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Brigid Schulte: In Japan, generations of workers have given their all to the code of Karoshi: putting work before all else family, health, even life itself. Karoshi means “work til you die.” Here in the United States, we don’t even have a word for it. We don’t even think it happens here. But the statistics are shockingly clear. The way we work causes so much stress and illness that the workplace now actually ranks as the fifth leading cause of death in America.

This is American Karoshi. I’m Brigid Schulte. You’re listening to Better Life Lab.

The American workplace is changing in radical new ways. Workers at every level have more and more job demands and less and less job control. Epidemiologists say that adds up to more chronic stress and illness and death.

Marnie Dobson: A lack of job security is associated with a higher risk of heart disease, heart attack, stroke, also depression.

Brigid Schulte: We like to think of work as benign. And when Americans do talk about occupational safety and health, the images that come to mind are traditionally dangerous jobs. Working in a coal mine, maybe. And yet the real problem is stress, or what experts call psychosocial stress. To help us understand this better, I’m joined this episode by the co-directors of the Healthy Work Campaign, Marnie Dobson and Peter Schnall.

PETER SCHNALL: We can have healthy work. We can have working conditions which are healthy, which are also productive. And in fact, there’s a lot of good evidence that healthy working conditions are more productive.

BRIGID SCHULTE: We'll be back after this. It's Better Life Lab. I'm Brigid Schulte. Work-related stress has become an epidemic in America. Toxic work environments can quite literally make us sick. Research shows it can even shorten our lives by three years or more. To help us understand how work stress can be so destructive and how we can improve the quality of our work life. We're talking on this episode with Peter Schnall and Marnie Dobson. They are veteran epidemiologists and together they direct the Healthy Work campaign. Peter and Marnie approach the problem of work stress through the lens of occupational safety and health.

MARNIE DOBSON: You know, we think about occupational health and safety, you know, the OSHA Act and, you know, the regulation of physical hazards - coal mining dust, asbestos, you know, exposure to chemical toxins, to infectious diseases, right, as we know from the pandemic.

BRIGID SCHULTE: Covid!

MARNIE DOBSON: Covid. But there are factors in the work environment that are psychological and social. So they're actually objective aspects of the work environment. They cause a biological stress response, the fight or flight response. And over time, exposure to those kinds of working conditions - high job demands, low job control, work-family conflict, long work hours, lack of social support in the workplace, lack of resources. So if you're returning to the workplace day after day and you're exposed to these kinds of working conditions, the stress response never enters a stage of recovery. So over time, you can develop, you know, a chronic health response. Exposure to these kinds of work stressors can evolve into more long-term chronic health problems. Rises in blood pressure, rises in the stress hormones that might cause inflammation, which may also lead to cardiovascular disease. So the kinds of work environment that we're exposed to really do have an effect in the long term on people's health.

BRIGID SCHULTE: So, Peter, you know, in Japan, they have a term for working to the point where you die - Karoshi. And there is a very well-known culture of sort of overwork and work stress that leads to very serious long-term depression or strokes or cardiovascular disease. And yet we don't talk about that at all here. Tell me, do we have an American Karoshi that we just don't know about?

PETER SCHNALL: Oh, I think the brief answer to your question is, yes, we have widespread Karoshi. We simply don't call it that. The stressors that are created by modern work are basically ignored in our society, and therefore most people are not aware of what the impact of work is on their health. Now, the Japanese are more open to the idea that the work environment has consequences to people's health. There's a difference between the way they think about their health and illnesses in the way we do in the United States.

We basically are in denial about the work environment. One example of this denial ideologically is that we carry in the United States a complete belief that disease is the response of individual behavior and that somehow or another, whether or not you have depression or you have high blood pressure or you have a heart attack is because you didn't take good care of your body, eating improperly, not exercising, being overweight, etc. And those are definitely factors. But we don't examine the way in which society organizes itself or organizes work as potential contributors to those outcomes. So my sense is, is that there's probably a great deal of, "Karoshi" in the United States and we have seen effects of long work hours on cardiovascular outcomes. The longer your work hours, the greater your risk is of both hypertension and cardiovascular disease.

