A drug called comparison
Brenninkmeyer, V.

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2002

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Download date: 28-06-2020
CHAPTER 1

Introduction

In our lives, we are surrounded by other people, some of whom are faring better and some of whom are doing worse than we do. These others may serve as sources of hope and inspiration and may foster positive self-evaluations, but may sometimes also cause frustration and despair. In this dissertation, comparison processes with others (i.e., social comparisons) are studied among individuals who can be assumed to be particularly vulnerable for the harmful effects of these comparisons: individuals suffering from burnout. Burnout is a state of mental exhaustion, encompassing feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment. How would individuals in such a state compare themselves with others? Are they still capable, like healthy people, to preserve a positive view of themselves vis-à-vis others? Can they be inspired by successful others in the same way as healthy people? And how do they respond to confrontation with unfortunate others? Moreover, how may they benefit from comparison with others?

By studying burnout from a social comparison perspective, this dissertation aims to give more insight in the development and persistence of burnout, and to provide suggestions for the treatment of burnout. Burnout constitutes a major problem in our society that not only affects the individuals inflicted by it, but also the recipients of their service (i.e., pupils, clients, patients), and the institutions (i.e., private companies, public institutions) that have to bear the costs of disability pensions. Social comparison processes may be particularly relevant for burnout, as burnout develops and persists mainly in the context of the working environment, a domain where social comparison is a quite prevalent phenomenon (e.g., Goodman, 1977). Moreover, social comparison processes seem to play in general a significant role among people facing mental and physical health problems (e.g., Buunk & Gibbons, 1997; Tennen, McKee, & Affleck, 2000). Among cancer patients, for instance, comparisons with less fortunate others may help to combat a sense of victimization (Wood, Taylor, & Lichtman, 1985; see also Wood & Van der Zee, 1997).
This introductory chapter starts by summarizing the literature on burnout. This is followed by an overview of the literature on social comparison, covering several recurrent themes in social comparison research: perceptions of oneself vis-à-vis others, reactions to forced comparison, and reactions to comparison with self-construed others. Throughout these literature summaries, the other chapters of this dissertation are introduced briefly. The chapter concludes by recapitulating the purposes of the other chapters.

**Burnout**

*Burnout is ‘hot’*

The last 25 years have witnessed a growing interest in burnout and other stress-related issues. In the mass media, in television programs, magazines and newspapers, burnout currently receives a considerable amount of attention. In scientific journals as well, the literature on burnout is abundant: In March 2002, entering the term ‘burnout’ in psycINFO, the literature database of the American Psychological Association, resulted in 2833 hits. In 1995, a large-scale research program concerning Fatigue at Work was initiated by the Netherlands Organization for Scientific Research (NWO). In this research program, burnout and fatigue at work are investigated from a variety of disciplines, such as work and organizational psychology, clinical psychology, and occupational health epidemiology. The research described in the present dissertation was conducted as part of this large-scale research program.

There are several reasons for the rising interest in burnout. In the Netherlands, as in many other large countries, burnout and other stress-related disorders constitute a pressing social problem: About 34% of the disability pensions for work-incapacitated people are allocated because of mental-health problems, mostly related to stress (LISV, 2000a). As a consequence, the costs of stress-related disorders in the Netherlands are very high: In 1995, approximately 2.1 billion Euros were expended on sickness and disability benefits due to mental-health problems, and another 86 million Euros on the accompanying medical consumption (Koningsveld & Mossink, 1997). Moreover, through changed legislation in the nineties, Dutch organizations were forced to deal actively with stress-related disorders (for an overview see Geurts, Kompier, & Gründemann, 2000).
Nowadays, organizations must share in the labor costs of sick employees, and may receive additional financial punishment, or reward, for employees entering, or leaving, the disability scheme. The heightened interest in burnout and stress would also have been fostered, according to some authors (e.g., Schaufeli & Enzmann, 1998), by research itself. Research in the field of burnout would have encouraged individuals to describe their negative emotional experiences as ‘burnout’ or ‘stress’ (Schaufeli & Enzmann, 1998), labels that put relatively little stigma or blame on people (Shirom, 1989).

Several cultural, social, and economic changes are considered as contributing to the emergence of burnout (Cherniss, 1980; Schaufeli & Enzmann, 1998):

• Since the World War II, there has been a rapid growth of the human service sector, a sector confronted with high emotional demands and high expectations from society. In the seventies, emotional demands increased even more, as people started to question the authority of human service professionals and their institutions.
• According to some authors (e.g., Farber, 1983), due to growing individualization individuals would nowadays have a lower sense of belonging and fewer resources to cope with frustration.
• The mental and emotional workload has aggravated considerably (Landsbergis, Cahill, & Schnall, 1999). This pattern has been found all over Europe, as well as in Japan and the United States. Of the European countries, the Netherlands have witnessed the strongest increase in workload (see Houtman, Smulders, & Klein Hesselink, 1999).
• In the last 60 years, a ‘professional mystique’ emerged. Individuals would enter their jobs with too glamorous pictures of their profession, comparable to those in television series, and with too high expectations about self-fulfillment. This would eventually result in feelings of disappointment and promote the development of burnout.

