

THE OFFICIAL
MAGAZINE OF
THE CENTRE FOR
STUDIES ON
HUMAN STRESS

The Centre for
Studies on
Human Stress is
dedicated to
improving the
physical and
mental health of
individuals by
empowering them
with scientifically
grounded
information on
the effects of
stress on the
brain and body.



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STRESS AT WORK

Do Stressful Work Environment Exist, and If So, What Do They Look Like?

By Sonia J. Lupien, Ph.D., and Marie-France Marin, M.Sc. Student (Translation : Tania Elaine Schramek)

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Stress now poses a major threat to the health and economic well-being of Canadians of all ages and all backgrounds. Health problems as a result of increased stress at the workplace are steadily on the rise in Canada and other industrialized countries. Nearly 500,000 Canadians are absent from work each week due to stress-related health problems, and stress as a reason for absence from work has increased 316 percent since 1995. Overall estimates of the annual financial burden of stress-related mental health problems in Canada vary between \$8-10 billion per year in absenteeism and \$36 billion per year in presenteeism (i.e.,

when the worker goes to work, but his/her productivity is lowered by chronic stress or the development of a mental health disorder). Based on these staggering costs of stress in the workplace, the World Health Organization now predicts that by the year 2020, depression will be the first cause of invalidity in the world followed by cardiovascular disease. Depression and cardiovascular disease are two disorders that are tightly linked to chronic stress in humans.

The prevailing consensus is that today's workers are faced with many challenges either due to the work content (workload, lack of participation), the work context (lack of re-

wards, inequity, working environment) or, on account of the needs to reconcile work and family commitments, for example by caring for young children and/or for an older parent (the ‘*Sandwich Generation*’). The inability to balance work and family life costs Canadian employers \$2.7 Billion a year. The translation of stress from family to work, and from work to family (spillover effects) has the potential to impact significantly on workers’ physical and mental health. Indeed, we now know that chronic stress can lead to physical and mental health problems because it leads to dysregulations in the organism’s physiological systems responding to stress.

Although the body immediately secretes stress hormones as an adaptive reaction when faced with a challenge, chronic secretion of these hormones can have damaging effects on both physical and mental health because these stress hormones can access the brain very rapidly and impact on mental health. Among the chronic physical and mental health disorders that are related to stress are depression, burnout, chronic fatigue, chronic pain, heart

Moreover, spillover effects from parental stress to children have recently been reported, leading children to be exposed to very high levels of stress hormones during their developmental course when they live in families in which one or both parents present states of chronic stress.



Chronic stress has been shown to have negative effects on brain and cognitive development in children, and has been associated with development of depression in children. Direct treatment

people will begin to decline resulting in a greater demand on people already in the workforce. Given that older adults have been shown to be particularly vulnerable to chronic stress, it is of great importance to help older adults recognize and control stress in order to protect the health and economic well-being of the Canadian workforce.

Given these alarming numbers, the question that comes out of this analysis is not why we have been tolerating this high cost of stress in Canada, but rather whether we can afford to tolerate it anymore.

Some Real Questions to the Public

In order to have an idea about what the public thinks on the impact of stress in the workplace, we distributed a questionnaire to the men and women who came to the official opening of the Centre for Studies on Human Stress held in September of last year. Overall, 149 people answered our survey. We share below the public’s answers to our questions and our comments on what their responses imply.

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disease, diabetes, anxiety, and post-traumatic stress disorder. In North America, 75% to 90% of all visits to primary care physicians are for stress-related complaints or conditions.

costs of severe mental illness in children due to exposure to early stress has recently been evaluated at \$67 billions by the US National Institute of Mental Health (2001).

Finally, the Canadian workforce population is rapidly aging. In the year 2006, 38.8% of the workforce population was between 45 and 64 years, and it is predicted that by 2015, the number of young

Who were our respondents?