BRIGID SCHULTE: I'd like to share a story of a woman we spoke to. Her name is Cate Lindemann. She is or was a lawyer. And let's hear her story and then we'll talk a little bit more about kind of where she fits in this larger picture of psychosocial stress in the United States.

CATE LINDEMANN: My name is Cate Lindemann. I am 41 now. I live in Evanston, which is kind of a small city/suburb of Chicago. And I am an attorney, but I'm not practicing at the moment because I went through a series of really awful health situations in the past couple of years that have really you know, I think in a lot of ways it's kind of been career ending.

I was raised by a very feminist woman. And she actually organized the first Take Your Daughter to Work Day back in like, the nineties at my school. My dad is a lawyer, but he was he worked at a bank and he was always like, 'Oh, the law. The legal profession has just gone downhill. Don't become a lawyer.' Like, very poo poo on it. And I was like, 'No, I'm going to be a lawyer. I'm going to be a female or I'm not going to be one of those lawyers that you poo poo. I'm going to be a great lawyer. I'm just going to be like, I can do it all.' So fast forward to had I had my third child two weeks early because the head of my office pressured me to go to court and argue a motion, when I told her I was having pain. And I'm thinking, 'Wow, like these people are employment attorneys and they're still saying to do this.' And when you're in that position of vulnerability, I think, right, 'you don't stop to say, "This is so wrong. I'm not going to do it.' You just do it.

BRIGID SCHULTE: And so you went and argued the motion and then did that affect your health and your pregnancy? What happened?

CATE LINDEMANN: I had my baby, like two, three days later, like two weeks early. I mean, of course, that affected it. It was stressful. I remember sitting and asking the judge if I could remain sitting for this argument because I didn't want to stand.

BRIGID SCHULTE: Were you the, were you the only attorney who could have argued that motion that day?

CATE LINDEMANN: There's no way that you can be the only attorney to argue a thing in an office with 40 attorneys. So flash forward, I you know, I'm partner for about a year when I decide I have to go on

medical leave. I am just so ill at that point with depression. My psychologist is like, you have to do this. And I remember telling the head of my office this because she had been complaining about my hours and even as a partner, that my hours weren't high enough and I wasn't taking on enough work. And I was like, you know, I'm really struggling right now. And she just told me that I was going to, you know, it was going to be a negative for this other woman who was trying to make partner at the time, that it was going to affect her chances because my hours weren't good enough. And so, you know, I went on leave in January, pre-COVID, and then the head of my office called me and asked me if I was still coming back on time because they wanted to second me.

BRIGID SCHULTE: What does that mean?

CATE LINDEMANN: So, secondment is when a law firm essentially loans out one of their lawyers to a client, to a company, to act as an in-house lawyer. It was a huge like, slap in the face to be asked as a partner out on medical leave to come back and be seconded. And I told her, you know, I was like, 'Okay, I have work to come back to, cases to come back to. I've talked with one of the partners and I have all this other work I've done for years with the partner that I worked for for years and years.' And he didn't call me back. I emailed him. I called him. He didn't call me back. I didn't talk to him again. And I used to talk to him like, every day. So that was like a very horrible, stressful feeling. And there's a huge stigma in the legal profession about depression. So I didn't tell anybody why I was going on leave. So I just immediately started to fall back into a like, a bad depression. And I felt like I was getting pressured, and I just felt so stuck and I just quit. I out of the blue quit. And I was just so panicked. I'm panicked about leaving my job. I panicked about the effect on my career. I'm panicked about money. I'm panicked about having to, you know, tell the firm all the shit that had happened to me over the years because I felt like I had to say something. I had to explain, like, you know, this this is wrong. And that morning, I went to the garden center, which is like, my happy place. And

I, when I was driving back, I started just feeling this, like, horrible, like pressure. And I was like, is my sports bra too tight? I just was like, in so much pain. And my jaw started hurting and I was like, 'Wait, I know I am probably clenching my jaw because I'm in stress, but, like, I wasn't hurting this morning. Whatever. I'll just take some Advil, like, calm down.' And I was just like, 'All right, I'm going to ask Dr. Google.' Right. You know, chest pain, jaw pain. And it's like these are signs of a heart attack. And I'm like, 'Oh, my God.'

