

Occupational Stress, Psychological Distress, and Psychoactive Substance Use: A Clinical Case Study

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Abstract

Case Report

Occupational stress has become a major global issue, affecting workers' mental health and well-being. Increasing pressures in the professional environment have led to a significant rise in psychological distress among many individuals. To cope with this growing pressure, individuals resort to coping strategies and defense mechanisms, including the use of psychoactive substances. **Objective:** This study aims to highlight the complex interactions between occupational stress, psychological distress, and the use of psychoactive substances, with a focus on the underlying psychological processes of this comorbidity in a clinical case. **Method:** A clinical study was conducted on a Moroccan worker who presented both chronic occupational stress and cannabis dependence, with a thorough psychodynamic analysis. **Results:** The psychodynamic analysis of clinical cases revealed that personal factors, such as low self-esteem, lack of self-confidence, poor self-management, alexithymia, introversion, and narcissistic gaps, can be precipitating factors for stress. They can also lead to psychoactive substance use, which is used as a defensive and adjustment mechanism to restore psychological balance. **Conclusion:** Occupational stress weakens an individual's psychological resources, leading them to seek psychoactive substances as a means of defense, anesthesia, and avoidance of psychological suffering, in a form of self-medication.

Keywords: Occupational stress, psychological suffering, psychoactive substance use, defensive mechanisms, adjustment, clinical study.

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1. INTRODUCTION

Stress is a growing and concerning problem in the workplace, affecting millions of people, including in Morocco. Due to increasing demands in the professional environment, more and more individuals are suffering from psychological distress at work. To cope with this suffering, workers often deploy adjustment strategies and mobilize defensive mechanisms. Among these strategies, the consumption of psychoactive substances (PSs) emerges as a potential defense and adjustment mechanism, allowing temporary relief from the stressful reality of work, alleviating emotional distress, and mitigating intense pressures.

International and national studies have highlighted the extent of occupational stress in various professional sectors. For example, European Union experts found that work-related stressors were more frequent than physical constraints among workers (European Foundation for the Improvement of Living and Working Conditions, 1992). Similarly, an American

study showed that a significant proportion of the active population complained of excessive workload and described themselves as "psychologically exhausted" at the end of the day (Galinsky, Bond, & Friedman, 1993).

In Morocco, a study conducted among 120 nurses working in hospitals in the city of Marrakech (Bouhoud, Khebiza, & Khatir, 2019) showed that occupational stress was significantly associated with anxiety, depression, and somatization among Moroccan nurses. Factors such as patient identification, guilt, and lack of social support were also identified as occupational stress factors.

In 2019, a cross-sectional study aimed to measure stress levels among 320 textile industry workers in Morocco (including 180 women and 140 men) and identify the most common stress factors in this population. The results of the study showed that the level of occupational stress was high among workers, with a prevalence of 65.6%. The most common stress factors

were related to work organization, lack of social support, and relational problems with colleagues and supervisors (El-Houari, El-Asri, & Tairi, 2019).

In summary, these studies highlight the extent of occupational stress both in Morocco and in other countries, as well as in various sectors of activity. Stress factors such as high workload, lack of support, and pressure to achieve objectives have been identified as important determinants of this problem. It is essential to better understand occupational stress and develop appropriate intervention strategies to preserve workers' mental health and well-being.

This study aims to explore the impact of occupational stress on the consumption of psychoactive substances (PSs), focusing on understanding the psychological processes in this comorbidity from an illustrative clinical case. By adopting a psychodynamic approach, we seek to analyze the complex relationships between occupational stress, psychological suffering, and PS use.

We have chosen a psychodynamic analysis to address the coexistence of consumption and/or addiction behavior and occupational stress, as an analytical tool for this study, as well as other factors contributing to PS consumption.

The main objective of this clinical study is to explore in depth the significant subjective experiences of occupational stress in the clinical case. This involves identifying specific occupational stressors, understanding the complex relationships that the individual has with their work, and analyzing their experience in terms of pleasure, suffering, and defense mechanisms against this suffering. We will also examine the impact of these experiences on mental health and the possible recourse to PS consumption. Furthermore, this study aims to propose an original understanding of the underlying psychological mechanisms of this comorbidity.

The methodology of this study is based on semi-structured clinical interviews and clinical observations. This rigorous methodological approach will allow us to deepen our understanding of the links between occupational stress, psychological suffering, and PS use as a defensive and adjustment mechanism.

2. Theoretical Framework and Conceptualization

2.1 Work and its Psychological Function

Work occupies an essential place in social life and human existence (Belhaj & Haddiya, 2007). It contributes to the psychological maturation of the individual, which depends not only on manifest aspects such as salary and working conditions but also on latent aspects represented by psychological compositions such as time structuring, a sense of usefulness, satisfaction of the need to create, explore, and reveal one's talent, etc. In

this process, the subject is transformed by work, just as they transform the world around them (Castro, 2004).

