Coping with Incidents: a First Step Towards a Thorough Overhaul

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Abstract

This article focuses on applications of the colour-blind western-oriented work of the famous psychologists Lazarus and Folkman (1966; 1984) on coping and stress. This is done by taking a closer look at different fields of application such as traumatic events and serious crimes.

This exercise yields some preliminary conclusions. Firstly, more tailor-made process research into 'types' of stressful life events and how to deal with them is desirable. This article contains an example of this, namely traumatic events and serious crimes. My assumption is that serious crime (Steinmetz, 1990) creates a distorted view of the victim's self, the victim experience and the environment. A second important lesson is that it is far from desirable to rely on one's own strength or resources, on that of family and friends and on victim support (secondary appraisal). The main cause is that western governments and institutions do not serve people with worries and suffering; in fact, They even backfire because governments and institutions distrust citizens.

Furthermore, this article looked at the contribution of positive psychology to coping and stress. The good news is that people can also learn from miserable experiences and benefit from them for the rest of their lives. Secondly, from this critical position, we examined how coping and stress manifest in collectivist non-Western countries. In the collectivised non-Western world, the human being and her/his gestalt try to find balance through coping and stress. That balance has to be seen from the perspective of the interdependence of a person with his/her extended family, ancestors, gods and spirits, earth and cosmos. This has implications for what Lazarus and Folkman (1966 and 1984) call primary and secondary appraisal. Finally, a look at neurology was also taken, with the core question of whether neurology provides support for the process-oriented coping models of Lazarus and Folkman. The outcome is yes, for primary appraisal, with the caveat that the area for visual images in the brain lights up and the speech centre is switched off. After all, victims of severe traumatic events relive the images of when the severe trauma occurred and often have no words for what exactly happened at the core of the traumatic experience.

Keywords: colour-blind coping and stress models, Lazarus and Folkman, traumatic events and serious crimes, a mistrusting government, collectivism, positive and negative psychology, and neurology

1. My own work experiences with coping

In my working life I-WE regularly came into contact with the psychological concept of dealing with 'shocking' and traumatic experiences. I explicitly use the word WE here, because all my work is created in cooperation with a large number of partners. This article looks at the subject of dealing with 'shocking' and traumatic experiences from the perspective of negative psychology, which includes mainstream psychiatry. Negative psychology looks primarily at the concepts, complaints, symptoms and problems. Positive psychology, on the other hand, looks at life from the perspective of resilience and sources of strength.

My experiences in dealing with shocking and traumatic experiences at home, work and leisure time have been coloured by a Western bias, i.e. I have used theories and interventions that are coloured by the Western individual bias. In this review article I will also look at dealing with shocking or traumatic experiences from a collectivist, predominantly non-Western perspective. This is not to say that a collectivist approach does not exist in the Western world. Just think of modern football. There, cooperation and strategy are the order of the day in order to win a match.

Dealing with 'unpleasant' experiences started for me in 1974 at the University of Leiden in the Netherlands with tensions that employees experience with role ambiguity in organisations, i.e. unclear role definitions and discrepancies between expectation and reality. After those experiences on the University of Leiden, I came into contact at the Ministry of Justice in the Netherlands (Research and Documentation Centre) in the period 1974-1990 with victims of crime who had to learn to deal with a criminal event and its material and immaterial (including psychological) consequences. About learning how to deal with criminal events as a victim I wrote in 1990 my dissertation with the title "Help to victims of serious crime (including victims of family violence)" based on quasi-experimental designs.

After that period, at the Ministry of Justice and Ottawa-Vancouver-Canada where part of my work - mainly in Ottawa - was devoted to the topic of 'Community that cares', till 1993, I worked on an assignment where local residents were asked to take care of people who were ill, weak and sick - a participation society avant la lettre.

After my adventures in Canada, I started working for the Institute for Psychotrauma in Utrecht, the Netherlands. There, my work has focused on the investigation and treatment of traumatised people, victims of serious crimes, but also airline disasters such as the Bijlmer plane crash and the SLM plane crash in Paramaribo-Suriname. In this institute, the emphasis was both on initial relief after the traumatic event and, if that was not enough, on therapy for traumatised people. At the Institute for Psychotrauma, Riek Horstink and I received the education prize for a series of films about traumatised police officers.

After this period, I got a consultancy and training company in Amsterdam. There, attention was paid to dealing with aggression, violence and sexual harassment. Through training sessions, among other things, we taught employees of companies, airlines and later schools how they could guard their boundaries and make it clear to others that they did not want to be confronted with transgressive behaviour. It also involves dealing with experiences of aggression and sexual

harassment, including bullying (face-to-face, through social media and by excluding children), threatening with weapons and chasing girls on the way home from school and back with a car or moped, etc.

In this consultancy company, I later got the chance to train pupils and students to be coaches for other pupils and students. This was a fascinating period where I also first came into contact with segregated Amsterdam, with big fights between children from 'coloured' schools and children from 'white' schools and the notion that pupils and students and their educators have no voice in schools (primary and secondary). Coaching was aimed at preventing problems in the areas of life, learning to live, learning to learn, learning to work and learning to play, which was originally a Belgian classification.

From this consultancy company, I-WE have also been involved in realising the pedagogical concept: 'To be able to raise a child, an extended family, neighbours and friends are indispensable.' Together, they can optimise children's chances'. This was sorely needed at the time, because it was not yet known that among children and their educators, a distinction could be made between 'haves' and 'have nots'. The 'haves not' then were mainly children of immigrants and children from the lower socio-economic class.

We did this by developing the concept of the MBO (vocational secondary education) village, where MBO students learned, slept, lived and worked. This concept was awarded the first prize in 2007, 'The Silver Living Ladder'. The supervisors were family members and teachers. These family members were parents and educators and had work experience as, for example, plumbers, electricians, construction workers, DJs and hosts. The curriculum was preventive and proactive in dealing with possible foreseeable questions and problems. Assumptions were problems with the curriculum (a curriculum lacking soul), dealing with adults (white versus coloured and black students), individual education versus collectivist education. The days started with a briefing and ended the same way, looking back on what had been achieved and what not. The approach relied heavily on resilience and sources of strength in the system itself. Unfortunately, this concept of the MBO student village never came to fruition. This was due to fraud by two important parties, a large school secondary vocational organisation and housing cooperation.

After this I was allowed to work as CEO of an intra-ethnic mental health institution AlleKleur from 2007-2013. Here we were immersed in the practice of transcultural psychiatry. An important element was to introduce yourself to your patient through a life narrative. This gave the patient the idea that she/he was dealing with a human being who was alive. Secondly, the language that the patient had learned in her/his native country was spoken. Our assumption was that emotions can only be vented through the language of the motherland. Thirdly, at AlleKleur we treated patients through an extended family approach in which key figures from the extended family helped us from the treatment plan, the corresponding hypotheses about the patient's complaints and all the steps thereafter. Through this approach, a basis was laid for listening to spiritual stories of illness and disorders (partly, a non-western approach), giving them a place in the treatment plan and treatment. Unfortunately, this approach was not appreciated by the Dutch

health insurer Achmea (now called Zilveren Kruis). I assume that this lack of appreciation and the strong desire of this health insurer to eliminate the ambulant mental health hospital AlleKleur stemmed from institutional racism within the health insurer.

In this part of my working life, since 2013, I have been running a company, Expats & Immigrants, with an activist slant that opposes institutional racism and tries to give that resistance a face through public lectures, writing articles, trainings and therapy. At Expats & Immigrants, I try to uphold the tradition of the grandfathers and mothers of the world who made institutional racism a subject of discussion and attempted to tackle it, such as Luther Martin King, Mahatma Gandhi and Nelson Mandela, and in the Netherlands, Gloria Wekker and Philomena Essed.