BRIGID SCHULTE: So you had you had a heart attack.

CATE LINDEMANN: I had a heart attack.

BRIGID SCHULTE: And you had a heart attack because of all the stress at work.

CATE LINDEMANN: Yeah. Oh, it was 100% stress caused. And for me, it was the stress of feeling like I was failing at my job, failing at being a mother, working mother with kids, failing all around. And it took me a really long time to realize that, like, I didn't fail. That my firm failed me. My colleagues failed me. My, you know, the the society failed me because I felt that I had to just keep doing all these things regardless of, you know, the effect that it was having on my health. You know, and I remember seeing my primary care doctor who I've seen for like, a decade and I'm telling her what happened. She's like, 'Wow, your job really made you sick.'

BRIGID SCHULTE: So, Marnie, let me start with you. Since since you spent a lot of time looking at, you know, women and gender and work-family conflict, here's somebody who actually had a heart attack because of all the stress at work.

MARNIE DOBSON: Well, I mean, this is a this is a such a sad and tragic situation that a 41 year old woman experiencing high levels of job stress that had such an impact on her body and her physiology that, you know, she had a heart attack. A workplace like a law firm that is

requiring so much from partners and associates in terms of hours billing. You know, this is a system that's set up to produce the most output, you know, regardless of people's constraints. You know, and we know that law is seen culturally as this high status, high productivity environment, but people's bodies are still the same. And they are going to be affected by those kinds of requirements, even if they're paid, you know, six figures.

BRIGID SCHULTE: So, Peter, if we were going to give sort of a box score of psychosocial stress to Cate, how many of these psychosocial stressors is she experiencing? It sounds like long work hours, certainly work-life conflict and certainly high job demands and not a whole lot of social support at work, it sounds like.

PETER SCHNALL: Well, that was a good list. Brigid. You're you're pulling the rug right out from under me because, you know, you've hit on the major things, too, which are I think are clearly going on. There is a rising rate of heart attacks among young people. Young working people in the United States. But lawyers are a absolutely special case of highly stressful work environments in which younger lawyers are under enormous pressure to achieve. They want to become partners. There's expectations of putting in a lot of hours. Honestly, part of the story that shocks me is that there would be some question about someone who is near the end of their pregnancy, not having space to complete the pregnancy without being under an enormous amount of stress. One special aspect of this, though, is the lack of social support from the organization. This is, of all the stressors that are operative for this young woman, and I think in the work environment, this - making somebody into the bad person, that they're not meeting their obligations to the team, that somehow or another they're letting their "mental issues" get in the way of the job and of accomplishing what's necessary for the good of the team. This is an extremely abusive relationship, and unfortunately, the legal profession is particularly guilty of this very painful, discriminatory treatment of younger lawyers. Now, I'm not at all surprised that she had a heart attack. Anxiety conditions, burnout,

depression are all correlated with high blood pressure and with heart attacks. And these are not all independent conditions that are somehow or another unrelated to each other. Burnout and depression are very much connected to each other. If you work long hours and you get exhausted, of course you're going to develop symptoms, and depression is one of the consequences. There's a whole lot of research in the last 15 years connecting depression to heart attacks. Look, she said, 'I don't I can't tell them that I have symptoms of depression. They'll, they'll punish me.'

BRIGID SCHULTE: Let's take a short break. When we return, we'll talk about the subtle, yet insidious ways individual employees get blamed for health problems that are really caused by the work environment. Stay with us. I'm Brigid Schulte. You're listening to A Better Life Lab. We're talking with the co-directors of the Healthy Work Campaign, Marnie Dobson and Peter Schnall. You know, one of the things that strikes me, Peter, you were saying earlier, how in the United States we don't see these things as sort of organizational or systems problems. We tend to think of them as individual, you know. And how many times have you been told, you know, 'I'm a great company. I give everybody the calm meditation app,' which is fantastic and I have it as well. But, you know, the calm app or lunchtime yoga or all these wellness programs that we seem to have, it seems to kind of reinforce that same narrative that Cate was under, that, well, this is if you have problems, you're the issue. It's not the workplace.

