# Work related Stress, Anxiety & Burnout – The role of EMDR

A holistic perspective of change management: supporting mental health at the workplace for leaders.

Dr. Joan Camilleri

# OBJECTIVES

**★★★★**

Well being & coping with change - theoretical underpinnings

**ONE**

👍

**★★★★**

Change in leadership style & mental well-being – research outcomes

**TWO**

👍

**★★★★**

The role of de-sensitisation & reprocessing in maintaining well being

**THREE**

👍

**★★★★**

Experiential exercise Q & A

**FOUR**

👍

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The healthy psychological state of someone functioning at a satisfactory level of **cognitive**, **emotional & behavioural adjustment;**

The **stress** & **strain** experienced during life in general depends on:

- the quantity/severity of ongoing changes: *how much we deal with*

- our childhood introjects/attachment style: *what we need*

- one's personality & underlying presuppositions - *who we are:*

- our creative adjustments - *what we do* to cope, repetitive patterns.

# Levels of adjustment - from health to burnout
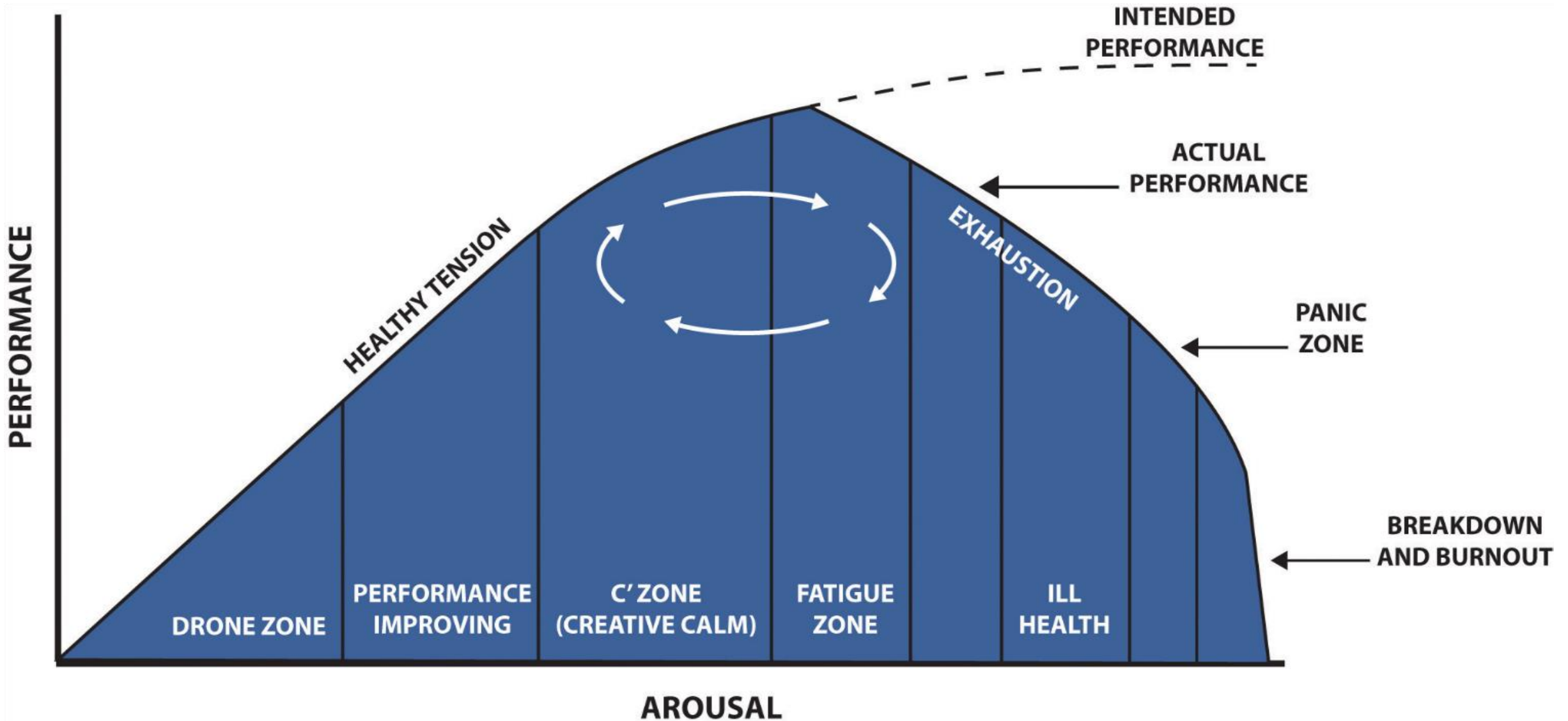
