



The Hidden Costs of Generosity: Psychological, Cognitive, and Stress Consequences in Giver-taker Dynamics

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Abstract

The adage “Givers need to set boundaries because takers have no limits” reflects critical dynamics in interpersonal and organisational relationships, where individuals who consistently prioritise others’ needs risk personal and cognitive depletion. Unregulated giving in the context of relational imbalance can result in psychological stress, emotional exhaustion, and cognitive overload. This study examines how insufficient boundary setting by givers interacting with takers contributes to burnout, impaired decision-making, attentional strain, and heightened stress levels. Using a qualitative conceptual-analytical design supplemented by documentary review of empirical research in social psychology, cognitive neuroscience, and occupational stress, the study identifies patterns of behavioural exploitation, affective strain, and executive function impairment. The current findings suggest that boundary neglect produces measurable psychosocial and cognitive consequences that are moderated by personality traits, social context, and organisational culture. This study concludes with practical recommendations for individuals and organisations to foster sustainable giving practices through boundary management, stress mitigation, and resilience-building strategies.

Introduction

The maxim “Givers need to set boundaries because takers have no limits” highlights a persistent challenge in both interpersonal and organisational contexts, where individuals who consistently prioritise the needs of others over their own often experience personal and cognitive depletion [1]. Givers, by nature, may overextend themselves in relationships or work environments, leading to heightened stress, emotional exhaustion, and impaired decision-making when interacting with takers who exploit generosity without reciprocity [2]. Such relational imbalances are increasingly recognised as risk factors for burnout, reduced productivity, and long-term psychological strain. Despite the growing awareness of these dynamics, research has tended to examine altruism and prosocial behaviour in isolation, without fully integrating the cognitive and psychological mechanisms that underlie vulnerability in givers.

Currently, gaps exist regarding the impact of boundary neglect on executive functioning, attentional control, and stress physiology. Cognitive neuroscience research suggests that repeated self-sacrifice or overcommitment can overload working memory, reduce attentional capacity, and impair the prefrontal cortex’s ability to regulate emotions and plan effectively [3]. Simultaneously, chronic exposure to takers may trigger sustained activation of the hypothalamic-pituitary-adrenal (HPA) axis, elevating cortisol levels and increasing susceptibility to anxiety, depression, and physiological stress [4]. The interaction between cognitive overload and stress physiology underscores the importance of examining givers as a distinct population within relational dynamics rather than treating burnout or stress as generalised phenomena.

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Some existing studies in organisational psychology and social behaviour predominantly focus on workplace burnout, general relational stress, or job demands, without distinguishing between givers and takers in controlled conceptual frameworks [5]. This limitation has left practitioners and researchers with insufficient understanding of the specific vulnerabilities faced by givers, including the cognitive and emotional costs of unreciprocated generosity. Moreover, the interplay between personality traits, social expectations, and organisational culture in moderating these outcomes remains underexplored, further constraining evidence-based interventions. Addressing this gap is crucial for designing policies, training programmes, and organisational structures that protect givers from exploitation while sustaining prosocial engagement.

The present study seeks to address these deficiencies by examining the psychological, cognitive, and stress-related consequences of boundary neglect in giver-taker dynamics. Specifically, the research aims to:

- a) explore the psychological outcomes of unregulated giving, including anxiety, emotional exhaustion, and dysregulation
- b) assess the cognitive effects, such as decision fatigue, attentional strain, and impaired executive functioning
- c) identify environmental, relational, and organisational factors that exacerbate or mitigate these outcomes [6].

By integrating insights from social-psychological theory, cognitive neuroscience, and stress research, this study aims to provide a comprehensive understanding of giver vulnerability, informing evidence-based strategies for sustainable prosocial engagement at both individual and organisational levels.

Theoretical Framework

The psychosocial and cognitive consequences of boundary neglect in giver-taker dynamics can be understood through an integrated theoretical lens combining social exchange theory, self-determination theory, and neurocognitive stress models. Social exchange theory posits that human interactions are guided by cost-benefit calculations, with individuals seeking to maximise rewards while minimising costs [7]. In giver-taker dynamics, givers often invest disproportionately without receiving reciprocal benefits, producing relational disequilibrium and psychological strain. Takers, in contrast, exploit generosity without adhering to social norms of reciprocity, perpetuating imbalances that reinforce stress and cognitive overload in the givers [8]. This theory provides a framework for understanding why the givers experience heightened anxiety, emotional exhaustion, and motivational depletion when boundaries are not enforced.

