

Topic: You are asked to write a 2000 word essay that describes your key strategies to avoid burnout as a professional, or a trainee therapeutic practitioner, thereby enabling and maintaining safe, compassionate and effective therapy

***How the thinking I of me responds to the threat of
burnout***

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A consideration of burnout reveals that it is a consequence (which means a set of actions precede it) and whatever the specific cause, it seems to represent significant attack on and disruption of the ability of a therapist. Burnout is typically thought of as a terrible thing that happens to someone as a result of being too dedicated, perfectionistic and overexerting the self for the benefit of someone else. Considered in this way, it can seem quite heroic. An interesting facet of burnout is that it often is not clear unless viewed through hindsight; we don't know we are heading there until we are either there, or nearly there. This suggests that there is something quite absent-minded about it, that a conscious justification for the actions which lead there (e.g. "I have so much work to do, I can't stop now") possibly masks over other unconscious intentions and expressions (e.g. "what am I doing to myself and what is it really for"). The World Health Organisation (2019) explains that burnout results from long-term occupational stress which has been inadequately managed, and is characterised by exhaustion, negativism and impaired professional efficacy. This essay will discuss four key strategies which I implement in order to support my ability to avoid burnout while optimising compassionate, safe and effective therapy.

1. Curiosity of the 'Bad'

The current coronavirus pandemic has stopped the world in its tracks. Globally, a rather proportionate fear has nonetheless generated thoughts of a paranoid nature in which a dangerous threat lurks nearby which might catch us off-guard (or worse, on-guard) and harm or even destroy us. This can elicit feelings of powerlessness and helplessness, and a preoccupation with self-defence shifts to the forefront of our agenda. In a not-entirely different way, the darker side of ourselves as therapeutic practitioners cannot be ignored.

It can be tempting to take comfort in the idealised arrangement of 'therapist-patient', with emphasis on the division which seemingly separates my 'patient' parts from that of the person sitting (or lying) across from me. As practitioners, it is perhaps not difficult to rely on a cosy identification with the role of therapist-as-helper not one who needs, one-who-knows not one who doesn't, and wise-parent not clueless child – 'my role protects, even defines me and I know who I am in this room'. The question that we must ask ourselves, however, is might it be possible that the client unconsciously represents a type of coronavirus for us where what is dangerous and sickly is on the outside? If my projections serve as a bridge which blurs the gap between the client and I (Klein, 1946), does an unconscious internal conflict emerge on the way to burnout characterised by a battle between therapist-I and patient-I which ultimately transforms me into a, or the, patient version of myself, i.e. burnt out? If so, does a destructive envy toward the patient play a potentially larger role than recognised in some of the many circumstances which lead to burnout of helping professionals? These are important considerations.

The relationship between burnout and guilt intrigues me. Like a preverbal child, burnout might represent an important communication that cannot otherwise be put into words. The disabling impact of burnout renders a therapist not-fit for practice, and unable to be present (physically and psychically) for their client. Among many other possibilities, this may be a manifestation of a lack of authentic empathy for the client as a result of, or alongside, a lack of empathy for the self (I cannot give away what I don't have). An explosion (or implosion) of guilt may occur which can only be relieved either by the acceptance of guilt and subsequent forgiveness of self, or by a suitably harsh punishment such as the physical withdrawal from the therapeutic work that burnout enforces. Akhtar (2013, p. 4) explained that "guilt is diminished by confession" – it is possible that the non-verbal 'confession' is the burnout itself and therefore guilt is its predecessor. It seems plausible that burnout possibly represents a deeply conflicted ambivalence of the therapist's desire to do their work well with their client, and to act on hostile impulses which the client might evoke due to the therapists' unworked through material. It is also possible that burnout may arise in circumstances where unresolved or poorly understood manifestations of mourning and loss takes place. This is in light of burnout leading to the therapist's withdrawal (and thus loss), psychically and physically, from the therapeutic process. Does the therapist need the client to mourn their absence, and even feel responsible for their 'temporary death', needing the client to bear a projection of feeling like a merciless perpetrator? This could evoke feelings in the client of reparative guilt, and even possibly a sense that the therapist has left to unite with a better replacement, which could elicit a fantasy of an 'other' which might stir up envious competition. An open mind surrounding the processes which might lead to burnout can equip me with a greater resilience to avoid it.

2. *Curiosity of the 'Good'*

Discovering, or reaffirming, the 'good' in the self contributes to the ability of the therapist to sustain themselves in a balanced and more resilient way, in order to remain available and receptive to the client. This can be achieved by considering the self a whole object (Klein, 1940), with both good and bad parts. Winnicott (1953) explains that from infancy we need only a 'good enough' (not perfect) experience of parenting in order to establish healthy, realistic expectations and fulfilment from our relationships. Being able to explore and own goodness within ourselves such as a wish to help others; a capacity for love and forgiveness, and for compassion and care, for listening and supporting, are important strengths to recognise. These strengths enable the therapist to sustain themselves in their work.

The process of identifying and owning the good isn't exclusive to scanning the self. It is important to bear in mind that sometimes these parts of the self can be located in others. Sometimes we project good aspects of ourselves into others in order to protect those important and vulnerable parts of ourselves from our own murderous and hostile impulses (Klein, 1946). It is also possible that we might also need to see them brought to life in another in order to gain

a fuller understanding of their composition and expression in order to reintegrate them in a more meaningful way.