# Forms of Change

**Physical-sensory** e.g. growing physically older, changing venue; improving service provision.

**socio-cultural** e.g. promotion leading to change in social status, changing policy; change ways of formulating interventions;

**Emotional-transferential** e.g. enhancing the way we feel about and relate to others;

**Projective-imaginative** e.g. looking at life from a different perspective altering the way we perceive the world around us;

**Spiritual-intuitive** e.g. reconsidering our values and symbols that represent us; (Barber, 2006, 2012)

## Operational approach

- Creating a sense of urgency;

- Forming a guiding coalition;

- Developing a vision, mission & **strategy**;

- **Getting a buy-in**;

- Testing & adapting **strategies**;

- Setting up operations procedures;

- Evaluating/monitoring outcomes;

## Conceptual approach

- Causation by direct manipulation... implies output being well-calculated;

- Time is money...it should be used efficiently;

- Work is a resource...so employees are meticulously coordinated"

# The retention of the Industrial Age Mindset

## Efficiency

- Dividing work into set tasks
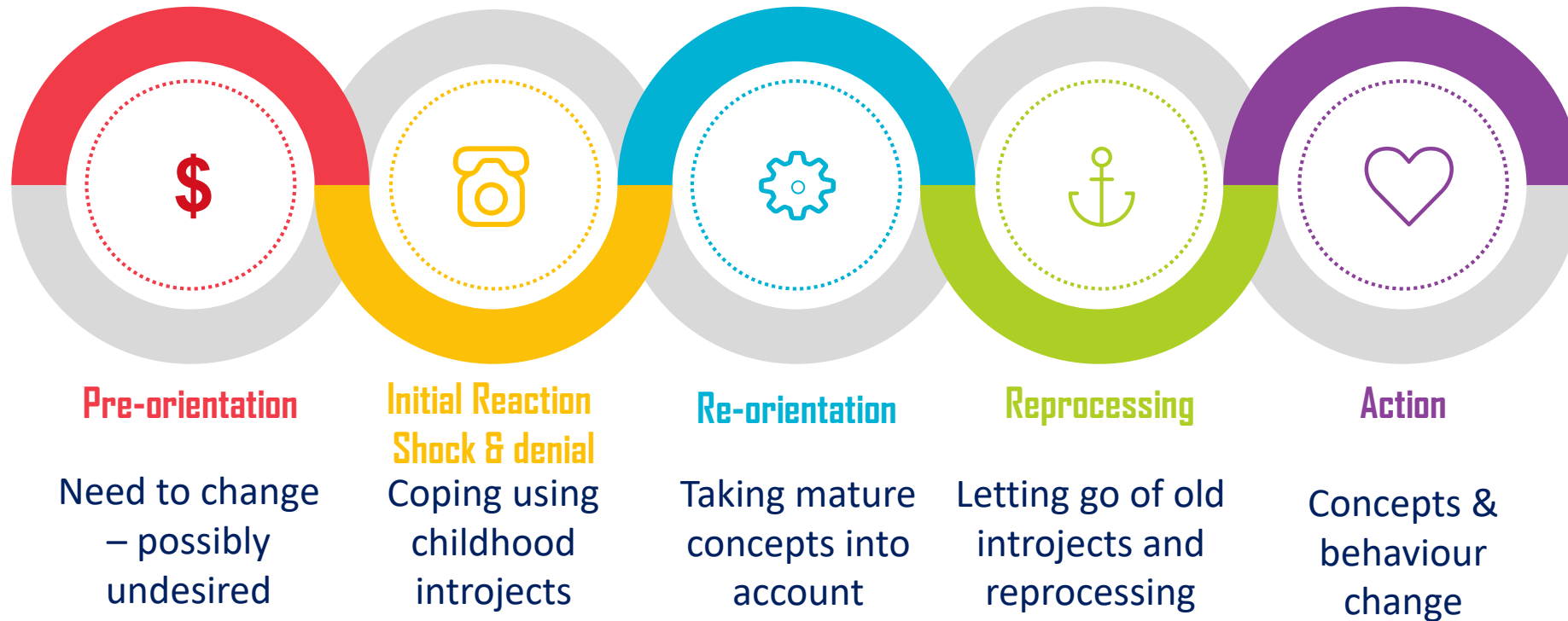- Machines were more important than people