The respondents were on average 46 years old and were mainly women (71%). Among the participants, 22.5% of men and 30.1% of women work in large, non-unionized companies, whereas 30% of men and 36.9% of women work in large, unionized companies. 17.5% of men and 9.7% of women work in non-unionized

businesses. Only 2.5% of men work in small, unionized enterprises. About 3% of women are housewives. Finally, 10% of men and 13.6% are unemployed. One of the strengths of our survey lies in the fact that our respondents worked in diverse areas thus providing us with a broader view of

25% respectively) had 2 days over the last month for which their capacity was not maximal at work. Then, it became clear that there are more women (67.9%) than men (45.5%) who claim to have worked less efficiently between 3 and 5 days over the last month. However, the pattern is suddenly

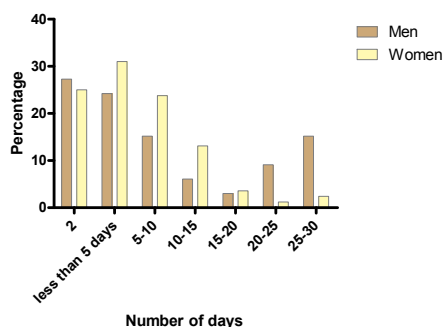
billion dollars a year are lost due to presenteeism in the workplace.

We then asked what possible sources of stress prevent people from working at their optimal capacity. Two likely candidates were home-related stress and work-related stress. It seems that for 3 people out of 4 (74.5%), the main source of stress comes from the workplace whereas 1 person out of 4 (25.5%) claims that the stress comes mainly from the home. It is commonly held that women start a second shift when they get home from work because they are often the ones who are in charge of homework, laundry, preparing the meals. In keeping with this, we thought that women were likely to be more preoccupied by what is going on at home compared to men. This hypothesis was confirmed as evidenced by the 28.9% of women that states that they are more preoccupied by home-related stress, relative to 13.8% for men.

Workers : Who Do They Contact When They Think They Can Be Depressed?

Depression is a phenomenon that today's society is facing more and more on a regular basis. Increasingly, employees must take leaves of absence due to depression or burn-out. We were interested in knowing to which type of

Percentage of participants in the last month whose working capacity was not maximal- classified by sex



public opinion not biased by particularities of a given industry.

Do Workers Really Show Presenteeism?

How many of us could claim that we have never been distracted or worried about something during a typical work day? Sometimes, the different worries can even affect our productivity and result in some days where we are physically present at work, but we are mentally absent. This is what is known as presenteeism. We asked the participants to estimate the number of days, over the last 30 working days, during which their working capacity was not optimal. As can be seen from the Figure above, about the same proportion of men and women (27.3% and

reversed when we increase the number of days during which the capacity was not optimal with 27.3% of men and 7.2% of women claiming reduced capacity at work

Based on these staggering costs of stress in the workplace, the World Health Organization now predicts that by the year 2020, **depression** and **cardiovascular disease** (two disorders related to stress) will be the **two causes of invalidity in the world**.

between 15 and 30 days. Fifteen days or more during the last 30 working days represents a minimum of 50% or more of the time, which means an important loss in terms of productivity and costs. The United States is the only country that has attempted to calculate the costs related to presenteeism. Their estimation is that 36

health professional would individuals first go to if they thought they were depressed. The majority of men (55.9%) and women (56.7%) trust their family doctor because it would be the first person that they would consult if they suspected they were depressed. However, it is interesting to notice that the percentage of participants that would be inclined to consult

their family doctor for depression increases as a function of age and the pattern is opposite for consulting a psychologist. In other words, the younger men and women are more inclined to consult a psychologist compared to older men and women who would be more prone to consult a family doctor. This pattern could probably be explained by the fact that opinions regarding psychologists and the fact of consulting one have evolved a lot recently. Before, the act of consulting a psychologist was negatively stigmatized. Nowadays, more and more people seek the services of psychologists in an open manner and this surely contributes to decreasing the taboos towards the profession and to have an effect on people's perceptions and behaviors.

What could decrease work-related stress?

First of all, it is important to underline that 77.6% of women and 52.9% of men believe that decreasing the workload would have an impact on the rate of absenteeism related to depression and burnout.

By looking at these results, one could be tempted to believe that the participants simply do not like their job and that changing jobs could in the long run decrease their work-related stress. But what do the numbers really tell us? It seems that about 1 person out of 2 (52.8%) would like to change jobs if they were offered the opportunity. Also, among those

who would like to change jobs, a certain proportion (33.3%) would do it for a job similar to the one they presently have whereas the majority (66.7%) would do it for a job in a different area. By combining these numbers, we can state that about 35.2% of all participants would like to change jobs for something that is different than what they are actually doing.

We finally asked the participants what would be the best way to decrease work and family-related stress for employees. It appears as though there is no major difference between men and women on this question. In fact, a 4 day work-week would be the first choice for a majority of men (58.3%) and women (51.6%). The second most popular method, pruned by men (19.4%) and women (22.6%) is one in which they would have access to a bank of absences thus allowing for greater flexibility that would better accommodate family-related needs.

