimes - entry job, marriage, more advanced positions, divorce, and retirement (Gysbers, Heppner and Johnston, 2014).



These authors present a very interesting view of these dimensions in a person's life span and all the possible conjugations and entanglements (p.10), while stating "in a very real sense, (...) the manifestations of our attempts at making sense out of our life experiences."

And life is not linear. It is made of gains and losses, of joys and sorrows, of changes and choices. The meaning and quality of our lives depend not only on what happens to us, but also on the attitude with which we face and deal with what happens to us.

And a lot can happen in a person's life: to juggle simultaneously with personal, familiar and professional lives, to develop assertiveness, to learn how to settle priorities and boundaries, to manage the time efficiently, to focus on the essential, make plans, to take care of one's mental health and wellness, to deal with obstacles in a constructive way, to recover from setbacks with confidence and trust.

All these events and challenges are part of life, but they also put a lot of pressure on the everyday life of a parent. Experts advise us to watch for them in yourselves and how they may be influencing us in ways that we don't realize.

WHAT CHILDREN OF TODAY REQUIRE

Today, children face challenges and dangers that most of us never dreamed of when we were growing up.

Social media influence, online pornography, substance abuse, and bullying are all around our children and many times, the adults in their lives don't see the signs of it, nor the damage and suffering. Online predators, cyberbullying, etc. - all of which can lead to confusion, anxiety, depression, performance issues, and, hopefully not, suicidal behaviour. In addition, children and youth spend more time staring into screens, absorbing incredible amounts of information beyond our control. The consequences of these influences, as well as societal pressure, impact their day-to-day life.

In fact, children are more exposed to negative Internet content than what most parents expect. Findings from a unique survey designed and conducted by the EU Kids Online Network (funded by the European Commissions' Safer Internet Programme) interviewed more than 25.000 children aged 9-16 who use the internet, plus one of their parents in 25 European countries. The survey investigated key online risks (pornography, bullying, receiving sexual messages, contact with people not known face-to-face, etc). Findings have shown that

among the children who have experienced one of these risks, parents often don't realize this (Livingstone, Haddon, Görzig and Ólafsson, 2011).

Studies prove that family atmosphere influences self-regulation capacity, which is indispensable for resisting environmental and media pressures toward adolescent risk behaviours (DHI, 2013, cit. Alonso-Stuyck, 2019).

Also, parents' perceived control, obtained through shared Web activities and family cohesion, was determined to reduce children's exposure to negative Internet content (Chang-Hoan and Hongsik, 2005). Within the family context, lack of support and adjustment to family dysfunction, to divorces and remarriages, and a lack of parental awareness on how this impacts sons and daughter's well-being.

On a social level, the absence of healthy coping mechanisms and the lack of positive social interaction and integration with peers, also impacts how children deal with the conflict and challenges they are surrounded by, all this leading to a deep and hurtful questioning about their capability, purpose, and confidence.

These days, children pose questions regarding their competency, worth, identity, performance, ability to succeed, security, and safety; they are looking for answers on how to cope and feel good about themselves. Parents have to be around and extremely alert to be able to support their children and keep them off negative alternatives (Capaldi, 2019).

Specific problems in Parenting

4.5.3

For those who choose to be parents, parenthood is one of the most important tasks of adulthood, interfering with the way we live the other spheres of our life. Being a parent, in many ways, seems to be more challenging than it was a few decades ago, in the time of our grandparents or great-grandparents, as, nowadays we are bombarded with advice and information on parenting practices and strategies - in the street, on social networks, on television and in bookshops, the expectation and pressure on mums and dads and mothers are enormous.

Raising a child is a challenge which demands great responsibility due to the complexity of necessary skills and knowledge and implies not only deep changes in the couple's social roles, but also a re-definition/reorganization of life projects, with caregiving patterns that may influence the future parents-child interaction (Martins, Abreu and Barbieri, 2014).

Mothers and fathers often say that being a parent is the best and most difficult task in the world. On the one hand, it gives a sense of purpose and meaning to our lives, brings us satisfaction, gratification and feelings of achievement and well-being. On the other hand, the responsibilities and demands of raising healthy and well children/young people can also challenge our limits, generate stress and feelings of overload (Ordem dos Psicólogos Portugueses, 2022).

