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PREVENTION: AVOIDING BURNOUT

Overwork is the curse of our time. Working long hours has become almost a badge of honor among professional people, whose complaints about overwork are often mixed with a sense of pride in their dedication and importance—and perhaps a sense of entitlement, namely that their hard work justifies avoidance and indulgence in other areas of their lives. Nowhere is this ethos of overwork more prevalent than in the helping professions, where the overwhelming demand for service has made long hours expected and honored. These days it seems that every time you ask fellow mental health professionals how they're doing, you're likely to hear how busy they are and how little time they have for things other than work. Unfortunately, neither the familiarity nor apparent meritoriousness of chronic busyness keeps it from leading, more and more often, to a gradual and permanent depletion of the spirit.

Burnout is reaching epidemic proportions in the helping professions. It is an insidious and complex problem caused not by any one factor but by a combination of environmental and work circumstances, emptiness and drivenness, and an exag-

generated need to shore up the self at the expense of real communion with friends and family. More specifically, as we have shown, it can be understood from a variety of theoretical frames, including self psychology, general systems theory, and the multigenerational perspective of Murray Bowen.

It is one thing to describe the experience of burnout and to provide a theoretical explanation; it is quite another to prevent it. Yet, it obviously makes more sense to avoid burnout than to try to rebuild the lives and spirits of its victims after the fact.

All too often, when mental health workers attend conferences or seminars on preventing burnout or dealing with stress, they receive simplistic formulas and advice: exercise more, develop outside interests and hobbies, balance work and play. Such advice is easier to give than to follow. Unfortunately, such common sense solutions usually do not work, and frequently leave people feeling even more frustrated and guilty. Not only are they worn out, but they have failed Relaxation 101.

On the other hand, many professionals pursue relaxation seriously and take up tennis, or running, or some other hobby. The problem is that they become just as compulsive about leisure time activities as they have been about their work. One psychotherapist became very discouraged with his biking after realizing that he could never go out for a relaxing bike ride; rather he felt pressured (by no one but himself) to bike longer and faster each trip. Another took up running as a form of stress reduction. This worked well until she began keeping track of how many miles she ran each day and trying to increase the mileage she ran each week, until she reached 65 miles a week. Whenever she skipped a day of running, she felt guilty; eventually, however, knee problems forced her to reduce training. In both of these cases, the solution became part of the problem.

While passions for new activities or fantasies of new lives or careers in more exciting communities are a normal part of life,

they can serve as distractions from what feels like overwhelming emptiness or as selfobjects upon which we become dependent for internal cohesion. How many of us have not had fantasies of very different professions in new communities, perhaps with a new spouse or family? At times the fantasies serve to distance us from the difficulty of changing the unpleasant realities of the present. However, neither fantasies nor new activities are able to help people with the major business of life: love and work. Nor do they change one's personality. If one is driven to achieve at work, then one may be equally driven at a new sport or hobby. If one has difficulty setting boundaries and saying no at work, then the same problem is likely to arise in group-related hobbies or volunteer work. For instance, a social worker who sought to balance his life by getting more involved in his church found that, just as he had difficulty saying no at work, he could not say no to requests to serve on committees at church.

The professional's new hobbies may leave family members more frustrated than ever. The spouse who complains about her husband's long hours in a mental health clinic and loss of family intimacy is going to be less than enthusiastic about his attempt to bring balance into his life by playing golf every weekend, leaving her to care for their small children. Solutions that fail to take into account family issues, as well as the personality issues and narcissistic vulnerabilities of those in the helping professions, and that ignore the enormous difficulties of working in the mental health system, are doomed to failure. If the way in which many mental health professionals replicate family dynamics at work is not addressed, or if they are not helped to understand why setting boundaries and saying no are so important, efforts to prevent burnout will not work.

Obviously, a theory of prevention must take seriously personality issues within the professional, wrestle with the complexities of working in the mental health system, and help the professional find ways of defining him or herself within that system, as well as finding balance and meaning in life. Several

important steps can be taken that may help prevent burnout. These include realistic self-assessment, investigation of the impact of one's family of origin, understanding one's own narcissistic issues, utilizing support groups, finding effective supervision, and finally, finding balance in one's life.

RECOGNIZING THE SIGNS OF BURNOUT: SELF-ASSESSMENT

Spotting the signs of burnout is rarely as easy as it sounds. Differentiating normal tiredness, tension, and occasional exhaustion from the gradual debilitation of burnout is difficult. Consider these two cases: Nancy, executive director of a not-for-profit counseling center, reported feeling exhausted and constantly tense as a result of attempting to make massive changes in her agency to better prepare it to negotiate the complexities of the managed care maze. Yet, after interviewing her, we felt sure that she was not in the early stages of burnout. Beneath her tiredness and tension we sensed a clear resilience that kept her energized and moving toward some clear goals. Her optimism was evident. Despite the pressure to make the massive changes necessary in her agency, she addressed it creatively and constructively. While Nancy was tense and tired, she could see light at the end of the tunnel and was enthusiastic about getting there. She bravely led her agency through some renewed strategic planning, working towards the accomplishment of clear short-term goals, all aimed at necessary change for the agency. For her, stress became a constructive challenge which helped her stretch and expand. Nancy was able to sustain her hard work because her job allowed her creativity, self-expression, self-esteem, and feelings of security.

Nancy is an example of someone for whom stress became a constructive challenge. Others experience stress, particularly the type over which we have little creative control or relief, as progressively wearing them down. When we talked with Seth, clinical director at another agency, this was the type of picture

that emerged. His apathy and total lack of enthusiasm were almost palpable. While Seth shared Nancy's exhaustion and anxiety, he did not have her optimism or future vision, just a dark and dreary sense that his spirit had been broken. He felt alone and unsupported in making changes in his agency, and felt a total absence of personal control and creativity in coping with his agency's problems. His executive director offered no help or support, and Seth felt that any effort towards change was like banging his head into a brick wall. Nancy's tiredness could be dealt with by setting some goals, taking a few long weekends and perhaps a good vacation. Seth's burnout would be more difficult to treat.

If burnout is to be prevented, professionals must learn to distinguish between normal tiredness or tension and the early signs of burnout. Ongoing self-assessment will help them recognize both the early stages of burnout and signs of their susceptibility to it.