In sum, work-related stress is a reality that seems to affect a

tion as would governmental policies (e.g., to offer the possibility of having a 4 day work-week) aimed at helping individuals reconcile



work-family commitments (i.e 4 day work-weeks).

In summary, stress at work is a reality that affects a good proportion of individuals. Given this fact, it is interesting to note that very few scientifically validated programs exist in the workplace that aim at helping employees recognize and take control of stress at work. There is thus a pressing need for the elaboration of such programs, and if only a fraction of

Given this fact, it is interesting to note that **very few scientifically validated programs** exist in the workplace that aim at helping employees recognize and take control of **stress** at work.

significant number of individuals. Our survey revealed that work-related stress has a negative effect and is detrimental to productivity. From an employee's point of view, diminishing the workload could contribute to improving the situa-

the costs related to absenteeism in the workplace could be invested in scientific research to develop such programs, the return on investment for Canadian companies would surely be enormous. ❧

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Psychological Distress at Work : What are the causes?

By Alain Marchand, Ph.D. School of Industrial Relations,
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Work is health? Given that 15-20% of Canadian workers report psychological distress in the workplace, the answer to this question is likely “no” as far as mental health is concerned.



While many would like to attribute this to individual factors such as personality traits, the last 20 years of research have established a clear link between distress in the workplace and poorer mental health. Current scientific studies are postulating that certain professions and work conditions generate psychological distress that result in a variety of psychological, physiological, and behavioral reactions in individuals exposed to them. But what do we really know about psychological distress in the workplace?

With respect to one's profession: Difficult working conditions are part and parcel of certain professions and lead to greater tension in workers.

Several studies have shown that under-qualified employees, individuals with occupations that are lower on the social ladder, white and blue collar workers, semi-professionals, and supervisors in some professions report higher psychological distress. A recent study looking at 77,000 Canadian

workers revealed that greater psychological distress is present in occupations that include heavy machine operators from the garment, fur, leather and industries, public works employees, cleaners, assembly line workers, mechanics, cashiers, health services support staff, chefs and kitchen workers.

Importantly, however, the professions themselves are not the source of distress but rather the conditions surrounding the organization of the workplace.

Four such organizational dimensions need to be explored: task conception, work demands, social relationships and gratifications.

Task Conception

The nature, content, and more broadly the conception of tasks one must accomplish varies

as a function of a given profession but also according to differences from one organization to another. The tasks for the same profession might be structured in a very different manner according to the enterprise whereby the work is being realized. The task might be more or less repetitive and make more or less use of an individual's competences and qualifications. They might also consist of more or less elevated levels of control (autonomy, decision making) exercised by the individual in the execution of operations.

Yet, working a varied job in which the individual can exercise control and is allowed to full-fill an essential need of the human psyche to master one's environment constitutes an important protective element for mental health at work. Certain research shows, in part, that monotonous and repetitive work can predict problems with psychological distress in exposed individuals. Elsewhere, several studies demonstrate that utilizing competences of the person at work, that is to say, to solicit skill and set qualifications and possibilities to develop new ones so that work or

the individual can have actual control (decision making) on the execution of their tasks is associated with lower levels of psychological distress. Altogether, the greater one's decisional latitude is (competence + authority), the lower the distress of the individual. Notwithstanding, recent work tends to demonstrate that too much utilization of competences or decision making might lead to more elevated psychological distress.

Demands at Work

The demands and obligations imposed by a work organization as well as the personal efforts the individual provides at work are factors that entrain a certain level of psychological and cognitive effort which might equally affect mental health. The stress generated by these demands is not, however, necessarily negative for the individual's mental health. It may also present, within a certain limit and in accordance with conditions of the work organization, a positive stress that aids in the development of habits that valorize the person in the mastering and identification to their work. Meanwhile, beyond this limit, several risk factors for mental health are associated to physical, psychological and contractual demands.