In fact, the impact of work on mental health, including the psychic apparatus, cannot be underestimated. It can be a source of pleasure, psychic and somatic balance (Dejours, 2016), or imbalance and physical and mental exhaustion which, in the long term, leads to negative effects and promotes the development of chronic stress, burnout, and other psychopathological manifestations. Indeed, work plays a determining role in the processes involved in the development of mental health, as well as in the triggering of psychopathological disorders (Dejours & Gernet, 2012).

2.2 Occupational Stress and its Dimensions

Occupational stress is a physiological, emotional, and behavioral response to a work situation perceived as threatening, demanding, or exceeding the individual's ability to cope (WHO, 2022). It manifests through the activation of physiological, cognitive, psychological, and social mechanisms that cause suffering and alter a person's relationship to their work. The use of defensive and adjustment strategies to manage stress expresses in a polymorphic way the psychological suffering caused by this inability to face the demands of the work environment.

Occupational stress represents a major challenge for mental health, having significant repercussions on the physical and psychological well-being of workers. It is considered a risk factor that can lead to serious consequences on the physical and mental health of affected individuals, including anxiety, insomnia, asthenia, fatigue, loss of appetite, decreased motivation, and reduced job satisfaction (WHO, 2022; Harvey *et al.*, 2017). In the long term, untreated occupational stress can increase the risk of developing more serious mental health disorders, such as anxiety disorders, mood disorders (WHO, 2022), and post-traumatic stress disorder. Furthermore, studies have shown that occupational stress can also affect workers' physical health, notably by increasing the risk of cardiovascular diseases (Nieuwenhuijsen *et al.*, 2010; & Kalia, 2002).

2.3 Psychoactive Substance Use as a Defensive and Adjustment Strategy Against Occupational Stress

Stress disrupts and weakens the individual's psycho-physiological balance. To restore homeostasis, the person will instinctively tend to seek an easy and quick solution to face the psychological suffering due to professional discomfort. Among the solutions is the consumption of psychoactive substances.

The consumption of psychoactive substances can be considered an adjustment and defense strategy, a means of relieving anxiety or internal tension caused by the constant demands of work. Indeed, this use can act as a catalyst for psychological ailments triggered by

stressogenic factors present in the professional environment, such as overload, lack of recognition, relational difficulties, etc. In response, workers deploy various defensive and adjustment strategies to cope. Among these strategies, the consumption of psychoactive substances (PSs) emerges as a defense and adjustment mechanism. Thus, it can serve as a means of temporary escape from the stressful reality of work, relief of emotional distress, and mitigation of high pressures and demands of the professional environment. Thus, it is possible that the use of psychoactive substances has a protective function for the individual's psychic balance (Glover, 1932) in the face of stress experienced as painful.

To better understand the link between occupational stress, psychological suffering, and PS consumption as a defense and adjustment mechanism, this clinical case study adopts a psychodynamic approach as an analytical tool. It aims to analyze the coexistence of consumption and/or addiction behavior and occupational stress, in order to deepen our understanding of the psychic mechanisms underlying this comorbidity.

3. METHODOLOGY

This study aims to develop a more holistic understanding of the complex interactions between occupational stress, psychological suffering, and the consumption of psychoactive substances.

Semi-structured clinical interviews were conducted to gather detailed information on a representative clinical case of a Moroccan worker facing chronic occupational stress and cannabis use. Clinical observations were also made to observe the subject's behaviors and clinical manifestations.

4. Clinical Vignette

Our case is a 29-year-old man, married and father of one child. He is the second of four siblings and comes from a middle socio-economic background. His academic path was average, and his education level is limited to high school.

Since 2017, he has been working as an operator in a cable factory in Morocco.

The history of the illness reveals that our subject started consuming cannabis (in the form of joints) at the age of 27, irregularly, in response to stress experienced during the hiring phase. This consumption aimed to alleviate anxiety triggered for the first time during this work phase. It was accompanied by sporadic alcohol consumption and daily tobacco use. He denies any consumption during his adolescence, except for tobacco which he tried at the age of 16.

Initially, he sought the anxiolytic and soothing effect of cannabis. Consumption, often solitary, occurred

in the evening, with small quantities of cannabis (2 to 3 joints per day). Gradually, a tolerance phenomenon set in, leading to an increase in daily consumption (up to 15 joints per day). As a result, our case lost control of his consumption and became dependent on cannabis. This dependence manifested through an imperious and irrepressible desire to consume the substance (craving), as well as unsuccessful efforts to reduce or control his consumption. Moreover, he presented withdrawal symptoms such as headaches, irritability, nervousness, sleep disorders, loss of appetite and weight, depression, and asthenia. This consumption became drug addiction, characterized by daily, intense, and compulsive use of joints to alleviate the withdrawal effect.