Self-determination theory emphasises the importance of autonomy, competence, and relatedness in maintaining psychological well-being [9]. Givers who overextend themselves often experience reduced autonomy and diminished perceived competence, particularly when their contributions are unacknowledged or exploited [10]. Persistent violations of relational boundaries can undermine feelings of relatedness, resulting in social frustration, depressive symptoms, and burnout. By framing giver-taker interactions within the self-determination model, the current study links observable psychological outcomes to fundamental human needs, explaining why boundary neglect disproportionately affects givers relative to other relational roles [11]. This perspective further highlights the importance of deliberate boundary-setting as a protective strategy for psychological health.

Neurocognitive models of stress elucidate the biological mechanisms by which chronic over-giving affects cognition and emotion. Repeated exposure to relational demands without adequate recovery activates the hypothalamic-pituitary-adrenal (HPA) axis, elevating cortisol and other stress hormones [12]. Sustained HPA activation impairs prefrontal cortical functions, including working memory, attentional control, and decision-making, while simultaneously enhancing limbic system sensitivity, leading to emotional reactivity and heightened anxiety [13]. Functional neuroimaging studies indicate that individuals who consistently prioritise others' needs without boundaries exhibit altered neural connectivity patterns in executive and affective networks, further demonstrating the cognitive and emotional costs of boundary neglect [14]. This neurobiological perspective complements social and motivational theories by linking psychosocial stressors to measurable cognitive and neural outcomes.

Finally, integrating these frameworks allows a holistic understanding of giver vulnerability. Social exchange theory explains the relational dynamics that generate imbalance, self-determination theory clarifies the psychological mechanisms affected by overcommitment, and neurocognitive stress models illustrate the physiological and cognitive consequences of sustained boundary neglect. Together, these perspectives provide a robust foundation for examining how giver-taker interactions produce anxiety, cognitive overload, and emotional dysregulation. This integrated framework supports the current study's objectives by connecting observable behavioural outcomes to underlying social, psychological, and neurobiological processes, offering evidence-informed insights for interventions aimed at promoting sustainable prosocial engagement [7-14].



Methodology

Study Design and Approach

This study employs a qualitative conceptual-analytical design supplemented by a documentary review of empirical research, organisational case studies, and relevant policy or guidance documents on workplace behaviour, relational stress, and prosocial engagement [15]. The conceptual-analytical design is appropriate because the primary aim is to integrate theoretical perspectives, social exchange theory, self-determination theory, and neurocognitive stress models, with observed psychosocial outcomes among givers. Documentary sources include peer-reviewed studies in social psychology, cognitive neuroscience, occupational health, and organisational management, as well as publicly available reports on relational exploitation and burnout [16]. By synthesising these sources, the study identifies recurring patterns and mechanisms underlying boundary neglect, enabling theoretical claims to be anchored in empirical evidence.

Study Objectives

The current study addresses the following objectives:

- a) To examine the psychological consequences of unregulated giving, including anxiety, emotional exhaustion, and depressive symptoms [17].
- b) To explore cognitive outcomes of boundary neglect, including impaired decision-making, attentional overload, and executive function deficits [18].
- c) To identify key stressors and environmental factors (organisational, relational, and societal) that exacerbate giver vulnerability [19].
- d) To provide evidence-informed recommendations for sustainable prosocial engagement, highlighting strategies for boundary-setting and resilience-building [20].

Data Sources and Selection

Primary sources for documentary analysis were peer-reviewed literature from psychology, neuroscience, occupational health, and organisational studies. The search strategies included electronic databases (PubMed, PsycINFO, Scopus) using keywords such as “giver–taker dynamics,” “boundary-setting,” “prosocial stress,” “burnout,” “executive function,” and “relational exploitation” [21]. Secondary sources included organisational reports, case studies of workplace generosity, and meta-analyses of prosocial behaviour. Studies were selected based on relevance to cognitive, psychological, and stress outcomes associated with unregulated giving, with priority given to those including empirical measures such as cortisol levels, neuroimaging, or validated psychological scales [22].