Physical Demands

The physical demands that individuals must confront daily can threaten not only their physical integrity, but likewise their psychological integrity. In accordance to the context of the enterprise, several risks to health and security of the person might be found in the work milieu and in the tasks to be completed (ex: high levels of noise, dust, heat, cold, toxic vapours and other insults related to industrial

production). Work can equally involve risks of grave injuries and in certain cases, cause death. In addition, the individual can be confronted by work involving an elevated level of physical effort (ex: transporting heavy loads, uncomfortable work postures). Workers exposed to neurotoxic materials are more susceptible to reporting problems related to psychological distress since these substances merge into the body through skin and the respiratory tract. Toxic encephalopathy (diseases of the brain), in a chronic form resembles certain forms of dementia related to the exposure to organic solvents.

Psychological Demands

Psychological demands imposed by a work organization can generate an increased stress in individuals and can transform into the presence of psychological distress. This type of demand is characterized by elements related to the work rhythm, to the quality of work, to time constraints, and to conflicting and emotional demands (ex: client aggression, being confronted by the suffering of others). All in all, studies conclude that an augmentation of psychological distress-related problems occur when there are increased levels of stress generated by psychological demands. These are in fact factors carrying the most weight and importance in explaining problems arising from psychological distress in the workplace.

Contractual Demands

Contractual demands refer to work schedules and the number of work hours determined by a work contract. Those who find themselves confronted by work schedules that are alternating, irregular or at night live a particular

difficult situation. Having to frequently change work shifts, being on call, or other unpredictable work schedules demands that individuals adapt to constant evoked variations in circadian rhythm (biological rhythm set on 24 hours) which can provoke certain sleep problems and diverse nervous reactions. These types of work schedules can also lead to negative effects on family life and one's sense of social isolation. For several years, studies have reported elevated levels of psychological distress in workers confronted with these types of work conditions. With regards to work hours, several studies have found that working long hours each week is associated with higher levels of psychological distress, particular in those working 50 hours and more.

Social relations: Work atmospheres are characterized not only by relations among workers upheld daily, but also by sustained interactions with management and the direction which can itself create a stressful experience and thus influence mental health.

In this capacity, the social solution at work has been the subject of considerable attention and refers to all social interactions synonymous with help, including the acknowledgement on the part of colleagues and superiors. The social solution speaks to the need of the individual to be acknowledged and endorsed in the execution of their functions, all the while being a source of pleasure and compensation for the person's efforts provided at work. Studies using global scales of social support at work generally report lower levels of psychological distress when social support is higher at work. Some research suggests that the clarity and the consistency of information lavished by supervision has proven to be an important element for reducing psychological distress of bureaucrats. Abusive supervision

(authoritarian and aggressive styles) brings about an elevated level of psychological distress experienced by exposed workers. Finally, problems with violence or harassment at work on the part of colleagues or directors are elements worthy of investigation, since several studies highlight an important role of these problems in relation to the development of psychological distress.

Gratifications: Gratifications presented in the workplace brings to the individual an important source of acknowledgement, of motivation, of valorization and of identification to their work; however a poor level of gratifications can engender dissatisfaction and stress which might affect mental health.

These gratifications are surely elevated by remuneration, but likewise by career advancement, employment security and self-esteem at work. Certain studies report a lower level of psychological distress in workers who positively evaluate rewards obtained within their workplace. The effects of gratification on psychological distress, as is the case with social support, appear to indeed hold together the rewards a person can obtain in the framework of their work. Nevertheless, several studies support the hypothesis that employment insecurity and possibly the mode and the level of remuneration could in itself have effects that explain the reasons that can bring people to the point of experiencing psychological distress.

In conclusion, distress at work is an important element for explaining the appearance or aggravation of

N.U.T.S. @ Work

By Robert Paul Juster, M.Sc. Student

Psychological distress occurs when one experiences situations involving Novelty, Unpredictability, Threat to their sense of self, and/or a decreased Sense of control.

As evidenced by the article above, stressful workplaces are breeding grounds for such nasty scenarios and can cause chronic psychological distress when they are overwhelming.

-For example, constantly adapting to new techniques or technologies unknown to you (**Novelty**)

-Waiting around for the next task or to find out next week's work schedule (**Unpredictability**)

-Being subjected to insults or aggression from colleagues and superiors (**Threat to ego**), and finally,

-Being unable to make decisions or having little or no opportunities for advancement (**low Sense of control**)

All represent work environments that can get under your skin to increase psychological distress.

One approach to improving work conditions is to identify which components of the N.U.T.S. formula applies to the specific pests and stressors of your workplace. While it might not always be possible to eliminate your work stressors, it can increase your sense of awareness to know what is causing you distress. Also keep in mind that you are not alone, which is why protective factors like social support are so important in counteracting the negatives of work stress. Physical exercise, healthy diets, recreational activities, and social networks are all buffers. Find your own unique way to create a balance between your professional and personal life and remember to "work to live," not the other way around. ❌

problems with psychological distress.