His professional environment was a major source of stress for him. He attached great importance to his work, which provided him with moral and material satisfaction as well as a sense of personal accomplishment. However, the objective characteristics of his work, including work overload, tense climate, low support, poor communication, high demands in terms of quality and quantity of production, and lack of autonomy were the source of deep anxiety for our subject, marked by the emergence of significant physical and psychological symptoms (severe palpitations, chest tightness, respiratory discomfort, difficulty falling asleep and interrupted sleep, loss of appetite, concentration difficulties, hypervigilance, intense fear, and feeling of helplessness). These symptoms may reflect a state of distress and suffering caused by stress, exhausting the subject's resources and finding a place for its expression through somatization. In response to this distress, the subject sought to alleviate his discomfort by resorting to cannabis consumption.

The use of this substance was perceived as a means of relieving anxiety related to helplessness and frustration stemming from the inability to adapt to the demands of his new job. This new professional environment, involving a new experience in a new city, separation from his family, the need to work in a team, required technicality, competition between colleagues, demanded rigor, extended workday, need for speed and precision in gestures, manual dexterity, ability to concentrate mental activity on the prescribed task, as well as necessary endurance in the face of often repetitive gestures, represented a complex set of challenges. However, rather than appeasing his anxiety, cannabis consumption had the paradoxical effect of further exacerbating the subject's anxiety and psychological distress.

Psychodynamic Analysis

The psychodynamic analysis of our clinical case highlights several important aspects. First, our subject presents introverted personality traits, shyness, reticence and social inhibition (avoidance of social activities requiring interpersonal contacts), emotional inhibition, difficulty verbalizing his feelings, even an

abrasion of affects and "alexithymia," where emotions are inaccessible to speech and are expressed more through bodily sensations. Indeed, the expression of affects will be substituted by action and by the production of bodily sensations "corporization" through the consumption of PSs. Dispersion, which refers to a defensive mechanism consisting of dispersing a painful emotional feeling through an action or addictive behavior (Pirlot, 2014), this mechanism is closer to alexithymia. In this regard, McDougall (1984) considers addictive behaviors as the expression of a re-somatization of affects due to the inability to elaborate them.

These characteristics can be interpreted as defense mechanisms against anxiety and stress. Our case also presents weak self-assertion, self-depreciation, and low self-esteem "a person with low self-esteem is more likely to experience stress in stressful and debilitating professional situations" (Don Hellriegel, John Slocum, 2012). Indeed, studies have shown that workers who experienced difficulties asserting themselves were more likely to experience occupational stress when faced with conflicts with their colleagues or superiors (O'Connell, P., & O'Shea, D. 2018; Vahedian-Azimi, A., *et al.*, 2017).

Escape into a world of one's own can be interpreted as a form of fantasy, where the individual mentally withdraws from the stressful reality to find a sense of security and satisfaction. This can be interpreted as a form of splitting, where the individual mentally separates the pleasant aspects of life from the stressful and painful aspects.

Moreover, the occupational stress experienced by our clinical case is mainly related to the demands of the work environment, such as adaptation to a new environment, social interactions, required performances and skills, work overload, lack of support from colleagues and superiors, as well as task monotony and lack of development of new skills, are all stress factors that can lead to the emergence of stress and anxiety. This internal anguish undermines the sense of accomplishment, awakens unconscious fears, reinforces feelings of low self-esteem, and causes intense psychological distress. The stress experienced by the subject triggered a series of psycho-clinical manifestations, such as palpitations, chest tightness, respiratory discomfort, insomnia, loss of appetite, negative self-image, loss of self-esteem and self-confidence, weakened professional performance, and abusive consumption behavior. These manifestations testify to the psychic tensions that have accumulated between work constraints and the risk of decompensation (Dejours & Gernet, 2012).

In the clinical case, the subject's maladjustment and suffering were masked by somatization, meaning that physical sensations appear instead of emotions;

crises and panic attacks and their clinical manifestations reflected and concealed un verbalized psychopathogenic sufferings. The inability to express feelings 'alexithymia' and the minimization of the effects of stress and anxiety weigh heavily on the subject's psychic organization.

In response to these difficulties, our clinical case resorts to the consumption of the cannabinoid substance 'joints' as an adjustment and defense strategy against stress and anxiety. By seeking an external substitute 'cannabis' that offers momentary relief, a temporary escape, and a sense of security and satisfaction. Cannabis consumption thus becomes a means of coping with difficulties related to occupational stress, by soothing internal tensions and maintaining a certain balance in the face of painful work constraints. It also aims to fill depleted resources through this substance, offering an illusion of satisfaction and accomplishment. However, this solution or strategy, supposed to alleviate any discomfort, itself becomes a source of displeasure and ill-being, thus exacerbating psychological problems.