Definitions of burnout

Since the introduction of burnout by Freudenberger (1974), there has been much confusion about the concept of burnout. Not surprisingly, a multitude of burnout symptoms has been described: Schaufeli and Enzmann (1998) enumerate 132 symptoms that have been associated with burnout, ranging from anxiety, nervous tics, boredom, procrastination, to nausea, helplessness, and ulcers. Furthermore, various definitions of
burnout have been proposed, such as the definition of Pines and Aronson (1988), who consider burnout as a syndrome of mental, physical and emotional exhaustion due to long-term involvement in emotionally demanding situations. The most commonly used definition, however, is the one provided by Maslach and Jackson (1981), according to which burnout is a syndrome encompassing emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion, the most central dimension of burnout (Shirom, 1989), refers to a depletion of emotional resources and to a feeling of being ‘empty’ or ‘worn out’. Depersonalization denotes a negative, cynical attitude toward the recipients of one’s care. Reduced personal accomplishment stands for a negative evaluation of one’s accomplishments at work. Although Maslach and Jackson originally assumed that burnout occurred mainly among human service professionals, the concept of burnout is currently not restricted to the human service sector (Maslach & Leiter, 1997).

Several process definitions of burnout have been proposed as well, most of them emphasizing the gradual development of burnout and the impact of unmet expectations and dysfunctional coping strategies (see Schaufeli & Enzmann, 1998). Cherniss (1980) defines burnout as a “process in which a previously committed professional disengages from his or her work in response to stress and strain experienced in the job” (p. 18). Edelwich and Brodsky (1980) view burnout as a process of disillusionment consisting of four stages: enthusiasm, stagnation, frustration and apathy. Etzion (1987) underlines the deceptive nature of burnout, describing burnout as “a slow and hidden process of psychological erosion” (p. 18) caused by a misfit between individuals and their environment. The stress from this misfit would often be so subtle that no coping efforts are activated, and this may eventually, and unexpectedly, result in complete exhaustion.

In addition, several stage models have been put forward to explain how the three burnout dimensions are sequentially related. Leiter and Maslach (1988) have suggested that burnout starts with emotional exhaustion, after which depersonalization occurs as a dysfunctional coping response, which would eventually result in feelings of reduced personal accomplishment. Golembiewski, Boudreau, Munzenrider, and Luo (1996) consider depersonalization as the first stage of burnout, reduced personal accomplishment as the second stage, and emotional exhaustion as the third and final stage of burnout. Longitudinal studies tend to offer somewhat more report for Leiter and Maslach than for Golembiewski et al (e.g., Van
Dierendonck, Schaufeli, Buunk, 2001b), but the best fit seems to be provided by an alternative model according to which reduced personal accomplishment influences depersonalization, and depersonalization subsequently leads to emotional exhaustion (Van Dierendonck, Schaufeli, & Buunk, 2001a).

Although research on the underlying burnout dimensions is important, as the various stage models demonstrate, and although the multidimensionality of burnout is widely acknowledged, there are theoretical and practical reasons to consider burnout as a single construct. From a theoretical viewpoint, it is important to note that burnout has been proposed as a specific work-related syndrome, consisting of the burnout dimensions. Similarly as with other multidimensional syndromes (e.g., depression), the multifaceted nature of the burnout syndrome does not imply that we should abandon the overall concept of burnout. In contrast, conducting research and theorizing on the overall concept of burnout may sometimes help us to advance our knowledge in a more thorough way than research on the separate, underlying dimensions. Moreover, from a practical viewpoint, it is sometimes convenient for researchers to treat burnout as a unidimensional or dichotomous construct, an approach that simplifies results considerably, especially when complex interaction effects are studied. In addition, researchers may sometimes have more interest in the overall concept of burnout, rather than in the separate burnout dimensions. This may be the case when researchers want to focus on differences between individuals low and high in burnout or when they wish to estimate the prevalence of burnout. Chapter 2 of this dissertation deals with the question whether and when it is appropriate to treat burnout as a unidimensional or dichotomous variable, rather than reporting results separately for each burnout dimension. This chapter also discusses several ways to combine the three burnout dimensions into a single burnout score.

**Burnout as a distinct concept**

Initially, burnout was viewed by the academic world as ‘pop psychology’, adding little to the already existing concepts related to stress and well-being (Maslach & Schaufeli, 1993; Shirom, 1989). Over the years, however, the concept of burnout became less ‘fuzzy’, and the boundaries between burnout and related concepts sharpened. Still, the distinction between burnout and other concepts, such as job stress, adjustment disorder, chronic fatigue, and depression, is not always clear. Burnout may
indeed share some characteristics with these other concepts, but there are also important differences.

Burnout differs in several ways from job stress, which has been defined as an emotional state that results from an imbalance between coping resources and demands (Lazarus & Folkman, 1984). An important difference between burnout and stress concerns the time frame: Burnout is viewed as a long-term stress reaction. Furthermore, burnout can be considered as a particular pattern of stress responses. Not only emotional exhaustion, which is a typical stress response, but also depersonalization and reduced personal accomplishment are symptoms of burnout (Cordes & Dougherty, 1993).

Adjustment disorder is characterized by an impairment in professional and social functioning or by symptoms that seem excessive for the amount of stress (DSM-IV; American Psychiatric Association, 1994). The difference between burnout and adjustment disorder is the gradual development of burnout. Whereas burnout progresses slowly in response to chronic stressors, adjustment disorder develops within three months as a reaction to an identifiable stressor (Hoogduin, Schaap, & Methorst, 1996). When a stressor disappears, the symptoms of an adjustment disorder vanish within six months, while the symptoms of burnout persist.

The chronic fatigue syndrome (CFS) can be described as persistent unexplained fatigue, often accompanied by sore throats, painful lymph nodes, headaches, and sleep disturbances, among other things (Jason et al., 1995). Although emotional exhaustion is a central feature of both burnout and chronic fatigue, physical symptoms are more manifest, and negative attitudes and behaviors (e.g., making cynical comments) are less manifest in chronic fatigue. In addition, chronic fatigue is not necessarily related to one’s work, whereas the burnout syndrome by definition is (see Schaufeli & Enzmann, 1998).

