Burnout and Other Women's Health Challenges: How to Overcome the Number One Threat to Health and Vitality

A Teleseminar Session with
Joan Borysenko, PhD
and Ruth Buczynski, PhD

The National Institute
for the Clinical Application
of Behavioral Medicine

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Contents

A complete transcript of a Teleseminar Session
featuring Joan Borysenko, PhD and conducted by Ruth Buczynski, PhD of NICABM

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Dr. Ruth Buczynski: Hello everyone! I want to welcome you to this program on women's health. We have a wonderful program lined up for you tonight. But first, I just wanted to say hello and welcome!

We have practitioners calling from all over the world, from all kinds of time zones. It's daytime and nighttime and, frankly, it's in the middle of the night for many, many people. Wherever you are calling from, thanks for taking the time out of your schedule. Thanks for organizing a late lunch, or an early breakfast, or whatever you had to do to be here on this call. Thanks for taking the time and it will be so worth it to you!

We are all kinds of practitioners. We are nurses, psychologists, social workers, counselors, physicians, physical therapists, occupational therapists, clergy and many other professions that I may have missed. There also are some lay people on this call, and you are absolutely welcome as well. So thank you!

I want to now introduce my very, very dear friend – we've been friends for I can't think of how long, I guess from 1989.

This is Dr. Joan Borysenko. She has a PhD in cell biology as well as being a psychologist. She is so well known because she was the first to develop the Mind/Body Institute with Dr. Benson at the Deaconess Hospital in Boston.

She is a pioneer. Before she and Dr. Benson developed the Mind/Body Institute, these ideas weren't in hospitals. Hospitals thought it was pretty silly. Because of her work and because of the success of her first book, *Minding the Body, Mending the Mind*, which was published in 1987 and which I would still recommend to you if you don't have it yet, this whole concept of mind/body medicine took off and became institutionalized as a legitimate way of looking at things.

She has at this point published 14 books. We are going to talk about a few of them. We'll be mentioning them throughout our conversation on women's health. The one I'm so excited to tell you about right now is her most recently published book, *Fried: Why You Burn Out and How to Revive*.

Joan, thank you so much for being part of our call!

Dr. Joan Borysenko: You are very welcome, Ruth! You do such wonderful work and all the people listening to you are really fortunate, because you bring all the leading edge concepts together so very well.

Dr. Buczynski: Thank you. Let's jump right in, because we've got a lot to cover here.

I think I'd like to start with the role of spirituality in women's health. You, our conference and I have been talking for years about evidence from numerous studies that demonstrates that people with strong spiritual beliefs tend to be healthier, happier, and they tend to recover more quickly from illness and surgery. Can you discuss some of those studies?

What is Spirituality?

Dr. Borysenko: I can. A number of them has been done at the Duke Center for Theology and they have implications for medicine. The current director there is Harold Koenig. They've published, at this point, probably 60 or more peer-reviewed studies over the last 30 years. So that center has been there for a very long time.

One of the studies that really strikes me in this particular field is a chaplaincy study. For example, you can create a study, which was done, of two matched groups in the hospital of those who had surgery. One gets the regular care plus a visit from a volunteer. The second group gets the regular care plus a visit from a trained chaplain. This gives them the opportunity to speak about their illness in the context of their life to a very good listener and who allows all of the underlying feelings, context and connections to come up.

> "The group that talked to a chaplain for one hour got out of the hospital two days earlier, needed half the amount of pain medication and made 50% fewer self-initiated calls to nursing."

The group that talked to a chaplain for one hour got out of the hospital two days earlier, needed half the amount of pain medication and made 50% fewer self-initiated calls to nursing. All the nurses out there will be excited about this! That's an old study. It's more than 10 years old, Ruth. It was actually done at the VA Medical Center near Boston.

In any case, when we look at many of these studies what we see is that spirituality has a wide range. What is spirituality? Spirituality has been defined by Brother David Steindl-Rast, who is a very interesting Benedictine monk, simply as our deepest sense of belonging and connectedness. That pulls it out of specific belief systems.

> "Spirituality has been defined... simply as our deepest sense of belonging and connectedness."

But for other people it's a very specific belief system. In many of the Duke studies they are looking at attendance at religious services, reading scriptures at home, whether it's Christian scriptures, Muslim scriptures, or Jewish scriptures. Now we are taking a deeper look at these questions of what spirituality is and whether there's a common denominator.

For me, in terms of the work that I have done, I would say that the common denominator in spirituality is a faith in something larger than what a person sees at the moment. That faith may be, of course, in God. That faith may be that whatever goes on in our life is an opportunity to look at yourself and the world more deeply, to develop more compassion, to become more skillful.

> "...the common denominator in spirituality is a faith in something larger than what a person sees at the moment."

There are many different kinds of faith. Faith that is in the larger unfolding, the faith that life is meaningful turns out to be important for our health, as we said so clearly at the beginning of our conversation, for better outcomes after surgery and faster recovery times from illness. Faith is also one of the three core keys to resilience.

When difficult things happen to people, when there's trauma, those who are able to recover from the trauma and also somehow incorporate it into their life in a way that increases the richness of that life – that's

"...those who are able to recover from the trauma and incorporate it into their life in a way that increases the richness of that life – that's what resilience is about. It's making the difficult life transition into something transformative."

what resilience is about. It's really making the difficult life transition into something transformative. That requires faith.

