**Prolonged Adaption Stress Syndrome (PASS)**

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It began when several individuals at the “Brain Program” reported fearing that they had developed Post Traumatic Stress Disorder (PTSD). Their respective physicians, however, had indicated that although many of their reported symptoms did resemble PTSD, they were “not classic” for the syndrome. Meaning that there were no specific incidents that could have served to trigger PTSD symptoms—Incidents such as rape, military service in a war zone, catastrophic illnesses, acts-of-God environmental events, Adverse Childhood Events, or any type of abuse. In addition, flashbacks did not occur.

Over time, Taylor gradually identified a group of commonly exhibited symptoms expressed by these and other attendees, although the severity of symptomatology varied depending on the individual and their own personal history. Taylor and her team collected data and evaluated individual histories. A common theme soon emerged. All expressed disappointment and dissatisfaction with life as they had been living it for the past decade or more. They were clear that *life wasn’t working for them.*

Some participants reported having completed one or more evaluations related to their skill sets, the results of which suggested that significant skills had been built in tasks that were disliked, dreaded, resulted in persistent fatigue, and that were regularly procrastinated—or would be if the person thought it was a possibility. Further, participants indicated that although the evaluations had identified activities that they were “good at,” they typically did not really enjoy those activities.

Emerging studies by Richard Haier, MD—arguably the first physician to concentrate on *brain function* specifically as compared with anatomy and physiology—further reinforced Taylor’s perception that the energy drain reported by these individuals could be related to the types of tasks they were asking their brains to accomplish, the relative amount of time spent on these energy-intensive tasks, and a resulting fatigue. A mismatch between an individual’s innate giftedness and the increased energy such tasks required appeared as a key contributor to exhaustion, discouragement, and depression.

Individuals who exhibited some, but not all, of the commonly exhibited symptoms, reported that portions of their lives were working quite well, while other portions were not. When they were engaged in tasks that matched what their brains did energy-efficiently, they felt good and energetic. When the opposite occurred, they felt drained, disappointed, and uncomfortable. They reported procrastinating on these tasks or would do so if they thought it were possible. In some cases, they were quite young in age and still had a lot of energy. However, they had started to notice a definite decrease in energy after engaging in specific tasks. In general, the longer the individuals had spent doing these types of energy consuming tasks, the more symptomatology had emerged. Many reported having gone into a special line of work or profession that they really were not interested in but had acquiesced based on expectations and pressure from their family system, sometimes generationally.

For example, the eldest son was expected to go into the family business or follow a specific vocation (i.e., doctor, dentist, tinker, tailor, clergy, musician…); or a daughter was expected to follow in her mother’s footsteps and become a nurse, secretary, or teacher, whether it appealed. Those who had finally relinquished such roles and were following a path that was more aligned with their own brain bent—often after their parents were deceased—were discovering that some of their symptoms were lifting.

Taylor chose the term Prolonged Adaption Stress Syndrome (PASS) to describe this type of fatigue and stress that appears in some individuals who have spent years trying to fit in to expectations and become efficient in activities that did not match their Brain Bent or innate energy advantage. These individuals were adapting—in spades. The word *adaption* comes from the Latin word “adaptare,” meaning to adjust or fit. According to the Oxford English Dictionary, the earliest evidence for *adaption* is from 1615, in the writing of Thomas Adams, a Church of England clergyman.

Eight commonly observed symptoms may be present in varying degrees in individuals who developed PASS as a result of years of living an energy-exhausting lifestyle that did not align with their brain’s innate giftedness. A brief description of symptoms follow.

1. **Fatigue**

The brain must work much harder when trying to accomplish tasks that do not match its own innate preferences, biochemical giftedness, or brain bent. The additional energy-expenditure requirements can contribute to a progressive fatigue that is not really alleviated by sleep. Other symptoms can include an increased need for sleep, interference with sleep, and decreased dreaming. These can conspire to cause further sleep deprivation and fatigue that sometimes borders on exhaustion. No one can likely spend all of their time in activities that match their innate brain bent. Human beings need to use portions of their brain all the time. A healthy goal may be to spend at least 51% of one’s time on activities that match their brain bent and spread out the remaining unavoidable activities that do not align with their innate giftedness or brain bent.