Depression is characterized by the following symptoms: depressed mood, an inability to derive pleasure from things, weight loss, psychomotoric agitation or inhibition, fatigue, feelings of insufficiency or guilt, indecisiveness or inability to concentrate, and thoughts about death and suicide (DSM-IV; American Psychiatric Association, 1994). Individuals are diagnosed as having a Major Depressive Episode if they experience five of these nine symptoms. Depression is sometimes equated with burnout, for instance by Hallsten (1993), who views burnout as “a form of depression that results from the process of burning out, which is a
necessary cause of burnout” (p. 99). According to a number of authors, however, depression differs from burnout with respect to its clinical picture (Hoogduin et al., 1996). For example, individuals in a state of burnout, as compared to depressed individuals, make a more vital impression and are still able to enjoy things. Similarly, a review study by Glass and McKnight (1996) indicates that depression and burnout are not identical constructs, although there is substantial overlap, especially with respect to the emotional exhaustion dimension. The distinction between depression and burnout receives special attention in Chapter 3.

**Prevalence of burnout**

Although burnout is commonly regarded as a widespread problem (e.g., Maslach & Leiter, 1997), opinions diverge about the exact prevalence of burnout. Burnout is difficult to estimate because it occurs as a gradual phenomenon, for which no universally accepted cut-off scores exist. According to Golembiewski (1999), individuals are severely burnt-out when they score on all three dimensions above the median in a specific norm group, consisting of employees from a large federal agency. Using this criterion, approximately 20% of the individuals in North America would be in a severe state of burnout, and this percentage would globally even rise to 37%. Yet, Schaufeli and Enzmann (1998) view the criteria used by Golembiewski as quite liberal and arbitrary, and they plead for the development of clinically validated criteria. That is, criteria should be not solely based on the questionnaire scores in a general sample (whether expressed in a mean, median or percentile score), but should be tested in a clinical sample of individuals diagnosed as burnt-out. Moreover, Schaufeli and Enzmann argue that the prevalence of burnout is difficult to estimate given the multifaceted concept of burnout. Combining the burnout dimensions into an overall measure of burnout would entail a significant loss of information, but it would facilitate the computation of burnout percentages.

As described in Chapter 2, we developed a criterion to distinguish between individuals low and high in burnout on the basis of their scores on a burnout questionnaire. To obtain this criterion, the scores of individuals diagnosed as burnt-out were compared to those of healthy individuals. This criterion can be useful for computing burnout percentages and for examining differences between individuals with and without burnout. Recent research in the Netherlands using this criterion suggests that 16 to
22% of the individuals doing ‘people work’ have an increased risk on burnout. What is more, approximately 4% of the individuals working in these professions appear to be clinically burnt-out, that is, they report burnout symptoms that are comparable to, or worse than, those of individuals under treatment for burnout (Bakker, Schaufeli, & Van Dierendonck, 2000).

**Antecedents of burnout**

Numerous antecedents of burnout have been investigated, including biographical and personality characteristics, work-related attitudes, and work and organizational characteristics (see for reviews Burke & Richardsen, 2001; Schaufeli & Enzmann, 1998). In the interpretation of these findings, it is important to notice that biographical and personality characteristics may influence the work situation individuals choose for themselves (see Schaufeli & Enzmann, 1998). Furthermore, the different factors related to burnout may interact in complex ways with each other.

Associations between biographical characteristics and burnout are generally modest, and often inconsistent. Of these biographical characteristics, age appears to show the most consistent relationship with burnout. Younger individuals seem to be more prone to burnout (e.g., Vredenburgh, Carlozzi, & Stein, 1999), although this might reflect a survival bias. That means, older employees may be relatively healthy, because those with elevated levels of burnout have left their jobs. In the Netherlands, however, an opposite pattern is found: Burnout is more prevalent among older people (Bakker et al., 2000), which might be ascribed to the lower professional mobility in the Netherlands. Hence, individuals in the Netherlands seem to stay in their job, even when they experience feelings of burnout. The results concerning gender and burnout are mixed, with women scoring sometimes higher and sometimes lower on burnout than men. It is nevertheless a recurrent finding that men report more depersonalization than women do (e.g., Van Horn, Schaufeli, & Enzmann, 1999), which has been ascribed to differing traditional role patterns among men and women (e.g., Greenglass, Burke, & Konarski, 1998). With respect to marital status, married or cohabiting individuals seem to experience less burnout than single individuals (e.g., Zijlstra & de Vries, 2000).

A number of personality traits have been associated with burnout. Low levels of hardiness, external locus of control, avoidant coping style, low
self-esteem, and type-A behavior, among other things, have all been related to high levels of burnout (see Burke & Richardsen, 2001; Schaufeli & Enzmann, 1998; Wagenvoort VanYperen, Hoogduin, & Schaap, 1998). Of the personality traits of the Big Five (i.e., the main dimensions underlying personality) especially neuroticism seems to be related to burnout (Schaufeli & Enzmann, 1998). Neuroticism seems to predispose an individual to burnout, but negative affectivity may also play a role in this relationship.

As for work-related attitudes, it has often been proposed that unrealistically high expectations are important to the etiology of burnout. Pines (1993), for instance, emphasizes the risk of searching for meaning in life via one’s work. Nonetheless, the empirical evidence for the relationship between burnout and high expectations does not appear conclusive. In a review of 20 studies, Schaufeli and Enzmann (1998) report that only half of these studies found a positive association between burnout and expectations, and that three studies even reported a negative association. However, Schaufeli and Enzmann note that comparison of the studies was difficult because different types of expectations were examined.