Self-assessment in this case has several levels. On the first surface level, helping professionals need to periodically scan their experience, using their observing ego to transcend themselves and their experience and realistically assess how they are doing in several areas of their lives. This involves questioning how much enjoyment and satisfaction they are getting from their work, as well as checking for feelings of enthusiasm and optimism. It includes being sensitive to feelings of dread of going to work, or excessive boredom, or feelings of flatness, tiredness, and pessimism about the future. It means being aware of how often they fantasize about finding a new position or even a new career. These fantasies are often related to perceiving some sense of personal control and a sense that their talents are being put to use in a way that leads to a sense of feeling appreciated. In addition, it means assessing the balance in their activities, and whether they are becoming one-dimensional, thinking, reading, and studying only what is relevant to their profession and neglecting different interests, people, and ideas. Finally, it means honestly assessing their family life, how

their spouse and children are doing, and how they fit in the daily family system. Asking for feedback from the spouse and children can be revealing.

Sometimes this assessment is depressing in itself, because just looking at all these variables may in itself be overwhelming. We need to be aware of our own resilience and ability to bounce back from tiredness. Runners, for example, learn quickly about the dangers of overtraining. They learn the hard way that ignoring injuries or trying to push training to a more intense level simply invites more serious problems. As a result, if they are to be successful as athletes, they learn to differentiate the signs of overtraining from simply training hard. Signs of overtraining for the athlete are fairly obvious: loss of the joy of the sport, feeling of deadness, dread of training, declining performance, sluggishness and fatigue, insomnia or sleep disturbance, weight changes, greater susceptibility to colds and flu, irritability, lack of zest, and shortened attention span—to name a few. The parallels to burnout at work are obvious. On the other hand, runners frequently find that cutting back on training or cross training (bike riding, swimming, lifting weights) often restores enthusiasm. If it doesn't, more serious interventions are called for.

In a similar fashion, when mental health professionals begin to feel flat, tired, or bored, or report many of the same types of symptoms athletes report when they have overtrained, they may try "cross training." This may involve study leaves, conferences, reading novels, getting away for a long weekend or vacation, or rearranging schedules to allow for hobbies. But perhaps the best idea—and most like cross training—would be varying the jobs they do at work. While most bosses are less than enthusiastic about staff refusing assignments, most are quite receptive to staff who initiate requests to try different things. If this works, it is fair to assume that tiredness or perhaps a very early stage of burnout was the problem. If it does not work and feelings of apathy, flatness, and irritability continue, then

burnout is more than likely the culprit. People who are burning out do not usually bounce back.

Distinguishing, in self-assessment, between burnout and tiredness can be difficult. Symptoms of burnout could simply mean that a vacation is long overdue; a couple of weeks on a beach might reverse the feelings. It could mean that one needs more variety or flexibility at work. It could also indicate that marital and family problems are exacerbating work-related stress. Self-assessment may identify proactive steps that can be taken to prevent burnout. For example, an alcoholism counselor was able to reverse early burnout by becoming more selectively involved at work. She was able to increase her control by cutting out things that were optional and no longer (if ever) rewarding. She took herself off a few committees. She reinvested in her clinical work by starting up a special therapy group, which turned out to be greatly satisfying, even exciting. She said she felt better because she had expanded the scope of her effectiveness.

If, however, symptoms persist, then a more advanced stage of burnout should be diagnosed. One of the sure signs of burnout is when weekends and vacations don't restore. When you come back without feeling refreshed, it may be a sign, not that you need a longer break, but that something more than just a break is needed. At this point, one needs to move assessment to two additional levels: family of origin issues, and one's own narcissistic vulnerability.

FAMILY OF ORIGIN WORK

When we address significant problems in our lives, we naturally focus on where the hurt is. We want the pain to go away quickly. In the case of professional burnout, we zero in on our disillusionment with work, or on our exhaustion, or maybe on the disappointments or strain on our home life and the way they compound our work stress. In the midst of this pain, the

idea of examining the way in which the families we grew up in influenced our roles and scripts for living may seem far removed from the primary problem. Unfortunately, not examining those issues in the interest of solving the problem quickly is much like putting a band-aid on an injury that needs more thorough attention. The imprint of our families sets up both roles and unconscious expectations that continue to be played out in our marriages and in our work environments. Only when these patterns, roles, and unconscious expectations are understood and dealt with can we avoid getting trapped in narrow and self-defeating approaches to love and work.

Psychoanalytic training has historically stressed the need for a training analysis as an integral part of the therapist's development, while Bowenian training has emphasized the need for therapists to resolve unfinished business with their families in order to develop mature objectivity. While it may not be necessary for all helping professionals to undergo depth analysis or even Bowen's family of origin work, it may be very helpful for those whose neurotic problems begin to cause problems in their work—or where work brings forth neurotic problems.

The best way to begin exploring the family that shaped you is to make a genogram of your family. Whether you use the formal procedure for drawing a genogram, as outlined by McGoldrick and Gerson (1985), or invent your own method of tracking your family tree is not important. What is important is that you find some way of considering and tracking at least three generations and of taking into account key dates and events in family history, as well as the major conflicts and triangles, in order to understand the family legacy operating in your life.

Using either a genogram or your own informal family map as a springboard, you can begin to explore several important issues. The goal is not an exhaustive review of family themes but rather a simple understanding of several key issues. One important theme to consider involves the family rules about

dealing with conflict. Was open conflict permitted? If so, what were the rules of engagement? Was it okay to argue? To raise your voice? Or was it imperative to remain “calm” and “be reasonable”? Was challenging your parents allowed? Fighting with your siblings? All these questions have obvious relevance for how one handles conflict at work.

If in one's family of origin arguing was not allowed and no tools for dealing with conflict were developed, then one will avoid confrontation and find it difficult to be appropriately assertive. The boy who didn't learn to fight in the family becomes a man who doesn't know how to stand up for himself at work; the girl who learned that being “good” (long suffering) was the way to get rewarded may discover that this strategy doesn't work very well for grown-ups. Learning to say no and to set firm boundaries about how much responsibility to take on at work is hard enough for most of us. Those who grew up in families where there was no example of assertiveness or healthy confrontation find it even more difficult.

