

Introduction Draft 1—Humanities-based essay:

A few years ago, I was volunteering with a refugee resettlement group and working with people who had been evacuated from situations more dire than I could imagine. Up until then, I had mostly thought of stress in terms of pressures from work or school or relationship—the kind of thing that drives you to sleepless nights and therapy and often #firstworld complaining with friends over coffee. But with the refugee group, I learned to see stress in a different way. At first, I saw medical disorders as compounding factors to other trauma—these poor people, I’d think, after escaping wars and famines, they also have these complicated medical situations? I didn’t connect medical trauma *causally* stress until I started taking one woman to her doctor’s appointments, and then to chemo, and finally stayed with her overnight in the hospital for a surgery—all of which was related to a blood disorder very much like leukemia, where her blood cells had mutated and turned on her body.

Her doctor said the reason was her having suffered “a long stress.” As in, a lifetime of abuse, compounded by more than a decade of all-out war—the destruction of her home, limited electricity and water, the death and dismemberment of family members, multiple kidnappings (and having to negotiate ransoms), torn-up loyalties as she worked with invading forces of uncertain virtue against the known corrupt forces of her own country, loss of her job, all personal papers—birth certificate, college transcripts—burned. A long stress. And cellular mutations. I have wondered ever since—what is the line between manageable and damaging stress? What can we recover from, and what damage is permanent, and for the permanent damage, how do we cope? In the years since, as I have tried to put the pieces together for myself, I have found that the body that has survived chronic stress is forever changed—remembering both sustained damage and the means of survival, to carry forward into a newly unpredictable future.

Introduction Draft 2—Humanities-based essay:

“Ecclesiastes writes that the end of a thing is better than the beginning. Sorry, but not true in my life. Each time the “ends” I have lived through are confusing, painful, bitter, and utterly lonely - each one exponentially more than the one before, far far more than I could have ever imagined.”

—*Facebook post by a friend whose life and scholarship
have been in lament for many years*

“The end is not nigh. You must learn to cope!”

—*a comic, currently lost, that I pinned by my bed for years,
showing a prophet-like figure making his declaration with beard blowing
and staff planted in a mountainside*

“Adulthood is saying, ‘But after this week things will slow down a bit’ over and over until you die.”

—*one of those allegedly funny memes,
posted by one of those Facebook friends who frequently stresses me out*

“Your problem is not [a lack of] power; your problem is [that you need to learn] isolation and release.”

—*my physical therapist,
initial diagnosis for back and related pain*

This essay is hopeful. But in order to get to a hope that is robust and durable, not simply a trite attempt to soothe pain, I first need to consider the intensity and toll of the pain involved. I am writing about chronic stress, the traumatic response of the body to extended periods of unsustainable pressure. Formal surveys by the American Psychological Association and the World Health Organization, among others, indicate that the majority of people alive experience extended periods of stress, whether in the familiar-to-many form of workplace or family stress, or in the less-but-still-too-common form of traumatic stress due to violence. Yet possibly because stress is overwhelmingly “normal,” people often overlook the dramatic tolls that psychological stress can take on the physical body. In this essay, I will review representative research into both the psychological and medical dimensions of stress, including my own informal study on links between the two. My aim, in the end, is to give readers a realistic sense of the scope of stress and to point to coping strategies that go beyond frustrating platitudes—these strategies may not offer perfect relief, but they should provide realistic and sincere hope for difficult times.

Works Cited

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Introduction Draft 3: More Formal Science Essay

The term “stress” has appeared in both biological and psychological literature since 1935 (see Selye and McKeown, also Jackson), with researchers acknowledging the interrelation between the two [fields? planes? dimensions? bah]. Specialized stress research takes place in both medicine and psychology [for examples, in medicine: into the functioning of telomeres, cellular mutations, and auto-immune disorders (see Weintraub; Galhardo; and Salleh); in psychology: into work with PTSD and trauma recovery (e.g., van der Kolk; Tan)]. While some projects do seek to synthesize the two (see Sternberg; Vasterling and Brewin), synthesis brings challenges, as medicine and psychology operate using divergent clinical assumptions and discourse patterns.

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