Several work and organizational characteristics have been identified as contributors to the development of burnout (see for reviews Burke & Richardsen, 2001; Schaufeli & Enzmann, 1998). Workload, time pressure, role conflict, and role ambiguity, for example, have shown positive associations with burnout, whereas social support from superiors, feedback, participation in decision making, and autonomy have been negatively related with burnout. In general, job demands seem to be correlated most strongly with emotional exhaustion and least strongly to personal accomplishment (e.g., Lee & Ashfort, 1996). In addition, various client-related variables, such as the severity of the problems of clients, the number of clients, and the amount of complaints and criticism from clients, have been associated with burnout. Particularly important in this context are perceptions of equity in the relationship with the recipients of one’s care: Individuals who perceive an imbalance in what they give to and receive from the recipients of their service tend to experience stronger feelings of burnout (e.g., VanYperen, 1996).

Consequences of burnout

The consequences of burnout are manifold and serious, encompassing changes at the individual level, effects on attitudes toward work, and
organizational consequences. Many of these outcomes, however, cannot be viewed as outcomes in a strict sense, but rather as concomitants of burnout, because the direction of causality has not yet been established.

At the individual level, we find emotional and physical consequences, effects on health behavior, and effects on relationships (see Burke & Richardsen, 2001; Cordes & Dougherty, 1993; Kahill, 1988; Schaufeli & Enzmann, 1998). Emotional consequences include low self-esteem, depression, irritability, helplessness and anxiety. Physical consequences of burnout entail insomnia, headaches, back pain, colds and flu, fatigue and gastrointestinal disturbances. Effects on health behavior are, for instance, medication use and the consumption of alcohol, tobacco, and drugs. Effects on relationships include withdrawal from friends and clients, and marital stress.

As evident in the definition of burnout, attitudinal consequences or concomitants of burnout pertain to the development of negative attitudes toward oneself, one’s clients, the organization, and the job (see Burke & Richardsen, 2001; Cordes & Dougherty, 1993; Kahill, 1988; Schaufeli & Enzmann, 1998). Individuals would emotionally detach themselves from their work, lower their goals and aspirations, and pursue their self-interest to a larger extent (Cherniss, 1980). Moreover, research suggests that burnout influences organizational commitment, job satisfaction, and the intention to quit, but the evidence for a causal relationship between burnout and these other constructs is scarce and admits sometimes of more than one interpretation.

Organizational consequences of burnout include turnover and absenteeism, although the effects of burnout upon these variables are not particularly strong. Moreover, unlike generally assumed, it seems that burnout does not necessarily lead to a deterioration of actual performance (see Schaufeli & Enzmann, 1998). Among intensive care nurses, a positive relationship has been found between burnout and performance (Keijsers, Schaufeli, Le Blanc, Zwerts, & Reis Miranda, 1995). It may be that these nurses overworked themselves in order to obtain a high level of performance (i.e., high performance standards may have served as a precursor of burnout). Yet, in other studies burnout was inversely related to performance. In a prospective study among human service professionals (e.g., Wright & Bonett, 1997), burnout appeared to predict a worsening of one’s performance. In addition, burnout has been associated with tardiness, theft, neglect, mistakes, extension of work breaks, and personal injuries
(see Kahill, 1988), as well as with a diminished capacity for creative problem solving and proactive behavior (Noworol, Zarczynski, Fafrowicz, & Marek, 1993).

Interventions to reduce burnout

Over the years, a multitude of interventions have been recommended to combat burnout, both at the individual and the organizational level, and from various theoretical perspectives (see Burke & Richardson, 2001; Schaufeli & Enzmann, 1998). It should be noted that many of these interventions are not specifically designed to prevent or cure burnout, and that more research is needed on the effectiveness of these interventions. Furthermore, research indicates that it is preferable to combine the individual treatment of burnout with interventions at the organizational level when complaints are shared by others (e.g., VanYperen & Snijders, 2000).

Interventions at the individual level comprise a variety of techniques, such as relaxation and cognitive-behavioral techniques. Relaxation techniques include muscle relaxation, biofeedback, and meditation, among other things. Cognitive-behavioral techniques encompass cognitive restructuring, whereby dysfunctional beliefs are challenged, and the reinforcement of active coping skills, such as assertiveness. Other intervention techniques at the individual level are physical exercise and didactic stress management, whereby information is offered to raise awareness and to promote self-care. Often, several techniques are combined in the treatment of burnout, an approach that would be more efficacious than the use of a single technique, according to Murphy (1996). However, a recent meta-analysis by Van der Klink, Blonk, Schene, and Van Dijk (2001) indicates that cognitive-behavioral interventions are somewhat more effective than interventions combining cognitive-behavioral and relaxation techniques. Cognitive-behavioral interventions also appeared to be more effective than interventions using only relaxation techniques. Nevertheless, both Van der Klink et al. (2001) and Murphy (1996) note that the choice of an intervention may depend on the specific outcome variable one wishes to affect.

At the organizational level, we find interventions aimed at recognizing symptoms of burnout (such as a stress audit or a ‘burnout check-up’) and at reducing burnout (see Schaufeli & Enzmann, 1998). This latter category includes job redesign (such as job enrichment and job rotation),
management training, career management, fitness and wellness programs, team-building and outplacement. Communication, decision-making, and conflict management may be improved too, as well as the way in which newcomers are prepared for the job, by providing realistic information and social support. Moreover, a study by Van Dierendonck, Schaufeli, and Buunk (1998) showed that a specifically designed burnout intervention program aimed to restore perceptions of equity towards the organization and the recipients of one’s care was successful in reducing absenteeism, feelings of emotional exhaustion, and perceptions of inequity in the relationship with the organization.