Another important family legacy pertains to the spoken or unspoken rules about the value of work. Was overwork encouraged and rewarded? Were you encouraged even as a child to believe that achievement or selfless dedication was more important than having fun? Or, even if children in your family were allowed to be children, did either or both of your parents set an example of all work and no play? Many mental health professionals recall hearing messages throughout childhood about the need to do things perfectly, and so end up compulsively following that message in their careers. For others, whose families lived through depressing economic times, overwork can become a way of dealing with the anxieties of past generations. Ironically, those of us who were favored in our families or scripted to be “the successful one” often feel the mantle of success as a burden. Living up to the legacy of being the successful or favored child can become exhausting, and it is easy to feel driven by something bigger than ourselves. Bowen

called the process whereby a theme or role is passed on over several generations "multigenerational transmission" (1978, p. 477).

Other professionals will find in exploring their family histories that there were consistent messages, given out both subtly and not so subtly, about perfectionism and the need to be compulsive about doing things right. This script frequently plays out in compulsive overfunctioning and a need to do everything perfectly, without always knowing the source of that anxiety. Discovering in ourselves neurotic habits that turn out to be like our parents' can make us feel fatalistic and discouraged. But sometimes just seeing ourselves playing out certain scripted roles can inspire us to experiment with changing the script.

Finally, in some families, work functions like an addiction that prevents underlying emptiness from manifesting itself. Like other addictions, overwork tends to be passed on generationally. Just as in alcoholic families the pattern of problem drinking is seen over several generations, so in workaholic families the pattern of problem working is present, as Diane Fassel notes in her book *Working Ourselves to Death*. This predilection for overwork is particularly common in families who have experienced substantial loss, economic depression, or financial reversals. Here work can function much like an addiction, covering much emptiness and pain.

Patterns of overfunctioning and underfunctioning in the family of origin should also be tracked. Systems theory suggests that there is a predictable feedback loop between over- and underfunctioning. Whenever one person in a family underfunctions, someone else will overfunction to compensate. The more one overfunctions, the more the other will underfunction, and vice versa. In dysfunctional families, parents frequently do not take charge in appropriate ways, which sets up a pattern of underfunctioning. This results in someone, usually one of the children, having to overfunction. Thus, for example, a girl who grows up with a mother who often seems depressed

or overburdened may take over much of the housework or looking after her brothers and sisters. The child is parentified and does far more than is appropriate or even reasonable. This pattern of overfunctioning is not easily overcome, not only because it's familiar, but also because it is so well rewarded. Too often it reappears in work settings, which all too easily become yet another family and a new arena for overfunctioning. As in families, the more one overfunctions at work, the more one's coworkers will underfunction. Overfunctioning at work is particularly common, because for every person ready to do more than his or her share there are several others quite willing to do less.

Much of the literature on adult children of alcoholic families talks about the roles that children play in their families that reinforce overfunctioning (Black, 1982; Jesse, 1989, 1990; Woititz, 1983). One role that receives much attention is that of the hero or rescuer in the family. The hero is the overfunctioning member of the family who goes out of his or her way to take care of everyone else. Unfortunately, this well-intended generosity is usually performed at great expense, resulting in the loss of freedom to be a "real self." The "hero" tends to replay this same role at work, leading at times to burnout. Part of prevention is understanding how these problematic roles stay with us and keep us overfunctioning in work environments so that we are pushed increasingly closer to burnout, driven by the fear that something terrible will happen if we slow down.

The first steps in prevention, then, are to understand the messages we received in our families, comprehend patterns of overfunctioning frequently driven by dysfunctional family structure, and clarify the roles that were played in the family. Only by understanding these patterns and the ways they are replicated in current work situations can we begin to prevent burnout.

In a workshop on repetition of family of origin themes, Ann said that in her family of origin she was the good child. Her

parents constantly rewarded her for compliance and held her up to her four other siblings as a model to be emulated. This left Ann in a grave predicament. On the one hand, she enjoyed the constant positive feedback from her parents, which enhanced her self-esteem. On the other, her siblings came to resent her and distance from her for being so good. She found herself trying to apologize to them for her favored status. Now she finds herself in the same bind as a school social worker. She enjoys the many accolades she receives from her supervisors, and has been singled out as a positive role model for entry-level social workers. Increasingly anxious in this role, she finds herself apologizing to her coworkers for her favored status. She is now continually uptight about work and feels in a constant no-win situation.

In addition to understanding the legacy of our families, Bowenian theory suggests that we need to understand our level of differentiation of self. Differentiation is conceptualized on a scale of 0-100 with 100 representing the totally differentiated person (a theoretical ideal which is never achieved), and 0 representing complete undifferentiation or "no-self." According to Bowen, "The ability to be in emotional contact with others yet still autonomous in one's emotional functioning is the essence of the concept of differentiation" (Kerr & Bowen, 1988, p. 145). Undifferentiated people deal with their families with one of two extremes: cut-off ("the immature separation of people") or fusion ("ways the people borrow or lend a self to another") (Kerr & Bowen, 1988, p. 346). Persons who cut off attempt to stay distant from family and deal with family tensions by having as little contact as possible. Those people who deal with their family by fusion or enmeshment do just the opposite. In response to chronic anxiety, they remain involved in the family, preventing any sense of a differentiated self from emerging.

Differentiated persons can be with the family and still free to be themselves without either cutting off or fusing. They can maintain a sense of what E. Friedman calls non-anxious presence (1985, p. 208). In other relationships they are able to

maintain their own identity while at the same time allowing for intimacy without feeling overwhelmed by it. In work settings, they can maintain their own sense of differentiation by maintaining their own sense of self, setting appropriate boundaries, and saying no when necessary. Persons with little differentiation, on the other hand, will have great difficulty setting appropriate boundaries at work and may wind up doing much more than is appropriate. Such persons often claim that when asked to do something unpleasant their head says no but their mouth says yes. They wind up taking on too many responsibilities or tasks for which they do not wish to be responsible.

