The Trouble With Helping Others


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According to some studies, the phenomenon of professional burnout has reached epidemic proportions in today's world. This applies in particular to those whose jobs involve saving lives: firefighters, police officers, and doctors who perform operations as well as members of the so-called social professions, which are based on close relations with people. This also includes therapists.

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The "danger of psychoanalysis for the analyst himself" was already noticed by Sigmund Freud, who placed emphasis on the negative mental consequences that practicing the profession had for psychoanalysts. The issue of therapist burnout was nonetheless virtually absent from the scientific literature until the mid-1980s despite the fact that exposure to the negative emotions, suffering, and chronic stress of another person is inherent in the job. The few empirical studies that have been conducted to date confirm that therapists are especially prone to burnout. What are the risk factors, specifically?

Risk factors

In a comprehensive meta-analysis of burnout in psychotherapists conducted in 2011, the team led by Jayoung Lee of Seoul Cyber University identified three groups of factors: organizational factors, therapist-related factors, and client-related factors.

In the first group of factors, the emphasis is placed above all on what constitutes the essence of the profession according to almost all approaches to psychotherapy, namely that therapists are constantly confronted with human suffering, which increases the risk of emotional exhaustion. What is more, the therapeutic process is usually slow, and therapists often have no immediate, measurable success, which may lower their sense of professional accomplishment. It is worth distinguishing between burnout symptoms and the symptoms of secondary trauma – the latter occur when therapists work with a special group of clients, namely individuals who have experienced trauma, and mimic the symptoms of post-traumatic stress disorder (the definition of PTSD assumes that it may also occur in individuals who witnessed traumatic events). An additional organizational factor behind burnout may be irregular work hours for many therapists who run a private practice: they not only work on different days of the week and at different hours but also face frequent cancellations by clients, which disrupts their work day. In addition, studies conducted among other professional groups have shown that a relatively stable work rhythm was an element that protected them against burnout. Also, it was observed that the risk of burnout may be likewise high among therapists working in public health care facilities. Such therapists need to deal with red tape and rigid organizational structures, which limit their freedom of action and cause them

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Burnout

is a term introduced into the scientific literature in the 1970s by the German psychiatrist Herbert Freudenberger. He defined burnout as a state of exhaustion caused by excessive tasks set for an individual by his or her working environment and described the clinical symptoms of the syndrome, which comprise chronic fatigue, irritability, and the sense of constant boredom and aversion. In his opinion, at the source of burnout lay frustration caused by devotion to a cause that failed to bring the expected results, in particular a failure to put into effect a desired and expected professional goal coupled with overly high aspirations and perceptions of one's professional role.

The American social psychologist Christina Maslach proposed a multidimensional theory of burnout. In her opinion, burnout is a psychological syndrome that manifests itself in emotional exhaustion, depersonalization (understood differently than in psychiatry) and a reduced sense of personal accomplishment, and this phenomenon is spread over time. It typically starts with emotional exhaustion, or a state of mental and physical overload, aversion to work, constant psychophysical tension, and irritability. This is followed by symptoms of depersonalization, which – unlike in psychiatry – manifests itself in indifference and distance from work problems, cynicism, and attempts to blame coworkers for one's own failures. Finally, there is reduced personal accomplishment, which means a lower level or the loss of job satisfaction and involvement, disappointment, and reduced self-esteem, which in extreme cases may lead to a withdrawal from specific professional activity.

to feel that they have little control over their own professional activity.

As for the therapist-related factors, these include overinvolvement in the therapeutic process, which occurs when therapists transfer the problems of their clients to their private lives, which may cause emotional exhaustion and depersonalization. Such a tendency pertains chiefly to novice therapists who are overly idealistic about their work. Such therapists also decide to take more clients than they can manage to help, which further escalates their problems, especially if they embark on their careers with a specific sense of a mission to change the world. Additionally, both types of behavior may be received negatively and with irritation by the therapists' families. Consequently, the sense of loneliness they feel intensifies existing burnout symptoms. Gender also plays an important role: men typically have a higher level of professional under-accomplishment, whereas women exhibit a higher level of depersonalization and emotional exhaustion.

Finally, the risk of burnout among therapists is increased by certain stressful behaviors on the part of their clients, not only frequent cancellations and late arrivals but also mental and/or physical violence and contacts outside of session hours. Such behaviors are typically exhibited by clients with a borderline personality disorder, who are potentially most likely to cause therapists to burn out. However, the results of other empirical studies do not confirm this trend, so it is impossible to clearly determine the relationship between the client's diagnosis and the risk of burnout for the therapist.