Dr. Buczynski: Is there any way that a practitioner, let's say a nurse practitioner working with a patient, can give information or advice or encouragement to take the spiritual path and spiritual focus?

Dr. Borysenko: I think so. The first is to simply make a connection. If we go back to the basic definition of spirituality as our deep sense of belonging and connectedness, if you are simply talking to a patient, relating to a patient and saying something one is encouraging spirituality.

For example, when I ran a cancer clinic, I used to say to my patients, "You are going through a really difficult passage here, because you've been diagnosed with illness, and this is kind of like a rite of passage. At the time of diagnosis I know how shocking that is. It seems like the world you know has come to an end. Now you are in this period of uncertainty. But you know there'll come the time when you come out of the period of uncertainty and you start life again, but with new eyes."

Having made that context, then I would go on to ask them a question. The question is this, "Most people or many people have some idea about why they are ill and, of course, some don't. I'm just wondering about you. What do you make of this illness?" Boy, so many spiritual beliefs will come up right around the answer to that question.

"At the time of diagnosis... It seems like the world you know has come to an end. Now you are in this period of uncertainty. But you know there'll come the time when you come out of uncertainty and you start life again, but with new eyes."

It comes organically from the patients. It is allowed to surface through the quality of your own listening to the person you are caring for. Then somebody will say, "Well, this is what happened. I don't know what the reason for it may be." But they may also say something like, "I think anything can be used as a lesson for growth."

Somebody else might say something very pessimistically, "My life is like this. Everything sucks. I mess up everything I do," very much like Seligman's attribution theory. One can then take a look at that and help a person look at their own beliefs.

"Sometimes an old religious idea from youth that you haven't thought about in a long time suddenly resurfaces when you get sick and you find yourself really crippled by childhood belief. I found that a lot with young gay men...so many of them were thinking they've somehow offended God."

Then, of course, there are people who'd say, "Well, you know, I must have done something terribly wrong and I'm being punished for my sins." That's why as a healthcare provider in a hospital setting I knew our chaplaincy department really, really well. Very often people really needed to discuss the depth of their faith with somebody.

Sometimes an old religious idea from youth that you haven't thought about in a long time suddenly resurfaces when you get sick and you find yourself really crippled

by childhood belief. I found that a lot with young gay men at the beginning of the AIDS epidemic, Ruth. So many of them were thinking they've somehow offended God. They really were so grateful for a chance to work through that and many of them were able to work through it and come to a much better and more authentic connection with themselves, with their lovers, with their family and with the source of being. However, what they most appreciated was that creative source of being.

The Role of Spirituality in Women's Health

Dr. Buczynski: Joan, let's talk for a minute about women's spirituality and women's health. Do you see spirituality playing a different role in women's health than it does in men's?

"I think spirituality plays the same role... whether we are a man or a woman. I think very often when it comes to women, there's an additional component."

Dr. Borysenko: I think spirituality plays the same role in human health, whether we are a man or a woman. I think very often when it comes to women, there's an additional component. I saw this quite a bit in clinical setting.

There is a subset of women who kind of threw the baby out with the bath water. They are not interested in spirituality because they mistake it for religion and they may have been part of very patriarchal religion where they felt they were cut out or felt women were secondary citizens. I have found it very, very interesting to explore with women their idea of what God is, when it's appropriate, of course, but it often is.

For example, I found women who had abortions very often cut off their connection to God, if they had one, because they feel guilty. Exploring that feeling can be such a freeing thing for people. It's so important. So there are particular women's issues, where spirituality is likely to come up.

Dr. Buczynski: Okay. I think mothering would also be an issue where spitituality could come up. Women have so much pressure to be a good mother and guilt about never being able to be good enough.

"There is a subset of women who...are not interested in spirituality because they mistake it for religion and they may have been part of very patriarchal religion where they felt they were... secondary citizens."

Dr. Borysenko: Yes, there's that. Before we even get to mothering, there's the big subject of infertility, Ruth. There was a study done a number of years ago by Alice Domar. I love Alice's work on infertility. This is when having mentored someone makes you just get goose bumps all over.

I was a mentor to Alice when we were both at the New England Deaconess Hospital in Boston in the 1980s. Since then she's gone on to form her own women's health center in Boston dealing with issues of infertility.

The piece of research that she did in the mid-1980s showed that women who had problems with infertility, had the same well-being scores as patients with AIDS. Considering that AIDS at that time was a rapidly fatal disease for which there was no effective treatment, tells you how difficult infertility is for women.

Any very difficult medical situation like that brings up the questions of "Why? Why me?" and that often brings up feelings of "because I'm not good enough," "I did something wrong," classic pessimistic

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feelings. When those get tied together with religious thinking, then you get religious pessimism.

It was during that time I was working with people with AIDS and recognizing what was going on with infertility that I thought that we don't address spirituality well in medicine, in nursing or in particular, in psychology. I thought, I'm going to address that. That was actually when I wrote a book called *Fire in the Soul: A New Psychology of Spiritual Optimism*.

Dr. Buczynski: That's one of my favorite books that you've written. I love that book!

Dr. Borysenko: Thank you. It's really an invitation to look at meaning. That's what illness really is – it's an invitation to look at meaning.

So I've always been very, very excited about sitting with other health professionals who are asking those questions. How can I really be a good listener? How can I listen for the spiritual without straying into any kind of religious dogmatism? It's an art.