PETER SCHNALL: Yes, I think that's quite right. You know, the notion that somehow or another, these health outcomes, be it depression or even many cancers, which also have stress related components, high blood pressure and heart attacks are somehow or another individual illnesses. You know, I got started practicing medicine at the Martin Luther King Health Center in the South Bronx. I had about 500 patients. Minorities for the most part. And many of them had high blood pressure. Many times the people I was seeing would be on medication for high blood pressure, and they would not come back at the end of the allotted

time when we knew they would run out of medicine. And when we went out and got them and brought them back, what we discovered was their blood pressure had returned to normal. And that raised the issue of, well, what could be going on, that people had blood pressures that were elevated at some point in time, but didn't necessarily keep their blood pressures elevated on a chronic basis. And that led to the notion of stress. Okay. Then perhaps there were life experiences that they were going through which raise their blood pressure, and then in turn those experiences changed. And like things got better, as I would think with Cate probably when she left that job, many of the risk factors probably declined. I don't know that for a fact.

BRIGID SCHULTE: Right, but now she's given up her career. Let's listen to another story. Let's let's hear from Cherri Murphy. She's a pastor in California, social justice worker. She's close to completing her Ph.D. in divinity. But she earns her living, or at least she did as a rideshare driver. It's a job that she chose because it gave her flexibility, and she thought it would give her a certain sense of control over her time and her schedule. But she says it's gotten more and more unsafe and unstable and insecure.

CHERRI MURPHY: Everybody wants to work in a safe environment, Right? And to be able to work at the end of the day and know that I'm going to be able to afford my rent, to be able to afford health care, to provide for myself. So imagine not having any safety protections in the middle of a pandemic. And so, and that's stressful, right? And I know personally for myself, it's been extremely stressful. I've watched my own health deteriorate. I've had breathing problems. I gained a lot of weight. Okay. So not only were we deemed essential workers, but there was a time when drivers were driving in the middle of the California fires, of these just terrible air conditions, right? So it was hard to breathe. And I know and I was I was among the many drivers who was in that. My health changed. I had breathing problems. I had diabetes, water gain,

fatigue, extreme fatigue, muscle atrophy. And I believe it's attributed to the stress of working in those kind of conditions.

BRIGID SCHULTE: So here you got a rideshare driver, and it looks like from some of the previous research being a driver, a bus driver, a truck driver, that those are actually some of the the worst kind of occupations for our health, because you sit and you're so sedentary. But now you've got this this sort of psychological layer of stress, uncertainty. You don't have any worker protections. You're sort of really out there on your own. You know, what does Cherri's story tell us about where we're going in the future with work stress?

MARNIE DOBSON: Well, yeah, her story is, is like so many people who are working in these what we call precarious jobs, working in gig-related jobs where they they don't have any job security. And we know from the research that a lack of job security is associated with a higher risk of heart disease, heart attack, stroke, also depression. We know that what we call "threat avoidant vigilance" has a major impact on people's cardiovascular system.

BRIGID SCHULTE: Threat avoidant vigilance. Tell us what is that?

MARNIE DOBSON: It's a jargony word for having to be alert all the time to danger. So there are a lot of jobs like that. Driving is one of them. Obviously, working as a police officer or any kind of transit worker, you're having to pay attention on a constant basis to be aware of danger. And so, you know, that actually creates a biological stress response on a chronic basis daily. So we know that drivers, for instance, have much higher rates of hypertension than other professions, other occupations. And so, you know, put those two together. And I think the experiences that she's having, shortness of breath, she mentioned trouble breathing, put it together with lack of job security and this, you know, constant vigilance when you're driving, you know, it really does impact people's mental and physical health.