Indeed, the stress of caring for a child or young person can make us feel anxious, angry, guilty or completely exhausted. We may even question whether we are good parents. These stresses are normal and inevitable, they are part of parenting. However, parental stress can become a problem when we feel so worn out that we can't cope, or we lose control. Parents usually mention "switching gears" as shunting not only between roles such as parent, employee, and spouse but also between different types of activities (watching *Frozen II*, dealing with an after-hours work crisis, slipping into bed with your partner)—all of which can involve transitioning from one mindset to the next (Marneffe, 2021). Being a parent is not only associated with pleasure and rewards. Being a parent, however competent we may be, is also about dealing with frustrations, fears, failures, and challenges. The challenges and difficulties of being a parent today need to be understood within the complexities, ambiguities and dynamics of our social and cultural context, the characteristics, and circumstances of the individual parent, as well as the child/young person (for example, economic stress or stress caused by a child's illness or specific needs exacerbates the difficulties and challenges of being a parent) (Ordem dos Psicólogos Portugueses, 2022).

Symptoms / problems

4.5.3.1

Especially since the 2000s, the principles of “Positive Parenting”, a philosophy that aims to strengthen the rights of children and encourage a more present and warm coexistence, with emotional support, have been widely disseminated. However, faced with complicated daily lives marked by a lack of free time, this new vision of parenting has increased the pressure on parents to be even more competent. The problem is that many associate this competence with ideals of perfection, and this does not exist. When they fail to achieve it, they become frustrated, feel lost and wrongly follow behaviors that make them even more vulnerable (<https://www.prevenir.pt/>).

In desperation, and afraid of failing more, parents become hostages of their own situation. They think the solution is to opt for a hyper-engaged attitude, which will tend to raise the levels of demand and protection.

We have the example of the “helicopter parents”: those who “live” to keep children’s 100 percent happy 100 percent of the time. Such perspective, although embedded with the unquestionable principles of well-being and safety, will weaken, in the long run, parental authority itself (<https://www.prevenir.pt/>).

The “snowball effect” is a concept to mention the state of weariness and exhaustion that, when chronic, leads to parental burnout in parents who, after wanting so much to give their best, have exhausted their resources and, therefore, feel sad, demotivated, and lack the capacity to turn things around (<https://www.prevenir.pt/>).

In 2017, Roskam and her colleagues developed a survey with parents that somehow had experienced burnout. From their testimonies, the researchers extracted four dimensions of parental burnout:

- exhaustion in one’s parental role,
- contrast with previous parental self,
- feelings of being fed up with one’s parental role,
- emotional distancing from one’s children.

Acknowledging the exhaustion, parents can report a contrast between the parents they were, the parents they would like to be, and the parents they have become (<https://www.apa.org>).

Another researcher, Griffith (cit. Abramson, 2021) conducted a study that has shown how parents can be violent or neglectful toward children, even when being philosophically opposed to those behaviors, because of high levels of burnout.

In individual terms, we have a father, a mother, or

both, in deep suffering, unable to fulfil the role they idealized. This scenario generates feelings of guilt and shame and may even increase the probability of rupture or divorce, because parents feel disorientated and need to change, even if this means giving up a project (<https://www.prevenir.pt/>).

How can parents realize they are facing exhaustion or even burnout?

Here are some symptoms (www.cuf.pt) and some causes, as well:

PHYSICAL AND MENTAL EXHAUSTION

(feeling of exhaustion)

“First, parents feel exhausted and run down by their parenting role”

(Mikolajczak and Roskam, 2019, p. 4)

Depending on how old the children are, parents might experience different types of exhaustion. For example, parents of young children tend to be more physically tired, while those with adolescents or teens may experience emotional exhaustion because of conflicts with their children (Mikolajczak and Roskam, 2019).

Caring for your children all day requires not only time, willpower, patience, and hours of sleep. It also requires physical effort, a lot of energy, attention, knowing how to deal with emotional resources, solving problems and unforeseen needs, etc. Add to this the work-related problems, the lack of rest and the impossibility of having time for yourself.

The usual symptoms of exhaustion are increased irritability and intolerance, anxiety, feeling overwhelmed and anxious, sleep related problems, memory difficulties, confused thinking and forgetfulness, eating disorders.

EMOTIONAL DISTANCING / DETACHMENT IN RELATION TO THE CHILD

“Exhausted parents then detach themselves emotionally from their children”.

(Mikolajczak and Roskam, 2019, p. 4)

This sense of fatigue can deteriorate the relationship with the child to the point of experiencing some emotional detachment due to excessive overload.

This detachment can be perceived through low tolerance regarding the child's behaviour, meaning we may have less patience and, consequently, show short temper more often and react angrily towards the child and the partner. In extreme cases, there can be obsessive-compulsive and/or violent behaviour (namely regarding the child).

FEELINGS OF FRUSTRATION, RESENTMENT AND/OR ANGER, GUILT AND/OR SHAME ABOUT PARENTING

“Burned out parents don't recognize themselves as the parent they used and wanted to be”

(Mikolajczak and Roskam, 2019, p. 5)

Something very much appreciated is the figure of parents who have sacrificed their careers, hobbies, and friends for the idea of being the best parents in the world. And this, in the long run, generates great frustration and even suffering for not feeling fulfilled.