In short, this article focuses on dealing with 'shocking' and traumatic events. I will do this on the basis of the 'shocking' and traumatic experiences that I have come across in my working life. Each of these clusters of 'awful' experiences has its own independent theoretical framework. In this article, we will discuss these and then look at what the greatest common denominator and the smallest common multiple is. But first I will sketch a common definition of dealing with 'shocking' and traumatic experiences.

> "In psychology, coping[1] is expending conscious effort to solve difficult personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. Psychological coping mechanisms are commonly termed coping strategies or coping skills. Unconscious or non conscious strategies are generally excluded. The term coping generally refers to adaptive or constructive coping strategies, i.e., the strategies reduce stress levels. However, some coping strategies can be considered maladaptive, i.e., stress levels increase. Maladaptive coping can thus be described, in effect, as non-coping. Furthermore, the term coping generally refers to reactive coping, i.e., the coping response follows the stressor. This contrasts with proactive coping, in which a coping response aims to head off a future stressor. Coping responses are partly controlled by personality, but also partly by the social context, particularly the nature of the stressful environment."

2. Theories on coping with 'shocking' and traumatic experiences

In this section of my paper, I discuss theories that I have encountered in my working life about how people deal with 'shocking' and traumatic experiences. In the conclusion of this chapter, I try to describe these different theories as an overarching unproven postulate by incorporating them into recommendations. In doing so, I will also make a number of comments, such as the question whether a neurological basis has been found for the theory and whether these Western individualistic theories also apply to the non-Western world.

Coping (psychological and physical) is scientifically defined as dealing with objective (stressful life events) and subjective (appraisal) threats (Cohen et al. 2019). Coping is very practical such as fleeing, freezing or fighting and very different behaviours to prevent or nullify the tripping.

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[1] https://www.definitions.net/definition/coping

According to Cohen et al. (2019), coping with stressful life events can also herald the onset of many diseases. In this section, we will present his main findings. The criticism in the review of Cohen et. al. (2019) is organised around the following statement:

"After over 70 years of research on the association between stressful life events and health, it is generally accepted that we have a good understanding of the role of stressors in disease risk. In this review, we highlight that knowledge but also emphasize misunderstandings and weaknesses in this literature with the hope of triggering further theoretical and empirical development."

This review uses a dozen rules to expose (factual) weaknesses and misunderstandings. A few facts are highlighted from this wonderful review (Cohen et al. 2019, pp. 2-15):

"**Fact 1: There Is Little Agreement on the Characteristics that Define a Stressful Event**. The threat or harm approach is the most commonly accepted perspective. The imminent threat of harm, the intensity, the duration and the extent to which an event is objectively uncontrollable are all factors that contribute to the potential magnitude of a mutual threat. As mentioned above, although the magnitude of the threat represented by different life events is often thought to be cumulative, there is also evidence that the maximum risk for disease occurs when a single event meets a high criterion for threat, with additional events not adding to the total risk."

"**Fact 2: Stressful Events Can Impact Most Diseases**. Thus, in theory, exposure to stressful events may impact any disease with an aetiology involving affect regulation, health behaviours, hormones, or the autonomic nervous system. For instance, individuals who develop depression, are estimated to be between 2.5 and 9.4 times as likely to have experienced a major stressful life event prior to the first onset of depression, making recent stressor exposure one of the strongest proximal risk factors for depression in community samples."

"**Fact 3: Most People Exposed to Stressful Events (Even Traumatic Events) Do Not Get Sick**. Despite compelling evidence that stressful events have the capacity to impair health, on the whole, most people who experience stressful events do not get sick. Why are some people resilient to stressful events? Accumulating data suggest that several individual difference measures play protective roles. In this regard, reports of greater perceived control, greater self-efficacy, and lesser negative affectivity and rumination have all been associated with psychological resilience in the face of stressful life events. Access to social resources has also been shown to promote resilience under stressful circumstances. These resources include emotional, instrumental, and informational support. The influence of social support in buffering the negative effects of stressful events goes beyond mental health."

"**Fact 4: Stressful Events Do Not Fall Randomly from the Sky.** Compared to high-SES neighborhoods, low-SES environments are marked by more frequent and severe

stressor exposures, such as overcrowding and the observation and experience of violence. Individual SES can similarly influence exposure to stressful events. For example, those with lower SES are more likely to experience a divorce, death of a child, and violent assault than those with higher SES. Interestingly, individual stressful events themselves may trigger sequences of other events."

All ten rules/facts are formulated as probabilities and not as certainties. The conclusions in this review are (Cohen et al. pp.15-16):

"Stressful life events predict increases in severity and progression of multiple diseases, including depression, cardiovascular diseases, HIV/AIDS, asthma, and autoimmune diseases.

In general, stressful life events are thought to influence disease risk through their effects on affect, behaviour, and physiology. These effects include affective dysregulation such as increases in anxiety, fear, and depression. Additionally, behavioural changes occurring as adaptations or coping responses to stressors, such as increased smoking, decreased exercise and sleep, poorer diets, and poorer adherence to medical regimens, provide important pathways through which stressors can influence disease risk. Two endocrine response systems, the hypothalamic-pituitary-adrenocortical (HPA) axis and the sympathetic-adrenal-medullary (SAM) system, are particularly reactive to psychological stress and are also thought to play a major role in linking stressor exposure to disease. Prolonged or repeated activation of the HPA axis and SAM system can disrupt the control of other physiological systems (e.g. cardiovascular, metabolic, immune), resulting in an increased risk of physical and psychiatric disorders.

Chronic exposure to stressors is considered to be the most toxic form of exposure to stressors, as chronic events are very likely to lead to long-term or permanent changes in the emotional, physiological and behavioural responses that influence susceptibility to and progression of diseases."
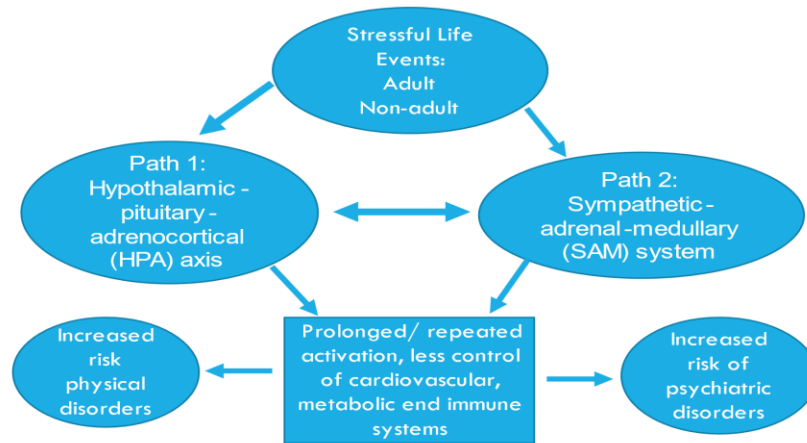
Figure 1: Stressful Life events, physical and psychiatric disorders

The ten worst stressful life events for adults and non-adults are listed in the following table according the Holmes and Rahe Stress Scale[2].

10 stressful life events for adults	10 stressful life events for non-adults
Death of a spouse	Death of a parent
Divorce	Unplanned pregnancy/abortion
Marital separation	Getting married
Imprisonment	Divorce of parents
Death of a close family member	Acquiring a visible deformity
Personal injury or illness	Fathering a child
Marriage	Jail sentence of parent for over one year
Dismissal from work	Marital separation of parents
Marital reconciliation	Death of a brother or sister
Retirement	Change in acceptance by peers

2.1 Godfather Richard S. Lazarus and Godmother Suzan Folkman of Coping and Stress

The godfather Richard A. Lazarus and godmother Susan Folkman and many others have devoted more than half a century to individual psychological stress and coping, which is entirely in keeping with the Western view of man that arose in the Enlightenment, in which the individual mockingly said, takes the seat of God.

