

On behalf of the Pracownia Rozwoju, I welcome you to a podcast prepared especially for managerial staff as part of the Mental Comfort Program. My name is Marzena Jankowska, I am a health and business psychologist, coach and psychotherapist. From this podcast you will learn how to recognize the early signs of mental disorders of yourself and your colleagues and how to deal with it.

Imagine or recall a similar situation. You work with a person, let's call her Klara, who is extremely responsible, committed, punctual, you could even say she strives for perfection. You like working with her because you can rely on her and she is great in crisis situations. She is ready to do more than others and relieve you in some subjects. When you talk to Klara, you sometimes wonder how it is possible that she doesn't quite see herself as being great, and sometimes has trouble accepting positive feedback, claiming that it's not all her merit. When Klara first takes time off and then leave on demand it doesn't surprise you - she has a right to be tired, although she doesn't show it. But then you start to notice that she starts to be more irritable, makes mistakes more often, starts to avoid difficult situations or conversations. For a while everything goes back to normal, the woman starts to get involved even more, she is always ready to help other team members as well. Then the situation deteriorates again. Klara starts complaining about stomach and neck pain and headaches, she gets discouraged quickly, drifts away, and there have also been a couple of times when she has behaved rudely towards someone, which has never happened to her before. One day she disappears, going on long-term sick leave, and you are left confused and frustrated without your best team member. What happened to Klara? Will she talk to you about it? Does she know what is going on? Is it possible that you missed important signs that something is wrong with Klara - that she is suffering and is not able to deal with the situation and with herself. How can this be, when it seemed to be exactly the opposite?

Have you ever asked yourself if it's time to see a mental health professional? Can your symptoms - what you're feeling, what's happening to you – still be counted as normal, or is it time to reach out for professional help?

Most of us wonder about this at times, and the answer is not at all obvious. Just like in the area of our physical health. Cramps and tingling can be a symptom of magnesium deficiency, but they can also indicate serious kidney failure. A runny nose can mean a mild infection that, treated and untreated, lasts about the same amount of time, but it can also spells sinusitis, which can even result in meningitis. The same goes for psychological symptoms. A feeling of permanent fatigue will accompany temporary overwork, mild seasonal mood disorders, but can also be a harbinger of a severe depressive episode.

So we should take our symptoms, or those of our colleagues, seriously and seek professional help. This is what you will learn in today's podcast, but first a few words of necessary introduction to the topic.

One of the most effective and scientifically verified trends in psychotherapy is the cognitive-behavioral approach and its development in the form of Acceptance and Commitment Therapy. The basic assumption of the cognitive-behavioral approach is that our cognitive processes – how we interpret what is happening outside and inside us, influence the emotions we experience. In turn, these emotions influence our behavior.

At work, for example, we have many tasks to complete in a short notice. We interpret this situation as pressure, a difficult situation that we can barely cope with, and we think that by doing so we are neglecting our own health or our own family. We feel that sometimes our heart is pounding or that we suddenly get chest pains and shortness of breath. Based on these experiences and their interpretation, emotions such as anxiety, frustration, guilt arise, which leads us to snacking, procrastinating, or taking things out on others. You can stop here for a moment and think about what your coping strategies are when you are dealing with unpleasant feelings.

In previous podcasts you have learned about the ABCD model. Let's get back to it now. A is the situation you are in, B - how you interpret that situation and your body's reactions. C - what emotions arise as a result and D - what behaviors this leads to.

So when assessing our own condition, we should look at it from a broader perspective, taking into account several elements. Firstly: what situation am I in and how is my environment currently affecting me? Has something changed recently that requires a lot of adaptation effort? Is the environment volatile, ambiguous and unpredictable?

Secondly, what is my attitude to it, so we are looking at the cognitive sphere - what is going on in my head. How do I interpret the situation I'm in? Do I perceive my resources as sufficient to deal with the situation? By resources, I mean everything that supports me: my experiences, skills, knowledge, intelligence, sense of humor, personality and character traits, willpower, social support? Do I more often react to difficulties or changes as to a danger or as to a challenge?

Thirdly - what is my mood and what emotions most often accompany me? Is it anxiety, depression, anger, frustration, disgust, guilt or helplessness, or rather hope, optimism, mobilization, joy or may be excitement?

And fourthly - how do I react in relation to this, what do I do, what decisions do I make. What do I do habitually and does it serve my health, my goals and values?

Stop here for a moment and reflect. What if for the next 5 years, every week of my life would be more or less the same as it does today – in terms of sleep hygiene, eating habits, relating to physical activity, learning and development. How do you build your relationships and connections with others? Is time your ally or your enemy? Will your habits make you healthier, stronger, fitter, more fulfilled, or will it be the exact opposite. It is often the case that we overestimate what we are able to do in the short term, and underestimate what we can accomplish in long term.