"Illness really is an invitation to look at meaning...Life is just simply good medicine."

If I was looking at it outside of the medical context, I would call that art spiritual direction. That is helping somebody to look for the movement of something greater, spirituality in daily life. There's absolutely a role for that in medicine, whatever you call it. Life is just simply good medicine.

An Invitation to Look At Meaning

Dr. Buczynski: Yes. I want to point out that what we are talking about here – illness as an invitation to look at meaning – we are not trying to say that if you are ill, it's because you did something wrong or it's your fault or because you are a bad person. It's really harmful to convey that, in any way. Patients will sometimes come up with that conclusion, but that certainly is not something we want to imply. It's not like we are Job's friends thinking "Job, why did you get these boils?"

Dr. Borysenko: For sure. I don't want to give my soapbox speech, but my soapbox speech is everybody gets it all. All the great saints have gotten ill and died and that's what happens to the rest of us.

"The idea...is not to blame yourself and say, 'I deserved the illness because...' but to say instead, 'Well, here I am, based on where I am, what becomes most meaningful to me?'"

The idea nonetheless is not to blame yourself and say, "I deserved the illness because…" but to say instead, "Well, here I am, based on where I am, what becomes most meaningful to me?"

For example, this is a non-illness example, but it's something similar. We had an enormous wild fire where I live in Boulder back on Labor Day of 2010.

Our house was at the epicenter of that wild fire. We were sure it had burned down, because we fled from a 100 foot wall of flames. Amazingly, it didn't burn down. Twelve of our neighbors' burned down.

As I look out of the window now, Ruth, there are ridges upon ridges, thousands and thousands and thousands of trees that have been reduced to these charcoal things they call snags. Suddenly, in a moment, just as it happens when you are diagnosed with a very challenging illness, everything changes on its own. The question is not "Did I do anything bad to cause the wild fire?" because I didn't. But what are the revelations that have come about? How ideal was this fire?

For me, this is my faith, It has been really very, very important to me in coping with it, to managing the grief of it, to coming to a point where I can actually look out at what used to make me cry, which is the destruction of the environment.

Instead, I can see the promise now that even though those snags are going to remain, I can see more details of the mountain, maybe aspen trees and new birdlife are going to come.

When I look at clearing and the dead trees on our own property, I start to think we're not going to clear cut. There are some trees that may have a little life in them. Others will make wonderful habitats. Suddenly, my relationship to the land, my relationship to myself and my relationship to possibility has changed. I actually feel that there's been a tremendous deepening of my spiritual life because of the fire.

> "We are talking about something very different, and that is coping with the context of meaning. We know from studies that people who are good copers are people who are able to put things into a perspective where they are meaningful in a positive way."

Dr. Buczynski: In a sense, your relationship to the tragedy changes.

Dr. Borysenko: Exactly, and that's what we are talking about. We are not talking about that old thing of "Oh, you gave yourself cancer," because we know that kind of thinking not only is harmful, but it's simply not true. We are talking about something very different, and that is coping with the context of meaning. We know from studies that people who are good copers are people who are able to put things into a perspective where they are meaningful in a positive way.

A Psychological, Spiritual, and Biological Approach to Burnout

Dr. Buczynski: That story was a great segue. Let's move on to the whole concept of burnout. Today, in our call, I'd like to approach burnout from a variety of aspects – psychological, spiritual and biological I think burnout is something that women experience so significantly. Can we start with the definition?

> "If you are emotionally exhausted, you feel like there's no room for one more thing... You start to shut down. Or you find yourself over-emotional. Anything just puts you over the edge."

Dr. Borysenko: Yes, we can. Fortunately, the research literature can help us with the definition of burnout.

There is professor of psychology at Berkeley whose name is Christina Maslach who developed a scale to measure burnout. It's the Maslach Burnout Inventory. It's been used in many of the academic studies of burnout. It identifies three components of burnout syndrome.

The first one is emotional exhaustion. If you are emotionally exhausted, you feel like there's no room for one more thing. You

just can't take anything else. So you start to shut down. Or, on the other hand, you find yourself over-emotional. Anything just puts you over the edge. That's emotional exhaustion.

The second aspect of the scale Maslach calls depersonalization. In the medical field, we call it compassion fatigue. You lose your empathy. Even new studies of medical students show that their empathy plunges in their third year. They are starting to burn out. They are starting to worry about their clinical skills and whether they are good enough. They don't have enough autonomy over what they are doing. All those things conspired to burn you! They are overwhelmed.

So compassion fatigue is a very big component of burnout. Particularly, in any of the healing arts, I truly do believe that the relationship is the large part of the healing. If you lose your capacity for authentic relationship, patients don't comply well with their treatment, they are much more likely to sue you or the system, and things really start to break down, and that's a big deal.

> "...relationship is the large part of the healing. If you lose your capacity for authentic relationship, patients don't comply well with their treatment."

To review, we've covered emotional exhaustion and depersonalization (loss of empathy or compassion fatigue).

In the third component of burnout there is a loss of confidence and competence. You just think you lose some of your ability to be effective at what you are doing. That's not at all surprising, because when you burn out, you can barely think straight. You can be sitting and staring at your computer screen and nothing much is happening. There is just not much life for us in there. There's not much creativity. There's not much chi.