## Replaceability

- When people get burnt they leave and are replaced: or
- Development of litigious unionized culture

## The downward co-dependent spiral

- A controlling approach breeds the need to control
- Disempowerment leads to de-responsibilisation

# MODELS OF TRANSITION

**Pre-orientation**

Need to change – possibly undesired

**Initial Reaction Shock & denial**

Coping using childhood introjects

**Re-orientation**

Taking mature concepts into account

**Reprocessing**

Letting go of old introjects and reprocessing

**Action**

Concepts & behaviour change

**A person, unaware of the desired external change & confused by inner re-orientation, will experience anxiety, feel helpless & hopeless, suffer mental ill health.**

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# The paradigmal shift proposed for the MNHCS in 2014 - ongoing

MNHCS attempts to change its corporate identity from a "mechanical hierarchical structure" to a transdisciplinary one (Grech, 2002:22). Heads are encouraged to change from:

- **technical administrators** ensuring availability of resources so clinical interventions by clinicians can be adequately carried out: to
- **team managers** promoting multidisciplinary collaboration in careplan creation/implementation, introducing SOPs & new services – some clinicians accept others do not.

**Heads attempt to change behaviour, but safeguard their identity & sense of self – easily reversible change.**

# Participants

| Status | | Training | | Motivation | |
|---|---|---|---|---|---|
| Public Health Consult. (2 females) | 5 | MBA | 9 | Interest in the topic under investigation | 9 |
| Executive Managers | 4 | Masters in Public Health | 4 | Interest in finding solutions for management issues | 4 |
| Technical admin. | 3 | Both Degrees | 3 | Introducing staff support/coaching in the department | 3 |
| Healthcare admin. (1 female) | 2 | CPD with no formal training in mgmt. | 4 | Recommended by others **(dropped out)** | 1 |
| Medical consult. | 2 | | | | |
| Financial controller | 1 | | | | |

Ages ranged between 31 and 58 years, years as leaders ranged from 3 mths to 20+ years

