



Sven J. Matten · Markus J. Pausch

Depression, Trauma, and Anxiety

In Management
and Public Affairs

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The Aim of this Guide for those Affected, Relatives, and Professional Helpers

1

In this publication, we would like to discuss a topic that is often taboo in many top management circles: the need for psychological support for top managers, CEOs, board members, and public figures in general. In many countries, it is already common to seek psychological support in leadership positions. In others, however, there is still some reluctance in this regard. In this book, we want to shed light on psychological dynamics and present practical solutions. Even top managers should not find it impossible to seek psychological help. Perceived weaknesses can be developed into individual strengths.

1. Cultural factors and stigma:

Not only Germany has a long history of work ethic and self-control. There is still a certain stigma associated with admitting weaknesses or insecurities. Top managers are often seen as “strong” and “unshakeable” personalities. Admitting mental health issues can be interpreted as a sign of weakness.

2. High performance pressure:

Top managers are under enormous pressure to deliver results and constantly perform at their best. This pressure can lead to high stress and mental strain. Nevertheless, many feel that they have to cope with this pressure alone, as they are in leadership positions and are expected to always be in control.

3. Lack of time and prioritization:

Top managers often lead a very work-intensive life and have only limited time resources. Psychological support requires time and commitment that many are unwilling or unable to provide. Other professional obligations are often seen as more important.

4. Risk to professional reputation:

Disclosing mental health issues can be seen as a risk to one's professional reputation. In the business world, there are still prejudices against people who seek psychological help. This can lead to concerns that one's career may suffer as a result.

5. Lack of awareness and education:

In Germany, as in many other countries, there is still a lack of awareness and education regarding mental health. The importance of prevention and early intervention is often overlooked. This makes it difficult for top managers to recognize the signs of mental strain and respond appropriately.

6. Lack of corporate structures:

Companies often lack clear structures or programs to support the mental health of their executives. This makes it difficult to initiate the process of psychological support. Even if such structures are already established, they are mostly not usable by the top management. The problem starts with the confidentiality of the discussed contents, goes over the billing of the corresponding health insurance or arises at the latest in the next conflict-laden meeting, in which unpleasant decisions have to be made, as the person may have made himself vulnerable.

7. Approaches to solutions and recommendations:

It is important to raise awareness of the importance of mental health and to break down prejudices.

Companies should develop clear programs and structures for the psychological support of their executives.

The executive level should lead by example to reduce the stigma.

Top managers should understand that seeking psychological support is not a weakness, but a sign of self-care and responsibility.

It is advisable to consider psychological support as a preventive measure to better cope with the stress and strains of the leadership job.

Overall, it is crucial that we destigmatize the issue of mental health at the top management level and take measures to promote the mental health and well-being of top managers. Only in this way can we ensure that these executives can effectively fulfill their tasks while remaining healthy and balanced.

To enable the above, it is necessary to give the respective top manager himself the opportunity to take care of his mental health. This requires an understanding of the corresponding psychological dynamics and their effects in a first step. In a second step, then learning the appropriate handling of it and the conversion to one's own advantage.

In this context, we have also decided to refrain from using negatively connotated and technically inaccurately defined terms such as "burn-out" from the outset. The term stress spectrum disorder, which we have newly introduced, we would like to be understood as a completely value-neutral definition, which simply refers to the symptoms that occur as a result of stress, which we will elaborate on in the coming chapters.

In order to meet a broad approach, we address on the one hand those affected by, for example, depression, trauma, and fears, generally formulated all types of stress spectrum disorders. This particularly in the target group of public figures such as top managers or board members. At the same time, we also address relatives as well as the target group of professional helpers such as therapists or business coaches and mentors.



The Role of Stress/Stress Spectrum Disorders

2

Stress plays a central role in many different manifestations for the physical and mental well-being of humans. It represents a “force” from outside or inside, which throws humans out of their psychosomatic balance. This leads to discomfort, which can be perceived at different levels.

It can lead to a “physical” discomfort. It can lead to pain, tension, dizziness, nausea, etc.

The discomfort can also be “psychological”. This leads to fears, mood swings, circular thoughts, and more.