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[2] https://en.wikipedia.org/wiki/Holmes_and_Rahe_stress_scale

Lazarus (1966) defined psychological stress as: "Stress arises when individuals perceive that they cannot adequately cope with the demands being made on them or with threats to their well-being (insufficient coping)". Apart from psychological stress and coping, they use the concept of (cognitive) appraisal, namely primary and secondary (Folkman et al., 1986), as critical mediators of stressful person-environment relationships and their immediate and long-term outcomes. Primary appraisal is an individual answer to questions, such as what is the harm and what are the benefits? But also questions like, is my friend at high risk of serious illness or even death due to COVID-19? In secondary appraisal, an individual examines what can be done to prevent or even repair the damage. But secondary appraisal is also trying to turn a disadvantage into an advantage. Coping is defined by continually changing cognitive and behavioural efforts to manage specific internal or external demands which are estimated to be burdensome or beyond the person's means. Coping is further process-oriented, context-oriented and focused on the person's ability to cope with the demands of the situation.

> "Coping has two widely recognized major functions: regulating stressful emotions (emotion-focused coping) and altering the troubled person-environment relation causing the distress (problem-focused coping). Two previous studies have provided strong empirical support for the idea that coping usually includes both functions. Both forms of coping were represented in over 98% of the stressful encounters reported by middle-aged men and women (Folkman & Lazarus, 1980) and in an average of 96% of the self-reports of how college students coped with a stressful examination (Folkman et al., p. 993, 1986)."

Below is an overview of Richard S. Lazarus' model of psychological stress, appraisal and coping.
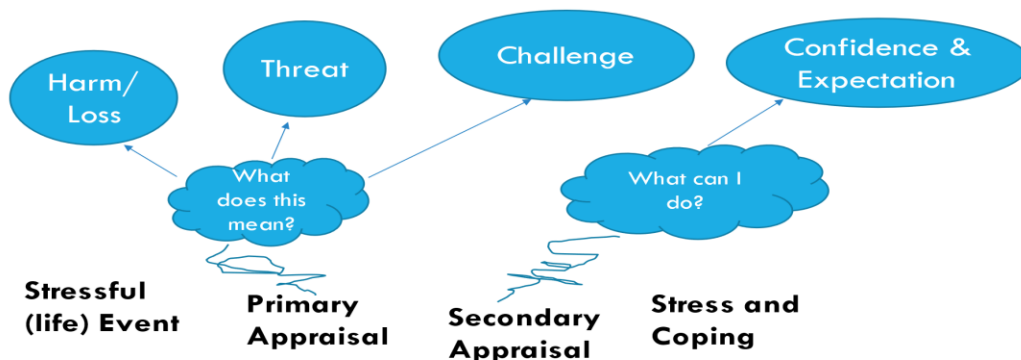

Figure 2: Stress, Appraisal and Coping by Richard S. Lazarus

Folkman, Lazarus, and his and her colleagues have developed a Coping Test (1986, p. 995). Here are the main results. The eight scales accounted for 46.2% of the variance.

"Confrontive coping (Scale 1) describes aggressive efforts to alter the situation (e.g., "stood my ground and fought for what I wanted," "tried to get the person responsible to change his or her mind."). It also suggests a degree of hostility (e.g., "I expressed anger to the person(s) who caused the problem.") and risk-taking (e.g., "took a big chance or did something very risky, "I did something that I didn't think would work, but at least I did something.").

Distancing (Scale 2) describes efforts to detach oneself (e.g., "didn't let it get to me, refused to think about it too much," "tried to forget the whole thing"). Another theme concerns creating a positive outlook (e.g., "made the situation 'lighter'; refused to be serious about it, looked for the bright side of things.").

Self-control (Scale 3) describes efforts to regulate one's own feelings (e.g., "I tried to keep my feelings to myself", "kept others from knowing how bad things were.") and actions (e.g., "tried not to burn my bridges, but leave things open somewhat", "I tried not to act too hastily or follow my first hunch.").

Seeking social support (Scale 4) describes efforts to seek informational support (e.g., "talked to someone to find out more about the situation"), tangible support (e.g., "talked to someone who could do something concrete about the problem"), and emotional support (e.g., "accepted sympathy and understanding from someone.").

Accepting responsibility (Scale 5) acknowledges one's own role in the problem (e.g., "criticized or lectured myself," "realized I brought the problem on myself") with a concomitant theme of trying to put things right (e.g., "I apologized or did something to make up," "I made a promise to myself that things would be different next time.").

Escape-Avoidance (Scale 6) describes wishful thinking (e.g., "wished that the situation would go away or somehow be over with") and behavioural efforts to escape or avoid (e.g., "tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc."; "avoided being with people in general"; "slept more than usual."). These items, which suggest escape and avoidance, contrast with the items on the distancing scale, which suggest detachment.

Planful problem-solving (Scale 7) describes deliberate problem-focused efforts to alter the situation (e.g., "I knew what had to be done, so I doubled my efforts to make things work") coupled with an analytic approach to solving the problem (e.g., "I made a plan of action and followed it", "came up with a couple of different solutions to the problem.")

Positive reappraisal (Scale 8) describes efforts to create positive meaning by focusing on personal growth (e.g., "changed or grew as a person in a good way", "I came out of the

experience better than I went in") It also has a religious tone (e.g., "found new faith," "I prayed")."

2.2 Work Stress

Coping with work-related stress is according to an English review of sixteen studies associated with the indicators of absenteeism, resignation and performance at work. These indicators are a translation of business profit maximisation. Chronic work-related stress is associated with physical and psychological complaints, such as poor sleep, depression, social conflict and abuse of substances, such as alcohol and drugs (Giga, et al. 2003). In the interventions to tackle chronic work stress, the emphasis is on the individual (including counselling and education, and teaching stress-reducing skills), the organisation of the work (including learning how to solve a role conflict and ambiguity and implementing co-worker support groups) and the interaction between the two (including the relationships at work, the connection between organisation and work, having a voice in decision-making and restructuring the organisation). The authors of this English review note that too much emphasis has been placed on the individual with an emphasis on cognitive behavioural therapy and programmes aimed at assisting the employee, as if the pathogenic characteristics, such as working through the evening and night, a culture of sexual jokes, and lack of an informal and formal appraisal system, of a company or organisation can be tackled through an individual.

A study in New Zealand (Moloney, et al. 2017) among registered nurses shows that they leave their profession because of high work pressure, bullying in the workplace and an imbalance between work and private life. The opposite (staying) in these nurses is achieved through positive interventions such as caring for each other, supportive relationships and a career perspective.

From both research papers it can be concluded that the theory behind coping is simple. What that theory looks like can be seen in the following picture:
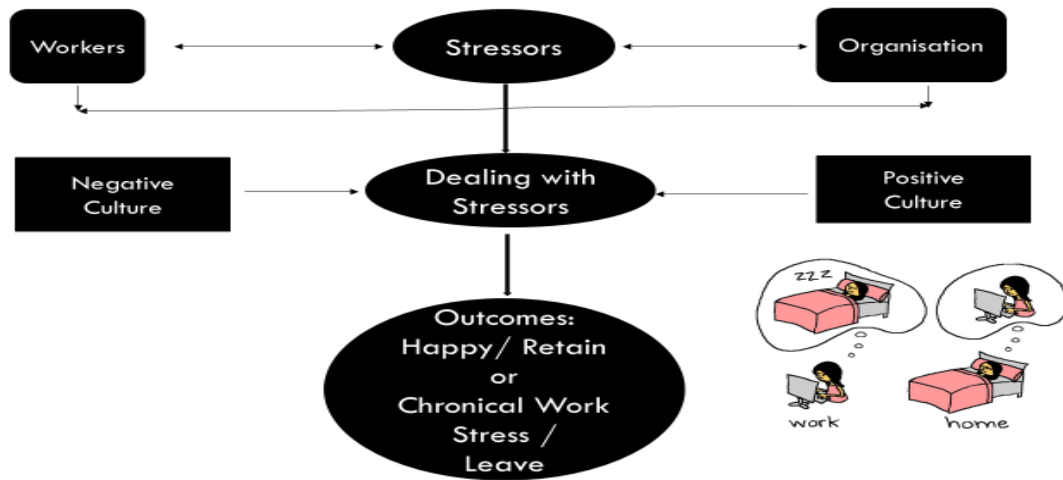
Figure 3: A Model of Work Stress

2.3 Coping with Serious crime & victim support

This section explains how victims (on their own and in groups) deal with serious crime. Serious crimes are a subset of all traumatic events. Several topics are covered here. Firstly, the definition of a traumatic event and that of its subdivision, namely that of serious crimes. Secondly, the characteristics of serious crime for its victims and thirdly, how victims of serious crime cope with this experience. The definition of a traumatic event is:

> "**When the event**[3]**,or series of events, causes a lot of stress, it is called a traumatic event**. Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Traumatic events affect survivors, rescue workers, and the friends and relatives of victims who have been involved. They may also have an impact on people who have seen the event either first-hand or on television."