> "While burnout is stressful, it's not caused by stress. That's a very, very important distinction."

In this syndrome it is easy to say, "Hey, we are fried, the culture is fried, we are all overwhelmed, we are all overcommitted." But here's the distinction. When we are overwhelmed and we are overcommitted, which we are, we are inundated with so much information it's impossible. For most of us we will never, if we live to be a million, be able to answer all of our emails – that's stressful, but that's not the same as burnout. While burnout is stressful, it's not caused by stress. That's a very, very important distinction.

People, when they are stressed, are able to rise to the occasion and they even work harder. A certain amount of stress , I think many of your listeners will remember this from the work of Hans Selye , is what Selye called *eustress*. It's a good stress.

It gets you out of the bed in the morning, it's the deadline that says that you have to get off your rear and organize yourself and make this a priority to get it done.

It's the same thing when company is coming and you look around your house and it's a mess. It's like bam, and in half an hour, it's amazing what you can do to straighten things up. Stress can be good.

> "When stress does get unmanageable, it's a gateway to burnout. But you don't get burnout just because you are stressed."

When stress does get unmanageable, it's a gateway to burnout. But you don't get burnout just because you are stressed. There are certain personality variables and environmental variables that contribute to, what I call, the three-fold burnout monsters.

For example, it's sad, but people who have big dreams are more likely to burn out.. It's wonderful to have dreams. We have to have dreams. Yet, sometimes it's really, really difficult to achieve those dreams. The gap between what we dream for, what we hope for and the reality of the situation can be so disheartening that we fall into that gap and burn out.

I think that happens to a lot of people in the medical field. For example, what a medical practitioner wants to be able to offer patients and what they can offer in a 15-minute visit, is so far apart. They feel, "Oh my God, I'm just doing paperwork here and risk management… This is not what I signed up for. This is not my dream." They burn out.

That's why until the recession we saw just a generalized hemorrhaging of nurses moving out of the system. They are really trained in a much more relational model, I think, than physicians. When you can't practice what you were trained for and what makes your heart really happy, you burn out and leave. Because of the recession, there are fewer nurses leaving, because it's harder to find another job. But fewer nurses leaving mean more nurses burning out. It's a great difficulty.

"You are more prone to burnout, if you've got an important dream. You are also more prone to burnout depending on your temperament and childhood experience."

You are more prone to burnout, if you've got an important dream. You are also more prone to burnout depending on your temperament and childhood experience. For example, Martin Seligman's work on pessimism and his work on learned helplessness as a risk factor for depression or actually a behavioral model of depression, when you've had childhood experiences where you felt helpless.

For example, I ran away from camp when I was seven years old, because I was bullied so I went and ran off. I was captured a few hours later walking down the dusty road. I'd stopped at a woman's house to call my parents to say "Pick me up," and she called the camp. It was clear I was a refugee. I was taken back to the camp, made to stand on a table all day long. They made me an icon of "Don't do this". Then I was kept a prisoner in my bunk for the rest of the summer.

That leads to helplessness. When you've tried to act in the world, you've used your sense of agency, and you've gotten a big message – it doesn't matter. You're going to be pushed down. So people like me, who had experiences in childhood, maybe abusive experiences, neglectful experiences, are more likely to be able to be made helpless by other experiences later on in life.

That makes us more likely to think pessimistically, and when something difficult happens to attribute it to "It's all my own fault." This is straight from Seligman's. "It's all my own fault, I mess up everything I do, and that's the story of my life."

"So people like me, who had experiences in childhood, maybe abusive experiences, neglectful experiences, are more likely to be able to be made helpless by other experiences later on in life."'

So if you think about falling into burnout gap, having a dream and having difficulty with that, you are really more likely to fall into that gap if that is your historic thinking style and brain trace.

What was true for me, why I really decided to focus on burnout at this point in my career, Ruth, is that I've burned out in a rather spectacular fashion twice in my career. The second time

"Burnout is stressful. You are prone to all the stress related disorders...70-90% of doctor visits are stress related."

I didn't even realize it was burnout. I thought I had chronic fatigue syndrome.

There are actually a dozen stages of burnout that a couple of psychologists, Freudenberger and North identified in the 1970s when they first identified the syndrome and used the term burnout.

They've identified 12 stages that start with overwork and go through stages like you lose your values. In other words, if your priority is with family, and suddenly you are just working yourself to death and ignoring your family, you begin to feel so miserable and empty inside that you want to self-medicate. It might be drinking too much, or eating too much, or any of the ways we are likely to self-medicate.

Of course, because burnout is stressful, you are prone to all the stress related disorders. We also know from research that 70-90% of all visits to family practice docs are for stress related disorders. Or things that get better by themselves, like colds or flu, which are also partly stress related disorders because of the hit that the immune system takes under acute or chronic stress.

At the end stage of the burnout, it really culminates in complete physical and mental collapse. We used to call it "having a nervous breakdown." But it looks a great deal like depression. For me, the physical changes showed up chronic fatigue. I went to my doctor. She did a thyroid test; it was all right. She looked at my heart and lungs. She said to me, "I don't know, maybe it is stress."

Well, it wasn't exactly helpful, because primary practice physicians are not trained for the most part in what burnout is or how to recognize it. What they are trained to do is recognize depression. Of course, when you want to sell antidepressants, which big pharma would like to, because they are extremely profitable, we suddenly found scales that measured depression everywhere, all over the Internet and in doctor's offices.