**Burnout among teachers**

The teaching profession has the reputation of being particularly plagued by burnout. Research in Europe suggests that 60% to 70% of the teachers are under frequent stress and that at least 30% of the teachers show signs of burnout (see Rudow, 1999). Research in the Netherlands, using more stringent criteria for burnout, yields burnout percentages of approximately 12%, even rising to 20% in secondary education (Taris, Schaufeli, Schreurs, & Caljé, 2000). Also in comparison with various other kinds of ‘people work’, such as mental and physical health professions, teachers appear to be at a relatively high risk of burnout (De Heus & Diekstra, 1999; Taris et al., 2000). Not surprisingly, mental-health problems appear in 41% of the cases as the reason for allocating a disability pension to a work-incapacitated teacher in the Netherlands (LISV, 2000b).

What is it that makes teaching such a hazardous profession? Compared to workers in other social professions, teachers report less time control, lower participation in decision making, and less support from colleagues (De Heus & Diekstra, 1999). Other problems associated with teacher burnout are large classes, lack of resources, isolation, fear of violence, role ambiguity, poor opportunities for promotion, and behavioral problems of pupils (Abel & Sewell, 1999). The workload for teachers in the Netherlands seems currently even higher than usual as a result of the recent school reforms in secondary education (Tweede Fase Adviespunt, 2001). These reforms were intended to smooth the transition from secondary to higher education, whereby independent learning received strong emphasis. For many teachers the reforms implied a substantial change in their profession and seem to have led to an increase, at least temporarily, in feelings of exhaustion and uncertainty.
Teacher burnout not only threatens the well-being of teachers, but may also have nefarious effects on pupils (Abel & Sewell, 1999; Rudow, 1999). Teachers in a state of burnout are callous and detached from their pupils and may be less willing to do their best for pupils. Indeed, research indicates that the performance of high-achieving students improves considerably less when their teacher suffers from burnout (see Dworkin, 1997). Moreover, the higher sickness and absence rates associated with burnout among teachers (Burke & Greenglass, 1995; Rudow, 1999) are not only harmful for pupils, but also pose a financial burden to society.

Burnout and social comparison

To further our understanding of the concept of burnout, it is indispensable to consider the social context of the working environment (see Buunk & Schaufeli, 1993). Individuals’ social context has a major impact upon the development and persistence of burnout. It is therefore important to investigate how people perceive and respond to the behaviors, competencies and outcomes of other people in their working environment. In particular, attention may be paid to social comparison processes, to the processes of relating information about other individuals to oneself (i.e., to one’s own situation or to one’s own experiences). Individuals are quite often confronted with social comparison information in their working environment (e.g., Goodman, 1977) and these comparisons seem to be especially important for individuals suffering from burnout. In a study among nurses, burnout appeared to foster the tendency to engage in social comparison (Buunk, Schaufeli, & Ybema, 1994), possibly because social comparison processes may help people to cope with mental and physical health problems (e.g., Buunk & Gibbons, 1997; Tennen et al., 2000). According to Wood et al. (1985) comparison with less fortunate others may help cancer patients to combat a sense of victimization.

Social comparison processes may be of particular relevance for teachers, as the teaching profession seems to give ample opportunity for social comparison. In the staff room teachers may discuss their experiences with each other on a daily basis. They may exchange information about their lessons and students, thereby revealing information about their functioning. Through gossiping as well, they may confront each other with social comparison information. Moreover, it can be assumed that teachers in the Netherlands currently experience a heightened interest in social comparison information. The recent reforms in secondary education (see above) seem
to have evoked feelings of uncertainty about one’s functioning, a factor that is known to increase the need for social comparison information (Festinger, 1954; Molleman, Pruyn, & Van Knippenberg, 1986).

**Social comparison**

**Definition of social comparison**

Despite some controversies concerning the definition of social comparison, most researchers seem to agree that social comparison refers to “the process of thinking about information about one or more other people in relation to the self” (pp. 520-521; Wood, 1996). In this definition, the term “in relation to the self” signifies that one searches for or detects, if only to the slightest extent, some similarity or difference between oneself and a comparison other. This comparison target may be a real, specific person, but many researchers also include stereotypes or imaginary others within this rubric (e.g., Wood et al., 1985). Furthermore, social comparisons do not necessarily have to change one’s self-evaluation (e.g., people sometimes want to confirm or protect their self-image), although opinions differ on this matter. In addition, the process of comparison is not necessarily deliberate: People may be confronted with comparison information that they would rather not encounter (e.g., Brickman & Bulman, 1977). Social comparison processes are neither restricted to levels of conscious awareness, that is, individuals may sometimes compare themselves in a rather automatic, unconscious way (e.g., Gilbert, Giesler, & Morris, 1995). An important definitional issue is whether we should consider comparative ratings (i.e., ratings of oneself vis-à-vis others) as social comparisons. When asked to indicate how well one is doing in comparison with others, do people actually think of other individuals? A study by Buunk (1998) suggests that individuals indeed retrieve social comparison information to make comparative ratings.

Individuals may engage in social comparison for a number of distinct motives. A first motive that has been proposed is self-evaluation: Individuals would compare themselves with others in order to evaluate themselves accurately (Festinger, 1954). A second motive for social comparison is self-enhancement, which refers to the motive to feel good about oneself (Thornton & Arrowood, 1966; Wills, 1981; Wood, 1989). According to Wills’ downward comparison theory (1981), individuals
under stress would enhance their subjective well-being by comparing themselves with worse-off others. However, upward comparison too may be a route to self-enhancement. As already noted by Wheeler (1996), individuals with a strong desire for success tend to compare upward to prove that they are nearly as good as a superior other. Although researchers on social comparison often speak about the overall motive of self-enhancement, it should be noted that this motive actually encompasses two motives: the motive of self-enhancement, that is the motive to evaluate oneself positively, and the motive of self-protection, that is the motive to avoid a negative self-evaluation (e.g., Baumeister, 1993; Tice, 1993). The distinction between self-enhancing and self-protective comparisons, and the differential consequences of these comparisons for individuals suffering from burnout, receives further attention in Chapter 6. Finally, a third motive has been proposed for individuals to engage in social comparison: self-improvement (Berger, 1977; Collins, 1996; Wood, 1989). Upward others can serve as models for self-improvement and as sources of inspiration and therefore, individuals under stress would prefer contact with and information about more fortunate others (Taylor & Lobel, 1989). However, when individuals under stress evaluate themselves, they would prefer to compare themselves against less fortunate others.