BRIGID SCHULTE: Let's take a quick break. When we return, Marnie and Peter take on the future of work and what we need to do to make it less hazardous to our health. It's Better Life Lab. Today we're talking with Marnie Dobson and Peter Schnall about improving worker health. So Peter, if we've already got an American Karoshi that's sort of invisible, that we're not, that we're in denial about, as you said, what does that bode for where we're going in the future?

PETER SCHNALL: Well, we already have a society which has a dichotomization of work in many regards. I mean, we have a very big socioeconomic divide between professional people and many what we would call essential workers, people who are carrying the burden of keeping our society functioning. Sanitation workers, bus drivers, health workers are on the front line in the hospital. The nurses, even the doctors now, I think, are being highly exposed to increasing demands, falling levels of control over the work process. We have what we call essential workers, and they're being exploited more. Their jobs are getting worse in the midst of this whole pandemic, okay? Where people are complaining about, 'Oh, gee, wages are going up quickly.'

BRIGID SCHULTE: They're not.

PETER SCHNALL: Wages for essential workers are not going up faster than inflation and the cost of living. Their standard of living is not accelerating under these circumstances. They are suffering. And and we might add that we know that these are essential workers, but of course, they're on the front lines, because they work with the public. In many cases, they're more exposed, for example, to COVID. So you're asking me, well, what's going to happen going forward?

BRIGID SCHULTE: Yeah, like now we've got the new jobs that have been created, say, in the last 30, 40 years. They haven't been, you know, the good jobs with high wages and benefits and security. They've been these precarious and uncertain and low paid kind of jobs.

PETER SCHNALL: Dangerous.

BRIGID SCHULTE: Yeah. So what is it? What does that bode for work, stress and the future of work?

PETER SCHNALL: Well, an important stressor is an inability to maintain yourself and your family and your and your day to day existence, okay?

BRIGID SCHULTE: Yeah. Yeah. Yeah.

PETER SCHNALL: We say, 'Oh, gee, you know, someone has a terrible job. You know, they have to go into a meatpacking plant, etc., etc., and they're exposed to all of these risk factors in them.' But one of the major risk factors that people are being exposed to is they're not bringing home enough money to take care of themselves and their family. They're living they're living in poverty environments. They're living in rundown housing. You see these stories about what's happening to minorities and migrants in New York City, you know, where their apartments in their homes are burning up because wealthy people don't feel any obligation to maintain the properties in which they're, the working people are living. So there is a connection, okay, between the future of work and the miserable conditions that people are finding themselves in. Working conditions probably are going to continue to get worse. You know, we we don't have national standards for managing and restraining employers from exploiting workers. The employers have most of the power. So I would imagine as diversification increases, as there is a bigger and bigger strata of highly educated people and a large strata of, "essential workers," their conditions will continue to decline. Income is not, for the last 25 years, been keeping up with the changing costs of living, and their environments are deteriorating. And we're asking them to carry the burden of this epidemic, which you know well, what does that have to do with work? Well, it has a lot to do with work, because all of these essential workers are the ones who are being put in the firing line of COVID. And that's going to continue probably for years.

BRIGID SCHULTE: Right. COVID now is has become yet another stressor.

PETER SCHNALL: As an occupational health person. My colleagues and I believe it's very much the job of occupational health organizations to define what is risky at work and to manage it. Look, we do that with respect to violence and accidents, so we need to do that for psychosocial stressors, as they do in Europe, okay? It's illegal to have job strain, high demand, low control in many countries in Europe. So why are we not doing that here? Because the final word on most of this is a word that businesses have. They have the power and the control to tell workers what to do. And we need to make our society aware of the fact that that has negative consequences. We can have healthy work. We can have working conditions which are healthy, which are also productive. And in fact, there's a lot of good evidence that healthy working conditions are more productive.

BRIGID SCHULTE: Right. Marnie Dobson?

MARNIE DOBSON: The important thing is to prevent this kind of stress so that it doesn't lead to these incidents of heart attack, for example. These acute situations, but also ending up having to leave their profession because they're too ill to keep working or because they want to leave and have a family like the lawyer. Right, who couldn't, because the work culture doesn't allow for women to leave their job and have a baby safely, you know?