Stress can also manifest itself in discomfort at the “behavioral level”. In this case, certain things can no longer be done, or can only be done with much more energy, e.g., concentrated work. However, it can also be the case that certain things have to be done in a very specific way, e.g., in the form of obsessive thoughts or compulsive actions.

Finally, it can also manifest itself as “social” discomfort. When this occurs, it often also leads to disturbances and difficulties in relationships. For example, friendships can no longer be maintained.

Effects of Stress	physical symptoms
	psychological symptoms
	behavioral symptoms
	social symptoms

There are many different models to explain the development of psychological symptoms, syndromes, and disorders, each of which is usually already influenced by a therapy school. Each model of origin is based on certain assumptions, prerequisites, i.e., premises, under which the development is explained. These fundamentally influence the

explanation itself. The fewer assumptions are needed for an explanation, the better the explanation.

In the development of psychological symptoms, many different influences often play a role. These different factors have been taken into account in the following models.

2.1 The Bio-psycho-social Model

The so-called bio-psycho-social model (Engel 1977) is a model for explaining the development of psychological symptoms and disorders, which takes into account three core areas of human life, namely

- biological factors: e.g., genetics, injuries, diseases,
- psychological factors: e.g., learning experiences in development, emotional and social competence, stress, pain,
- social factors: e.g., social and economic conditions, working conditions, ethnic affiliation.

Due to the fact that this model takes into account several factors, it is referred to as multifactorial. These different factors, i.e., biology, psyche, and social, condition each other, there is a dynamic equilibrium within the factors themselves and between them. If there is a restriction in one factor, this can be compensated by another. If there is an overload in one factor that can no longer be compensated, or if there is a restriction in several factors, symptoms develop. In this dynamic system, the human body always strives to achieve a balanced state as much as possible. Symptoms or even diseases and disorders occur according to this model through a complex, mutually influencing interaction of body, soul, and environment. Here, a further distinction can be made under the following three factors.

- Predisposing factors: These are susceptibilities, a tendency to develop a certain symptom or a certain disorder. These factors are, so to speak, the Achilles heels at which an individual is particularly vulnerable. Examples: genetic disposition, body structure.
- Triggering factors: These include all those influences that lead to the development of a certain symptom at a certain point in time. These are very concrete stresses, e.g., stress.
- Maintaining factors: Both the affected person and the environment react to the occurring symptoms in a certain way. These reactions can lead to the symptoms not disappearing and taking a chronic course.

2.2 Vulnerability-Stress Model

Another general model for explaining the emergence of psychological symptoms and disorders is the so-called vulnerability-stress model (Zubin and Spring 1977; Wittchen and Hoyer 2011). This model partly builds on the bio-psycho-social model and extends it somewhat.

As already in the bio-psycho-social model with the predisposing factors, the vulnerability-stress model assumes an individual susceptibility to certain psychological symptoms or disorders and refers to them as vulnerability. This is different for every human being. Some are more “vulnerable” to certain forms of stress than others. Moreover, this vulnerability is only to a limited extent a static size. Although every human being is born with a certain vulnerability and retains certain forms of vulnerability, it is also possible to change one’s vulnerability through individual growth and development, or through regression.

If there is a high vulnerability, symptoms only occur at very high stress. With a low one, however, symptoms occur even with less stress.

There are two central factors that determine vulnerability. These are innate factors on the one hand, and acquired (learning history) factors on the other.

In addition, this model says that the mere presence of this vulnerability is not enough for symptoms to occur. There must also be additional occurrence of stress or strain.

The way people now deal with this stress is referred to as coping, and that’s why stress management strategies are also called coping strategies. These coping strategies are influenced by both the innate factors, e.g., how exactly the hormonal stress reaction in the body is (rather a very fast and intense reaction or rather a slow and moderate one), and by the learned ones (e.g., are there self-calming strategies that can be used). Coping strategies are person-specific and not very dependent on the respective situations, which means that people react very specifically for themselves across situations. Here, some people have a very high flexibility, i.e., they have a large, broad and deep repertoire of coping strategies and can thus react very flexibly in different situations. Other people do not have this. However, as already mentioned, coping strategies are learned strategies, which means that expansion and further development are possible at any time.

In the vulnerability-stress model, particular emphasis is placed on the interaction of acquired (learning history) susceptibilities and stress in the development of psychological symptoms/disorders.

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