The definition a serious crime according to the Crown Prosecution Service[4] in England and Wales is:

> "**Victims of the most serious crime** include a close relative bereaved by criminal conduct, domestic violence victims, victims of hate crime, terrorism, sexual offences, human trafficking, attempted murder, kidnap, false imprisonment, arson with intent to endanger life and wounding or causing grievous bodily harm (GBH) with intent. **NB**: The wording of the latter category (wounding or causing GBH with intent) has been agreed on the basis that it will be limited to offences under section 18 of the Offences Against the Person Act 1861."

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[3] https://www.google.com/search?client=firefox-b-d&q=definition+traumatic+event
[4] https://www.cps.gov.uk/legal-guidance/victims-crime-code-practice-cps-legal-guidance

What is striking about the scientific literature on traumatic events is that the English-language proverb seems to be applied. That saying is: 'One size fits all'. A splendid example of this view can be found in the work of the psychiatrist Horowitz (1986) and the psychologists Brom and Kleber (1992), who are famous in the Netherlands. Kleber and Brom (1992, pp. 4-6) indicate that an individual experiences three characteristics in an extreme situation or traumatic event: a) powerlessness (barely any influence upon the occurrence and development of the event), b) an acute disruption of one's existence (crudely disrupt the course of daily existence), and c) extreme discomfort (traumatic events are significantly related to psychological problems and illness).

I myself belong to a group of scientists and therapists who assume that not every pot has the same lid. In short, that dealing with a traumatic event is not the same for every type of traumatic event, serious crime and person or group of people. Therefore, I discuss in my dissertation (Steinmetz, 1990) how a victim of a serious crime pays attention to the Distorted Self Image (i.e. passivity and ineffectiveness, feeling stigmatised, distrust of others, suppressing anger or angry overreaction), the Distorted Victim Experience (memory loss, thinking that she/he deserved the crime, and adopting the perpetrators' views as an explanation for their criminal behaviour) and the Distorted View of the Environment (disbelief that the authorities will come to the rescue, fear of becoming a victim again, and constantly scanning the environment for danger). The aim is to prevent the Distorted View from becoming permanent.

According to this view, cognitive restructuring activities are mainly used to cope with the distorted view after a serious crime. The aims are: a) to ensure that the reconstruction of the event is 'satisfactory' with the possible consequence of restoring the distorted view of the victim experience, b) to construct a 'healing' theory that contains all explanations and meanings about the crime event, in order to restore the distorted view of the Self and c) to show the environment that the identity of the crime victim is not that of a victim but of a survivor, in order to restore the distorted view of the environment.

The conceptual apparatus outlined above fits in beautifully with that of Lazarus and Folkman. In much more detail than Lazarus and Folkman have outlined, the distorted view and its elaboration refers to both primary and secondary appraisals. However, if a crime victim comes to the conclusion (tertiary appraisal = evaluation) that their distorted view cannot be corrected on their own, then care comes into the picture. My thesis distinguishes between self-help, help from the primary group (including family and friends), victim support (through a volunteer who comes to visit the victim at home) and therapy. Lazarus and Folkman would call support from family, friends, voluntary victim support workers and/or therapists, secondary appraisal.

Possibly a strange question, but relevant within the context of tertiary appraisal, is the question 'what did crime victims get out of their request for help in 1990? Research by the Central Bureau of Statistics (CCS) in 1990 showed that of the 1.9 million victims of more or less serious crime, 438,000 (23%) needed help. Only 83,000 victims (4% of the total number of victims) managed to find help. This means that most victims don't (know how to) find help. We also know that

more than 640,000 victims (34% of the total) had to pay for the material damage themselves (Steinmetz, p. 133, 1990).

At this point, an intermediate step is necessary. This can be done by answering the general question of what a crime victim needs. Earlier, an abstract classification based on the distorted view of Self, the Victim Experience and the Environment was used. In concrete terms, it is about the recovery of physical, and psychological injuries, but also the loss of practical items such as ID papers, money and jewellery (the material goods that are not or only partly reimbursed by an insurance company), the loss of practical items with a high emotional value such as old photographs, the loss of the illusion of invulnerability which makes a victim constantly alert, the loss of trust in the authorities that are supposed to protect us (such as the police, the public prosecutor and the judges, where victims are now increasingly a party to the criminal process), and the many second wounds inflicted by acquaintances and by official institutions. Examples of second wounds are the remark 'you shouldn't have been on the street at that time', 'I understand that you lost all your papers during the mugging on the street, but you have to pay to get them again' and 'if you walk around dressed like that, it is asking for trouble'. This intermediate step shows that almost superhuman skills are needed to correct the distorted picture, as well as the cooperation of the authorities (including the police and the judiciary) and the municipal institutions. In many Western countries, this is not easy. The Dutch Scientific Council for Government Policy (WRR) states that dealing with official (governmental) institutes requires doing-intelligence. That 'even' highly educated people, because of the obstacles posed by government agencies, are not able to use repair techniques to deal with the distorted view, even if others help them. Perhaps the responsibility for the citizens' lack of 'do-intelligence' and its consequences can be placed on official bodies, such as governmental and privatised former governmental institutions. Aggrieved citizens who turn to them for support and assistance come into contact with these official bodies uninvited, whether intentionally or not, inflicting a second wound.

Again, if a victim of a serious crime fails to repair her/his distorted view, then there is psychosocial distress and this leads to stress (according to the conceptual apparatus of Lazarus and Folkman, 1966). Psychosocial distress is caused by the following characteristics: a) problems with the recovery of the distorted image that is experienced as a substantial impediment to mental well-being, b) problems with the recovery of the distorted image are long-lasting or threaten to become so, c) the own problem-solving capacity is no longer adequate, and d) accessible informal help is insufficient (Steinmetz, 1990, p. 136).

In order to demonstrate what works and what does not, my thesis used several quasi-experimental designs. These studies can also be called effect studies. This research has yielded the following results.

> "Victim support has a neutral-positive effect on the number of problems solved and on dealing with the distorted view of the Self, the victim experience and the environment. This neutral-positive effect should not be overlooked. A similar effect was not achieved

among victims of very serious crimes, such as aggravated assault on women, rape and robbery. The positive effect was only seen in victims of less serious crimes, such as burglary, assault, theft and purse snatching. Finally, the neutral-positive effect should not be overestimated because on a large number of relevant measures no difference was found between 'help' and 'want help' victims. Secondly, it was found that 'self-help' victims have significantly less specific and general repair complaints than victims who received victim support. The reasons for this are probably due to the fact that the psychosocial problems of the 'self-help' victims are not long-lasting and drastic. Also, their own problem solving capacity and the support they receive from acquaintances is probably sufficient (Steinmetz, 1990, pp. 143-145)."