# METHODOLOGY
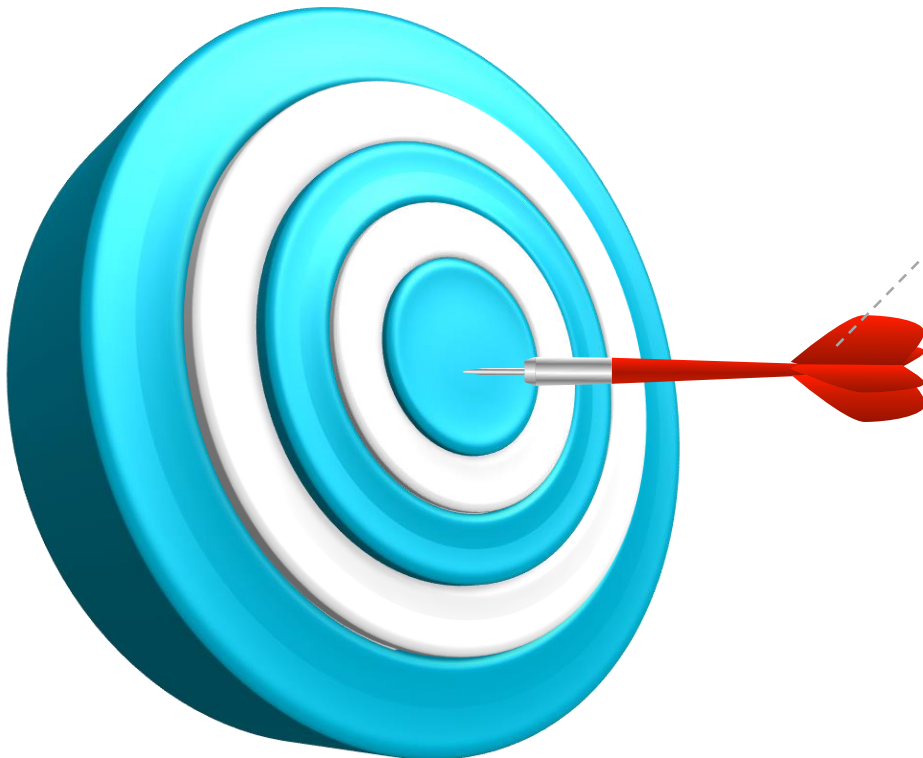
**Phase 1 Exploration**

**Phase 2 Themes and & Training**

**Phase 3 Metaphor analysis**

3 unstructured interviews with 17 participants: 1 yr

Phenomenological narrative analysis of interviews:

Arising themes checked with Heads

Themes translated into a training manual co-authored with Heads

7 week training programme meeting Heads once a fortnight

Heads supplied metaphors at the start of the Exploratory process & after training

Metaphor analysis indicates lack of trauma resolution.

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## The Militant Hero

Choses one's **champions**, drawing power from a militant source, to disseminate desired values, which may or may not be organisational metaphors.

## The Cunning Hero

Seduces staff to identify with one's vision by rewarding them, subtly instilling organisational metaphors as guiding concepts.

- Focus primarily on production/output, with little time for reflection
- Adjust to circumstances through a series of transitional crises, reacting in a conditioned manner, retaining  creative adjustments
- Experience difficulty accepting they are a "common person," "carrying out an extraordinary task" feeling frequently stressed

# Theme 2: Alienation-demotivation

**The Dream Fades**
- The Employee is good - The Boss promotes
- Heads become islands: the development of retroflection.

**Competition emerges**
- Moving closer, losing bearing: shame/doubt, loss of autonomy, identity crises.

**Feeling lost Anxiety**
- Getting lost in a vortex of helplessness and hopelessness.
- Moving away somehow: desensitisation, detachment, alienation & trauma.

**Autocratic group processes led to the development of a protective armour – training is not assimilated.**

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# Compassion Fatigue

- Emotional & physical exhaustion that affects us over time
- Decrease in emotional responsiveness
- Decrease in quality of care
- More clinical errors
- Increase in anxiety and depression
- Greater difficulty empathizing

# Theme 3:Tell me what to do so I know what to resist

**Boss's psychological reaction**

Boss: What you are still not finished? How patient I have to be with you!!!

**Observed social interaction**

Boss: Have you finished the spreadsheet. We need the result till the end of the day

Employee: I am working on it. I will have it ready in a couple of hours.

**Employee's psychological reaction**

Employee: I am tired and bored. I'll finish the work later on. Can't wait to end the day!!!

# The fault is in the way we look at our stars

Point 1: We focus mainly on output with little time for reflection.

Point 2: We are more rational left brain oriented

Point 3: We react in a conditioned manner by adopting familiar creative adjustments.