Analytical Framework

The current study employed thematic coding to identify key constructs, including relational imbalance, stress physiology, cognitive overload, emotional dysregulation, and resilience strategies [23]. Coding was guided by the integrated theoretical framework, ensuring that emergent themes aligned with social exchange dynamics, self-determination principles, and neurocognitive mechanisms. Cross-comparison of sources enabled the identification of convergent patterns and cross-contextual insights. Documentary synthesis was complemented by conceptual analysis, which allowed interpretation of how relational and organisational factors interact with individual psychological and cognitive processes [24]. The approach ensured analytical rigour, enabling the derivation of generalisable insights while recognising the contextual specificity of giver-taker dynamics.

Limitations

The present study acknowledges several limitations. First, the reliance on secondary sources and documentary data prevents causal inference or direct measurement of stress or cognitive outcomes in givers. Second, variability in study populations, measurement instruments, and cultural contexts may limit generalisability. Third, qualitative synthesis may be influenced by interpretive bias, although this was mitigated through triangulation of multiple data sources and cross-disciplinary perspectives [25]. Despite these constraints, the methodology provides a robust conceptual and empirical foundation for understanding the psychosocial, cognitive, and stress-related effects of boundary neglect among givers.

Results/Analysis

Psychological Consequences

Givers experiencing boundary neglect exhibit elevated anxiety, emotional exhaustion, and depressive symptomatology [20]. Continuous unreciprocated giving fosters emotional dysregulation, heightened interpersonal sensitivity, and reduced resilience [21]. In organisational settings, these psychological outcomes contribute to absenteeism, low job satisfaction, and burnout [22]. Emotional strain is amplified by social expectations and personal values prioritising altruism over self-care [23]. The cumulative psychosocial burden manifests in both interpersonal dysfunction and decreased well-being [24]. Giver stress is compounded when takers exploit authority differentials or situational power imbalances (Table 1).



Table 1: Psychological Outcomes in Givers vs Takers.

Outcome	Givers	Takers	References
Anxiety	↑ Chronic stress, worry, and emotional exhaustion	↔ Minimal impact; often externalises stress	[15,17,21]
Depression	↑ Risk of low mood and burnout	↔ Low incidence unless organisational stress is present	[17,19]
Emotional Dysregulation	↑ Difficulty managing emotions; heightened irritability	↔ Maintains emotional stability; prioritises self-interest	[16,23]
Compassion Fatigue	↑ High risk due to overextension	↓ Rare, usually limited to empathic situations	[15,18]

Cognitive Implications

Neurocognitive evidence suggests that repeated boundary violation overloads working memory and executive function, producing decision fatigue and impaired problem-solving [25]. Attentional control declines as givers allocate cognitive resources disproportionately to others' needs [26]. Risk assessment capabilities are diminished under chronic stress, increasing susceptibility to further exploitation [27]. Cortisol elevation and prolonged HPA-axis activation disrupt prefrontal cortex functioning, compromising planning and inhibitory control [28]. These cognitive impairments reinforce maladaptive behavioural cycles, reducing both personal efficacy and organisational performance [29]. Cognitive strain is intensified in environments lacking supportive policies for assertive boundary setting (Table 2).

Table 2: Cognitive Outcomes Associated with Boundary Neglect.

Cognitive Domain	Givers	Takers	References
Executive Function	↓ Impaired planning, prioritisation, and decision-making	↔ Generally preserved; task-oriented	[18,21]
Attention	↓ Divided attention, susceptibility to distraction	↔ Focus maintained; task self-prioritisation	[19,23]
Working Memory	↓ Reduced capacity under stress	↔ Largely unaffected	[20,22]
Decision Fatigue	↑ Rapid depletion of cognitive resources	↔ Low; decisions guided by self-interest	[17,24]



Stress and Environmental Moderators

Giver stress is moderated by organisational culture, social support, and individual coping strategies [30]. Environments rewarding overcommitment and discouraging assertiveness amplify psychological and cognitive strain [31]. Conversely, supportive structures, including mentorship, role clarity, and structured workload management, buffer stress outcomes [32]. Personality factors such as high empathy, agreeableness, and conscientiousness increase vulnerability to exploitation and stress [33]. Chronic exposure to takers without effective boundary enforcement results in heightened sympathetic nervous system activity, sleep disruption, and emotional fatigue [34]. Social and relational contexts are thus critical determinants of stress severity (Table 3).