Somehow, we feel that we are failing or that we have not met all our children's needs. Feeling guilty for not spending more time with them, for not giving them more things, more attention, for not being more skilled or patient is a common feeling. In some cases, this feeling of failure switches to obsessive-compulsive tendencies, evident by the repeatedly checking that loved ones are safe, as a compensation of the failure sensation.

CHRONIC FATIGUE

“That can disrupt sleep, which exacerbates the anxiety and irritability, then it becomes this loop that repeats itself daily”

(Burnett-Ziegler, cit. Abramson, 2021)

In parenting and education, there is no escape or “time to breath”. Generally, when we experience stress or anxiety at work, coming home is a relief and a refuge where we can find peace. However, the telecommuting parent does not have moments of rest or spaces to find tranquillity.

Experts mention a more global and chronic condition of fatigue that strikes the parent(s) as persons or individuals, as a whole. Here are some symptoms: overall feelings of hopelessness, loss of interest in previously motivated subjects or activities (such as socializing), feelings of isolation, heightened sensitivity to environments and emotions, reacting to loud noises or bright lights, need to numb the pain through food, alcohol, self-medication. In extreme cases of burnout, there may be suicidal thoughts and depression.

Unfortunately, the list is long and the sooner the existence of this problem is recognised, the sooner steps can be taken to solve it, by seeking help that will open doors to solutions and allow a change in behaviour.

However, admitting you're struggling isn't always easy: exhausted parents often feel isolated and ashamed, which can prevent them from healthy dialogue with supportive people.

Koslowitz (cit. Abramson, 2021) recommends finding other parents experiencing similar feelings, for starters. Sometimes, all it takes is to look around carefully and notice how other families go through the same challenges. In the next chapter, we will focus on the importance of social networking and support for parents.

Triggering factors and maintenance factors of the problems

4.5.3.2

Data suggest parental burnout is a lot more common than most parents think (Mikolajczak and Roskam, 2019).

The concept of “Parental Burnout” emerged in the 1980s, but only recently has it become the subject of in-depth research. This phenomenon seems to be more common in western countries, especially the richer ones, where the birth rate is lower and where there is a more individualistic culture. One of the possible justifications for this is the fact that, in these countries, parents receive less help from the extended family in bringing up children and that there is a greater cult of performance and perfectionism in the various dimensions of life (www.cuf.pt).

PERFECTIONISM AND UNREALISTIC EXPECTATIONS ABOUT PARENTING

There is an infinity of published literature about Parenting, which leads parents of today to be exposed to so much information on how they should exercise their parenting and bring up their daughters and sons, that it can be more difficult for them to make decisions or find their own way of being parents (Travers, 2022).

On the same subject, from the practical to the ethical questions, there are dozens of views and perspectives, many of them conflicting and not all of them credible. In consequence, because there are so many approaches, parents can easily feel lost and unsure about daily issues such as starting with porridge or soup, defraying children, helping with homework, dealing with going out in the evening and potential boyfriends or girlfriends and girlfriends (Travers, 2022).

THE “BLAME CULTURE”

Another author (www.cuf.pt) states how parents may wonder endlessly which is the best choice, in the face of often conflicting orientations, as well as having difficulties in reconciling these choices with their beliefs or even experiencing them with feelings of guilt. Often, parents feel guilty because they are not doing “what they should” (because the child still drinks from a bottle, because children go to bed late, watch too much television or the teen is on the mobile for too long time, etc.), and they end up feeling frustrated and far from “perfect” (Ordem dos Psicólogos Portugueses, 2022). Also, most parents have already felt judged and criticised by spouses, family members, friends, neighbours, work colleagues, colleagues, professionals in the areas of education, health or social profes-

sionals, or even by strangers.

Cconciliation between work, family, and personal life During lockdowns parents had to take care of their children and respond to their needs (in addition to the basic needs, there was a need to reinforce the attention to the needs of affection and safety), supervise school tasks, manage situations of (potential) conflict situations, teleworking, and domestic tasks, as well as dealing with a general context of uncertainty, insecurity, fear and anxiety, or experience of loss. Consequently, fathers and mothers doubted their competencies and felt many difficulties in creating a routine or set boundaries (Ordem dos Psicólogos Portugueses, 2022).

NON-EXISTENCE OF A FAMILY/SOCIAL SUPPORT NETWORK

For many families out there is no larger family support because there are no grandparents or other relatives nearby. As known, many grandparents help with childcare in many ways. For instance, some are retired and have a flexible schedule that allows them to help with things like picking up and dropping off at school, childcare after school or full-time childcare. All of this represents an immense support and relief to parents, leading to hard times within the family when not available (Elliat, 2022).