Some mental disorders will have their origin in an external, social situation, some will be biologically determined, but it is worth remembering that all these elements constantly influence each other, causing feedback loops. Therefore, we should pay attention to each of them and take care of our well-being within each of them.

The second topic worth covering are the areas of human functioning. Imagine four concentric circles, each next one inside of the previous. The innermost circle is the area of our comfort – very basic and important. How to tell if we're in our comfort zone? In a work-related situation it means, for example, that we can fully use our skills and feel great in a particular subject or that we feel flow – a state of total immersion and excitement about what we are doing. It can also mean enjoying satisfying relations with others. Comfort zone also includes rest, regeneration, pleasure, sometimes doing nothing or a bit of boredom, which often turns into creativity. Consciously being in our comfort zone is also essential for our nervous system's balance when its parasympathetic part is activated. The vagus nerve, which has a lot of important functions in our organism, also plays a big role here. Among others it's responsible for reducing inflammations. To quote Steven Covey, it's important to care for both production and production capability. It's this capability that we care for in our comfort zone, replenishing used energy.

The second, more outer circle, is the learning area. You can call it the discomfort zone because there we are subject to effort and emotional risks, including the risk of failure. It often includes doing difficult tasks, sometimes not very pleasant, but true to our values and allowing us to pursue our goals. It's an area where we often feel under pressure, but not unwell.

'Unwell' concerns the third circle – excessive risk. There first symptoms of overexertion and burnout appear and we may start acting against our own values. We cross the line by working too much, by engaging in too many activities or in issues that currently significantly exceed our resources or by doing something despite ourselves for a longer time. There are many reasons to cross that line – unknowingly getting into different commitments and obligations, having no skills required to set boundaries assertively, not being in touch with one's needs and values and, last but not least, not being mindful of one's own body – not reading or ignoring signals it sends out.

The last circle is a consequence of functioning in the risk zone for too long – it's an area of burnout and other mental disorders. Suffering appears there while negative emotions and states prevail, preventing us from functioning correctly and pursuing our goals. In advanced cases it even prevents us from performing simple, everyday activities.

In our lives we need to learn how to balance the comfort and learning zones in a flexible manner, without exposing ourselves to long-term risk concerning our physical and mental health. Growth is not necessarily about making ourselves and others uncomfortable – it's rather a process of expanding the comfort zone by strengthening our ability to act in difficult situations. A perfect example illustrating this is hardening oneself through recently increasingly popular winter swimming, which I also do. A short bath in freezing water, in safe conditions, makes our body more adapted to cold. Not only does our immunity improve, but we also increase self-trust and the understanding of how our body reacts in stressful situations. We can then use this stress efficiently to pursue our values and goals.

It's very difficult to determine what is actually normal and what is not, especially when it comes to our behaviors and symptoms. To unambiguously consider something abnormal some necessary and sufficient conditions must occur. It appears it's not that simple and there's no agreement on how to do it even in the scientific community, not to mention in common understanding. Of course, it doesn't mean the issue doesn't exist or that we cannot identify it. We can list seven elements of behavior which can indicate whether it departs from the norm.

Those elements are:

- 1) suffering although it's not a necessary or sufficient condition;
- 2) maladjustment – behaviors which disrupt our well-being and make it hard for us to realize our goals (e.g. when it comes to work or satisfying relations);
- 3) irrationality – when something seems not to have any rational basis, is weird or absurd. At workplace you can recognize it by frequent cognitive errors, such as catastrophizing (expecting the worst scenario to happen which prevents from taking action) or over-generalizing (e.g. when a coworker gets mostly positive feedback, but focuses on the only one piece of negative information and concludes it means he or she is terrible, has failed or cannot do anything properly, which is followed by an inadequate decrease in their involvement and motivation);
- 4) unpredictability and lack of control – when a behavior contradicts commonly accepted rules and we don't know the cause behind it (e.g. somebody suddenly starts crying, laughing or bursts out in anger unexpectedly)
- 5) rarity and unconventionality – these also aren't necessary and sufficient conditions, but when we add they are not socially desirable, we are inclined to consider them abnormal;
- 6) observer's discomfort – it usually is caused by breaking commonly accepted cultural rules, which makes it unpleasant (e.g. when somebody draws their face close to ours or uses vulgar words);
- 7) norms violation

We already know some general criteria which can help us recognize early signs of mental disorders, but what symptoms can there be and how to make recognizing them easier? Surely you are familiar with the APGAR score used in medicine to describe newborn's state right after birth (for example, skin color, pulse, reflexes or muscle tone are assessed). Some a priori set conditions allow to quickly assess the situation and, if necessary, immediately react in an appropriate manner. We can try an analogous method and divide mental disorder symptoms into areas in order to notice them more easily. and take action immediately if we suspect the situation is serious enough to require intervention.

Let's start with physical and biological symptoms.