1. **Hypervigilance**

Living an energy-exhaustive lifestyle can push the brain to activate a protective safety mechanism known as hypervigilance. The Reticular Activating System or RAS can push an individual into a state of *protective alertness*. The brain's fight-or-flight response is continuously activated, even when there is no immediate danger. This can lead to physical symptoms such as an increased heart rate, a constant sense of dread, a heightened awareness of surroundings, an increased startle response, sweating, anxiety disorders, and difficulty sleeping. The additional energy expenditure required to enlarge the brain’s metaphoric alertness aperture also may contribute to fatigue. According to Dr. Bessel van der Kolk, author of *The Body Keeps the Score,* "Traumatized people chronically feel unsafe inside their bodies. The past is alive in the form of gnawing interior discomfort."

1. **Immune System Suppression**

Failure to live your brain’s innate giftedness, which, in effect, is akin to living a lie cognitively and biologically, can suppress immune system function (e.g., temporarily shrinking the Thymus gland). Outcomes that may be observed related to immune system suppression in both the brain and body can include slowed rates of healing, exacerbation of autoimmune diseases, an increased susceptibility to contagious illnesses, and/or an increased risk of developing chronic diseases.

1. **Interference with Brain Functions**

Interference with frontal lobe functions may show up as a decrease in artistic or creative competencies (e.g., writer’s block, difficulty brainstorming options, diminished problem-solving skills). Some may experience a reduced ability to make logical or rational decisions, exhibit a tendency toward increased accidents or injuries due to cognitive impairment, find themselves making many more mistakes than usual, or notice that their thinking seems less clear or intermittently foggy.

1. **Changes in Neurochemistry**

Changes in hypothalamus and pituitary function can affect hormonal balance. This may be observed in a myriad of ways (e.g., decreased growth hormones, insulin production irregularities such as insulin resistance, alteration in reproductive functions, or an increase in glucocorticoids that can speed up aging of the Hippocampus. Studies of mice and rats have shown that altered neurochemistry due to extreme or prolonged stress can interfere with the brain’s Blood Brain Barrier, increasing its permeability.

1. **Memory Problems**

Cortisol, released under stress, can interfere with the function of memory in a variety of ways. Chronic stress may be especially problematic as the brain never seems to have an opportunity to recover and regroup from whatever is happening. Dr. Robert Sapolsky, author of *Why Zebras Don’t Get Ulcers*, has outlined several consequences of increased cortisol production, all of which can impact the function of memory:

* Decreased utilization of blood sugar by the Hippocampus can create an energy shortage that interferes with an ability to lay down a memory, store data in long-term memory, or access/recall memory at a later date.
* Diminished neurotransmitter function (e.g., “phone lines are down”) can reduce effective neuronal communication. This can result in the mind becoming muddled, with resulting negative effects on both attention and concentration.
* Increased production of free radicals associated with stress can actually kill brain cells from within, to say nothing of contributing to other problems such as skin wrinkling.

1. **Discouragement or Depression**

Estimates are that at any given time more than 300 million people world-wide exhibit a Depressive Disorder, 50% of whom also have an Anxiety Disorder, and 15% who tend to struggle with suicidality. The numbers may be even higher due to those who suffer in silence and/or who are untreated and thus unaccounted for. Conserve-withdraw is a reaction form that the brain may use when an event or situation seems overwhelming and for which there seems no ready solution. Over time, however, this metaphorical state of mental hibernation can lead to discouragement, a sense of hopelessness, and depression—or to the exacerbation of an existing Depressive Disorder.

1. **Esteem Issues**

A lack of perceived success in life, as well as the cumulative impact of other symptoms, can lower one’s sense of self-worth. It can exacerbate existing self-esteem problems. These issues can appear as behaviors that involve low self-esteem (victim stance) or inflated self-esteem (offender stance), or they can circle around between these two positions. A diminished sense of self-worth can occur when a person is working extremely hard to be successful but is performing activities that are cognitively energy-exhausting and that contribute to fatigue, eventually resulting in performance errors and mistakes. A diminished sense of self-worth can also impact the manner in which an individual “lives life” in terms of appropriate self-care and self-awareness.

**Stress Equation**

It has been said that stressors often interact with the brain in a predictable ratio. A 20:80 Rule states that 20% of the adverse effects to the brain and body is due to the stressor itself, while 80% of the adverse effects relate to one’s own perception of the stressor and the weight or value ascribed to it. While you may not be able to avoid the 20%, you can do a great deal about the 80%, because your brain created it.!

It is possible that the adverse effects on the brain and body resulting from excessive adapting that can lead to PASS symptoms may exceed the typical 20%. This seems likely, given that this form of stress involves not only external and environmental triggers, but the rate at which the brain itself must work, and the amount of energy that must be expended in order to accomplish the desired tasks. Therefore, this mismatch between one’s innate giftedness and the way in which the individual is actually living on a daily basis can be a serious and potentially life-threatening stressor. Over time, this may contribute to an increased risk for illnesses or chronic illness, an Anxiety disorder, a Depressive disorder, or self-medication—altering one’s own brain chemistry through addictions or addictive-like behaviors.