Diagnosis

Therapists who experience burnout gradually lose satisfaction with their work, become stuck in a rut, and constantly feel exhausted and drained. They are increasingly likely to consider quitting their jobs as therapists and even stop identifying with their own profession and start to loathe themselves for spending so many years doing something that sometimes even causes their aversion. They also feel they have disappointed themselves, which is caused by the painful realization that they have completely exhausted their therapeutic potential. Just like in other groups, occupational burnout entails many associated mental health problems, such as symptoms of depression, anxiety, and insomnia. Those who experience burnout often abuse psychoactive substances. Other symptoms may include various psychosomatic disorders: digestive problems and chronic head or muscle pain. In addition, burnout impacts negatively on the immediate surroundings of therapists and finally on the quality of their work, which manifests itself in their treatment of clients as objects. It is not out of the question that the clients may then draw no benefits from therapy and even experience secondary trauma. Nevertheless, such a hypothesis requires further empirical studies.

Let us imagine therapist A, who is married with two adolescent children. She sees an average of six patients a day. She is in conflict with other members of the profession, because she has a different payment policy than her colleagues. She considers herself better and more moral than others. When her father unexpectedly falls ill and her son starts having alcohol abuse problems, she systematically loses interest in her patients and even finds them irritating. She believes that they do various things (for example arrive late for sessions) just to spite her. The condition worsens, and the therapist is increasingly likely to ascribe hostile intentions to her clients. When a young woman who attends therapy sessions tells her about the problems she has in her contacts with her dying mother, the therapist feels no empathy, she is resentful and tired. During the sessions, she forces herself to listen, but she lets her mind drift off into a fantasy world. In her interventions, she critically focuses on the fact that the patient cancels sessions, and she is cynical in what she says and how she says it. She ignores any arguments that pertain to the real aspects of what is a stressful situation in her patient's life. A's supervisor draws her attention to what is happening in the therapist-patient relationship and suggests that she should think about burnout, the importance of the conflict with her colleagues, and the fact that she is currently overburdened by her family problems. A's friend suggests that she should watch the movie *The Son's Room* by Nanni Moretti. It shows the life of a therapist who finds himself unable to work with patients after the death of his son and decides to quit his job. A is shocked by the movie. She notices that she may be projecting her own problems onto her patients. She decides to return to her own therapy sessions, which she had stopped years earlier.

There is no doubt that preventing burnout requires therapists to care for themselves. In addition to getting regular supervision, they need to participate in events that shape their identity and their links with their own professional group, for example by attending various conferences, workshops, and psychological training. Relaxing properly after work and pursuing a hobby are likewise important, because they allow therapists to keep the problems of their clients in perspective. In some cases, a return to therapy is recommended.

Role reversal and hope

There are very few empirical studies that stress the role of professional and informal social support in the prevention of burnout among therapists. In 2014, we studied a group of 100 Gestalt therapists and cognitive-behavioral therapists. Our analyses showed that perceived social support, or subjectively experienced support, seems to protect therapists from the risk of burnout to a greater degree than actually received support. Assessing the extent to which a therapist may count on help or support from others may prove especially important in the case of repetitive negative interactions with patients or when therapists transfer the problems of their patients into their private and family lives. It appears that therapists, whose jobs involve constantly analyzing human behaviors and emotions, their mechanisms and conditions, may need more social support, and such needs may not be satisfied. That is why perceived social support may be more important for them that actual support. Maybe if they are aware that there are many people in their surroundings with whom they have close relations, this awareness alone acts as a more powerful factor that prevents their work from impacting negatively on their mental and physical health to a greater degree than actual support, which may be misguided or inconsistent with their expectations. Obviously, such a hypothesis requires further verification in empirical studies.

In addition, the problem of therapist burnout and efforts to prevent it may be considered from yet another perspective. Researchers studying the issue of stress have recently showed growing interest in the concept of parentification, or the reversal of family roles, combined with thinking of the consequences of traumatic childhood events for the functioning of an individual as an adult. The phenomenon of parentification, in which children take instrumental or emotional care of their parents in a way that exceeds their capacities, is sometimes associated with the selection of professions linked to looking after others and helping them. We propose the hypothesis that therapists often suffer from parentification.

The emotional reversal of family roles has destructive effects. For parents, a child can play the role of a therapist, a buffer, the ideal self, or a scapegoat, which means a vessel for the negative emotions in a family. Children assume such roles, because that is the only way for them to secure the attention and care of their parents. In order to receive such attention and care, children must constantly monitor the state of mind of their parents. In adult life, such children are very good at reading emotions, among other things. We believe that unresolved parentification problems may come to the surface after several years of intensive work and result in the development of burnout symptoms. Paradoxically, this may have a "cleansing" effect on such therapists by acting as a wake-up call and showing them the limits of what they can do (just like in the example presented above). In this sense, burnout symptoms may play an adaptive role that is important in the development of not only therapists but simply human beings. However, that is yet another hypothesis that needs to be tested empirically.

To sum up, the issue of therapist burnout remains poorly studied. Further efforts to explore it may help work out more effective methods of psychological help. Psychotherapists will be able to help their clients only if they are very attuned to the possibility that they themselves may need help.

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> One of the dangers facing therapists involves transferring the problems of their patients into their own private lives, which may lead to emotional exhaustion and depersonalization.

Further reading:

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