The following figure summarises the theory of coping and stress in the experience of victims of serious and less serious crime.
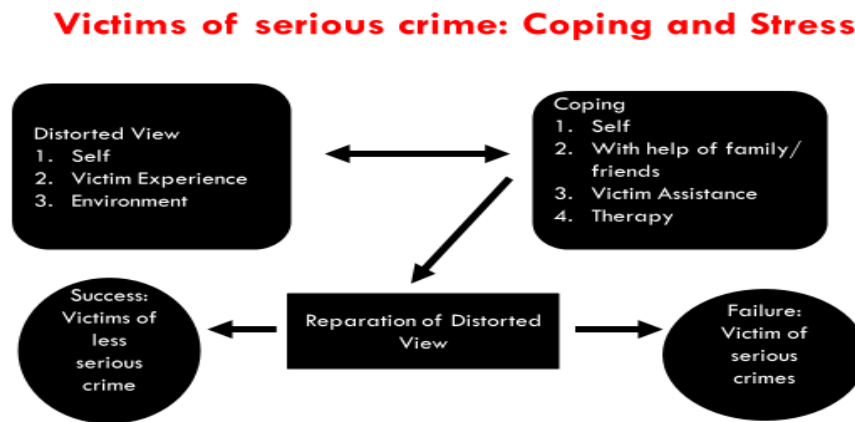

Figure 4: Victims of serious crime: Coping and Stress

2.3 Necessary twenty first centuries coping skills

The previous section shows that high demands are made on people (especially in the Western world). Governments apply a huge range of rules and procedures in prominent areas of life such as (child)care, income redistribution and tax allowances because they claim to be afraid of arbitrariness. Mistrust is the key behind these rules and procedures. Principles such as justice and fairness seem to be concepts from bygone days in the functioning of governmental agencies. All of this leads to enormous eruptions, such as #Me Too, the refugee crisis worldwide, the tax surcharges in the Netherlands (with tens of thousands of victims who originally came from countries other than the Netherlands and whose property and money was illegally seized by the tax authorities), climate disruptions, COVID-19 (vaccination), socioeconomic inequalities, polarisation and aggression, Black Lives Matter and attacks on democratic houses like the

Capitol, etc. This list is almost inexhaustible and increases due to a lack of trust in each other. In short, to live happily while observing family happiness and well-being is no longer a simple matter. As human beings, we can no longer do without a "buddy", an activist group or restorative justice interventions, such as a Stories and Transformation Commission, even if we were to focus solely on healthy living. Without the army of caregivers, for example, a large proportion of the elderly in the Western world would be in a miserable state. In part, this is the price of neoliberal individualism, which has broken down the collectivism that also existed in the Western world.

2.5 Conclusion

Stressful live events, have an enormous impact on a person's life and that of her/ his extended family. The impact is expressed in terms of probabilities also because not everyone who experiences a stressful life event suffers physical and psychological injury to the same extent. Unfortunately, little attention is paid to this impact of stressful life events on family members of a victim. Impact is physical and psychological suffering. Kleber and Brom (1992, p. 4) indicate that the following characteristics are relevant for traumatised persons: a) powerlessness, b) an acute disruption of one's existence, and c) extreme discomfort. Much work has been done on this by Professor Dr. Hans Selye MD (1956). He is the inventor of the term stress. In his research on stress he did not shy away from witch doctors, evil spirits and incantations. His research is also labelled as response-based: strain. Selye (1956) is particularly interested in the response to unpleasant, unwelcome or adverse situations and events. Selye (1956) is described by Schwarzer et al. (2003, p. 2) as follows:

> "Selye was not interested in the nature of the stressor, but rather in the physiological response and the development of illness. This response to a stimulus follows the same typical three-stage pattern in humans and animals, called the general adaptation syndrome (GAS). According to the GAS, the body initially defends itself against adverse circumstances by activating the sympathetic nervous system. This has been called the *alarm reaction*. It mobilizes the body for the "fight or flight" response, which can be seen phylogenetically as an adaptive short-term reaction to emergency situations."

According to Schwarzer et al. (2003), Selye's idea is that people often master the stress period in the alarm phase. However, if the stress persists, the body goes into resistance mode and adapts to the stress, so that if it persists, the immune system can be compromised, which, according to Selye, can lead to ulcers and cardiovascular disease. If exhaustion is then reached, breakdown follows.

> "This is associated with parasympathetic activation and overall wear and tear of the body's system that leads to illness, burnout, depression, or even death (Schwarzer et al. 2003, p. 2)"

Furthermore, Schwarzer et al. (2003) focused on stressful life events and their influence on our physical and mental health. Schwarzer et al. (2003) call this the stimulus-based perspective: stressor. In this theoretical current, the emphasis is mainly on the stimulus, the stressful life

event, as if it were an objective fact that escapes the interaction between man, his environment and society as a whole.

Thirdly, Schwarzer's et al. (2003) article pays attention to the work of Richard Lazarus and Susan Folkman the famous founders of the Cognitive-Transactional Process Perspective (Schwarzer et al. 2003). See the following quotation:

> "Cognitive-transactional theory (Lazarus, 1966, 1991, 2006) defines stress as a particular relationship between the person and the environment that is appraised by the person as being taxing or exceeding his or her resources and endangering his or her well-being."

Lazarus and Folkman's insights on stress and coping are beautifully represented in the following figure by Schwarzer et al. (2003, p. 4).
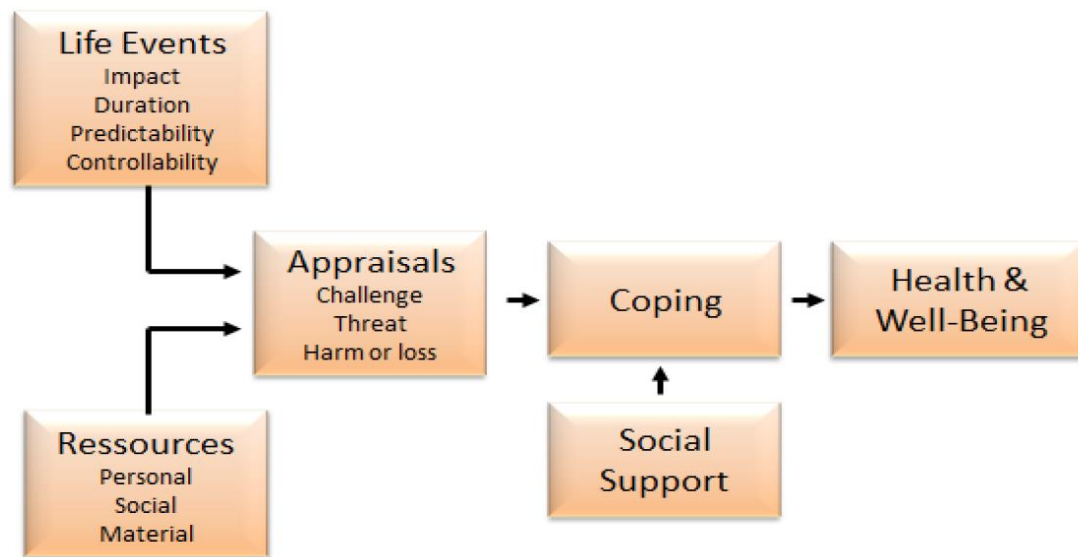

Figure 1. Process Model of the Stress-Health Relationship, inspired by the Transactional Stress Theory (Lazarus, 1966, 1991, 2006).

Frydenberg (2017, p. 34) adds to Lazarus and Folkman's model a third estimate, namely Tertiary Appraisal with the thought cloud added "Evaluation, how did that turn out?"

> "Lazarus and Folkman (1984) broaden the process of coping to include accepting, tolerating, avoiding, or minimising the stressors, and all purposeful attempts to manage stress regardless of their effectiveness. Coping is hence viewed as a dynamic process that changes over time as it responds to demands, appraisals, both objective and subjective …... The person then examines whether she or he has the resource (both internal and external) to cope (secondary appraisal) and followed by an evaluation of the coping strategy (tertiary appraisal) (Frydenberg, 2017, pp. 33-34)."