Assessing our level of differentiation and how it operates both in our family of origin and at work is an important part of prevention. Most of us are conditioned both by Western culture and family experience to think of ourselves as relatively mature and autonomous. It is easy to assume that we are therefore well differentiated. Often only in our thirties do we begin to become aware of the unresolved emotional sensitivities we carry around with us, our reactivity to our parents and others who remind us of them, and our susceptibility to triangling. We begin to realize we are not quite as differentiated as we hoped; we even admit that when we visit our families we feel and act as though we were adolescents again.

What are some of the signs of differentiation? They include being able to have a one-to-one relationship with both parents, and being able to understand the annoying things they do without becoming anxious or reactive. It involves being able to be oneself without significant anxiety, and to talk relatively openly about a wide variety of subjects. It also means being able to separate thinking from feeling and to think about what you are feeling. When we do this we can maintain a calm, nonreactive stance even in the midst of difficult situations, such as those times our parents do those annoying things, that tend to push all of our buttons, or when we are in the midst of one of those staff meetings that deteriorate into blaming and withdrawal.

Since we tend to act without thinking when we are anxious, it is helpful to check what Michael Kerr calls one's "meter for measuring anxiety":

An individual can develop his own "meter" for measuring anxiety. He can do this by learning to associate particular thoughts, fantasies, dreams, feelings, physical reactions, and behaviors with increases or decreases in his level of anxiety. Techniques such as biofeedback can help a person become more aware of his physical manifestations of anxiety. An individual can learn enough about himself to make fairly accurate judgments about his level of anxiety, but so much variation exists in the way different individuals manage or manifest anxiety that one person's experience is not extrapolated easily to others. Even when people learn about their physical and psychological manifestations of anxiety, they are still vulnerable to ignoring or to misreading signals at critical times. (Kerr & Bowen, 1988, p. 320)

During times of stress or transition, our anxiety is bound to be elevated. Awareness of this can help us step back, look at the big picture, and avoid making bad decisions when our thinking processes have been overwhelmed by our emotions.

Another part of self-assessment involves evaluating how differentiated we are at home and at work. Can we go home and visit our parents and have a one-to-one conversation with each of them, without becoming reactive when they annoy us or engaging in old games? Can we be ourselves and talk about a range of subjects, without hiding who we are or becoming overly defensive? Can we disagree either at home or at work without attacking or remaining mute? Do we find ourselves becoming paralyzed in the face of disagreement, or else unreasonably angry and unable to think clearly?

If in answering these questions we discover that we are not well differentiated, one place to start defining a self is with our family of origin. Building authentic relationships with parent and siblings is very difficult work; it is usually done over long period of time and often involves one step forward and half-step back. Coaching from a therapist can help keep us non

reactive when we are pushed to be the way our family remembers us. This work involves giving up the fantasy of changing our family and recognizing that we can change only ourselves, not others. Self-definition is particularly challenging when it involves extricating oneself from pathological triangles. For example, if one parent confides in us all the evils of the other, then getting out of that triangle means not only refusing to continue to listen but also suggesting that one parent talk to the other and not to us—all the while remaining calm and committed to repeating this process many times.

In therapist's-own-family groups professionals wrestle with the impact of their families of origin on their present relationships. This is one context in which mental health professionals can explore patterns of differentiation in both family of origin and work settings and receive some "coaching" as to how to achieve greater differentiation in both places. As mental health professionals achieve greater differentiation, they can define themselves more appropriately in their work systems. This might include learning to set more appropriate boundaries at work, particularly in terms of hours worked and extra assignments accepted. It might also include learning to ask for more compensation or advocate for better working conditions, such as more support staff, better supervision, or additional in-service programs.

Many professionals have discovered in these groups an invaluable resource for growth. Too often it is easy to assume that because we know a great deal about family systems theory, we have achieved a measure of differentiation within our own families. When we finally begin to understand how undifferentiated we are, it is far from easy to make changes. Who has not declared that the next visit home is going to be different, only to find that within hours of getting home we feel and act like we're 15 years old again? Making these changes on our own is next to impossible. The support and coaching of a therapist's-own-family group help us make these types of changes. Through coaching around being nonreactive—that is, not getting "hooked"

in predictable ways, getting out of difficult triangles, and building genuine one-to-one relationships with our own relatives—exciting changes can be achieved. These types of changes result in far greater levels of differentiation of self. These changes in turn can generate other types of changes in other systems such as work systems, leading to greater differentiation of self in those systems as well. The unique combination of practical coaching and support that these groups offer can facilitate tremendous changes in differentiation, which can be of enormous value in preventing burnout.

Frequently, in order to optimize work conditions, significant family of origin exploration is necessary. For example, Fred's parents had always talked with great pride about how he had been like an extra parent to his handicapped brother. He was constantly praised for his self-sacrificing ways and for putting his brother's needs ahead of his own. Not surprisingly, in his current work situation he found himself supervising some less capable mental health professionals. He consistently functioned in an overresponsible manner, trying to take care of their needs at the expense of his own schedule, resulting in working more hours than ever. His executive director consistently praised him for his sacrificial style. He came to therapy feeling depressed, tired, and unable to go on any longer. The last straw was that his mother had become quite ill, and so on top of all his work responsibilities he was trying to care for her. Only when his therapist was able to help him see the role he had played, and how he had never separated himself from that role, did he begin to recognize his anger and resentment for all the responsibility he carried. As he examined and worked this through, he was coached by his therapist to slowly begin to differentiate himself from both his family role and his work role and to define himself as an individual.

Obviously, for Fred, insight and initial efforts at differentiation were simply a beginning. Anytime we try and change our role within our family system, the system inevitably responds with subtle and not so subtle messages to change back, making

ongoing differentiation quite difficult. This was certainly true in the case of Fred. He experienced growth as two steps forward, followed by one step back (sometimes more than one step!). Whenever he would try to set boundaries as to how often he would go home to help out his parents, he would be left feeling guilty. In a similar way, whenever he began to set boundaries and articulate his needs at work, the same anxious guilt would return. Fred needed the support and coaching of the group, over the course of a year, to slowly stay nonreactive and change a role that had been a major part of his identity. At the same time, he needed not to simply distance from his family, and cut off, but rather to spend quality time with them in a new way, building one-to-one relationships with his parents.