Perceptions of superiority

Individuals generally experience a sense of superiority vis-à-vis other people: They believe, for instance, that they are brighter and more honest than most other individuals (see for a review Hoorens, 1993). With regard to personality traits, people consider themselves as brighter, more responsible and more interesting than others. They also think that they are less phony, less cruel, and less snobbish than others (Brown, 1986). Yet, one may wonder whether individuals suffering from burnout are capable of evaluating themselves in such a favorable way, given their low level of mental health and reduced sense of personal accomplishment. Hence, would individuals in a state of burnout manage to preserve a positive view of themselves vis-à-vis other people, like healthy individuals do?

The propensity to see oneself as better than others may be functional for one’s psychological well-being (Headey & Wearing, 1988). There are some indications that the perception of being superior to others promotes the capacity for creative, productive work, the ability to care for others, and feelings of happiness or contentment (Taylor & Brown, 1988; 1994; cf.
Block & Colvin, 1994; Colvin & Block, 1994). By improving intellectual functioning and by increasing motivation, positive illusions seem to enhance the capacity for creative and productive work. The ability to care for others seems to be promoted directly or indirectly via creating a positive mood. Perceptions of superiority are also linked to feelings of happiness. To illustrate, a prominent characteristic of depressed individuals is that they experience a reduced sense of superiority (see Buunk & Brenninkmeijer, 1999). In addition, although depressed individuals do not view themselves as inferior to the average other, they do experience a sense of inferiority vis-à-vis non-depressed individuals (Albright, Alloy, Barch, & Dykman, 1993).

In this dissertation, an important question is if and how the perception of being superior to others is impaired among individuals experiencing burnout. Assuming that a sense of superiority diminishes with reduced well-being and that burnout is accompanied by a decline in well-being, it can be reasoned that perceptions of superiority are reduced among individuals in a state of burnout. Nevertheless, the clinical picture of burnout suggests that burnt-out individuals do not feel as defeated as depressed individuals. In Chapter 3, the hypothesis is tested that a reduced perception of superiority is more characteristic for depression than for burnout. Moreover, particularly when burnout is accompanied by a reduced sense of superiority, depressive symptomatology is expected to occur. In Chapter 3, superiority is measured by having people evaluate themselves on a number of aspects, such as competence, in comparison with colleagues. By examining differences in superiority in relation to burnout and depression, this chapter may provide further knowledge concerning the uniqueness of the two concepts. Moreover, the present study may be valuable for researchers in the field of burnout by examining a potential mechanism through which burnout might develop into a depression.

In Chapter 4, a distinction is made between positive and negative superiority. Positive superiority refers to the perception of ‘being better than others’, whereas negative superiority pertains to the perception of ‘being less bad than others’. The distinction between negative and positive superiority is an important one, because negative superiority seems to be more robust than positive superiority. Van Lange and Breukelaar (1992) found that people primarily experienced negative superiority -- individuals could cite more examples of negative behaviors for others than for themselves -- and generally experienced little positive superiority. That is, individuals were hardly able to generate more positive behaviors of
themselves than of others. Van Lange and Breukelaar (1992) ascribed the robustness of negative superiority to the high salience of negative behaviors of others (e.g., Skowronski & Carlston, 1989). Due to the heightened salience, the cognitive accessibility of these negative behaviors may be relatively high. It is therefore likely that people are well able to generate instances of other people’s negative behavior, even when their own achievements have declined. Consequently, it is expected that individuals in a state of burnout are better able to maintain a sense negative superiority than a sense of positive superiority. In Chapter 4, indices of superiority are computed on the basis of response latencies and on the quality of social comparison information that individuals generated.

Reactions to forced comparison

Although self-enhancement is a major motive for engaging in social comparison, social comparison may often not have the desired, self-enhancing effect. Unfavorable comparisons are sometimes imposed on individuals by their environment, and these comparisons may induce negative feelings, such as envy, frustration, anxiety, or despair. Brickman and Bulman (1977) pointed this out in their paper with the revealing title “Pleasure and Pain in Social Comparison”. Moreover, Buunk, Collins, Taylor, VanYperen, and Dakof (1990) underlined in their article with the (secondary) title “Either direction has its ups and downs”, that the effects of social comparison are not intrinsically related to its direction.

Crucial to self-enhancement are identification (also called assimilation) and contrast processes (e.g., Brewer & Weber, 1994, Buunk & Ybema, 1997; Collins, 1996). According to Buunk and Ybema’s Identification-Contrast Model (1997), individuals would generally strive for upward identification and downward contrast. Upward identification refers to a focus on similarities with a better-off other and to the belief that one could reach, or that one has reached, the other’s position. This would foster positive feelings and a sense of self-worth. Indeed, in a study by Lockwood and Kunda (1997), it was found that ‘superstars’ led to inspiration and self-enhancement when their success was viewed as attainable. In addition to upward identification, one may try to enhance oneself by contrasting downward that is, by focusing on differences with a worse-off other and by viewing the other’s position as avoidable. Nonetheless, in many situations one cannot help but identify downward, rather than upward, and to contrast upward, rather than downward. These responses are generally considered as
unpleasant, with detrimental consequences for one’s self-evaluation and emotional state. Wills (1991) too, described the potentially threatening impact of unfortunate others when they represent a possible future for oneself. It should be noted, however, that downward identification may sometimes also have beneficial effects. Other people’s misfortune may comfort individuals via a “shared stress” mechanism, that is, by reminding them that other individuals have problems too (Gibbons & Gerrard, 1991).