The three stress models of Schwarzer et al. (2003) mentioned earlier, namely: a) the Response-Based Perspective: Stressor, b) the Stimulus-Based Perspective: Stressor and c) the Cognitive-Transactional Process Perspective are products of the enlightenment in which the individual is the "master" of the universe. A characteristic view in the Western world. But more on that later. Why? Because the question is legitimate whether these models hold up in the Great World of non-Western countries and continents.

In addition, in this section of the article, attention is paid to traumatic events, according to the views of Horowitz and Kleber and Brom (1992). These views are individualistic, also because the processing of such a traumatic event is completely individualistic. The DSM-5 calls this post-traumatic stress disorder (PTSD). In short, if the traumatic event causes severe symptoms for more than one month, the DSM-5 calls it post-traumatic stress disorder. This way of looking at a traumatic event falls within the tradition of Selye (1956), namely the Response-Based Perspective: Strain.

In the following, I have focused on victims of serious crime and how they process that experience (Steinmetz, 1990). Serious crimes can be understood as a partial collection of stressful life events and traumatic events. This way of looking at things also fits into the tradition of the Response-Based Perspective: strain. I did so by using the theoretical framework 'The Distorted View'. The Distorted View consists of three parts: a) the Self, b) the Victim Experience and c) the Environment. This framework is further elaborated in my dissertation as a foundation for research on effects of support (yes, partly yes and no or no) through quasi-experimental designs. Although this research fits well in the Response-Based Perspective: strain, in this study, the stimulus is further elaborated in concrete distortions by serious crime. These distortions set repair processes in motion is my assumption, repair processes of the Distorted View of the Self, the Victim experience and the Environment. Should the repair fail, so this theory says, the victim of a serious crime is left with 'permanent' material and immaterial damage.

This study shows that despite repair through their own efforts, the help of family and friends, victim support and therapy, victims can be left with substantial material and immaterial damage. There are various reasons for this. The first cause is that the personal individual ability to solve the problem is insufficient. The second cause is that the ability of the victim of a serious crime to solve her/his problems with the help of friends and family and also victim support is insufficient. Since in the Netherlands neoliberal oriented governments have introduced 'distrust' towards their citizens, the complicated control procedures often make it almost impossible to get a (practical) problem solved. In practice, it is even worse because the government and its official representatives seem to actively work against victims of crime. This mechanism has been well researched among victims of serious crime. This mechanism becomes even more visible with victims of institutional racism. There, institutions such as governmental agencies but also education (including universities), health and labour institutions are responsible for the continued existence of discrimination and racism. This only becomes clear when the history of colonisation and slavery in Western Europe is also studied (Steinmetz, 2020).

In other words, the model suggested by Lazarus and Folkman needs to be adapted for the process component secondary and tertiary appraisal. My suggestion is to solve this by arranging more and qualitatively stronger support, but also by working together with groups that value Activism of Hope, such as Black Lives Matter. Together, we must peacefully enforce a society that renounces distrust of its citizens and finally puts an end to institutional racism and the institutions that inflict a second wound on its citizens.

3. Criticism with respect for the past

This part of this article attempts to answer the following three questions: a) how does positive psychology view the results of research on Coping and Stress, b) are the concepts of Coping and Stress valid for the collectivist non-Western world?, and c) is there neurological evidence for the theories of Coping and Stress?

3.1 Positive psychology

To get straight to the point, positive psychology has developed the concept of 'Post-Traumatic Growth (PGT)'. To put it irreverently, this means that people can also learn from 'misery'. Characteristics of Post-Traumatic Growth are: a) appreciation of life, b) relationships with others, c) new possibilities in life, d) personal power and e) spiritual change.

> "Post-traumatic growth (PTG) is a theory that explains positive transformation after trauma. Developed by psychologists Richard Tedeschi, PhD, and Lawrence Calhoun, PhD, in the mid-1990s, it states that people who endure psychological struggles after adversity often experience positive growth afterwards."

A wonderful example of Post-Traumatic Growth is mentioned in the oration of Professor Dr. Jan J. M. van Dijk, titled 'The Stamp of Abel' (after the biblical story).

> "The most famous example of the 'Abel Stamp' is Kim Phuc (2 April, 1963)[5] who was seriously injured in a napalm attack on 8 June 1972 near Trang Bang, a village in southern Vietnam. Photographer Nick Ut made a picture of the girl that would go around the world. She spent over a year in hospital recovering. She wanted to become a doctor, but hardly had time to study in Vietnam. In 1986, the Vietnamese government gave her permission to study in Cuba. There, she met her husband, Toan Bui Huy, a fellow student from Vietnam. In 1992, they asked for asylum in Canada. Their plane landed there during a stopover from Moscow to Cuba. Kim Phuc and her husband have two children, Thomas and Stephen, and a grandson. She is a goodwill ambassador for UNESCO and is committed to helping young war victims worldwide."

Life consists of many cycles. The most familiar one is birth, living with or without defects, death, and becoming an ancestor who may or may not be remembered. A second cycle is pupil,

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[5] https://www.trouw.nl/nieuws/hoe-de-foto-van-napalmmeisje-kim-phuc-van-een-vloek-tot-een-zegen-werd~b38cbdd3/

student, graduate and coach or teacher of students. A third cycle is parent/educator, educator/parent with or without a child and educator/parent whose children are grown up and educator/parent with grandchildren. A fourth cycle is apprenticeship, gaining work experience, advancing in work and retiring from work. Many of these cycles are grouped around the themes of living, playing, learning, working and parenting in many families, such as the extended family but also the work family. In other words, saying goodbye is a regular part of life in all shapes and sizes. Put in an unsympathetic way, negative psychology believes that our wellbeing as humans - individually and in groups- will get worse and worse. Especially if we take into account the current needs, such as COVID-19, major floods, hurricanes, forest fires and a constantly rising river and sea level with all its consequences.

According to Frydenberg (2017, pp. 14-15), positive psychology is:

> "About having experiences that are valued, having a sense of wellbeing, contentment, and satisfaction (in the past), hope and optimism (for the future); and happiness (in the present). At the individual level, it is about having a capacity for love and endeavour, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent and wisdom. At the group level, it is about civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance and work ethic."

Important concepts in positive psychology are resilience and power resources, freely translated from Hobfoll's theory of coping. Furthermore, positive psychology uses the following concepts: Maddi's theory of hardiness, Dweck's theory of mindset, Goleman's concept of Emotional Intelligence, Duckworth's Grit, and Frydenberg and Lewis approach to transactional coping.

> "Resilience is a return to homeostasis and sustainability whilst in some situations it goes beyond sustainability to growth and flourishing (Frydenberg, 2017, pp. 217-218)."

3.2 Coping and Collectivism

This section looks at coping and stress from the perspective of collectivist cultures, especially non-Western cultures. In collectivist cultures, the interdependence of members of the group (extended family, tribe and community) is central. In other words, the individual in a collectivist culture is always both internally and externally subservient to the group to which she/he belongs. In addition, this interdependence is based on respect for the elderly and a preference for dealing with family members, including peers in the family such as nieces and nephews. This is at odds with Western cultures, individualistic cultures, where autonomy and independence are the pillars on which society runs. Collectivism is even embedded in man himself. In man, direct and indirect ancestors are represented, sometimes even tangible.

Basically, I have talked about collectivism in the narrow sense before. Collectivism in the broad sense also exists in these collectivist non-Western societies (Steinmetz, 2020, A). According to this view, collectivism in the broad sense means that man is dependent not only on her or his extended family, tribe or community, but also on the ancestors (which we may or may not

remember), the children (already born and to be born), the gods and spirits, the earth and nature and the universe. Because of this interdependence, many rituals have been developed, such as asking permission from ancestors to take a certain route, or paying homage to the sun, moon and stars.