This does not mean that it encompasses all, nor to say that conditions unique to the individual (gender, age, psychological traits, etc.) and family situations (marital and parental tensions, household revenue, etc.) do not participate in the source of this health problem. Recent research demonstrates that

all these elements add up but independent of the individual and the constraints experienced outside of the enterprise, the stress at work, when it is too important, has an unequivocal responsibility in the deterioration of the mental health of workers. The prevention of these problems must become the objective of priority for the actors implicated in the field of mental health and of security at work. ❌

I'm Burnt Out :Can I Be Depressed??

By Camillio Zacchia, Ph.D., Psychologist, Douglas Mental Health University Institute

Are you burnt out, or have you ever felt like you were on the verge of it? What is burnout anyway, and is it the same as depression? Whatever it is, it certainly seems to have affected a large number of individuals.

Burnout claims so many of us that it is by far the single greatest cause of sick leave in any company. A significant portion of everything you pay for, from the pants you wear to the blood test your doctor orders, goes to defray the cost of burnout.

What is burnout?

Burnout is not an official term or diagnosis in the field of mental illness. It is a term that was originally used to refer to a sense of fatigue and an inability to function normally in the workplace as a result of excessive demands on the individual, especially among helping professionals.

Today, there is no agreement among scientists as to how we should define burnout. Some see it as an exclusively work-related phenomenon, while others see

Today, there is no agreement among scientists as to how we should define burnout. Some see it as an exclusively work-related phenomenon, while others see it more broadly.

it more broadly.

In the general population, the term “burnout” is like any other popular notion. It continuously evolves. Over time, it can almost take on a different meaning for each individual. Some people, for example, use the term “burnout” when they are feeling bored with their employment and want to seek new challenges. Others may use the term to describe a major depression. They may do so because depression still carries a powerful stigma.



For the most part, though, we normally use the term burnout when referring to the inability to handle the pressures related to work.

What is depression?

Depression is a complex phenomenon involving both internal mechanisms and external influences. It is diagnosed when a person has a depressed mood (feeling sad, empty, tearful, etc.), or has lost interest or pleasure in most or all activities. It is also accompanied by several other indicators that can include changes in appetite, sleep problems (either insomnia or excessive sleep), fatigue, agitation, feelings of worthlessness, difficulty concentrating, and recurrent thoughts of suicide or death.

Recognizing yourselves in the above list of criteria is not necessarily a problem. Many difficult situations in life can make us feel this way from time to time.

The important question is one of intensity and duration. It is considered depression when the symptoms last for more than two weeks and when they are sufficiently intense so as to cause either significant personal suffering or a loss of the ability to function normally.

(For more details on understanding depression, see “A sidebar on depression”)

How are they related?

Burnout is generally seen as a specific problem related to stress in the workplace, whereas depression is a broader phenomenon that can permeate all areas of our lives. But can we really separate the two terms cleanly? In fact burnout and depression are highly related and the terms are sometimes used interchangeably.



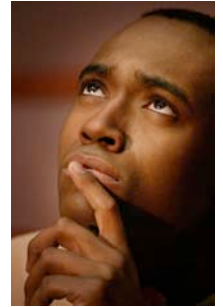
In theory we can see burnout alone. Most people can burn out if we continue to ratchet up the demands on them without giving them the means to meet those demands. In such cases, although they will feel just like any other depressed person, they will quickly return to normal if we remove them from the situation.

The same goes for depression. It may have nothing to do with work or stress. A major depression will often persist regardless of whether the individual remains at work or stays home.

In most real cases, though, the lines cannot be so easily drawn. Let's take, for example, the case of people with a strong sense of responsibility and a tendency to be perfectionists. Such people will normally function very well. They tend to bring high standards to their jobs since they feel bad when they see shoddy or incomplete work. As a result, they take on many tasks and deliver the goods. Employers and colleagues begin to rely on them more and more. If they then reach a point where they must take time off work because of

People suffering from a major depression will feel agitated, fatigued and have trouble concentrating. They feel no satisfaction or pleasure even when a task is accomplished successfully. It is not hard to imagine that their productivity will suffer.