BRIGID SCHULTE: You know, so the two of you run an organization called the Healthy Work Campaign. How do we go from the current state of denial, as you've described it, to a place where people would actually make those kinds of organizational changes, where there would be an impetus and an incentive to change the way we work? What would it take to get there?

MARNIE DOBSON: So, you know, how do we get organizations to understand their influence on not only these individual stories, but on the effect of population health? And I think that is a really challenging thing. One of the main focus for us is to work with the labor unions. In unionized workplaces, they have collective bargaining contracts with

management that allows workers to have a say over their working conditions. And it's a legally binding contract. Unions can work with management sometimes to create, you know, worker health and safety programs related to work stress. We've created tools and resources for unions to learn about psychosocial hazards and their impact on worker health. And then take that data to management and say, look, you know, we're having really high job demands and people are working, you know, really long hours or they're you know, 30% of people are reporting workplace bullying, which is a major problem in the United States and a major stressor on people. So, you know, we really want employers and organizations to understand that this is not just an individual problem, work stress, that it is impacting their bottom line because it's impacting employee health and productivity. You know, people who leave their jobs, that costs employers money because they have to replace those people. Also, health care costs, disability leave, employers are paying those costs.

BRIGID SCHULTE: Peter, any closing thoughts?

PETER SCHNALL: We put a lot of the responsibility on the companies, but I think we should emphasize the fact that a lot of the failure here is the responsibility of our government. There is just simply a lack of effort and thought being given to the consequences of rampant, out-of-control capitalism. There is a continuous necessity for capital to improve their bottom line. And one of the most important ways they can do that is by increasing the productivity of the workforce.

BRIGID SCHULTE: Or the way that they think they can do it. Right. Increasing the productivity.

PETER SCHNALL: If you can make people work more hours. Okay. There, there is a fundamental, I think, incorrect assumption that the more hours you work, the more productive you're going to be. We actually know that past 40, 45 hours, your productivity declines significantly. But we started the conversation talking about Karoshi. Karoshi, we see disruption of the brain vessels. The arteries burst.

People get strokes. They die suddenly. But they're not the only vessels that get damaged, and the coronary arteries that are among them. Now we're talking about a coronary version of Karoshi - people who are being overworked, who have too much demands, not enough say, and the governments are ignoring this. The government has a responsibility here to limit the amount of stressors that people can be exposed to. If you have a contract and you're a labor, a union member, you work 40 hours a week for the most part. But if you're a full-time employee of a company, they can make you work as many hours as they want. And it's your choice to quit or to bear with it. And, and there's no surprise that all these people are getting sick.

BRIGID SCHULTE: Peter Schnall and his colleague Marnie Dobson. Together they direct the Healthy Work Campaign. They've got some really powerful resources on their website. Healthywork.org. This season on Better Life Lab, we're looking at the future of work and well-being in America. It's clear we've got work to do. But there are some promising approaches out there. Next time we'll hear from a mother-daughter duo working on the front lines of one of the most important - and poorly paid - growth industries in America. Care, work.

Danielle Williams: Somebody's got to take care of the Baby Boomers. Well, for one client, I work seven days a week, for the other client I'm off on Saturday, but I work the other six things.

Brigid Schulte: I just said care work is poorly paid. And in most parts of the country, it is. But for homecare workers in Washington state, it's different. Innovations there are revaluing this vital work and enabling care workers to work steady jobs at a fair wage with benefits.

Brittany Williams: We won first in the nation retirement, health care, insurance, dental coverage for our dependents.

Brigid Schulte: We'll hear how it works next time on Better Life Lab.

For more resources on fairer, healthier work, go to newamerica.org. Click the link for Better Life Lab. On behalf of myself and my producer, David Schulman, many thanks for joining us for our new season. Please review us on Apple Podcasts if you like the show. Better Life Lab is produced by New America in partnership with Slate. Special thanks to Alicia Montgomery at Slate for all her work with us.

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