What is the true hidden meaning, in terms of psychic functioning, behind joint consumption in our clinical case?

The first experience of cannabis consumption in the form of joints occurred at the age of 27, in response to stress and anxiety felt during the hiring period, according to our clinical case's statements.

Initially, cannabis consumption was motivated by recreational purposes "pleasure, well-being, euphoria", as well as self-therapeutic purposes "appeasement and relief". However, over time, this consumption lost all sensation of pleasure, and a use disorder and dependence set in. Our clinical case now experiences an intense and compulsive need to obtain the cannabinoid substance, which translates into an intense and compulsive need to procure the cannabinoid substance that results in an inability to control its use, associated with a withdrawal syndrome, such as irritations, agitation, sleep disorders, and increased anxiety. Cannabis consumption has become a compulsive habit that has taken precedence over the subject's ability to control his consumption behavior.

The personality traits of our clinical case acted as predisposing factors to the sensitivity to the "soothing" effects of the cannabinoid substance. They contributed to the installation of addictive behaviors and the search for an escape into a world of one's own.

The joint for our clinical case had a hidden and multiple meaning. It represented an impulsive attempt at activism aimed at escaping unbearable psychological suffering and taking refuge in a world of one's own that preserves one's psychological integrity, "the addictive quest responds to an attempt to escape fundamental

psychological suffering that is unbearable to the subject" (Patrice Cuynet, 2001). As such, this use could be considered an impulsive act of activism and an attempt to find relief, psychological balance, and satisfaction in the face of the difficulties of professional life. Clinging to the object that is the cannabinoid substance and the inability to break the link with it are significant symptoms of an unresolved internal deficiency.

Moreover, alexithymia, dispersion, and somatization are defensive mechanisms mobilized to preserve oneself from disturbing or difficult-to-elaborate affects, particularly in the context of the emotional demands of work. This can occur when emotions related to professional situations become overwhelming or overwhelming, leading to emotional detachment as protection.

Cannabis consumption, for its part, can be used to substitute the expression of affects with bodily sensations and actions, thus offering some emotional regulation. In this regard, McDougall (1984) considers addictive behaviors as the expression of a re-somatization of affects resulting from the inability to elaborate them.

Somatization indeed consists of displacing a painful affect onto a part of the body (Chabrol, 2005). Anxiety is a psychosomatic response, a form of re-somatization, a repression of affects or a disaffection or "false self" (Winnicott, 1958, 1960). It can be rooted in early childhood or in the infant state, including a lack of symbolization or repression of early traumas (Freud, Klein). This re-somatization of anxiety may be related to traumatic or stressful events that occurred during childhood or adolescence, leading to deep emotional wounds that cannot be expressed verbally. Consequently, repressed emotions can express themselves somatically through physical symptoms.

This clinical vignette demonstrates the inherent paradox in the use of the cannabinoid substance. Although it may initially seem to be a temporary solution to cope with problems and protect oneself from emotional pain, psychological distress, and psychic failure when other functional solutions are not available, it can actually contribute to aggravating the situation and amplifying suffering.

5. CONCLUSION

This clinical case study has allowed us to explore the complex interactions between occupational stress, psychological suffering, and the consumption of psychoactive substances as an adjustment and defense strategy.

The results of this study reveal that stress can lead to the consumption of psychoactive substances as a defensive and adjustment mechanism to alleviate anxiety and emotional distress associated with professional

demands and pressures. Occupational stress weakens the individual's psychological resources, thus pushing the subject to seek substances as a form of self-medication to relieve their suffering. This stress situation can be exacerbated by a fragile psychological terrain and limited internal resources, such as lack of self-confidence, low self-esteem, insufficient self-assertion, and emotional inhibition. These traits can contribute to personality vulnerability and increased susceptibility to occupational stress.

The use of cannabis as an escape can be interpreted as a defense against unresolved internal conflicts and a search for security and satisfaction. However, this strategy ultimately led to severe cannabis dependence, thus exacerbating the subject's anxiety and psychological distress.

Indeed, the imprint of occupational stress has a pathogenic effect on both mental and physical health, it does not affect all individuals in an identical way, the most vulnerable and least resilient will end up feeling stressed. Stress generated by a lack of self-confidence, in one's skills and vulnerability, thus reflects the failure of defensive mechanisms mobilized to cope with it. The psychoactive substance would aim to regulate this psychic failure, and could express psychological distress in a polymorphic way. It would be used not only according to a more or less manifest need of the subject, but also on the latent economic register as a catharsis, an abreaction or "an attempt at defense and regulation against deficiencies or occasional flaws in the deep structure in question" (Schauder, 2007), to protect oneself from pain anchored in a part of oneself.

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