

General Adaptation Syndrome

A three-page complementary guide | Hans Selye's classic stress model

Understanding the model

General Adaptation Syndrome (GAS) describes a classic three-stage pattern proposed by Hans Selye to explain responses to sustained stress. It is a useful teaching framework, not a medical diagnosis or a timetable that every person follows.

Stage 1: Alarm

A perceived threat or demand activates stress responses, including increased alertness, faster heartbeat, muscle tension and changes in breathing. These responses can be useful in the short term, even when uncomfortable.

Stage 2: Resistance

When demands continue, a person may keep functioning while expending considerable effort. They may look capable from the outside while noticing irritability, disrupted sleep, reduced patience or a growing need for recovery.

Stage 3: Exhaustion

With prolonged or repeated strain and inadequate recovery, fatigue, concentration difficulties and other health problems can become more likely. Exhaustion is not inevitable, and people do not move neatly through fixed stages.

Important perspective

The original model emerged from physiological research and simplifies complex human experiences. Current stress science also considers appraisal, social conditions, health, inequality, sleep, trauma and available resources. Persistent symptoms deserve individual assessment; they should not automatically be attributed to stress.

Reflection prompt

Which demands have been temporary, which have continued, and what has helped you recover?

Recognising patterns and supporting recovery

Signs to notice

Physical: tension, headaches, tiredness, stomach discomfort or sleep changes. Cognitive: forgetfulness, reduced focus, decision fatigue or racing thoughts. Emotional: worry, frustration, low mood or feeling detached.

Behavioural: withdrawing, working longer, skipping breaks or avoiding tasks.

Stress responses vary

The same demand can affect people differently. Disability, neurodivergence, sensory needs, caregiving, uncertainty, workload and past experiences can influence what is stressful and what support works. The goal is not to force everyone into one ideal response.

Practical adjustments

Reduce unnecessary demands: clarify priorities, renegotiate deadlines, break up complex tasks and remove avoidable interruptions. Increase resources: ask for predictable instructions, supportive supervision, accessible communication, quiet working space or assistive technology. Protect recovery: use genuine breaks, regular food and hydration where possible, restorative activities and boundaries around working time.

A workplace conversation

Try: "I am managing several competing demands. Could we agree the top two priorities and which deadline can move?" Or: "I can complete this more effectively with written instructions and uninterrupted focus time."

When to seek help

If symptoms persist, worsen, affect everyday functioning or feel difficult to manage, consider speaking with a GP or qualified mental health professional. New, severe or concerning physical symptoms should be assessed rather than assumed to be stress.

Worksheet 1: My stress signals

Early signals I notice: _____

Demands that tend to precede them: _____

One change that may reduce strain: _____

Printable reflection and action worksheets

Worksheet 2: Demands and resources

List current demands and the resources available to meet them. Include environmental, practical and interpersonal support.

My three biggest demands

1. _____
2. _____
3. _____

Resources I already have

Resources or adjustments I could request

Worksheet 3: My recovery and support plan

One demand I can reduce or renegotiate: _____

One practical support I can ask for: _____

One small recovery opportunity I can protect: _____

Who I could speak to: _____

When I will review this plan: _____

What improvement would look like for me: _____

Evidence and further reading

Selye, H. (1936). A syndrome produced by diverse nocuous agents. *Nature*, 138, 32. McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338, 171–179.

Educational information only; not a diagnostic tool or substitute for professional care.