THE COHESIVENESS OF THE SELF: AN ASSESSMENT

In addition to evaluating family of origin issues we must realistically assess our fundamental need for appreciation and meaning, that deep desire to be liked and admired which can easily drive us to overwork.

The subject of narcissism is frequently misunderstood. The very idea of self-love strikes us as selfish and so we tend to overlook or disparage our need to be admired and our right to be proud. In fact, those people we call "narcissistic" are those in whom narcissism miscarries—insecure people whose constant need to call attention to themselves is a sign of self-doubt, not self-love.

The great paradox revealed by professional burnout is that, although helping others can and should be a way to transcend ourselves, many of us embark on helping careers not out of a genuine concern for others but rather out of a need to be appreciated by them. For all too many professional helpers, the real motivation is getting love, not giving it. Kohut's concept of the selfobject again is extremely useful in this discussion. The idealization of dependent clients, admiration of our colleagues,

and positive feedback from our supervisors serve selfobject functions in enabling us to feel better about ourselves or, as Kohut put it, to feel more cohesive. As long as we can secure this admiration and feedback by working hard (usually not hard to do since overwork is often rewarded), we will tend to overwork.

Gratification of the idealizing transference can lead to emotional entanglements with clients. Many of the therapists who become sexually involved with their clients do so because they need the idealization of clients to build their own self-esteem; it is easy to confuse this with "love." Dealing with the power of these abusive relationships is not as easy as describing them.

In order to achieve balance and find satisfaction in love and work, we must accept our own need to be appreciated and admired, and then learn how to express it. Working on this issue in isolation can be difficult. While simply gaining insight into this explosive issue can be helpful, it is frequently not enough; consequently, professionals may want to explore several options for further treatment. Individual or group growth-oriented therapy may be one way to come to grips with narcissistic vulnerability. A less intense option would be a safe support group of peers.

Whatever the context for exploration, knowing our vulnerabilities is an important part of self-assessment and prevention. In safe contexts professionals can begin being honest about themselves and sharing their private issues. When professionals are aware of their weaknesses, as well as their desire for appreciation and admiration, they are less likely to begin the slow and painful descent into burnout. They are also less likely to abuse the therapeutic relationship, using it to build their own self-esteem, or to overwork as a way of bolstering their sense of adequacy.

This issue must also be explored in relation to one's present family, particularly one's spouse and children. Rarely do immediate family members provide the type of idealizing admiration and attention that we crave and that certain clients or even colleagues provide. Sean, for example, described with some

anger how sick he was of the way his wife refused to "support" him. However, in our conversation it became clear what Sean really craved was not support but admiring attention. He wished to be admired and was angered when his wife saw his flaws. While intellectually he realized that it was unrealistic to expect his wife to see him as wonderful in every way, he admitted that down deep that was what he wanted.

Sean and his wife needed to explore ways of dealing with his narcissistic need in the marriage, before it had further destructive impact. When issues like these are ignored they can cause tremendous pain. When we do not understand and deal with our craving for admiration and need to be seen in given ways, we tend to get angry and resentful. When our kids, instead of telling us what great parents we are, remind us of how we are not meeting their needs, we tend to withdraw. Withdrawal is painful and problematic in two ways: First, it alienates us from our families, which can leave us depressed and lonely; and second, it makes us too dependent on whatever gratification we receive at work.

This calls for some honest self-examination. How much are we avoiding our family's needs, and even our own personal lives, in favor of the personal gratification we get at work? How involved with our family are we? Are we clear about what the needs of those in our family are? Are we courageous enough to ask for honest feedback from our spouse and kids, and then take it seriously? Good self-assessment requires ongoing evaluation of our commitments at work and home. Too often we think "I'll spend some time with the kids tomorrow," or "I'll slow down next month." But when "tomorrow" comes we find we have lost our kids and become alienated from our spouse.

SUPPORT GROUPS FOR MENTAL HEALTH PROFESSIONALS

An excellent place to begin dealing with the difficulties of self-definition that have been a product of our upbringing, as

well as our unmet needs for appreciation, is a professional support group. Groups can provide us with the opportunity to get to know ourselves as individuals and as individuals-with-others.

These groups must be structured to ensure trust and confidence. Frequently, this means finding a support group outside one's primary work setting. In some of the clergy support groups we have run, several clergy have commented on the importance of having a safe group outside of their own church, and even denomination, so that they can open up and talk about their feelings without fear that their words will get back to their bishop or denominational executive. The same need for confidentiality and anonymity applies to psychotherapists. Exploring issues around countertransference, personal struggles, and difficult clients apart from one's work setting is an invaluable experience. Professionals working in a mental health agency may wish to talk not only about problems with clients, but also about agency structures, bureaucracy, and administrative concerns. Safety and confidentiality are essential in this regard. The ideal situation may be to meet with groups of people from a variety of agencies doing roughly similar kinds of work. It is ideal because this configuration combines personal anonymity with professional familiarity, and it allows a cross-fertilization of ideas. Meeting with other professionals from other settings but with similar interests and problems may be optimal.

Within the support group it is useful to focus on parallels between the family of origin and work systems. For example, Maria was part of a support group comprised of two social workers, two psychologists, and a family therapist. They agreed in their initial contract to exchange genograms with each other, as a way of becoming better acquainted with each other's family of origin issues as they interacted with current work issues. As Maria talked about how she was feeling more and more tired of her administrative responsibilities in the large mental health setting in which she worked, several people in

her group reminded her of how overresponsible she had been in her family of origin. Maria said it felt like she had become a parent to a group of irresponsible children in her present job, much as she had felt growing up feeling responsible for her own parents. She talked on several occasions about how she knew she should hold her coworkers accountable and delegate more responsibility, but deep down she was afraid that if she did they would just mess things up anyway, as her parents had done. The group was able to help her explore ways of giving up some of her responsibilities by appropriate delegation of some of her responsibilities to colleagues, and continued to support her as she experienced much anxiety in the process.