Point 4: We adjust to change thro' a series of transitional crises

Point 5: We may need to develop critical self-reflection, self-knowledge & to enhance our proactivity.
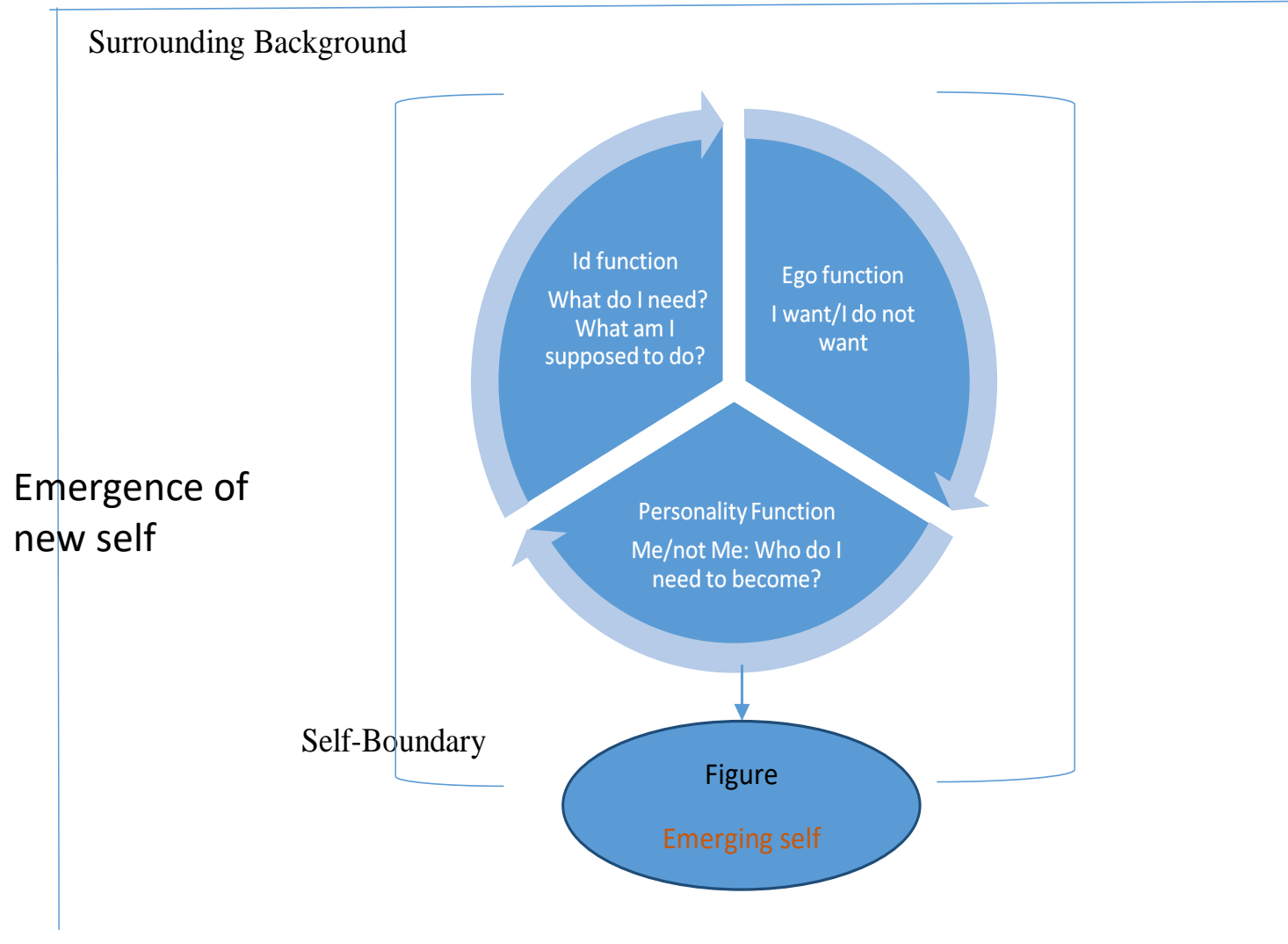
# DESIRED SKILLS - INNOVATION

***Critical self-reflection****:* Defined with the Heads as being skilled in knowing what one is thinking and feeling and how this is impacting on one's here-and-now. Including the ability to take a step back to see the whole picture and how one features in it.

***Middle mode****:* was agreed upon as involving creative indifference, oscillating meaningfully between other, self, and experience. This approach could support active listening skills, authenticity, leading to insight.