OVERLOADED SCHEDULES OF CHILDREN'S EXTRA-CURRICULAR ACTIVITIES

Life today emphasizes productivity and activity. Most adults (especially those who are parents) complain of “no time” and it seems difficult to “slow down”. The children and young people themselves often have a busy activities schedule, which leaves them little time to simply be with their parents and other family members, enjoying each other’s company, or for unplanned or organized activities.

In fact, excessive burden of school and out-of-school activities can provide the denial of the right of the children to fully live their childhood, compromising free time and play, manifestations that can interfere with the development and learning of the child (Ferreira, 2019).

EXCESSIVE MONITORING OF THE CHILDREN'S EDUCATION

The feeling of protecting and wanting the best for your children is the ultimate parenting goal. However, what happens to a parent when there is an exclusive dedication to the children, that leads to neglecting other dimensions of his/her life?

The concept is Overparenting: it involves being excessively involved in children's everyday lives, typically to protect them from difficult situations or help them succeed. One form of overparenting is excessive monitoring and the consequences are: hindering choice and independence skills, hindering the formation of a self-sufficient child - as stated by experts on the subject, pointing out that moral and physical overprotection compromises the strengthening of essential skills, such as social interaction and self-confidence - which are some of the foundations for future life (<https://plano.co>). But the point here is also the consequences on the life of adults who do nothing but parenting. Along the way, there will be exhaustion and an overwhelming feeling of "not living" your life, but your son/daughter's lives. There is no self-time, no free time, to be alone, to do something for myself, to take care of myself...

HEALTH PROBLEMS OF A CHILD

When a child is chronically ill or handicapped, the whole family feels the pain, particularly the parents. Regardless of the disease, whether an emotional disorder or a physical disability, the stress suffered by families is remarkably similar. Parents talk about guilt, anger, and sheer exhaustion, while brothers and sisters can feel neglected.

Harper (cit. Epstein, 2001), Professor of pediatrics and rehabilitation at the University of Iowa College of Medicine said that "All of these children need a lot of extra work, and typically the mothers get the brunt of it, and sometimes they resent it". Often, parents are overwhelmed by the impact of the child's health and needs on their own emotional well-being, on their marriages and on their other children (Epstein, 2001).

Recently, it has been much discussed by researchers, educationalists and parents' groups that the challenges of being a parent in the 21st century are far reaching and certainly not those faced by parents ever before.

The challenges and difficulties of being a parent today need to be understood within the complexities, ambiguities, and dynamics of our social and cultural context, the characteristics and circumstances of the individual father and mother, as well as the child (Ordem dos Psicólogos Portugueses, 2021).

Parenting is not, and never will be, an exact science and, within any family, what works for one child may not be effective for a sibling. It is, however, about leadership and taking control, enabling children to be children and adults to be positive leaders (Best, 2022).

Intervention directions and methods: searching for healthy lifestyle

4.5.4

Parenting - emotional ties, as well as knowledge, attitudes, and behaviours of parents - is influenced by several factors, such as:

- experiences with their respective parents (including childhood experiences)
- their personal circumstances (for example, sources of stress from their work situation)
- the child's own characteristics (temperament)
- the expectations and practices that parents perceive and observe in others around them (family, friends, social networks)
- personal and sociocultural beliefs
- the sense of personal competence
- the relationship or relating with the other parent
- the support network all around
- the services available (for example, existence or not of day-care centers and health care)
- and other situations of inequality or vulnerability (for example, discrimination, poverty, or exclusion) (Ordem dos Psicólogos Portugueses, 2022).

So, amid all these complex dimensions that are a part of Parenting, how can parents be/feel happy while doing it? How can there be a healthy lifestyle?

What is a healthy lifestyle in terms of Parenting

4.5.4.1

“Juggling” is the concept of doing multiple things at the same, as persons, as citizens, as professionals, as companions, as parents..., and give it a twist: still “juggling” but doing it “amazingly well” as parents fully aware of their mission and responsibilities (and stress free, if possible). This implies continuous learning and investment, like getting to know yourself, your personal goals, your personality, how you vision your parenting...

Experts tell us that being aware of your personality patterns provides insight to help you mobilize good parenting strategies. Let us now dwell in some concepts concerning parenting and parental competences and act from it.

Competence, in general, is “the capacity of people to generate and coordinate flexible and adaptive short and long-term responses to the demands associated with the performance of their life tasks and to generate strategies to take advantage of the opportunities provided by development contexts” (Muzzio and Quinteros, 2015, p. 46). It involves affection, cognition, communication, and behaviour.