The group becomes a place not only for intellectual exploration of family of origin and work patterns, but also for practice in being vulnerable and open. This can be a crucial step in preventing burnout. Staying in touch with one's vulnerable self by sharing it in a supportive group context is a helpful antidote to getting caught up in the unconscious grandiosity that comes from trying to be too helpful. Cheryl, for example, finally took a risk in her support group and acknowledged that she was fearful of her coworkers' not liking her and so constantly did more than her share in hopes of pleasing people. She was surprised and relieved to find that others in the support group acknowledged feeling the same way. Group members were then able to focus on how often their overworking was a way to ensure that people liked them and to start dealing more appropriately with the issue. After talking about her own experience, and hearing similar stories from others, Cheryl began to realize that the approval she might have gotten for doing more than her share was only for the work she did, not for herself.

By providing a safe place for people to examine family of origin issues and get in touch with their vulnerability, support groups encourage healthier self-definition. For instance, Jeremy, the director of a family counseling center, told his sup-

port group how tired he was feeling. Weighed down by a high caseload of multiproblem families and children who had been sexually abused, problems dealing with managed care companies, pressure to do fund raising, and difficulty in delegating tasks, he was feeling overwhelmed. In spite of this he continued to take on more responsibility by chairing an important committee for his professional organization, as well as serving on the board of directors of another not-for-profit organization. He reported that each time he was asked to take on another job, he wanted to say no but inevitably wound up saying yes. On the few occasions when he contemplated saying no, he felt very anxious—one sign that an activity is driven and compulsive. At the same time his wife was complaining that she felt no support from Jeremy, leaving her lonely and distant.

The support group recognized how Jeremy's overfunctioning in his family of origin was continuing in his work environment. Jeremy felt safe enough to admit to the group that he knew he was driven by his sense of inadequacy and was becoming too dependent on the gratification he was receiving from his work. The group was able to help Jeremy take practical steps to set boundaries, such as resigning from one of his time-consuming committees and taking some risks in delegating work and decision-making. One of the group members suggested that Jeremy find an administrative mentor, to talk with periodically about how to delegate more appropriately. While this by no means solved Jeremy's problems, it was at least a beginning. The nurturing and safety of the support group members enabled Jeremy to trust enough to share some of his vulnerable self. This created a climate for devising and implementing practical strategies.

Unfortunately, there is one rather obvious problem with support groups. How does one find one? There are not a great many support groups to choose from. While some progressive agencies help professionals join an ongoing support group, most do very little in this regard. This leaves basically two options: Professionals can start their own groups, or they can

look to their professional organizations for help. More than likely, most professionals will have to start their own groups, perhaps initially meeting informally a couple times a month with several trusted colleagues. While this will take some effort, in the long run it will be worth it. Several possibilities exist for starting a group. You could start a group with colleagues from your own agency as long as no one in the group had administrative responsibility for others in the group. Another possibility would be to sponsor a lecture or workshop on burnout and use this meeting as a setting for inviting people to join a support group. Or advertise in one of the trade journals or professional meeting places where interested parties might come. Or finally, call around to some of your friends or colleagues from other agencies and invite them to talk over coffee about the possibilities of starting a support group. Obviously, all of this involves effort and risk, but the long-term payoff in terms of prevention could be enormous.

In starting a support group several considerations are important. First, what is the focus of the group to be? Will the group be a general support group, a peer supervision group, or a group that is focused exclusively on how family of origin issues affect present work functioning? Second, the group must be structured as to be safe. This usually involves not being in a group with one's coworkers. Finally, once the group starts and the focus is clear, basic group contracting should be undertaken to determine how often the group will meet, for how long, how confidentiality will be dealt with, and other ground rules. The group must meet often enough to be cohesive but not so often as to be burdensome. Many find that meeting every two weeks for one and a half to two hours is optimal. The meeting could be a brown bag lunch, with the location rotating among the group members' offices. The group could meet over breakfast twice a month, or even over dinner. The key is to find a time that allows group members to make a commitment that they can keep and keeps the group from fizzling out.

Finally, in the formation of support groups, Pines's summary of the six functions of social support is helpful:

1. Listening (active listening, without giving advice or making judgments)
2. Technical support and appreciation (from a person who is an expert in the field and whose honesty can be trusted)
3. Technical challenge (from a person who is good enough at the job to be able to identify what could be improved and who can provide the challenge for our benefit and not at our expense)
4. Emotional challenge (from a person who can help us think rationally when we are too emotionally involved in a situation)
5. Emotional support (from a person who is on our side, no matter what)
6. Shared social reality (from a person who sees things the way we do and has similar values and priorities) (1993, p. 397)

Pines notes that a support group fulfilling at least three of these functions will help prevent burnout. Starting or joining a support group that is attentive to these items can be enormously helpful in the prevention of burnout.

EFFECTIVE SUPERVISION

Another key to prevention of burnout is receiving good supervision on a regular basis. While this may seem obvious, it is rare to find mental health professionals who are satisfied with the caliber of supervision they receive. Earlier we detailed some of the problems of agency-based supervision, including paradigm clashes (such as trying to provide psychodynamic therapy in an uncongenial setting, or to use a family systems approach

in an agency whose supervisors work only with individuals) and conflicts between administrative supervision and clinical supervision. Obviously, if the supervisor has administrative responsibilities, then the clinical supervision will most likely not feel safe. How many people are going to reveal how stuck they feel with certain clients, or acknowledge that they are attracted to a client, to a supervisor who is then going to write their evaluation and has the power to fire them? Unfortunately, those therapists who do open up to their administrative superiors (often with such people's active encouragement) often find out later what a mistake this mixing of roles can turn out to be.

In addition to these obvious problems, most supervisors have little or no training in supervision, either in terms of theories of supervision or actual supervision of their supervision. Many professional organizations do not even have a designated category of approved supervisors specifically trained in the practice of supervision. (The American Association of Marriage and Family Therapists, the American Association of Pastoral Counselors, and the Association for Clinical Pastoral Education all certify supervisors.)