"The end stage of burnout culminates in complete physical and mental collapse. We used to call it having a nervous breakdown. But it looks a great deal like depression."

Finally, my doctor said to me, "Well, maybe you are depressed," and gave me an antidepressant, I took it as an experiment and I lasted for 10 days. I had the syndrome that's often reported in the literature where I became extremely restless. It felt like a chemicalized madness coming on. I was restless, I was anxious; I started to get extremely judgmental and snarky toward others. I didn't get to the point where I felt like killing somebody; that actually didn't happen. That was it for the antidepressants. I gave those up.

I went to an acupuncturist who said, "Your chi is terrible! I've never seen one that bad! You've got bad chi!" I thought, "My God, I'm not gonna live until next week!" I went to a rolfer, I went to a massage therapist – I did it all. Nobody, actually, including my therapist psychologist, looked and said, "You are actually burned out. You are showing classic symptoms. Let's take a look at this. Let's reflect. What is it about your life that has led you down this path?"

Here I am. I'm a psychologist. I'm very fortunate I have great work. I've been able to publish books. I have a beautiful family. You look at this and you say, "What's wrong with this? What is this?"

The Stages of Fried

I really, really had to look at myself. Part of the reason I was interested in *Fried* was the fact that I wanted to learn more from me. I figured if I got *fried* and didn't know the way out of it or who to see, what about everybody else?

"Part of the reason I was interested in *Fried* was the fact that I wanted to learn more from me. If I got *fried* and didn't know the way out, what about everybody else?"

This is not just a workplace phenomena that your corporate healthcare needs to take care of. Anybody can be fried. You don't even have to be working. A single mother can easily be fried. Any parent can be fried. That gap between what you want for your children and all of the forces of society, makes it difficult. If you are a perfectionist, it's pretty hard to raise a child and you're likely to be fried.

For that reason, too, I think women – because so many of us now are working mothers – have a great likelihood of becoming fried. This is one of the biggest risks to our physical and emotional health.

I know this is long, but I'd say one more thing and I'll be quiet. I'll give you an example, about learning about the *stages of fried*.

I had a book launch recently, just about a week ago, and I had been working up to that. As you can imagine, given my particular personality, worrying like, "Oh my goodness, is this book going to make it?" and all those kind of things plus working very, very hard, working around the clock, doing interviews and contacting people.

"I think women – because so many of us now are working mothers – have a great likelihood of becoming fried. This is one of the biggest risks to our physical and emotional health."

Truly, by last weekend I was feeling emotionally exhausted and I found I was feeling snarky. That's the compassion fatigue. I'm feeling judgmental. Of course, you take that out on the people who are closest to you. I was snarky toward my husband. I was snarky toward our dogs.

I was starting to feel how burned out people feel. You want to isolate yourself. You don't want to see anybody. You just want to sit and stew in your own misery and negativity.

"I remember our friend Loretta Laroche has this great chapter called *The Tombstone No One Wants*. It says *Got everything done, dead anyway*."

Then I got a migraine headache, and I thought to myself, "Joan, you are the poster child. This is it." I said, "Okay. It does not matter what I have to do this weekend. I have to be my first priority." I was already feeling so depressed, Ruth, I had to think how I was going to get myself out of this. What is it that would bring some joy and pleasure into my life right now, today?

I actually ended up going to the yarn store which I haven't been to in years and finding the supplies to knit a dog sweater. You've got to dig deep down for what reignites some joy and passion and start from there. Then I took the rest of the weekend off. I remember our friend Loretta Laroche, one of her books has this great chapter called

The Tombstone No One Wants and I thought greatly and lengthily about her tombstone, which says "Got everything done, dead anyway."

The Low-Down on Antidepressants: Belief over Biology or a Bio-Chemical Miracle

Dr. Buczynski: We've touched on many parts. I've been tracking you and we've circled all around our agenda, which is really fine, but I'm going to just circle us back a little bit.

You've talked a little about depression. I want to spend just a little more time on it. One of the things you cite in your books is the statistics on antidepressants. Americans use 2/3 of the world's supply of antidepressants.

Dr. Borysenko: We do, and we are not very happy. If you look at the United Nation's Happiness Index, we are all the way down on the list.

But I've also been fascinated with recent research, up to 10 years ago. Irving Kirsch has been doing research on the placebo effect. Of course, I'm very interested in that, because that's so much of mind/body medicine. If you believe something will help you, it often does. In fact, in some cases up to 60% of the effectiveness of something is due to the placebo effect.

"If you believe something will help you, it often does. In fact, in some cases up to 60% of the effectiveness of something is due to the placebo effect."

In fact, a study that came out a couple of weeks ago showed that the placebo effect works, even if people are told that something that they are given doesn't work, which is amazing.

Kirsch did a study with his colleagues about 10 years ago looking at antidepressants. At that time, he found that antidepressants were barely better than placebo. Here was the thing. Because he did meta-analysis, a study of studies, there was a lot of data from the clinical trials that the drug companies had not submitted to the FDA. They were basically studies that didn't show much.

When all of the studies, no matter what they showed were included, Kirsch found that antidepressants were no better than placebo, except for hospitalized people suffering from the most severe cases of depression. Of course, that is not most of us who are running around with symptoms of depression. It's certainly not for people who are burned out. You need to make different life choices and that doesn't come in a pill.