Table 3: Stress-Related Outcomes in Givers vs Takers.

Stress Indicator	Givers	Takers	References
Cortisol Levels	↑ Elevated under repeated social demands	↔ Baseline; stress only in external challenges	[16,21]
Heart Rate Variability	↓ Reduced autonomic regulation under chronic giving	↔ Stable; physiologically resilient	[15,19]
Burnout Risk	↑ High, linked to role overload	↓ Minimal, usually task-driven	[17,23]
Perceived Workload	↑ Overestimation due to boundary neglect	↔ Accurate perception, prioritises self	[18,21]

Discussion

Psychological Consequences of Boundary Neglect

The current study demonstrates that givers who fail to establish boundaries experience profound psychological consequences, including chronic anxiety, depressive symptoms, and emotional exhaustion [20-22]. Persistent unreciprocated demands heighten the risk of burnout and compassion fatigue, illustrating that giving without limits is not intrinsically beneficial. Emotional dysregulation further exacerbates interpersonal tension, creating a feedback loop that amplifies stress responses. These outcomes suggest that the psychological vulnerability of givers is closely linked to relational exploitation by takers. Importantly, these patterns are not uniform across all individuals, indicating moderating effects of personal resilience, prior coping skills, and emotional intelligence [23]. The findings highlight the need for interventions that support emotional regulation and self-care among highly prosocial individuals.

Cognitive Implications of Unregulated Giving

Boundary neglect also manifests in cognitive impairments, including decision fatigue, attentional overload, and impaired executive function [24,25]. The depletion of cognitive resources limits strategic planning and prioritisation, reducing overall productivity and problem-solving efficiency. Working memory is particularly vulnerable when givers are continually diverted by external demands, affecting both professional and personal decision-making. These cognitive consequences interact with psychological distress, forming a reciprocal relationship that further impairs functionality. The findings provide empirical support for theories linking chronic social demands with prefrontal cortex fatigue and reduced cognitive control [20,24]. Cognitive interventions, such as structured prioritisation training and task segmentation, may mitigate these effects.

Psychological Consequences of Boundary Neglect

Neurobiological and physiological evidence indicates that chronic boundary neglect activates the hypothalamic–pituitary–adrenal (HPA) axis, leading to elevated cortisol levels, autonomic dysregulation, and reduced heart rate variability [22,25,26]. These physiological responses parallel the psychological and cognitive outcomes, demonstrating the embodied nature of stress among



givers. Elevated cortisol and prolonged sympathetic activation can impair immune function, increase susceptibility to illness, and reinforce negative affective states. This integration of neurocognitive and physiological perspectives underscores that the effects of boundary neglect are multi-level and systemic. Understanding the physiological impact is crucial for designing interventions that combine behavioural, cognitive, and wellness strategies. These findings highlight the importance of monitoring both subjective stress and objective physiological indicators in high-risk giver populations.

Role of Environmental and Organisational Moderators

Contextual factors, including organisational culture, social norms, and peer expectations, play a critical role in moderating giver vulnerability [30-32]. Workplaces that implicitly reward overextension or discourage assertiveness exacerbate stress outcomes, while supportive environments mitigate the negative consequences. Social reinforcement mechanisms, including recognition of effort and equitable workload distribution, buffer against burnout and emotional depletion. Peer modelling of boundary-setting behaviours also contributes to healthier giver-taker dynamics. These findings align with social-ecological and organisational theories, which propose that individual behaviour cannot be fully understood outside environmental context [31]. The study highlights that effective interventions require attention to both individual capacities and systemic structures.

Integration of Theoretical Perspectives

The results reinforce the theoretical proposition that giver vulnerability emerges from the dynamic interplay between individual traits, relational dynamics, and environmental conditions [7-14]. Social exchange theory explains the asymmetry between givers and takers, while self-determination theory illuminates the impact of compromised autonomy and competence on psychological well-being [20,23]. Neurocognitive models clarify how repeated social demands deplete executive functioning and attentional resources [24,25]. Integrating these perspectives provides a holistic framework for understanding giver-taker interactions, encompassing psychological, cognitive, and physiological dimensions. The study extends prior research by demonstrating that vulnerability is situational rather than solely dispositional. This theoretical integration informs the design of multi-level interventions targeting personal skills, relational boundaries, and organisational practices.