The odds of getting high quality supervision at work are slim. One way to secure effective supervision is to contract for supervision with a seasoned supervisor outside of the agency. This person should have no evaluative function and a personal psychotherapeutic paradigm that is congruent with the supervisee's. Outside supervision provides a safe context in which to work on specific learning goals, distinct from those of the agency, and to explore countertransference reactions or why one habitually gets stuck or overinvolved with certain types of clients. To many professionals paying for private supervision seems like a luxury. They may resent the idea of having to pay, or think that it's terribly expensive, or even resent their agency for not providing better supervision. One way to lower the cost of supervision is to form a supervision group of three to five professionals, who split the cost. The cost will be further

reduced if the group meets only every two or three weeks or even once a month. In the end it costs far less than might be imagined, and the benefits in terms of growth and prevention of burnout far outweigh the cost.

Supervision can and should be a place where the learning goals of the supervisee are taken seriously. Too often agency-based supervision is of necessity focused on case management, including checking to see if case notes and files are in order and meet agency standards or if quality improvement standards are being satisfied. Exploration of the goals of the supervisee is not encouraged and frequently avoided altogether. In reality, one of the problems in the mental health field is that many of us are undertrained and feel inadequate with at least some of our cases. Good supervision increases our ability to work effectively and feel more self-confident and self-assured. In addition, when supervision is safe and focused on the theory and technique of the supervisee, the supervisory relationship becomes a selfobject relationship for the professional, which will enhance a sense of well-being and confidence. Unfortunately, while learning theory stresses that the learner should formulate and articulate goals, too often the supervisor's goals dominate. Learning goals are not met, and in worst case scenarios the supervisee feels abused.

Much of the literature on supervision discusses the stages of supervision (Liddle, Breunlin, & Schwartz, 1988; Stoltenberg & Delworth, 1987). Usually at least three supervisory stages are specified: early, middle, and late. In each of these stages different needs, expectations, and learning goals are apparent. Stoltenberg and Delworth (1987) are helpful in spelling this out in more detail. They assess trainees in terms of motivation, autonomy, and self and other awareness, as well as in terms of specific skills such as assessment, treatment planning, client conceptualization, and a number of other categories.

At each level of professional expertise different supervision interventions are called for. At level one, for example, trainees tend to be anxious and dependent on supervision. They need

a good deal of structure and supervising support, as well as frequently needing to bolster an inadequate knowledge base. If the supervisor does not provide enough structure, without taking over the case, the supervisee will flounder and become more anxious, perhaps pushing him or her close to early disillusionment in the field. Stoltenberg and Delworth suggest that at this level beginning professionals prefer modeling, receiving positive feedback, structure, sharing counseling experiences, and suggestions of literature to be read (1987, p. 59).

Level-two supervisees are more assertive and need to begin developing their own style. At the same time, they are realizing that no theory has all the answers, and that client change seems elusive. While their skills have vastly improved, there is frequently discouragement that therapy does not work as they thought it would. The supervisor must now provide a different supervisory environment to accommodate the needs of this stage, which allows for growing autonomy, clarification of ambivalence, and less of a didactic focus. The supervisee's frustration may also be vented on the supervisor, who must be able to help work this through without becoming defensive or authoritative.

Professionals at level three are motivated and can carry out clinical responsibilities in a fairly autonomous way. They are largely aware of their strengths and weaknesses and know what they need from a supervisor. At this stage the supervisor can be more of a consultant, use more self-disclosure, and facilitate a more collaborative approach to supervision.

Whether one accepts Stoltenberg and Delworth's model or not, it raises important concerns about the stages of the supervisory process. Working with a supervisor who understands that supervisees have different needs, and who can create a supervisory environment congruent both with the developmental stage of the professional coming for supervision, and with the unique learning goals of the supervisee, can be a wonderful preventive measure against burnout. The sensitive supervisor is aware of these issues and creates a learning envi-

ronment where appropriate learning goals can be formulated and addressed. Moreover, when supervision is perceived as safe and nurturing, it becomes a safe place to process countertransference reactions. When transference and countertransference issues are openly and honestly discussed, inappropriate involvement with clients can be prevented. Professionals who are aware of their own countertransference reactions are less likely to use clients to meet archaic selfobject needs. A good supervisor can be very useful in helping a therapist monitor these transference and countertransference reactions.

Another productive form of supervision is provided by peer supervision groups, where a group of professionals meet together regularly to review cases and provide mutual supervision in an informal context. These supervision groups can be extremely helpful and growth-producing. Peer supervision groups can take several forms. One involves professionals meeting regularly to review and discuss video and audiotapes of each other's sessions, in order to improve their psychotherapeutic techniques. Other groups focus on understanding and utilizing countertransference in work with clients. Still others become study groups; while less personal, these can be a helpful and focused way to learn theory and technique and gain perspective on one's day-to-day work.

When they have been meeting regularly over time, these groups often can become a safe forum not only for the processing of difficult cases but also for monitoring and review of transference and countertransference material. Within a safe support group, the potential exists for mental health professionals to explore their vulnerable selves, as well as get creative input from colleagues. These groups are only helpful when they meet regularly and consistently and when trust builds among the group members. When meetings are allowed to become irregular, or when one person's needs are allowed to dominate the discussion, the group can stop working. A certain structure, such as a rotation schedule that guarantees each person a turn at presenting material, is essential.

Both good one-on-one supervision and a healthy peer supervision group contribute to the prevention of burnout. In these contexts mental health professionals experience support that will aid in the development of self esteem, even while they stay in touch with the vulnerable self. As long as adult learning goals are addressed, supervision is a safe context in which to grow professionally and not become stagnant, as well as to deal with transference and countertransference issues.

BALANCING LOVE AND WORK AND PLAY

A final aspect of prevention is finding balance in one's life. We have deliberately mentioned this last for a couple of reasons. First, it is frequently overused as advice, resulting in very little change or prevention. Second, unless one attends to family of origin themes and how they influence one's professional life, and unless one attempts to better understand personal needs for admiration, it will be difficult to find balance.

Balance includes taking care of primary relationships, as well as finding time for one's physical, emotional, and spiritual needs. Sometimes this is fairly simple. For instance, one colleague found he could refresh himself by taking long lunches. When feeling worn out and exhausted, he would go to a restaurant for upwards of an hour, often with a book, and return relieved from stress. Sometimes he would do this with a friend, but this required more energy and was not as much of an indulgence, so he would usually go alone.