Parental Competences are described as “that set of capacities that allow parents to face the vital task of being parents in a flexible and adaptive way, in accordance with the evolutionary and educational needs of their children and with the standards considered acceptable by society, taking advantage of all the opportunities and support that the family's systems of influence provide them with” (Muzzio and Quinteros, 2015, p. 46).

Using more simple words, parenting competencies are defined as the know-how or “the practical skills that mothers and fathers have to care for, protect and educate their children, and to ensure their sufficiently healthy development” (Muzzio and Quinteros, 2015, p. 46).

Experts also tell us this “know how” comes with a process of acquisition and continuous evolution of knowledge, attitudes, and skills to conduct one's own parenting behavior, through different situations of family life and upbringing and in the different dimensions and needs (physical, cognitive, communicative, socio-emotional) of their development, aiming for wellbeing and the full exercise of their human rights (Muzzio and Quinteros, 2015).

Combining all these concepts and aiming at a practical approach, these authors built a chart on four basic parental competences: bonding, training, protective and reflective. In the following chart we can see some dimensions within these four main competences.

1. BONDING

Mentalization
Parental Sensitivity
Emotional Warmth
Involvement

2. TRAINING

Learning Stimulation
Guidance and direction
Positive discipline
Socialization

3. PROTECTIVE

Guarantees of physical, emotional, and psychosexual
Safety and security
Care and provision of basic needs
Organization of daily life
Seeking social support

4. REFLECTIVE

Anticipate relevant life scenarios
Monitoring influences on the child's development
Meta-parenting or Self-parenting
Meta-parenting or parental self-monitoring
Parental self-care

Table 6. Outline of Parental Competence and Parenting Components
(Based on Muzzio and Quinteros, 2015)

Shortly, Competences are:

- multidimensional, bidirectional, dynamic, and contextual.
- involve a dynamic integration of knowledge, attitudes, and skills.
- expressed in concrete parenting practices, known as “parenting style”.

The question now is: what do researchers mean when they talk about “parenting style”?

An integrative definition of Parenting Styles includes a set of parental attitudes, feelings, and behavior patterns of parents toward their children that influence their psychological and social functioning (Perales, Bisquert and Sahuquillo, cit. Alonso-Stuyck, 2019).

The attitudes that parents have about their children, and the resulting emotional climate that creates. It's this general pattern (this emotional climate) that researchers refer to as “parenting style” (Dewar, 2018).

In the 1960s, Psychologist Diane Baumrind noted that the very idea of parental control (of adults acting as authority figures) had fallen into disrepute. At that time, people were feeling that equating “control” with blind obedience, harsh punishments, and domineering, was not appropriate anymore.

So, to avoid the perils of authoritarianism, many parents tried the opposite approach: they put very few demands on their children and avoided any sort of parental control at all. To Baumrind (1966), these should be choices between two extremes. Some compromise, some moderate approach that would foster self-discipline, responsibility, and independence?

Baumrind (ibid.) proposed three distinct parenting styles:

Authoritarian parenting, which emphasizes blind obedience, stern discipline, and controlling children through punishments, which may include the withdrawal of parental affection.

Permissive parenting, which is characterized by emotional warmth and a reluctance to enforce.

Authoritative parenting, a more balanced approach in which parents expect kids to meet certain behavioral standards, but also encourage their children to think for themselves and to develop a sense of autonomy.

Later, a fourth style was added, Uninvolved parenting: those who offer their children little emotional support and fail to enforce standards of conduct (Maccoby and Martin 1983, cit. Dewar, 2018).

The following table give us a more visual insight of the 4 Parenting Styles:

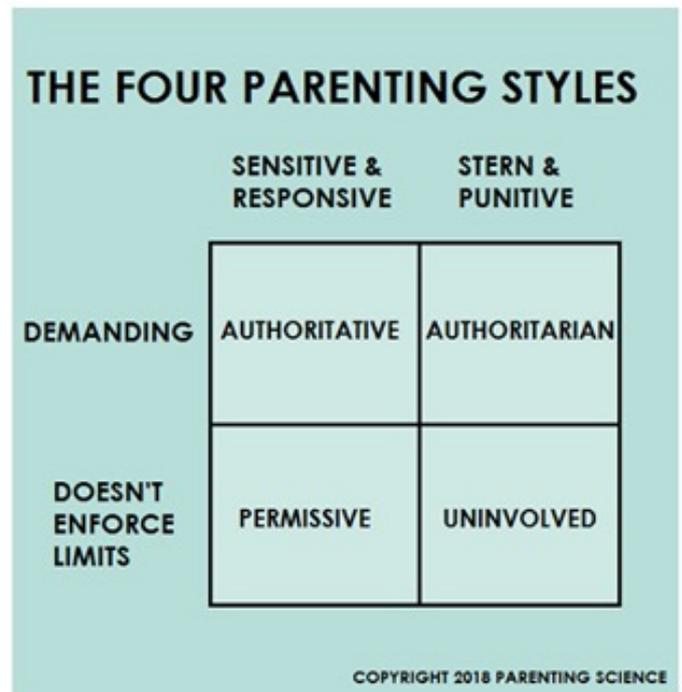


Figure 4. Parenting Styles (From: Dewar, 2018)