In collectivism, man strives for a balance, a balance of all conceivable representations of extended family, ancestors, etc. in man himself. This is made clear in Ayurveda and further in one of the most well-known African philosophies in the Western world, namely Ubuntu. It can be assumed that achieving this balance can lead to 'bliss', also referred to in scientific terminology as a high score on well-being. From this point it is a small bridge to coping, stress and feelings. Feelings can have different meanings in different cultures. For example, positive feelings are more often reported in the Western world than in the non-Western Asian world (Steinmetz, 2020 B). The explanation for this is that when Asians talk about happiness they are at risk of an accident. There are also differences between 'strong' and 'weak' people. In collectivist cultures, weakness stands for the risk of being abused, while anger is an alternative to sadness.

Now that the above is stated, it is easier to pay attention to the work of Wang et al. (2017). In this article, Wang et al. (2017) summarise their results in their survey of Chinese students in Hong Kong and Macau as follows:

> "Multiple regression analysis indicated that both internal and external loci-of-hope strongly predict life satisfaction. The coping styles of acceptance/ reframing/ striving (ARS) and family support (FS) both positively predict life satisfaction, whereas avoidance/detachment (AD) negatively predict life satisfaction."

These results are fully in line with the "true" meaning of collectivism, which is the connection with the greater whole, also called interdependence. The emphasis is on what is also called cognitive restructuring (reframing) and support from peers in the extended family. In doing so, a positive goal of dealing with issues/ problems is pursued, namely life satisfaction. With regard to which, these researchers indicate that avoiding facing the issue/ problem as a coping style can lead to lower life satisfaction.

Kuo (2012) examines coping and collectivism from the perspective of people with Asian and African roots in the United States and Canada. Kuo (2012, p. 3) is very critical of the generalisability and 'colour-blind' approach[6] of Lazarus and Folkman's work to the non-Western world, see the following quotation:

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[6] Colour blindness is rooted in the belief that racial group membership and race-based differences should not be taken into account when decisions are made, impressions are formed, and behaviours are enacted. The logic underlying the belief that colour blindness can prevent prejudice and discrimination is straightforward: If people or institutions do not even notice race, then they cannot act in a racially biased manner (Apfelbaum et. al 2012, p. 205).

"These emerging findings on culture-specific, collective coping behaviours are critical, as they stand in stark contrast to the dominance of culture-independent, intrapersonal, individualistic views of stress and coping in the extant coping literature (Folkman & Moskowitz, 2004; Heppner, 2008)."

Possible causes of this criticism of Western-oriented coping theories lie in the strong emphasis on personal control, individual appraisals, and self-action in the Western context. Kuo et al. (2012, p. 4) provide the following examples of collective coping:

"More specifically, the actual collective coping behaviours reported in the existing literature encompass a wide array of coping responses. They have included: (a) coping strategies grounded in the values of forbearance, fatalism, familism, and honouring authority figures; (b) interpersonally based coping methods through a reliance on ingroup interdependence, such as seeking family support and social support from coethnic members; (c) culturally shaped emotional and cognitive coping strategies, such as acceptance, reframing, detachment, avoidance, and focusing on the positive; and (d) coping behaviours stemming from beliefs and practices of culturally specific religion, spirituality, and ritual."

3.3 Neurological evidence for Coping and Stress

It is a pity that 'old school' psychologists are hardly taught neurology and physiology. To learn more about them, we must turn to psychiatrists and neurologists. They are able to graft complicated heuristic concepts onto our body, organs, nervous system and brain as well as verbal and non-verbal expressions. Unfortunately, much of their work can be labelled as 'negative' (with a focus on symptoms and illnesses) psychology, psychiatry and neurology. In order to be able to claim something about the neurological and physical basis of coping and stress, we would like to lean on the psychotrauma work of the famous Dutch-American professor-psychiatrist Professor Dr. Bessel van der Kolk. Van de Kolk (2014) shares with us many of his observations -also from Pet (Positron emission tomography and FMRI (Functional Magnetic, Resonance Imaging) scans- in his book 'the Body Keeps the Score'.

In the run-up to his book (pp. 39-47) he writes about Marsha. He does this as follows: a) his research assistant reconstructs with Marsha the beginning of her psychotrauma, this is processed in a script, b) then Marsha goes into the scan, c) in the scan the script is read aloud. The result is re-traumatisation, and d) in the scan neurological measurements are made of the re-traumatisation. This experiment produces the following results, namely three areas of the brain light up. These areas are: a) the right Limbic area, b) the visual Cortex and c) the Broca's area. When Marsha comes out of the scanner, she looks defeated, broken and frozen.
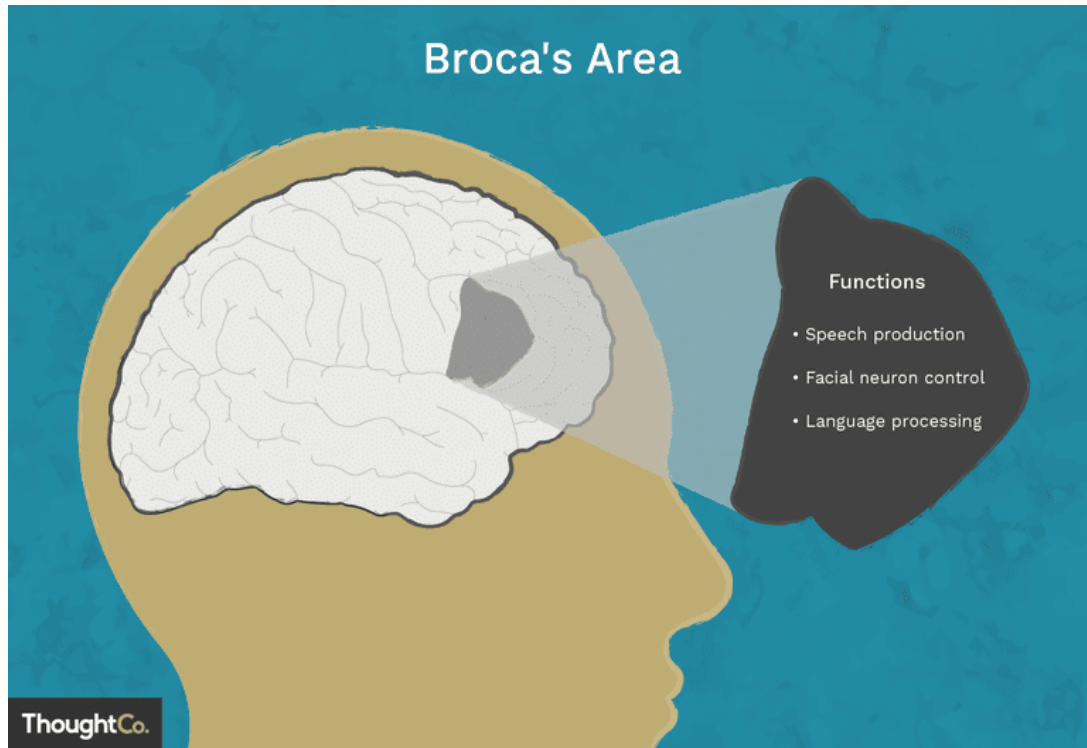
Figure 5: Broca's area[7]

What do these results mean according to Van der Kolk (2014)? The Limbic area represents intense emotions that activate it and in particular the amygdala in this area. According to Van der Kolk, the Amygdala warns us of danger and activates the body's stress response. The Broca's area represents the speech centre that is often switched off when experiencing psychotrauma. The Broca's area represents the speech centre that is often switched off in a psychotrauma. Many traumatised people cannot describe in feelings or thoughts what goes on in them when they are traumatised, they literally have no words for it. Van der Kolk (2014) states that psychotrauma is also pre-verbal. The lighting up of visual cortex represents images during the trauma that are often heart breaking. Finally, these scans show that it is mainly the right hemisphere of the brain that lights up. The right hemisphere represents intuition, emotion, visual, spatial, and tactile. The left hemisphere, on the other hand, stands for language, sequential and analytical.