A central question in this thesis is to what extent burnout influences the ability to benefit from forced social comparison (see Chapter 5). There is increasing evidence that various aspects of mental health influence the capacity to use social comparison information in a self-serving way. In a literature review, Major, Testa and Bylsma (1991) conclude that individuals low in perceived control tend to interpret social comparison information in a more negative way compared with individuals high in perceived control. Ybema and Buunk (1995) found in a study among disabled individuals that, with decreasing levels of perceived control, individuals reported less favorable feelings after confrontation with a better-off or worse-off other. More precisely, those low in perceived control responded with less positive affect to upward comparison and with more negative affect to downward comparison. Similarly, individuals high in neuroticism seem to be particularly prone to focus on negative features of social comparison information (e.g., Van der Zee, Buunk, & Sanderman, 1998). Neurotic individuals, compared to ‘healthy’ individuals, tended to derive less positive affect from upward comparison and more negative affect from downward comparison.

Because individuals in a state of burnout are characterized by a low level of mental health as exemplified by a high level of stress (Schaufeli & Buunk, 1996), a low level of perceived control (for a review, see Glass & McKnight, 1996), and a high level of neuroticism (Deary, Blenkin, Agius, Endler, Zealley, & Wood, 1996), it can be assumed that individuals in a state of burnout are especially vulnerable to the possible detrimental effects of these comparisons. More specifically, it is predicted that burnout affects the capacity to derive positive affect from upward comparison and to avoid negative affect from downward comparison. In addition, it is hypothesized that the less favorable affective responses among those in a state of burnout are the result of less self-serving identification-contrast processes. That is, with increasing levels of burnout, individuals are expected to identify themselves more with a downward target and less with an upward target,
which in turn will lead to less favorable affective reactions. A recent study by Buunk, Ybema, Gibbons, and Ipenburg (2001), in which individuals were presented a bogus interview with either an upward or downward comparison target, shows that individuals suffering from burnout indeed identify and contrast themselves in a less self-serving way. Moreover, with increasing levels of burnout, individuals responded with less positive affect to confrontation with an upward target and with more negative affect to confrontation with a downward target. However, as will be discussed later, the individual tendency to compare oneself with others appeared to be an important moderator upon these effects.

In Chapter 5, two different methodologies are employed to examine the affective responses to confrontation with upward and downward comparison information. Firstly, this issue is addressed using a retrospective method: People are asked how they usually respond to confrontation with well and poorly performing colleagues. Secondly, an experimental approach is utilized: Individuals are presented with a scenario about a well or poorly performing colleague, after which their affective reactions are assessed, as well as identification-contrast processes. By employing different methodologies, more insight can be obtained into the detrimental or beneficial effects of social comparisons upon individuals’ well-being.

Comparison with self-generated others

Social comparison may offer more opportunity to feel good about oneself when one is free to choose or construe one’s comparison targets, rather than when one is confronted with actual others. Comparing oneself with self-generated others leaves more room for distortion, and, hence, for a self-serving interpretation. It may be relatively easy to selectively focus on specific individuals, or to construe certain individuals in such a way that one can enhance oneself. Moreover, one may more easily concentrate on dimensions, or construe vague or ambiguous comparison dimensions in order to let a comparison turn out favorably. Especially comparison on vague, ambiguous dimensions, such as ‘morality’, provides possibilities for a favorable, self-serving interpretation (Dunning, Meyerowitz, & Holzberg, 1989; VanYperen, 1992).

A number of studies have pointed towards the beneficial consequences of comparison with self-generated others. In a survey study among cancer patients by Wood et al. (1985), it appeared that individuals engaged in
comparison with self-construed worse-off others, possibly to avoid feelings of victimization. Cancer patients reported that they sometimes compared themselves with patients who had been abandoned by their spouse, despite the fact that only a small proportion of such patients are actually left by their spouse (Taylor, Wood, & Lichtman, 1983). Moreover, an experimental study by Buunk, Oldersma, and De Dreu (2001) indicates that comparison with self-generated others may have a positive impact on relationship satisfaction. Participants were more satisfied with their relationship when they had listed dimensions on which their relationship was better than the relationship of most others, compared to a no-comparison condition, in which they listed dimensions on which their relationship was good.

In Chapter 6, the question is addressed whether individuals in a state of burnout can become more satisfied with their performance through reflecting on their own qualities in comparison with self-generated others. Raising the satisfaction of individuals in a state of burnout may not only be a pleasant experience for them -- it is, of course, more enjoyable to feel content rather than frustrated about one’s performance -- in the long term, a sense of satisfaction might even contribute to a decrease in feelings of burnout. When individuals in a state of burnout become more satisfied about themselves, they might ease the pressure and might hence reduce further exhaustion. In addition, it is examined to which extent positive affect is fostered by comparison with self-generated others.