An important question arises: do people really sort neatly into one of these categories? Isn't it possible for a parent to combine more than one style, or fail to fit into this scheme altogether?

Baumrind (1991) also referred to other two important dimensions: responsiveness and demandingness.

RESPONSIVENESS is "the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children's special needs and demands" (Baumrind 1991, pp. 61-62).

DEMANDINGNESS refers to "the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys" (Baumrind 1991, p. 62).

Let us go back to the question above: do parents really fit neatly into one of these categories?

We all know some parents who might straddle the line between authoritarianism and authoritativeness, while others will find themselves on the border between authoritativeness and permissiveness. So, where do we go from here?

Choosing a parenting style isn't necessarily a conscious decision we make when we become parents. Often, a parenting style trickles down from our own experiences growing up. Some may want to imitate the unique strengths their own parents modelled. Others may use their childhood experience

as a blueprint for what to avoid in a parenting style today (Oliver, 2022).

This author presents three intuitive truths fundamental in Parenting: children learn by watching their parents, a child is a person, and this person just wants to be loved.

Children learn by watching their parents, because parents are the most important people in their children's lives. As simple as it is, children want to be like their parents and do what their parents do, therefore, parents are also the most important teachers for their children. Children learn things that their parents try to teach them, such as how to count numbers, but also learn things just by watching their parents and copying what they do.

That is why parents must be aware that children notice every little thing because they watch their parents constantly. Consequently, they learn good and bad behaviors by watching and listening and imitating (Ordem dos Psicólogos Portugueses, 2022).

A child is a person and develops according to its inner creative forces that unfold in their own time. We cannot force them, as we cannot force the plant to grow faster than it is her capability. What we can do is offer the best possible circumstances for its growth, and nurture it with love and patience. Parents are the facilitators of children that assist

them in their growth. Part of this is to respect the natural flow of their growth and to offer assistance, guidance, soothing, and comfort when needed, because growing up is not an easy task. There are stops, regressions, and struggles on the way and, if a parent is not mature, stable, and patient enough, conflicts with a child are inevitable.

A child just wants to be loved, so, whether we use the newest parenting techniques or trust the old wisdom, our children will grow up well so long as we love them. Parents who touch, talk, and play with their kids, who are patient with them, and reassure them when they're worried make great kids every time.

Experts tell us that, from the very beginning, parents' love for their children affects how they develop: the growth of the brain, in terms of remembering, learning, and coping with stress; the self-esteem of how they will handle their problems on their own (James, 2016).

Another author, Olsen (cit. Alonso-Stuyck, 2019) proposed a Circumplex model to categorize the healthy family functioning styles from a therapeutic perspective, which combines 3 variables:

- Adaptability (behavioural variable) - establishing and maintaining norms,
- Cohesion (affective variable) - related to closeness and warmth in relationships.
- Type of Communication (Cognitive variable) - open or closed.

The tridimensional style reflects the European Council's Recommendation 2006/19, which highlights the importance of promoting the positive exercise of the parental role (Alonso-Stuyck, 2019). "When families want to improve their parenting styles, it would first be necessary to help them to become aware of their received models. Once they recognize these models, it becomes possible to offer alternatives to the identity of each family that would allow it to adapt to the dynamic changes of generational sensitivity" (Alonso-Stuyck, 2019, p. 2) As defended by Alonso-Stuyck (2019, p. 4) don't forget that:

- "An integrative and versatile parenting style is advisable to easily adapt to the changing traits of our liquid society.
- Given that the affective dimension of family relationships acts as a protector factor in Authoritative or Indulgent profiles—which promote healthy adolescent lifestyles—in agreement with studies on adult bonding, it is important to promote emotional intelligence."

After reading about Parental Styles, about parental Responsiveness and Demandingness and the ultimate truth that children learn by watching and just eager for infinite love, how do I feel about the way I do parenting?

- ... Am I confident or stressed?
- ... Am I in control or things just happen?
- ... Do I know where we are going as a family and myself as a parent?
- ... Am I aware of the effects of my parenting style in my child's growth and happiness?
- ... Do I feel confident with my parenting style? Is this a healthy lifestyle for me?