Even simple tasks become heavy burdens. In such cases, work-related pressures often become the proverbial straw that breaks the camel's back. Work *per se* is not the problem but it becomes a contributing factor to depression. The inability to function at work then contributes to the depressed person's sense of failure and guilt. When these people must take time off work they are often described as being on a "burnout leave," even though they meet the criteria for a major depression.



How does it matter?

Although for many people the term burnout may carry less of a stigma than depression, the label used is probably less important than the desire to get their lives back on track.

The role of the psychologist or psychiatrist remains the same regardless of whether the person consults for the treatment of depression or for burnout. The professional must assess the factors that contribute to the problem in order to be able to address them. External factors can include specific situations or general cir-

Although for many people the term burnout may carry less of a stigma than depression, the label used is probably less important than the desire to get their lives back on track.

burnout, would they not feel like they have let everyone down? Would they not be depressed and feel like failures? In such cases, the depressive feelings tend to linger even though the person is removed from the stressful situation that may have helped produce those feelings in the first place.

Now, if we see these personality traits in the workplace, would we not also see them in many other circumstances? Would these people not also have a tendency to feel like failures when their kids are having trouble in school, or when they may be going through a divorce, for example?

The relationship between depression and burnout is also evident in cases that would normally be described as a pure depression, and where work is not normally an issue.

cumstances. Internal factors can include both biology and personality. Regardless of whether an inability to set limits and an overly strong sense of personal responsibility contributes to excess stress at work, or to unmanageable burdens in our personal lives, this inability must still be addressed in treatment.

What must be done in either case?

Whether you are going through a burnout or a depression, or both, as is often the case, you will still suffer in much the same way and would still benefit from treatment.

One thing is certain, unless something changes, the problem will not go away on its own. If things didn't work out before, they will not suddenly go well after having taken some time off.

That change can be biochemical or situational, it can involve a new attitude or new skills, it can even be as simple as deciding to accept your old situation as it was, but this time without the constant struggle to change it.

Whatever it is, something must be different.

The two main forms of treatment are psychological or pharmacological. Regardless of the cause, both forms of treatment can be beneficial. Sometimes a

combination of both treatments is most effective. It is generally recommended that for mild to moderate forms of depression, the psychological treatment called cognitive-behaviour therapy (CBT) is the best choice. If the response is not adequate, then medication can be added. For moderate to severe depression, a combination of antidepressants and CBT is usually recommended from the outset. In reality, additional factors such as attitude about medication, or availability of affordable psychological services, often play a major role in determining treatments.

Antidepressants target brain chemistry. Most people feel less bothered by events when they take medication and can thus cope much better with situations. Cognitive behaviour therapy seeks to change how we interact with the world by either teaching us new skills or by examining and altering the attitudes that affect how we react to and interpret the events around us. It can help us set limits. It can teach us to question our standards, our attributions, and our biases. And it can help us develop a better sense of priorities and balance in our professional and personal lives. ❧



Depression is a complex phenomenon that is often misunderstood by the general public. Is it a disease in the traditional sense? Or is it simply a reaction to life events? In essence, depression can be seen as either a disease or as a reaction.

The best way to understand depression is to understand the various factors that influence our moods. We are, of course, biological beings. Everything about us is in our brains: thoughts, memories, attitudes, moods, intelligence, and all else that makes us human. One can therefore argue that all psychological problems are caused by biochemical imbalances in our brains. However, our biochemistry has most certainly been influenced by our upbringing and our experi-

A Sidebar on Depression...

By Camillio Zacchia, Ph.D., Psychologist, Douglas Mental Health University Institute

ences. It is for these reasons that we must consider both the internal and the external factors listed below when trying to understand depression and its causes.

DISEASE :

Some forms of depression can be understood in the same way as any other disease. In such cases, there appears to be something wrong with how the brain is functioning. Brain chemistry seems to be altered in such a way as to have a major impact on mood, and these mood changes do not appear to be strongly linked to any obvious external event. Bipolar depression, where moods can swing from profound states of depression to phases of mania where the person feels almost superhuman, is one example of what would generally be considered a medical disease.

BIOCHEMISTRY :

Having said this, it is certainly possible, and indeed probable, that biological mechanisms affect all of us and are important contributors to all forms of depression, even when the brain is functioning normally. For example, although we do not have an exact understanding of how they affect us, we know that factors such as our hormonal and nutritional states do impact mood.