Following is a brief personal PASS assessment that may help you identify stressors that may contribute to developing symptoms of Prolonged Adaption Stress Syndrome.

**Prolonged Adaption Stress Syndrome Assessment**

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**Place a checkmark 🗹 in front of any symptom or condition that you have experienced during the past two years or longer. Write in any similar symptoms.**

|  |  |  |
| --- | --- | --- |
| **1.** | **🞏** | **Progressive fatigue that is not alleviated by sleep** |
|  | **🞏** | **Constant or frequent restlessness** |
|  | **🞏** | **Sleep does not seem to be refreshing** |
|  | **🞏** | **Sleep changes (can’t fall asleep, wake early/frequently, restless, an**  **increasing need for more sleep)** |
|  | **🞏** | **Decreased dreaming or a sudden increase in frightening dreams** |
|  | **🞏** | **Other** |

|  |  |  |
| --- | --- | --- |
| **2.** | **🞏** | **A state of hypervigilance or protective hyper-alertness** |
|  | **🞏** | **A tendency to startle easily** |
|  | **🞏** | **A lack of interest in formerly enjoyable activities** |
|  | **🞏** | **Increased jitteriness** |
|  | **🞏** | **Inability to relax** |
|  | **🞏** | **Other** |

|  |  |  |
| --- | --- | --- |
| **3.** | **🞏** | **Slowed rates of healing** |
|  | **🞏** | **Increased susceptibility to contagious diseases or illnesses** |
|  | **🞏** | **Diagnosis of, or worsening of an autoimmune disease** |
|  | **🞏** | **Development of cancer** |
|  | **🞏** | **Diagnosis of a chronic illness such as diabetes type 2, arthritis, or other** |
|  | **🞏** | **Other** |

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| --- | --- | --- |
| **4.** | **🞏** | **Decreased artistic or creative competencies (i.e., writer’s block)** |
|  | **🞏** | **Difficulty brainstorming options** |
|  | **🞏** | **Increased injuries/accidents due to making mistakes or not paying attention** |
|  | **🞏** | **Difficulty in making logical or rational decisions** |
|  | **🞏** | **Diminished problem solving skills** |
|  | **🞏** | **Other** |

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| --- | --- | --- |
| **5.** | **🞏** | **Severe stressor or long-term chronic stress** |
|  | **🞏** | **Diagnosed with a hormonal imbalance** |
|  | **🞏** | **Have irregularities with insulin (if diabetic)** |
|  | **🞏** | **Experience irregularities with menstrual cycles or menopause (if female)** |
|  | **🞏** | **Thinking ability seems foggy or less clear** |
|  | **🞏** | **Other** |

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| **6.** | **🞏** | **A noticeable change in short-term memory** |
|  | **🞏** | **A noticeable change in long-term memory** |
|  | **🞏** | **Difficulty recalling information that previously was recalled quite easily** |
|  | **🞏** | **A noticeable change in ability to concentrate or pay attention** |
|  | **🞏** | **Failure to follow through on actions/activities that used to be automatic** |
|  | **🞏** | **Other** |

|  |  |  |
| --- | --- | --- |
| **7.** | **🞏** | **Increase in feelings of hopelessness, helplessness, or inability to cope** |
|  | **🞏** | **Increase in level of discouragement** |
|  | **🞏** | **Depression, diagnosed or undiagnosed** |
|  | **🞏** | **Anxiety, diagnosed or undiagnosed** |
|  | **🞏** | **Feelings of wanting to run away, disappear, or ‘end it all’** |
|  | **🞏** | **Other** |

|  |  |  |
| --- | --- | --- |
| **8.** | **🞏** | **Self-esteem issues related to feeling not as good as others** |
|  | **🞏** | **A decrease in a sense of personal self-worth** |
|  | **🞏** | **Prone to be taken advantage of by others** |
|  | **🞏** | **Increased tendency to be defensive** |
|  | **🞏** | **Frequently overreacts, creating emotional tsunamis** |
|  | **🞏** | **Other** |

**Count the number of boxes that contain a checkmark. Total number \_\_\_\_\_\_\_\_\_.**

**The higher the number of checkmarks, the more likely that you may be experiencing symptoms of PASS. More information can be found in Taylor’s book *Your Brain has a Bent (not a Dent).***