"When are antidepressants appropriate for people? I think we need to look at that question no matter where we are in the medical profession."

But when you think you are desperate, you take a pill and then in many cases you'll see an improvement. Although in many cases, for people like me, those drugs can be difficult to take. I couldn't even get to the point of the placebo effect. I just knew if I keep taking this, it's going to be a bad scene.

When are antidepressants appropriate for people? I think we need to look at that question no matter where we are in the medical profession. I say in *Fried* that if you are taking an antidepressant and it's working for you, leave well enough alone. That's for sure.

It's very important I think for all of us to school ourselves in what the literature has to say.

There's some new research that says there's a gene that may code for depression. Is depression more than the pessimistic thinking of Seligman? Is there something biological?

Is depression a serotonin deficiency? Actually, I'm thinking it's not. The research on that is really pretty dicey. Some of the new antidepressants in Europe actually lower serotonin and still work. So the jury is out.

"Is depression more than the pessimistic thinking of Seligman? Is there something biological?"

Is it Depression or Burnout: How Can We Tell and How Should We Treat It

Since depression looks so much like burnout, the question that we need to ask, is somebody depressed or are they burned out? It's not so easy to tell. There are studies that found that, the sleep patterns are little different in people who are burned out and people who are depressed. Depressed people are more likely to wake up in the early morning, whereas burned out people have trouble falling asleep, but sleep fine once they are asleep.

"Since depression looks so much like burnout, the question that we need to ask, is somebody depressed or are they burned out? It's not so easy to tell."

Burned out people, in general, look a little livelier than people with depression.

Here's the important thing. You take a burned out person out of the environment that's burning them out and they come back to life. That's why I think it's so important if someone is burning out to take some time and unplug, even if it's a weekend. Go away, get out of your usual environment and begin to reflect. What is it that's burning you out, that's burning you up, that's burning you down?

We are so adaptable as human beings that we learn to function in situations which are not so great to function in. We need to take a look at that, so that we can begin to make choices that are more life-giving. It's all about how you connect with the vitality and aliveness and passion that really feeds you, nourishes your body, your soul, and nourishes the good work that you do.

"Here's the important thing. You take a burned out person out of the environment that's burning them out and they come back to life."

I think it is good, even if you are not burned out, to look at that at least once a year. What's nourishing you? Are you doing it? How are your boundaries? Are you giving away your life force? What's up?

Dr. Buczynski: Let's spend a little bit of the time talking about childhood roots of burnout. Both depression and burnout can come from childhood trauma. Let's talk about that.

The Role of Childhood Truama in Depression and Burnout

Dr. Borysenko: There's a study, and I'm sure many of your listeners are aware of it, called The ACE Study. ACE is an acronym for Adverse Childhood Experiences. This study was done in Kaiser Permanente. There is a whole series of studies that came out of that.

The great thing about Kaiser Permanente's San Diego site is that they really do a fantastic history of childhood experience. I think this is very, very important.

Kaiser Permanente was offering programs to help people who were obese lose weight. They found that there was a high dropout rate. That is not surprising. But what did surprise them was that people who dropped out were often the people who were actually doing the best in losing weight.

> "The higher the score of Adverse Childhood Experiences, the more childhood situations you're suffered, the more you are likely to be ill in later life."

So they sat with those people and asked the question, "Why have you dropped out?" They heard stories like the one from a woman who said, "Well, I've dropped out because I was raped as a teenager and I gained 100 pounds that year. I feel safe with this weight on me."

They began to recognize that the higher the score of Adverse Childhood Experiences, the more childhood situations you suffered, the more you were likely to be ill in later life. There are eight varieties of these childhood situations which can include rape and abuse, a depressed person, a person with mental illness in a home, emotional abuse, physical abuse, or contact sexual abuse.

It was completely like a dose-response curve. It's quite remarkable. It seemed impossible that this has not been known before.

For example, people with ACE score of 4 or more are 5,000 times more likely to be depressed. As a medical scientist, I used to get all excited about, "Oh, this is significant! It's a 0.01 level." I'm not used to "Wow, this is 5,000 times more likely!" It's quite amazing.

Over 50% of that Kaiser Permanente group had ACE scores of 1 or above. 1 in 4 had ACE scores of 2 or higher. 1 in 16 had scores greater than 4. Those scores perfectly predicted future mental and physical health, as well as behaviors, like drug abuse, smoking, alcohol abuse as a direct correlation.

It's interesting because I came from a great family, Ruth, but for a variety of reasons I have ACE score of 4. I had a mother who was alcoholic, I had the childhood experience at camp, I had a sexual abuse experience with a service person. When I added it all up, I thought no wonder I'm more prone to burn out.

I look at other things, from migraine headaches to immune disorders that I had over the course of my life and I'm grateful for all of the healing that I've had. It has helped me really look at those Adverse Childhood Experiences.

The first author of the ACE study is Dr. Vincent Felitti and he's the director and founder of the Department of the Preventative Medicine at the Kaiser Permanente medical group. He teamed

> "...the difficult behaviors that we have, smoking or overeating, are not problems to be solved. They are actually people's attempts to solve their problems and make themselves feel better."

up with Robert Anda, another physician from the Centers for Disease Control and Prevention in Atlanta. Their studies have been just wonderful.