# Leaders' self-development

Surrounding Background

Emergence of new self

Self-Boundary

Id function

What do I need?
What am I supposed to do?

Ego function

I want/I do not want

Personality Function

Me/not Me: Who do I need to become?

Figure

Emerging self

# DEVELOPING AN OBSERVANT-PARTICIPANT STANCE

**POINT 1**

Maintaining sight of one's sense of self: what did you experience when?

**POINT 2**

Adopting an observant/participative stance allowing others to voice their feelings - how did you feel when…?

**POINT 3**

Enhancing self-awareness, awareness of the other and the interaction between the two; what happened to you - to them during your discussions?

**POINT 4**

Raising awareness how this influenced one's ability to read a situation correctly

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# Pre and Post training Metaphors

| Code | Pre training – reflected organisational | Post training – in the main anti-thetical to the organisation's |
|------|------------------------------------------|------------------------------------------------------------------|
| H1 | Ghandi/Mandela | a commutor "on the bus of change…I never looked at it from the perspective of how I was feeling. |
| H2 | Robin Hood – anti establishment | No change |
| H3 | The main rower in a boat | My boat had holes…the team & I have to fix them to move on. |
| H4 | Cogs in a wheel were all are imp? | A humped tree – which may spiral out of control. |
| H6 | Rowing a boat in a starless night | A runner, and they keep moving the goal posts |
| H8 | Julius Caeser | No change |
| H10 | The pivot around which all rotates | The old timer |
| H11 | The artist who does not fit in system | The gnarled pine tree, filtering the bad and generating positivity |
| H13 | Dough…it's soft…yet can harden…provides protection to other ingredients, it's simple… yet…very versatile | The driving instructor being given a lift by an ex-student |
| H14 | The chess player | The chess player with more tricks up one's sleeve after the training |
| H15 | The passenger on the roller coaster | The old person in the tribe…I can give a nugget of advice to anyone about anything. |
| H17 | The lone ranger | The god creator having job satisfaction |

# Training outcomes

- ➢ The Training brought the Heads in touch with their psycho-emotional state, and their need for support.
- ➢ It enhanced their communication skills and increased their awareness about critical self-reflection.
- ➢ Metaphor gave them a voice to express their unaccepted feelings & underlying fears, which the organisational shame-blame narrative habitually precluded them from expressing.
- ➢ Their reaction to the above was habitual – while retaining their power and control behaviour they tried to show themselves and me that they had actually done what was expected of them
- ➢ It brought them in touch with the need to be authentic and to have healthy attachments but did not encourage them to risk being authentic because they were still traumatized by what had happened to them and afraid of letting down their guard.

# The case of Eric

➢Eric is a middle manager with a staff of 20 on the shop floor. He missed a promotion on account of his over-assertive manner with the staff.

➢He went out on sick leave. The company doctor visited him at home diagnosing a mild anxio-depressive state.  He refused medication and was sent for psychotherapy.

➢I was not his first therapist.  He agreed to do EMDR if it helped him keep his job and could support his being promoted in the future.

# Therapy starts

➢**Session 1 Floatback**: 'My father was a strict man. He was ok really but he used to send me to bed without food if I did not do my HW' **Touchstone memory,** crying in a dark room, feeling hungry, wanting the door to open – negative cognition **I am bad**

➢**Session 2/3:** Eric began to suffer from lack of sleep. Session uncovered that hungry, Eric could not sleep. Negative cognition "**I am stupid"** positive cognition **"I am good"**

➢**Session 4/5:** Eric understood that he acted within a pattern of **"If I am not the best I am useless"** ensuring obedience through verbal aggression. Positive cognition **"I am able."** Eric began to sleep better and to go to work rested.

➢**Sessions 6: Installation of Resources:** A discussion about previous positive work experiences supported Eric to identify which skills had led to the previous promotions leading to the positive cognition "**I have achieved."**

➢**Session 7 ongoing:** Eric is now working on how to bring up his two boys who are showing hyperactivity. The psychiatrist told Eric his sons do not have ADHD and that probably this is the result of the fighting between the couple.