INNATE

TEMPERAMENT :

If you've ever had more than one child or any number of siblings, you have seen how no two individuals have the same temperament. We are clearly all born with our own package of traits and tendencies. Some of us

are more adventurous, while others are more hesitant. Some get angry easily, while others have a tendency to take things in stride. In the same manner, some people generally seem to be happy most of the time while others tend to be serious and pessimistic.

ENVIRONMENTAL INFLUENCES :

Although our innate temperament is a major component of personality, our traits are also affected greatly by our experiences. We are shaped by our family values, by our society's culture, and by every experience we have ever had. This unique blend implies that a particular situation can never be understood, or reacted to, in the same way by any two individuals.

LIFE-ALTERING EVENTS :

Although all events are experienced through our personal values and beliefs, some are so challenging that depression is almost inevitable. The death of a

loved one, for example, will normally have a profound effect on all of us. In such cases, strong depressive feelings would be considered a normal reaction. Although we may all require a significant amount of time before we can return to a relatively normal level of functioning, for some people the depression lingers and goes beyond what is normally observed.

A HISTORY OF EVENTS :

The vast majority of people who consult for depression do not do so as a result of a single event. They have often struggled with depressive symptoms on and off for much of their lives. They normally report a lifelong history of real or imagined failures. Although a significant event may have triggered an episode of depression and pushed them to consult, the vulnerability was most likely always there.

THE COMMON THREAD : PERSONALITY

The result of – and sometimes the cause of – the factors mentioned above is the personality that defines us. Biochemical variables and innate temperament interact with our development. The personalities that emerge within us then affect how we deal with the world. It is our understanding of events and our reactions to them that makes some of us vulnerable to depression.

Some personalities are simply more prone to depression. Unassertive people, for instance, will often feel trapped in unsatisfying situations, perfectionists will always feel disappointed in themselves or upset at others, dependent individuals will often find themselves in situations where they may be taken advantage of. This is why we must try to understand our personal patterns if we are to protect ourselves from depression. If we have such vulnerable patterns and do not alter them, either through pharmacological or psychological means, depression is likely going to remain a lifelong struggle. ❧



For more information on burnout, visit the website of the Douglas Institute

www.leburnoutsesoigne.com

As well as Passeport Santé at :

**www.passeportsante.net
Under 'Videos'**





Why We Burn Out?

By Camillio Zacchia, Ph.D.,
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In the previous article, we examined the relationship between burnout and depression and saw how the terms overlap. Now we will take a closer look at the phenomenon of burnout and some of the specific factors that contribute to this condition. Some have to do with the individual while others are perhaps more related to the world we live and work in.

The causes of Burnout

We expect too much of ourselves: Some people feel like they can and should accomplish everything they set their minds to.

While lofty goals can often lead to great achievement, they also increase the risk of failure. Those who manage stress well tend to see such goals simply as theoretical ideals that define the direction of

their work and not the endpoint. They usually know that their efforts will result in great improvements even if the ultimate goal is not met. They can put partial attainment into perspective and be satisfied by it. Those who tend to see goals in a more absolute fashion, the all-or-none people, are more likely to suffer burnout.

Others expect too much of us: We live in a world that is increasingly driven by measurable goals and objectives.

Just as we will always seek the lowest price for a product, employers will also always try to get the most of their employees. Why would a company not plan on an increase in the expected output of their product if the previous year's targets were met? This phenomenon, along with others such as an inability to hire adequate staffing due to financial or resource considerations, tends to add to the pressure on all employees. We may especially hope to push the less productive workers. Unfortunately, these pressures are usually felt by

the productive ones who already tend to expect too much of themselves.

Our sense of what is good enough is out of whack: Perfectionism is a double-edged sword.

Getting things right is important. After all, we wouldn't want our surgeon to have a laissez-faire attitude, would we? The problem, however, is that not all endeavours require perfection. Most situations are not life and death ones. Some people do not have the ability to recognize that there are many good ways to do things. Those who spend an inordinate amount of time trying to find the single "right" way tend to burn out much more frequently than colleagues who do not get so lost in less important details.

We don't feel like we belong: Some people have a low level of self-confidence.

They have a tendency to feel stupid and inadequate in a wide variety of situations, and may have felt so for most of their lives. This

impostor syndrome is quite common. Such people will often try to compensate by working extra hard. When expectations and goals are not met, they are more likely to attribute the failure to their own shortcomings rather than to systemic problems or external factors. When the expectations placed on these individuals are not realistic, they tend to feel like complete failures and quickly burn out.