"If you are abused as an 8-year-old, 50 years later, as a 58-year-old, that abuse is a prime determinant of your physical and emotional health."

Here's what Felitti wrote in a journal article that really got me. He said that most of the things, the difficult behaviors that we have, smoking, for example, or overeating, they are not problems to be solved. They are actually people's attempts to solve their problems and make themselves feel better.

He said, "We saw that things like intractable smoking, things like promiscuity, use of street drugs, heavy alcohol consumption, etc., these were fairly common in the backgrounds of many of the patients. These were merely techniques they were using, these were merely coping mechanisms that had gone into place."

When I looked at the statistics from the Kaiser Permanente study, 22% of the middle class population reported childhood sexual abuse on their questionnaires. When they were asked how this affected them later in life, it wasn't forgotten, it was there. But it was hard for anybody to believe that if you are abused as an 8-year-old, 50 years later, as a 58-year-old, that abuse is a prime determinant of your physical and emotional health.

I think this is very, very important, this idea that time does not heal. It only conceals the root of illness and dysfunction due to these Adverse Childhood Experiences.

"...time does not heal, it only conceals the root of illness and dysfunction due to these Adverse Childhood Experiences."

Dr. Buczynski: Throughout this year NICAMB will be looking at these issues several times. First, when we get into the *New Brain Science Series* which will follow this *Women's Health Series*. Later in our *Trauma Series,* we'll also look at the role of Adverse Childhood Experiences. Even though we study these areas a lot, they are not well enough known and studied enough.

I'd like to spend a little time on revival from burnout. In your book you say that revival from burnout is always recovery of lost authenticity. That statement seems loaded with meaning. Can we spend a little time on that?

The Science of Women's Empowerment

Dr. Borysenko: We can. Let's get back to women, because we are really talking about women's health.

I think for many women our conditioning has been to do for others, to give to others, to please others, to serve others. There's nothing wrong with that, when it comes from the place where my heart is full. I have the energy to do that and I can see that I need to do this.

Sometimes we've got to do this whether or not our heart is full and our energy is good. God forbid we've got a spouse with Alzheimer's, parents who need care, or things of this nature. There are times that we have to give regardless.

Often women are socialized simply to keep on giving. For example, they are doing everything for

everybody else – for the kids, for the spouse, for their friends, for whatever – and ignoring themselves. Women are known for ignoring themselves and for very poor self-care.

> "Often women are socialized simply to keep on giving. For example, they are doing everything for everybody else – for the kids, for the spouse, for their friends... Women are known for ignoring themselves and for very poor self-care."

This leads to burnout. There's just no doubt about it. Pretty soon you do get emotionally exhausted. You realize that what you are hoping for, the dream that you are hoping for is to please everybody. That people will look at you and they will love you because you are such a supportive, good human being.

You are always falling short of that. It's impossible to please everybody. There are always things that are undone, people who are uncalled, thank you notes that are unwritten, people you care about who you fall out of contact with – oh well, because life is so speedy! This is the prime cause of burnout.

Sometimes we hear – at least I do – the metaphor "Put on your own oxygen mask" so often that it makes me want to throw up. But the fact of the matter is there's truth in that statement. If you have nothing to give somebody else, what is the point? You are going to be dying off and what you do give them is really sometimes not your best, often not your best.

So for women particularly, I think we need to make an honest assessment of our boundaries and what we want to do and give authentically. I'll give you a personal example of that.

In my life, because I've written 15 books and some of them have done quite well, there are constant calls and emails from people, manuscripts in the mail - "please review my manuscript and give me a quote."

The truth of it is to review a manuscript takes for me at least a half day. If I get 30-40 of those in the course of the month, which sometimes happens, it's very clear that it will become my full time job. I won't be able to do anything else, but review other people's manuscripts.

When I was younger, not that I could ever review all of them, I felt compelled to review as many of them as I could. Then, if they weren't very good, I would spend hours trying to write some feedback about what was good about it and what needed to be improved, etc.

I was really burning out, doing other people's work. That's an example of how you can do other people's work. I finally put essentially a moratorium on reviewing manuscripts. It has to be from somebody whose work I know very well and I respect very deeply, or it has to be something that somebody I know well and respect very deeply says, "Joan, this one might be worth taking a look at." Maybe I'll look at a couple a month. That's all.

I have to do that, because where does that time come out of? It comes out of my time for exercise. If I don't exercise, my mental health really goes into a bad downward spiral, as well as my physical health. I'm at that age where it's truly use it or lose it. I've got to keep moving or I'll rust in place.

> "Guilt is much more common in women than men, no question about that. Not only does the research literature say that, but Erica Jong had a funny and somewhat sexist quote about it. She said, 'Show me a woman who isn't guilty and I will show you a man.'"

Dr. Buczynski: I think that for women guilt is a big issue. "I have to take care of everyone!" It makes me think of your second book, *Guilt is the Teacher, Love is the Lesson*. It's hard to say no or to not be; it's almost easier to get sick sometimes than to say no.

"Guilt seems endemic to the feminine condition...Guilt is the fear that our own authentic self, the who we are, is simply not good enough."

Dr. Borysenko: That's exactly right, and I hear that from women all the time, because I also run a lot of women's retreats. I'm very interested in women's studies and as you know I've written three books that are entirely for women.