Speculating, we could say that the existence of what Lazarus and Folkman call primary appraisal is plausible. This does not mean that conclusive proof has been provided, but that the probability of providing meaningful proof is considerable.

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[7] https://www.google.com/search?q=Broca+area&client=firefox-b-d&sxsrf=ALeKk03t6HvWtFINoFmAmAmFr9XbFWL-6-jw:1614850771637&source=lnms&tbm=isch&sa=X&ved=2ahUKEwiK7e70q5bvAhXI-6QKHSCtAC4Q_AUoAXoECBQQAw&biw=1920&bih=910#imgrc=nxeUZsyR5kEgoM

Brain research (French, 2017) further points to the following developmental rings: a) "Nature is Nurtured" and b) the younger we learn something, the less effort it requires from the brain. In short, at a very young age it is easier to learn to empathically empathise with the other person than it is at an older age. Empathy is one of the important resources in coping. These insights have led to the following statement:

> "Brain and biological pathways in the prenatal period and in the first 1000 days of life affect physical and mental health for the rest of our lives. During the first three years of life, children's long-term capacities to think, to trust, to feel concern for others, to understand and construct ideas are being fundamentally shaped. Neuroscience has highlighted the fundamental importance of early experiences on the developing brain and the associated risks of poor-quality experiences and environments during the first three years (French, 2017, p. 8).

4. A general conclusion

This article leans towards the western colour blind theories on Coping and Stress. This article is partly a reflection of my work life and experiences with Coping and Stress. This article is structured chronologically. It starts with stressful life events. It shows a non-binding correlation with physical and mental illness as a result of these stressful life events. It also makes a trip to stress in the workplace as a result of misaligned expectation management, role ambiguity and ambiguity. Continuously in this part of the article coping is hung up on solving or alleviating causes of stress.

Lazarus and Folkman

The backbone of this article is based on the work on coping and stress by Lazarus and Folkman (1966) over more than half a century. The idea behind the stress model they postulated is that the individual does her/his best to avoid stress or, if nothing else, to mitigate it. Stress is defined in this model as a mismatch between what the situation requires (demands) and what the individual has to offer (resources). Coping, on the other hand, is seen as a dynamic process, as a response that changes over time to demands, and appraisals (both objective and subjective). Components of this dynamic process are accepting, tolerating, minimising and avoiding the stressors (Frydenberg, 2017).

The interior of this model by Lazarus and Folkman (1966) consists of appraisals, primary, secondary and tertiary. Freely translated, primary is answering the question, what does this situation require of me? Is this situation threatening, harmful, could damage or injury occur and what is the challenge? Secondary is answering the question, how do I deal with this issue and which resources do I use?, and tertiary is answering the question after coping, have I succeeded in solving the issue? Furthermore, according to Frydenberg (2017, pp. 33-34), the coping model of Lazarus and Folman distinguishes two dimensions of coping, namely an emotional and problem-focused dimension. Through the emotional dimension, the individual tries to reduce negative emotions, and the problem-focused dimension tackles negative emotions and stress by

using evaluation to come up with new and alternative solutions that can be applied in new situations.

At this point in the argument, it is perhaps useful to point out that Schwarzer et al. (2003) show that the Western world suggested three different coping models, namely the Response-Based Perspective: Stressor, the Stimulus-Based Perspective: Stressor and the Cognitive-Transactional Process Perspective. Lazarus and Folkman's (1966) model is referred to as a cognitive-transactional process perspective.

This article then focuses on traumatic experiences and a subgroup of them, namely serious crimes. The general theory on processing (= coping) of traumatic experiences is also called a Response-Based Perspective: Stressor coping model. This model lacks customisation. The coping processes are denial, reliving and irritability complaints until the experience is 'integrated' into the traumatised person's existence. These coping process concepts are analogous to what the DSM-5 (diagnostic statistical manual) says about a post-traumatic stress disorder resulting from an 'unprocessed' traumatic experience.

Coping and serious crime

An attempt to provide more customisation is made in the section dealing with the experience of a serious crime. In this context, the concept of 'a distorted view' of the self, the victim experience and the environment is used. Furthermore, this part of the article deals with differences in support systems, we as individuals, our family and friends, victim support and therapy. Emphasis is placed in this section on inflicting a second wound. This is also called secondary victimisation. Usually, the bureaucratic, institutionally racist and inhuman government is responsible for this. An unkind remark made by someone you know can also result in secondary victimisation. Examples are: you shouldn't have been there at that time, why are you divorced? or who leaves their back door open? Furthermore, my research has shown that many victims of serious crimes are left with the material and immaterial damage. In short, coping well with serious crime is not a panacea for a return to the 'old' normal before the experience of the serious crime (Steinmetz, 1990).

Coping and Institutional Racism

Coping is even more complicated when it comes to institutional racism, disadvantage and exclusion as well as structural discrimination on a daily basis and the disruptive effects of COVID-19 on people of colour and black people in the western world. The models outlined earlier do not provide an answer as to how to deal with these severe disadvantages, 'ordinary means' do not help, neither does common sense. Some solace is to be expected from actions that encourage change in the parties that are to blame, such as governments, education and health care, but also the labour and housing markets. Not that we want to advocate shaking up the system by force. We do want to argue for activism of hope and the use of reconciliation justice practices.

Criticism of coping models

Part of the article is also devoted to criticism of the coping-stress models that are dominant. First of all, it comes from positive psychology, which emphasises that a person or people also learn from 'unpleasant' events and even from traumatic experiences. The latter learning from traumatic experiences is called traumatic growth. Hobfoll's work on coping and stress from the perspective of positive psychology is striking (see Frydenberg, p. 35, 2017). Key concepts in this theory, which is also called Conservation of Resources (COR), are resilience and sources of power. The key idea behind this COR-model is that the human being will do everything possible to preserve her/his sources of strength.

Secondly, the criticism of the coping models has focused on whether these models are applicable to the non-Western world, a world where collectivism is more central than in the Western world. From the little knowledge that can be found on this subject, it can be deduced that both primary and secondary appraisals are mainly influenced by what is also called 'interdependence' of an individual with her/his extended family, spirits and gods, nature and the universe (another word for this is the term 'Gestalt'). In short, the sources of power that are resiliently deployed in assessing on the one hand damage, danger or misery caused by a traumatic event and on the other hand the realisation of possible solutions come from the 'Gestalt' that acts as a carrier for the individual. After all, the individual is the embodiment of the whole.

Thirdly, psychological models can now be tested in the laboratory through brain research. This also applies to theories of coping and stress. It seems to me that there is still a lot of work to be done there. For example, the work of Bessel van der Kolk (2014) shows through brain research that for some of the people who are very severely traumatised, Rapid Eye Movement Desensitisation does not automatically provide immediate relief in reducing their suffering. His research shows that an important preliminary step is necessary, namely 'getting the brain to stop thinking too much'. Yoga is an effective way to achieve this result. Only then can an effective start be made with the therapy Rapid Eye Movement Desensitisation. Furthermore, neurological research has shown that the first 1,000 days of life are very important for the development of coping resources, as well as for a person's physical and mental well-being.

5. Recommendations

A number of lessons can be drawn from the reflections in this article. These possible lessons are listed point by point below:

1. More attention should be paid to the models of coping and stress in collectivist non-western cultures.
2. The neurological basis of the models of coping and stress should be investigated more often. This can deepen the understanding of coping and stress models but can also lead to completely new insights.

3. The models of coping and stress also need to be customised, because experiencing a disaster triggers different coping processes than, for example, experiencing a serious crime or institutional racism.
4. In research into coping and stress, greater account must be taken of institutions, authorities and citizens who may or may not intentionally prevent issues, problems or shocking events from being dealt with.
5. Finally, with regard to coping and stress, more attention will have to be paid to the way of looking at positive psychology, as has become clear from the concept of traumatic growth.

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