We may be out of our element: Some people simply do not have the ability or the skills to accomplish their jobs.

This is unlikely since most people are selected for a particular job because they were judged to possess the necessary skills. As a result, the idea of not being cut out for the job is often an irrational

Multi-Factorial Solutions

If the causes of burnout are multi-factorial, the solutions must be so as well. Here is a short list of suggestions that you could consider if you think you are vulnerable to burnout:

-Learn to work well without going overboard.

Most of us would have no trouble walking away from a shoe store if the pair we wanted cost \$500. We would feel that they were not worth the effort it took to earn that money. Why then can we not also walk away from work that demands too

-Recognize when your personal standards are too high.

To do so you must learn to rely on the judgement of others. Don't rely on your own biased judgement, especially if you never feel that anything you do is good enough. Try to base your judgement on objective measures of performance, such as grades or sales figures. Ask yourselves how you would judge a colleague with the same numbers. Usually, it will be much less harshly. And remember, just because a task can always be rendered better with more time, doesn't mean it isn't already better than is required.

-Be able to admit to yourself when it is time for a change and choose work

The last step belongs to **co-workers and employers**. They must recognize that **good employees, the so-called 'go-to' must be protected.**



fear, one that is regularly seen in people who lack self-confidence. Nevertheless, it may have to be considered as a real issue for others. Those who burn out may make generalizations about their lack of skill and feel that they must succeed in their specific role in order to be worthwhile employees. They may not recognize that there may be many other roles in the company that are equally valuable and much more suited to them.

much of us, not in terms of money but in terms of the effort it takes to earn that money?

-Life is a Marathon.

The racer who runs the first mile quickly because he has energy would most certainly burn out before the end. The secret is to keep a reasonable pace that can be maintained throughout the race. In our professional lives we often have the energy to give a little extra in order to reach a goal, impress a boss, or make a little extra cash, but we rarely consider the longer term consequences of such a pace. Having time to do things that may not seem productive, such as indulging your personal passions and hobbies, or even just to sit around, is essential in keeping your life pace reasonable.

that is better suited to your personality.

This is far easier than trying to radically alter your nature. For example, a procrastinator will have an easier time answering phones in a customer service department, where they must simply be available and knowledgeable, than they would be in a job where they would have to produce written reports with no fixed deadline.

-The last step belongs to co-workers and employers. They must recognize that good employees, the so-called 'go-to' must be protected.

When an important project must be done and we have two employees or colleagues – a competent

but over-worked employee, and a less competent one who has some spare time – whom will we ap-

proach to do the work? Just because the good employees normally deliver the goods does not mean they

have unlimited resources. Cutting them a little slack will do everyone involved a world of good. ❧

Detecting Stress in Saliva?

The articles presented in this issue of Mammoth-Magazine show that it is high time that something be done to decrease the cost of stress in the workplace. The personal, societal, and economic costs of stress, depression, and burnout are simply too great.

The greatest challenge we face is that of prevention. But *how* do we achieve this goal?

The answer lies in *early detection*.

We have seen in this issue that the line between depression and burnout is at times blurred and that clinically it is not always easy to distinguish the two. Would it surprise you to know that simple samples of saliva can differentiate them?

We now know that depression is associated with high stress hormone levels and that burnout often results in lower levels.

The stressors in our lives do not make us ill but our bodily response to those stressors can.

In fact, dysregulations in stress hormone levels are tightly linked to depression, burnout, and several other illnesses because our stress

hormone system assures the normal functioning of most if not all of our bodily systems.

So, when stress hormones become dysregulated due to chronic stress the other systems soon follow; what we call a domino effect.

What can the Centre for Studies on Human Stress do about it?

Although stress hormones can be easily measured in saliva, there exist no “norms” for stress hormones as there are for cholesterol. Thus, we have created a saliva measurement lab headed by Dr. Dominique Walker, co-director of the Centre for Studies on Human Stress, that will establish these norms. Second, based on the work of Dr. Bruce McEwen of Rockefeller University, an international member of the Centre for Studies on Human Stress, we are developing an early detection tool in blood for chronic stress that physicians can use to identify individuals at risk for developing stress-related disorders. This would therefore give individuals a considerable head start on preventing illness. Indeed, the personal, societal, and economic savings will be considerable and well over-due. For more information, write to stress.centre@douglas.mcgill.ca. ❧