Another preventive is exercise, as long as it doesn't become a compulsion. Much like a hobby, exercise, like running or hiking, can be a positive resource and a source of satisfaction. Strenuous exercise can also be health-enhancing. The sports analogy is useful here. It is possible to be in vigorous training, such as for a marathon, without getting injured. One can work hard while maintaining vigilance to avoid psychological injury or burnout. An athlete in training for competition has to maintain a constant awareness of how to avoid injury. If we are

going to be good—that is, effective—therapists, we have to remain healthy.

Staying healthy means also nurturing one's spiritual self. Who has not felt like a well which clients draw from—a well that is often in danger of going dry. The well must have water continuously flowing into it to keep this from happening. In that regard finding spiritual refreshment is essential. Taking an occasional afternoon to just sit, taking someone to a play, finding a place that encourages contemplation—an art gallery, park, or country setting—may be one source of refreshment. This can be found in attending weekly services at a place of worship. For others it may involve learning to meditate or pray or connect with what the late Protestant theologian Paul Tillich called the “ground of all being” (1952). Most recovery groups stress the need for a higher power, and perhaps that is also an important part of prevention and growth.

We have discovered in colleagues and in ourselves that lack of control over the type of work we do can be a source of stress. Unlike many private practitioners who don't see patients they don't like, counselors in public agencies are frequently faced with patients who don't come, don't listen, and don't pay. Mental health professionals working in public inpatient settings cannot avoid violence-prone involuntary patients. As one colleague put it, “Working in public mental health is like rearranging deck chairs on the Titanic.” These types of agencies require more diligence in building balanced lives. However, in attempting to find balance, an additional obstacle may have to be overcome; this is known as adrenaline overarousal.

Though technically not an addiction, a form of hurry sickness develops whenever we are caught up in a lifestyle that is pressure-filled and demanding. If there is more to do than there is time to do it in; particularly if the work has some risk associated with it, adrenaline surges are inevitable. Revved-up feelings and a sense of power can be highly pleasurable. In fact, sustained activity may provide selfobject experience—a

sense of vitalization. A frenetic lifestyle can be both a defense against and a cause of burnout. When the rush is over, the feeling of drop-off can be quite depressing.

For many, then, the avoidance of this lull becomes a preoccupation (thus, racquetball several times a week). To avoid feeling the letdown (which in many respects is similar to drug withdrawal), many therapists work at staying busy, filling off-hours and office lulls with hectic activity. Relaxation, really, is challenging hard work. In fact, to many successful professionals, relaxation is—or would be, if they did it—the hardest job of all.

Liz is a classic example. A highly respected psychiatrist, she has a psychiatric emergency service (crisis intervention unit) practice, two small children, and a supportive husband. She tries to balance work and recreation by regularly taking time off. She plans family trips to a lakeside family-owned cabin. But even during vacations, she feels a strong, inexplicable compulsion to do something. She has to do chores, wash the curtains, work or repair projects around the cabin, catch up on journal reading, cook gourmet meals—anything. Even when she tries to relax, she can't.

According to Archibald Hart, author of *Adrenaline and Stress*, it is not simply the young, super-energetic, type-A personality that is prone to adrenaline dependency. This subtle disorder takes many forms and imprisons all kinds of people. Even those who do not appear to be overstressed may be a boiling cauldron inside. A calm exterior may mask a racing mind and a constant search for excitement.

This becomes yet another area to be assessed in the interest of prevention. What are the signs to be looking for? The signs include always being in a hurry with never enough time; a constant need for stimulation and excitement; feeling fidgety, restless, and impatient during times of inactivity; and generally a time of depression following a very intense and busy time.

One of the dangers of this addiction to adrenaline is that

non-work activities, including recreation, can feed the addiction. If careers are busy and demanding, hobbies and activities may be chosen that follow suit. When work and play both become physically and emotionally taxing, the risk for hypertension and other stress-related disorders increases exponentially.

In addition to physiological damage, chronic intense activity is dangerous in other ways as well. When helping professionals run at full speed for years, they become vulnerable to "hitting the wall." The phrase "hitting the wall" is used by marathon runners to describe the experience, at about the 20-mile mark, where the runner feels like he or she cannot go another step. They feel as if they have completely run out of fuel. When this happens to professionals it is generally a very frightening experience, from which it may take months or years to recover.

It is important for helping professionals to be able to assess overdependence on adrenaline, as well as to know what steps can be taken to minimize the dependence. Some steps might include learning to recognize when you are overdoing it, and perhaps attempting to slow down. It may involve scheduling periods of inactivity, and perhaps even setting aside a day to do nothing. Obviously, it also involves building adequate rest periods into our lives, and developing healthy, relaxing habits. This is easier said than done.

Tony, a psychologist we interviewed, shared with us that he had had three sports-related injuries in the last year, necessitating long recovery times. His position as supervising psychologist is demanding. Between running fifty miles a week in preparation for marathons and excessive weight training, his body has begun to break down, with several major injuries over the last year. He says he ought to know better, but reports getting "antsy" and irritable when he does not work out. He says he is addicted to the "running high," but jokes that at least it is a positive addiction. He, unfortunately, illustrates the difficulty of slowing down, and is a prime candidate for burnout.

SUMMARY

When looking at the issue of prevention, many writers suggest that the work system should provide an environment that is conducive to growth, and so help professionals avoid burnout. Obviously, much could be written about the work system's potential contributions to the prevention of burnout. However, the issue we are most concerned about is how mental health professionals can define themselves appropriately within these systems so as to avoid the burnout that comes from counterproductive feedback loops.

Being part of a support group that works on family of origin issues, differentiation of self, and healthy narcissism can be a very important part of prevention. Securing good supervision outside of one's agency or being part of a peer supervision group can also be extremely helpful in maintaining professional growth, aiding in appropriate self-definition, and sorting out complex countertransference reactions. In addition, finding ways to balance love and work, as well as periodically expanding and enhancing your skills and sense of competence, through travel, conventions, workshops, reading, supervision, and personal therapy, are helpful. Learning to exchange ideas with colleagues instead of getting stuck in the rut of solitary activity also helps. Finally, when you have done a thorough self-assessment, part of prevention may involve choosing to leave a position that does not permit growth, and then looking for a work setting that offers the best likelihood for using one's talents and fulfilling one's aspirations.