

Weathering Economic Earthquakes

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Tectonic plates are shifting in our economy. Like massive movements reminiscent of Earth's earliest formation, intense, volatile pressure from deep within is causing demise at the surface. Once-stable banking institutions are breaking apart, colliding with one another, destroying each other and making us afraid that all other ground is too shaky to stand on. More than any other time since the Great Depression, Americans are losing jobs, homes and a sense of stability. Sadly, no end is in sight.

The pressure has been building for years. One in five people strapped with a major medical bill cannot pay their mortgages and have subsequently lost their homes. As the boomers age, 42 million seniors risk radical changes in Social Security, originally established as the minimal economic safety net. Now, with less money to invest, we will see businesses cutting jobs.

Bad news, however, can induce many different reactions. Some people are scared; others are sad or anxious. For some, the body reacts with lower immunity, headaches, insomnia, hot flashes, menstrual irregularity or gastric disorders. Others feel more determined, dig in and work harder. Some people feel exhilarated to create a fix. The clinical question is: How do we know when major change can hurt health? And, if it does, what can we do about it?

One of my large nonprofit corporate clients was hit hard this week. Its annual spending relies on income from an investment portfolio that is worth 25 percent less than expected. Consequently, it will have much less to spend on its programs in the coming year. Services to poor people will be reduced. Educational programs will shrink. Direct aid will be almost gone. The leaders of the organization ask themselves, "How can we adjust to the loss of resource and cut as few positions as possible?" while the employees in the organization fear for their jobs.

Recently, upon leaving a leadership team meeting devoted to examining the implications of the economy on their budget, I spoke to two executives. One vice president morosely announced that years of careful program development had been ruined. He was pessimistic, felt helpless and hopeless, and withdrew to his office. The other vice president made a task list for herself and raced off to formulate strategies for change that would minimally impact her staff. Jekyll and Hyde had opposite reactions to the same circumstance - one was depressed; the other was energized.

Depression is considered the number-one mental illness in America. Research shows that 15 percent of people in the United States (21 percent of women¹) will become clinically depressed at some point in their lifetime.² Mild depression can occur as a result of a personal or financial loss, a career setback, loss of a job or death of a loved one. The problem isn't just that someone is sad. As University of California's Sonja Lyubomirsky writes in her brilliant compilation of happiness research, "Incredibly, of all diseases, depression places the largest burden on society in the United States (and the fourth largest disease burden in the world in terms of reduced years of healthy life, after perinatal conditions, respiratory diseases like chronic obstructive pulmonary disease, and HIV/AIDS)." In other words, depression reduces life expectancy.

Her conclusion is echoed by the World Health Organization, which predicts that by 2020, depression will be the second leading cause of mortality in the entire world, affecting 30 percent of all adults.³ Some experts believe that the radically increased rate of global change is a factor which has made depression a global epidemic.

It's important to differentiate between a natural reaction of sadness from its deeper and long-lasting cousin, depression. If you lose your job, or take a pay cut to keep your job, it is appropriate to feel sad, but this sadness will pass. Depression, by contrast, is marked by the following symptoms:

- persistent sad, anxious, or "empty" mood;
- feelings of hopelessness, pessimism;
- feelings of guilt, worthlessness, helplessness;
- loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex;
- decreased energy, fatigue, being "slowed down";
- difficulty concentrating, making decisions, remembering;
- insomnia, early-morning awakening, or oversleeping;
- appetite and/or weight loss or overeating, and weight gain;
- thoughts of death or suicide, suicide attempts;
- restlessness, irritability; and
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

(Source: ComPsych)

Depression can be triggered by any number of events, but in general, most adult depression actually has deeper roots. Childhood trauma, poverty, illness, abuse and/or neglect is likely to be found in the life history of a depressed adult. Likewise, inheritance plays a significant role, in that it is more than 50 percent likely you will be depressed if your parents were depressed. Nature and nurture are both at play.

Everyone agrees that workplace trauma can indeed trigger depression. A lot depends on how leaders handle the stress; and whether they can absorb and transform pressure, or just pass it along to the workforce.

According to Chinese medicine, depression has numerous etiologies that affect body, mind and spirit. "Liver constrained" depression comes from imploded frustration and can lead to headaches, menstrual problems, blurred vision or indigestion. "Disturbed *shen*," when one's sense of self is upset, shows as mental fatigue, memory problems, and unclear thinking. "Lung *yin* and *qi*" depression presents as excess grief and a loss of interest in life, sometimes leading to lower immunity and an increase in infectious disorders, often in the lung.

When people in the workplace are depressed, larger employers usually provide some support in the form of Employee Assistance Programs (EAPs). Typically, health plans restrict the number of times an employee can see a mental health provider. EAP counselors focus on cognitive strategies to get the employee up to speed, or they make referrals. (Oddly, it is rare that EAPs recommend Chinese medicine, even though there is so much evidence that there is a physiological basis for depression, and that symptoms of the disease fit well into "body/mind" treatment approaches.) So, when the society experiences a financial earthquake, what can employers do?

First, recognize that although all people are created equal, they do not react to trauma similarly. Some people in your organization will have a harder time than others when bad news is announced, even if the news does not affect them personally.

Second, recognize that leaders have a unique responsibility to contain anxiety, and they must start with themselves. In a frenzy to fix a problem, a frightened, anxious leader will probably make too much unnecessary work for others. A depressed leader may withdraw exactly when engagement is necessary.

Third, if depression or anxiety is present in the employee population, seek the right treatment. There are many useful modalities to treat event-driven depression or trauma, and Chinese medicine is among the best when there is a somatic manifestation in addition to a psychological one.

Finally, look down on yourself as if it were five years from now and, in hindsight, know that the difficulty will pass. Control what you can. Find support. And always communicate with compassion.

References

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