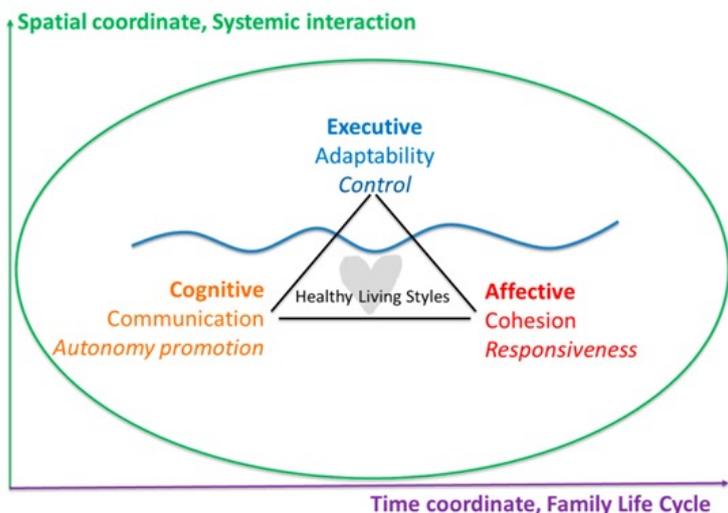


Figure 4. Parenting Styles (From: Dewar, 2018)

Intervention methods for achieving a healthy Parenting

4.5.4.2

Understanding the challenges and context(s) of parenting is essential to the well-being of parents, which in turn is essential to the well-being and development of children and, in general terms, communities and society.

Being a parent today can be more stressful than it was decades ago, as seen previously in this text. Therefore, the need is greater, and it becomes essential: to invest in self-care and prevent parental burnout.

The aim of parenting education is not to minimize the creativeness of the parents but help them use it better. Don't forget that to educate someone is not a natural process and educators need to develop specific competencies to do it. Even if parenting is an informal process of education, we all need specific skills as parents (Ailincai and Weil-Barais, 2013). The Portuguese Psychologists' Association (Ordem dos Psicólogos Portugueses, 2022) reminds us that educating our children is a very important task and, therefore, to do it well we need to take care of ourselves - of our physical and psychological health, of our relationships, of our well-being.

Good parenting is directly influenced by the psychological well-being and attributes of parents (McKeown, Pratschke and Haase, 2003).

So, taking the time to take care of yourself is not being selfish at all! On the contrary, it is essential to make you feel better and more able and available to care for and help others. Self-care should be daily, allowing you to maintain a healthy relationship with yourself and others (Ordem dos Psicólogos Portugueses, 2022). Very simple, here are two fundamental advantages:

Well-being increases our feelings of happiness, curiosity and involvement with the world and with others. It helps us overcome adversities and difficult moments. It makes us more resilient and less vulnerable.

Self-care increases our science and energy, our comfort and self-esteem. Prevents and decreases stress and anxiety and helps us make decisions and stay healthy (Ordem dos Psicólogos Portugueses, 2022).

Earlier in this chapter we learnt about the most common concerns in parenthood of today and how parents struggle daily, heading frequently to exhaustion and even burnout.

So, bearing in mind that perfect parenting does not exist, how can parents out there be the best possible parents to their sons and daughters, with the circumstances they have, offering them affection, a sense of trust and security and structure? (Ordem

dos Psicólogos Portugueses, 2022).

There are different dimensions in parenting. So, after reading the text above, you may already know which is the one you/your partner/your family need to invest in.

Define your own Family

Deconstruct the idea of perfect parenting. The self-imposition of a 100 % positive parenthood and 100% perfect education is unrealistic data, and, in the face of some failure, generates doubts about competence, increases stress and feelings of guilt. (Ordem dos Psicólogos Portugueses, 2022).

It is important that you know your own needs and limitations as a parent. Try to have realistic expectations for yourself and your children. You don't have to have all the answers — be forgiving of yourself (<https://kidshealth.org>).

Commit. The core need for human beings is to feel that they belong. When parents truly commit to being together, it creates a sense of security and peace that benefits everyone in the family. When children know they are wanted, they feel safe and thrive. A committed family is one in which everyone knows that they are loved, important, and special to the others (Hartwell-Walker, 2016).

Care. People in happy families genuinely care about each other and show it. Their interactions are more positive than negative or critical. Members of happy families reassure each other of their love through both words and actions. They spend time with each other, not because they have to but because they want to (Hartwell-Walker, 2016).