Implications for Practice and Future Research

Practically, the findings suggest that boundary-setting training, resilience-building, and workload management are essential for sustaining healthy prosocial engagement [23,30]. Organisations should foster cultures that recognise contributions without encouraging overextension, and mental health support should be accessible for individuals at high risk of giver depletion. Future research should examine longitudinal outcomes of chronic boundary neglect, investigate cross-cultural variations in giver-taker dynamics, and integrate physiological monitoring to capture systemic stress responses [25,32]. Quantitative studies using representative survey data could complement qualitative insights, providing generalisable evidence for policy and organisational interventions. The study also emphasises the importance of integrating neurocognitive, psychosocial, and environmental approaches to capture the full complexity of giver vulnerability. Ultimately, the findings inform strategies that balance altruism with self-preservation, promoting sustainable interpersonal and organisational wellbeing.

Conclusion

Boundary neglect in giver-taker interactions presents significant psychological, cognitive, and stress-related challenges. Individuals who consistently prioritise others' needs without receiving reciprocity often experience emotional exhaustion, anxiety, and depressive symptoms, which compromise mental health and overall well-being. Cognitive consequences, including decision fatigue, attentional overload, and impaired executive functioning, emerge when mental resources are continuously taxed by unreciprocated obligations. Physiological stress responses, such as chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis and elevated cortisol levels, further illustrate the somatic impact of sustained giving under pressure. The accumulation of these effects can erode resilience and amplify vulnerability, creating a cycle in which the giver's ability to self-regulate and maintain effective social functioning diminishes over time. This interplay of psychological, cognitive, and physiological dimensions underscores the multidimensional nature of boundary neglect.

Environmental and relational factors significantly modulate the effects of unreciprocated giving. Organisational culture, leadership style, and workplace norms can either exacerbate or mitigate giver vulnerability by shaping expectations and reinforcing patterns of demand. Social norms outside the workplace, including family and peer influences, may similarly encourage continuous giving without appropriate reciprocity, reinforcing behaviours that compromise well-being. Personality traits such as high agreeableness or low assertiveness increase susceptibility to



boundary violation, while strong self-efficacy and emotional intelligence may buffer against adverse outcomes. Recognising these moderating factors highlights that giver vulnerability is not merely an individual issue but emerges from the dynamic interaction between personal traits, relational dynamics, and environmental conditions. Effective interventions, therefore, must account for these multilevel influences to be both targeted and sustainable.

An integrated approach combining neurocognitive, psychological, and organisational perspectives is essential for understanding giver-taker dynamics. Neurocognitive insights reveal that chronic stress and cognitive overload impair executive functions such as planning, attention, and impulse control, reducing the capacity for effective decision-making. Psychological frameworks emphasise the emotional consequences of repeated unreciprocated giving, including burnout, moral distress, and reduced motivation. Organisational analyses underscore how systemic factors—such as role ambiguity, excessive workload, or exploitative leadership—interact with individual vulnerabilities to amplify negative outcomes. By examining these interconnected domains, the research provides a holistic understanding of why some givers are disproportionately affected by takers, moving beyond simplistic or individualistic explanations. This comprehensive perspective also informs the development of interventions that address not only individual behaviour but also relational and structural determinants of giver stress.

Evidence-informed strategies are critical for mitigating the negative consequences of boundary neglect while promoting sustainable prosocial engagement. Training in assertive communication, boundary-setting, and time-management equips givers with practical skills to regulate their involvement without sacrificing relational equity. Organisational policies that encourage fair workload distribution, recognition of effort, and support for mental health create systemic conditions that reinforce sustainable giving practices. Resilience-building programmes, mindfulness interventions, and stress-management resources can enhance givers' capacity to cope with relational demands and reduce physiological stress reactivity. Peer support networks and mentorship initiatives provide additional buffering effects by fostering social validation and guidance. Ultimately, recognising the limits of generosity, integrating multilevel interventions, and promoting awareness of giver-taker dynamics are essential to safeguarding individual well-being, maintaining relational balance, and ensuring healthy prosocial engagement across contexts.

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