3. Consider Myself a Life-Long Student

The process of learning does not begin and end with training. It likely has its origins in the womb (Piontelli, 1992) and typically continues until the day we die – even age-related or acquired pathology does not necessarily completely impair the cognitive processes required to learn (Eysenck & Keane, 2015); they simply impose a different point of view. We need to consciously ‘injure’ the comfort of our initial (or even preferred) point of view, utilising the advantage of an ‘error of parallax’¹ in our learning and experience of the world, of our clients and ourselves. Accepting that we remain a student life-long forces us to apply various points of view in our work. The world was once considered flat because the limitations of our initial or preferred point of view was missed. If, whether as novice or seasoned practitioners, we refuse to practice receptivity to possibility and the unknown, we subject ourselves to narrow-minded, singular methods of practice which serve only to gratify our preferred narrative. We would find ourselves constantly seeking, and applying, a confirmation bias in our work and perspective which remained unchallenged.

The process of supervision supports and aids the process of being able to identify and own the ‘good’ and the ‘bad’ parts of the self. Ogden (2009, p. 31) describes the supervisory relationship as “an indispensable medium through which psychoanalytic knowledge is passed from one generation of psychoanalysts to the next”. He goes on to explain that through supervision, the supervisee is supported to learn how to dream together the meaning of experience with both the self and client. Supervision provides a greater level of accountability and help to post the uncomfortable questions I might otherwise be reluctant to face. This can facilitate crucial insights into the internal worlds of both the client and the therapist, and the therapist must remain receptive to feelings which are stirred up. It is possible, however, for too much emphasis to be placed on the reliability of feelings, through overvaluing intuition for example. While there is value in being receptive to gut feelings, it is important for us to bear in mind that some feelings are so persecutory that they simply cannot emerge until we deepen our containing capacity and alpha function. This is particularly so if strong defences are summoned to cope with the demands of reality, for example blindness of the seeing eye (Britton, 1994) where we are essentially in and out of touch with reality at the same time, in some mid-space representative neither of fantasy nor reality. Alongside learning how to improve our cooperation with reality, our thinking selves are given opportunity to strengthen and become more resilient by recognising our unfulfillable capacities for learning. Receptivity to the process of learning supports through my attitude and engagement in supervision aids my ability to bear the discomfort of not knowing, and this in turn supports my ability to avoid burnout and maintain effective therapy.

4. *Engaging in Self-Care*

The physiological process of breathing involves two steps: inhaling oxygen (life-giving) and exhaling carbon dioxide (life-taking). Without breathing, we cease to exist – we cannot take in the essential ‘good’ and we cannot expel the essential ‘bad’ necessary for survival. Burnout, and what precedes it, disrupts the flow and ease of breathing, both physically and mentally. If I am to maintain a position where I can function optimally and effectively as a practitioner, I need to discover how to maintain the process of effective ‘breathing’ in my life, not only inside the therapy room but outside it too.

An activity which I keep returning to is engaging in the realm of nature. It offers me opportunity to physically and mentally inhale (draw closer to or introject) goodness into my life in the form of natural and pure beauty, fresh air, vibrant and also peaceful colours and sounds, invigorating smells and tastes, and both energising and relaxing tactile experiences. Some of the ways which the sensory experience of nature can be accessed includes outdoor walks and hikes, seeing and experiencing bodies of water, observing and interacting with animals, gardening etcetera. Importantly, nature also offers me a platform upon which to physically and mentally exhale (depart from or project) toxins out of my life. Nature facilitates this by offering me its own set of flaws upon which I can project my internally damaged parts such as unsightly ruins or landscapes, foul odours or tastes, pesky sounds or even dangerous and uncomfortable terrain. Activities which offer facility to support not only the ‘inhale’ but the ‘exhale’ of breathing are paramount in supporting our self-care.

Being able to engage in, and enjoy, time outside of the role as therapist is important to overall well-being. This can take place in the form of planned vacations with loved ones, or even the smaller moments of daily life characterised by meaningful and quality social interaction with family and friends or transporting to the fictional world of a novel or movie. These breaks renew the availability of my headspace and thus capacity to maintain a healthy, balanced perspective of myself and my work. In my experience, the most enriching self-care activities offer access to experiences of renewal, hope, possibility, and opportunity; and are characterised by curiosity, creativity, submission to the process of learning, and permission to play and also regress. Ensuring that I explore any subsequent feelings of guilt, and their potential origins, which seem to obstruct my ability to enjoy my roles outside of therapy is another important practice to boost resilience.

In conclusion, if we optimise receptivity to be curious about and own our ‘bad’ parts, and balance this with curiosity and ownership of our ‘good’ parts, we can transform what we see and what we are able to do about it. Maintaining the active mindset of a student or learner who embraces the experience of challenging and questioning what we think we know supports our ability to be thorough thinkers who are open to possibility. The importance of self-care is

crucial in order to nourish and restore the mind and body. By implementing these four strategies, I become more empowered to bear the challenges and joys of psychotherapeutic work. I become more present and able to engage in curiosity and learning in a way that facilitates my ability to accept not only others, but myself too.

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