In Chapter 6, a distinction is made between self-enhancing and self-protective comparisons with self-generated others (e.g., Baumeister, 1993; Tice, 1993). Comparing oneself in a self-enhancing way means that one strives for a positive view of oneself vis-à-vis others: One tries to obtain a sense of superiority, of ‘doing well compared to others’. In contrast, comparing oneself in a self-protective way denotes that one tries to avoid a negative view of oneself vis-à-vis others: One tries to avoid a sense of inferiority, of ‘doing poorly compared to others’. By distinguishing between self-enhancement and self-protection, Chapter 6 draws further upon the distinction made in Chapter 4 between positive superiority and negative superiority. Positive superiority can be conceived of as a form of self-enhancement, whereby one strives for a sense of superiority, while negative superiority can be viewed as a form of self-protection, whereby one avoids a sense of inferiority.

Self-protection tends to be a particularly important motive for individuals low in self-esteem (e.g., Tice, 1991, 1993), and one may
therefore assume that individuals in a state of burnout are primarily concerned to protect their self-image, and hence, to avoid a sense of inferiority toward others. Given their reduced sense of competency and low self-esteem (e.g., Janssen, Schaufeli, & Houkes, 2000), these individuals may fear that, sooner or later, they will be inferior to others. Moreover, enhancing themselves or obtaining a sense of superiority may be ‘aiming too high’ for these individuals, who may believe that they lack the necessary ability or competence to defeat or win from other individuals. As the need to protect themselves may override the desire to enhance themselves, individuals suffering from burnout may be particularly relieved to realize that they are not inferior to others. It is therefore proposed that individuals in a state of burnout may derive more satisfaction with their performance at work and more positive affect from concentrating on the dimensions on which they are not doing poorly compared to others, rather than on the dimensions on which they are doing well compared to others. In a thought-generating task teachers are asked to indicate either in which ways they are doing well (i.e., self-enhancement) or in which ways they are not doing poorly (i.e., self-protection) in comparison with self-generated other teachers. It is assessed to what extent this task evokes a sense of satisfaction with one’s performance as a teacher as well as positive affect.

**Individual differences in social comparison orientation**

Several researchers of social comparison (e.g., Brickman & Bulman, 1977; Hemphill & Lehman, 1991) have recognized that not all individuals are equally inclined to engage in social comparison. That is, social comparison information may be more important for some individuals than for others. Indeed, research of Gibbons and Buunk (1999) indicates that individuals differ in their need for social comparison. This dispositional need, the so-called social comparison orientation (SCO), refers to the tendency to evaluate one’s characteristics (i.e., abilities, opinions) by comparing with others, and to relate other people’s circumstances to oneself. It is related to feelings of uncertainty, neuroticism and interpersonal orientation, and, more importantly, it influences affective responses to social comparison information: As individuals are higher in social comparison orientation, they report stronger affective reactions to social comparison information. A recent study by Buunk, Ybema et al. (2001) shows that only for individuals with a strong social comparison orientation, confrontation with an upward target evokes less identification
and confrontation with a downward target evokes more negative affect as individuals experience stronger feelings of burnout.

In Chapter 5, not only the impact of burnout, but also the role of individual differences in social comparison orientation is explored with respect to the affective consequences of forced comparison. It is expected that the affective responses will be more pronounced among individuals with a strong social comparison orientation. More precisely, it is predicted that social comparison orientation will strengthen the impact of burnout on the affective responses to upward and downward comparison. Furthermore, it is examined at what point in the interpretation of comparison information social comparison orientation plays a role. Is it by intensifying identification-contrast processes or is by influencing the affective consequences of these identification and contrast processes? In Chapter 6, the impact of social comparison orientation on the reactions to comparison with self-chosen or self-construed worse-off others also receives some attention. It is again examined whether the effects of social comparison are more pronounced among those with a strong dispositional need to compare themselves.

Overview of the chapters

To summarize, the present dissertation focuses on social comparison processes among individuals with varying degrees of burnout. By studying burnout from a social comparison perspective, this dissertation aims to give more insight in the development and persistence of burnout, and to provide suggestion for the treatment of burnout. This dissertation centered around the following major questions: Are individuals in a state of burnout still capable, like healthy people, to preserve a positive view of themselves vis-à-vis others? Can they be inspired by successful others in the same way as healthy people? How do they respond to confrontation with unfortunate others? And can they benefit from comparison with self-chosen or imaginary others? The purposes of the next chapters in this dissertation are briefly outlined below:

• Chapter 2: This chapter deals with the question whether and when it is appropriate to combine the burnout dimensions into one dichotomous or continuous burnout score. Several ways are examined in which the burnout dimensions can be combined into one score.
• Chapter 3: This chapter addresses the question if individuals in a state of burnout are still capable to preserve a positive view of themselves vis-à-vis others. It is examined to what extent burnout is accompanied by a diminished sense of superiority. Special attention is hereby paid to the question if burnout is distinct from depressive symptomatology in the perception of being superior to others.

• Chapter 4: This chapter investigates to what extent positive superiority (feeling better than others) and negative superiority (feeling less bad than others) are reduced in the case of burnout. This distinction is important, because negative superiority can be considered as more robust than positive superiority.

• Chapter 5: This chapter focuses on the question whether individuals suffering from burnout can be inspired by successful others and how they respond to confrontation with unfortunate others. Particular attention is paid to the mediating role of identification-contrast processes and to the moderating role of individual differences in social comparison orientation.

• Chapter 6: This chapter deals with the question whether individuals in a state of burnout can benefit from comparison with self-chosen or imaginary others. It is attempted to raise individuals’ satisfaction with their functioning by letting them reflect in a self-protective way on their qualities vis-à-vis self-chosen or self-construed others. Analogous to Chapter 4, a distinction is made between ‘doing well compared to others’ and ‘not doing poorly compared to others’.

• Chapter 7: The last chapter integrates and discusses the main findings of the studies in this dissertation. Moreover, it addresses the contributions to theory and research, as well as the practical implications of the studies.