Firstly, all sleep dysfunctions – problems with falling asleep, waking up at night, sleepiness during the day or waking up in the morning without the feeling of rest and regeneration.

Next symptoms are changes in appetite – either excessive appetite or lack of it, which can cause a change in body weight. Weight loss or gain of around 3% during a period of a few weeks can be disturbing (unless we are on a special diet).

Other signs are aches in the body, most often in the back and shoulders, and tension-type headaches.

Next symptoms are connected with emotions, mood and motivation. It usually starts with a constant low mood or mood swings, sadness, feeling of emptiness and hopelessness. We can feel numb and unable to experience emotions, as if everything else was happening behind glass. Our investment and motivation decrease. Not only do our goals and pursuing them stop bringing us joy, but with time we begin to have problems mobilizing ourselves to do every day activities, including neglecting personal hygiene. We also stop being involved and lose interest in personal issues of our closest ones, or feel we aren't strong enough to do it. We may also experience increased sensitivity to noises, smells, touch and many other situations in which we are affected by too many stimuli.

How can we notice it in other people? Someone, who used to seem to be invested and in a good mood starts to back out; either negative emotions and indifference or irritability prevail, just like in Klara's case.

There may appear insistent intrusive thoughts that are very difficult to silence. They often induce fear, shame, guilt or feeling powerless. We often begin to feel that we're doing badly, which increases the sense of guilt and feeling misunderstood by others.

If you notice such symptoms in yourself, don't wait and seek for help or consultation with a mental health specialist. Such specialists are also available in the Mental Comfort Program.

If you notice such symptoms in your coworkers, remember that you aren't supposed to be their therapist or rescuer. The best way of helping them is encouraging them to seek for support as soon as possible. Many of our discomfort reactions subside with time, but some of them may turn into a full-blown mental disorder, that's treatment may last for months or years.

One should pay special attention to early symptoms of professional burnout. We may observe them in four basic spheres: first, behavioral (related to behavior – there may be symptoms such as decreased productivity, increased absence, more frequent risk-taking, complaining, decrease of creativity, lack of joy coming from little pleasures, losing control over one's behavior, automatic reactions or tardiness).

Secondly, the symptoms occurring in the physical sphere – visible exhaustion, decreased endurance, more frequent colds or infections, tension of the body, disrupted coordination, occurrence of various pain ailments.

In the interpersonal sphere decrease of interest in contacts with other people, avoiding them and withdrawal, decrease of authenticity, e.g. putting on a „mask“ of good mood, change in openness and acceptance for withdrawal and contradicting, decreased ability of handling minor interpersonal problems, impulsive reacting with anger.

In the sphere of attitudes – a sense of emptiness and lack of sense, fluctuating between feeling of omnipotence and incompetence, cynicism, boredom, stereotyping and depersonalization, pessimism, mocking other people, suspicion, self-criticism, increased feeling of being defenseless against the world.

It's important to mention one more issue significant for managers and leaders – it's so called „masked“ depression or PHD (Perfectly Hidden Depression). Let's begin with the most common type of depression. What are the early alarms and what should we pay attention to? Most importantly, a decrease of energy, mood and difficulties in concentration and thinking. Simple activities become challenges and mistakes in actions and decision making may happen more often. There often appears a decrease of mood and joy of life or feeling of sense of life and drive for action. The things that used to motivate and drive us not so long ago lose their importance. It's much more difficult to organize oneself. It's easier to notice early symptoms knowing the questions asked during diagnosing depression, for example:

- Do you feel sadness or gloom?
- Do you worry about your future?
- Do you think you neglect your obligations?
- Are you pleased with yourself?
- Do you often feel guilty?
- Do you feel worse than other people?
- Do you get tired sooner than usually?
- Do you have a problem with appetite?
- Do you recently worry about your health more than usually?

If such symptoms persist for more than 2 weeks, we can conclude that it is heading towards depression. What does it mean that depression is „masked“ and is it possible that it's not visible in someone? Turns out that not only is it possible, but also very common (like Klara's case). It might apply to people who are active, can think clearly and find joy in e.g. successes of their children. What kind of behaviors do most often mask depression?

- Firstly, pursuing perfection along with constant critical, shaming internal voice. That's why some people find it hard to accept positive feedback.
- Secondly – excessive, disproportionate sense of responsibility, difficulty connecting to painful emotions; we silence and reject them.
- Excessive worrying along with a need of control over ourselves and our surroundings; intensive focus on tasks and deriving our sense of self-worth from realizing them.
- Caring about others and in the same time not letting them into our own world.
- Brushing off our own hurt and not showing ourselves any kindness, care and compassion; comorbidity of other sources of suffering, e.g. eating disorders, obsessive-compulsive disorders or addictions.
- Deep conviction that the source of well-being is noticing the bright side of our reality (the great trap of promoting „thinking positively“).
- Succeeding at work while having difficulty with emotional proximity with other people.