Cuddle. It's something that isn't talked about anywhere near enough. People need to be petted, hugged, stroked, and cuddled. Big hugs and small caresses are a big part of the nonverbal communication in happy families. Sensitive parents are careful to keep up the hugging but also to remember to do it in such a way that doesn't make teens uncomfortable (Hartwell-Walker, 2016).

Communicate. Happy families pay attention to each other. They put down their devices and put aside their projects to listen fully when someone wants to share. They ask each other about their day and are truly interested in the answer. Everyone feels valued and respected for their ideas, insights, and opinions. Kids who grow up in such families become understanding and communicative adults (Hartwell-Walker, 2016). Make communication a priority!

Looking out for support. Authors give great focus to belonging to a wider community, for both the children and the family can develop healthily if

they belong to a community capable of providing resources to meet the needs of children while sustaining and supporting the parental resources of families (Barrera, Males and Martin, 2009).

Ask for help. This support can come from family and friends, or by consulting with an expert. Both options should serve to share doubts, evaluate the situation, and create skills to manage conflicts and ways to (re)act (<https://www.prevenir.pt/>).

Be Flexible and Willing to Adjust Your Parenting Style. As your child changes, you'll gradually have to change your parenting style. Chances are, what works with your child now won't work as well in a year or two (<https://kidshealth.org>).

The relationship parent(s)/children

It is urgent and determined to understand that we need a new relationship with our children, always with the aim of strengthening emotional ties (<https://www.prevenir.pt/>). A secure attachment with parents helps promote a child's cognitive, emotional and social development. You can build a positive relationship with your child by (<https://raisingchildren.net.au>):

- being in the moment with your child
- spending quality time with your child
- creating a caring environment of trust and respect.

Have some Me-Time

Balancing work and home life. It's not easy balancing your work and home life, but having a balance between work and home – being able to work in a way which fits around family commitments and isn't restricted to the 9 to 5 – boosts self-esteem as you're not always worrying about neglecting your responsibilities in any area, making you feel more in control of your life.

Look after yourself. If you don't look after yourself, you can end up feeling miserable and resentful, and you won't be able to give your children the support they need. Admit to yourself that you actually have feelings and needs of your own. It's not selfish to treat yourself once in a while! Having time for yourself allows you to reconnect and relieve pressure and stressful situations (<https://www.prevenir.pt/>)

There are major benefits of "Me Time" for Parents, namely avoid burnout, balance emotions, boost energy, connect with yourself, decrease stress, improve focus and recharge your mind (<https://redrockfertility.com>).

Don't be too hard on yourself

Journal small victories. Record your achievements, however insignificant they may seem, and feel them as progress. (Even if it's 'I managed to get him dressed today without him throwing a tantrum!') (<https://www.prevenir.pt/>).

Celebrate. Happy families celebrate each other. They don't wait for "occasions." They are alert for little 'wins' in life and encourage each other in their efforts. If a family member is involved, the rest of the clan is there to cheer them on. (Hartwell-Walker, 2016)

Can you see yourself doing this? What is mentioned here, related to the theoretical framework presented before in this chapter, is: empowering yourself and clarifying some dimensions of parenting. At the same time, you learn about your own parental style, work on your parental competences and, last but not the least, (re)discover the beauty of your mission.

Conclusions and recommendations

4.5.5

The American Psychological Association (www.apa.org) describes three primary goals of parenting:

- Keeping children healthy and safe
- Preparing kids for independent adulthood
- Teaching values that align with the parents' culture

Similarly, the organization Proud 2 Parent (2017, cit. Peterson, 2022) lists these concepts as parenting definitions:

- Meeting basic needs
- Protection
- Preparation
- Love
- Leading

"Parents always make choices and act in deliberate ways to help shape their children into people with character, respect, a sense of responsibility, motivation, and skills to help them be both successful as kids and as adults. Leading relates to this preparation" (Peterson, 2022).

However, sometimes when people become parents, they often begin to assume a role, or act a part, and they forget that they are persons.

Alongside lots of love and affection, utmost dedication, it also requires from us, parents, many other abilities, and competences based on reflection, learning, flexibility adaptation, change, ...

Many times, it will be overwhelming, frustrating, and very demanding, however, most of the time, it will give absolute meaning to our lives.

The burden of responsibility sets on the beliefs that as parents we need to always be consistent in our feelings, and in our loving of our children, unconditionally accepting and tolerant etc. But *"forgetting your humanness is the first serious mistake you can make on entering parenthood. To be an effective parent, you must let yourself be a person; a real person"* (Gordon, 2000).

So, we end with a word of encouragement about the mission and the beauty of parenting. All we have written above, rather than a dark perspective on parenting, aims to be those special "lenses" through which we perceive ourselves and our parenting, looking for its best. Our best.

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