One of the things that women say is rather than feeling guilty, I'd rather take it out of myself. I don't care if I get sick. That's crazy, but that's common thinking, because the feeling of guilt for many women is so great. "If I don't please somebody, they are not going to like me."

Early on when I wrote *Guilt is the Teacher, Love is the Lesson* I thought to myself, "We really need to make a distinction between guilt and shame," which is people pleasing and the need for recognition that comes from such a deep feeling of "I'm really not worthy to take up this piece on Earth." If somebody realizes that I'm not worthy and not doing enough, I'll be abandoned. This is like the earliest fear, like Romulus and Remus being left on the hill to be eaten by wolves, unless you please everybody.

Guilt is much more common in women than men, no question about that. Not only does the research literature say that, but Erica Jong had a funny and somewhat sexist quote about it. She said, "Show me a woman who isn't guilty and I will show you a man."

Guilt seems endemic to the feminine condition. That is something that we need to be looking at, because at a certain point guilt is really not about what we are doing or not doing for others.

Guilt is the fear that our own authentic self, the who we are, is simply not good enough. This is why I talk about developing a sense of authenticity, of recognizing our own strength and our own weaknesses, of recognizing unhealthy boundaries for ourselves. What do I really want to do?

"In a way, our body energy, our body itself is a form of guidance. It's a form of spiritual guidance."

I think one of the things we need to look at as women, is if something comes up and we are asked to do something, how does our body respond to that? Do we want to do that? Does it increase our vitality and our life force? Or does it make us suddenly feel achy or tense or even dead and anxious inside? It's a form of guidance.

"Our authentic self is our connection to something larger...It's our most organic self, and we need to allow it to be expressed. When we can't, we can say, *Well, what can I do within reason here*?"

Some of those things we have to do anyhow. But some of them we don't have to do at all or we could delegate. We really need to be able to look at that and to say, "In a way, our body energy, our body itself is a form of guidance. It's a form of spiritual guidance."

I use spiritual here, because I would say that our authentic self is our connection to something larger. It is the true us that's not conditioned and prone to all the usual blocks and things that

we have internalized. It's our most organic self, and we need to allow it to be expressed. When we can't, because it's not a perfect world, we can't always express our complete authenticity, but we can look at that, be aware of that and say, "Well, what can I do within reason here?"

Dr. Buczynski: We are out of time and I so wish we had more time to go through this, because there's still so much that we haven't covered even in the agenda we prepared. But I want to say a couple of things to everyone

One, I'm going to send you the link to Joan's most recent book *Fried: Why You Burn Out and How to Revive*. You might check out some of her other ones I've mentioned, *Minding the Body, Mending the Mind* and *Guilt is the Teacher, Love is the Lesson*. One of my favorites was *Fire in the Soul*. Some of them are written especially for women, for example, *A Woman's Journey to God*.

The other thing I'm going to do is send you a link to a comment board. This is our community board. As a community we've been listening to this call tonight and it's important for us to continue that dialogue. It's your chance to participate in the dialog now by going to the comment board and talking about how you are going to use what you've heard tonight. What will you do differently tomorrow with your patients or maybe even with yourself? What impact will this have on you? It's only going to make a difference if we use what we've heard tonight.

So please look for our email. It'll come out in a minute or two probably. Take a look at those links.

Joan, thank you so much for being on this call. You've been a good friend to me and NICABM for so many years. Thank you for all that you've done for our profession, for women and for patients, and all of the articulate ways that you put these ideas together and the way you integrate spirituality into what we know about science and medicine. Thank you so much for your life's work up to this date.

Dr. Borysenko: Thank you, Ruth. One of the good things about getting older is that you look back and you say it is the body of work that I've been able to do. I'm so grateful to you for helping me really get that work out there at your conferences and teleseminars.

Dr. Buczynski: I'm looking forward to seeing you this year in Hilton Head when we get ready for our conference this December.

Dr. Borysenko: Same here.

Dr. Buczynski: So everyone, I'm going to sign off now and say good night to you all. Thank you again. I know that many people listen at inconvenient hours, but I think it's important that we all listen together and be part of this community. So thank you!

Go to the comment board now and continue the dialog that we've just begun here tonight.

Take good care! Good night.

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About The Speaker:

Joan Borysenko, Ph.D., is an internationally known speaker in spirituality, integrative medicine, and the mind/body connection and has a doctorate in medical sciences from Harvard Medical School. She is a licensed clinical psychologist, the best-selling author of numerous books, and a journalist and radio personality.

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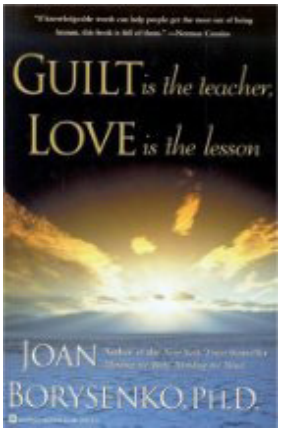

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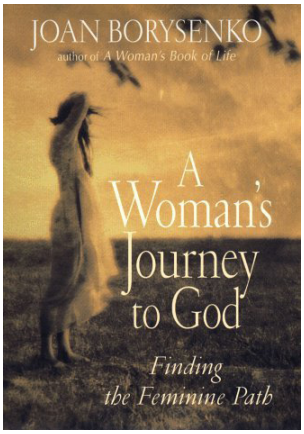

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