## **Over the Years: Professional Burnout vs. Deepening Meaning**

written by Guest Author | January 18, 2016

After two or more decades of doing therapy, every seasoned therapist knows that she or he has evolved from the early professional right after licensure. With more years of experience come better understandings, more decisive interventions, and often better results. We develop more pride in the work we do.

But after 20 or 30 years of practice, what is there for the therapist to look forward to? Is it just more of the same? This is a common challenge for the mature therapist: how to stay fresh and eager, and not lapse into mechanical or jaded or depressed reactions to the never-ending complications of our clinical work. We work hard – and psychotherapy is hard work – but is our work hardening us?

The concept of "burnout" comes from the field of care-giving, where "compassion fatigue" has long been observed in family caregivers, following months and years of daily coping with the endless difficulties presented by an ailing and dependent loved one. But burnout can also happen to anyone in the helping professions: medicine, nursing, psychotherapy, school counseling, etc. It develops insidiously, and can be hard to recognize.

The early signs of beginning burnout, while subtle, deserve our attention, so that we can nip in the bud any tendencies to recede from the high standards of our profession. There is no single set of signs of early burnout, only a variety of hints that a therapist may be experiencing some slippage.

You work so hard, so diligently – and then you just aren't as eager to do it any more. Or you go to work, but your attitude (and behavior; see below) has changed. No longer are you rising energetically to the challenges of individuals' problems, but you're slowly sliding into an emotionally blunted, distancing reaction to your patients/clients, who no longer stimulate your clinical juices but increasingly make you feel turned off.

This may not happen with every person you work with, or all the time. But when you do your best and then clients/patients fail to respond, it can become easy to give up a bit, while forgetting the inevitable complexities and uncertainties inherent in our change-promoting profession. Our clinical frustrations are real, but cumulatively they can wear us down and increase our pessimism. There is always a tension in our work between a proper pride at seeing some patients/clients improve, and a disappointment when others fail to move. This tension becomes a problem only if and when the balance tips more and more into professional discouragement, and eventually to burnout. Early signs of emotional flattening and disengagement are important to notice.

Ultimately, burnout means that our appointments no longer invigorate us. Even seeing a new client/patient may no longer stimulate our curiosity and therapeutic ambitions. We may find ourselves making semi-automatic responses while trying hard to appear sincere. Nothing seems new, or worth much effort. Finally, our slide into semi-mechanical practice reaches the point where we experience a demoralized kind of boredom that is not good for either therapist or patient/client. The therapist may wonder, "Where did it go – the enthusiasm I used to feel?"

That is how burnout feels. There are behavioral signs as well. The therapist starting to suffer from burnout may find him/herself skimping on note-taking, declining to discuss cases gone stale or stagnant, indulging in the pleasure of escapist daydreaming during appointments, taking more days off, gaining weight, drinking more, or even falling ill repeatedly. She/he may detect a voice inside saying, "Oh, what does it matter?" or "What's the use !?" or "I just don't give a damn any more!" or "How soon can I retire?"

These are all understandable attempts to soothe an increasing amount of professional distress. The cause: the therapist is becoming depleted — putting out too much and getting back too little. Burnout is a form of suffering.

The therapist's intermittent feelings of anger, helplessness, and dismay about her/his clinical work, are real and valid, but they can also lead us into defeatist attitudes and even cynicism. Emotionally we can become numb, less and less willing or able to make the disciplined partial identification with our patients/clients that is a hallmark of our profession. Burnout in a therapist means he/she has become somewhat impaired, no longer functioning at an appropriate level of keen professional involvement. Fortunately, burnout is far from inevitable in therapists, and is reversible when it occurs.

To prevent and reverse burnout, first it must be acknowledged. When we see it in a colleague, it can be difficult to mention – but we need to. When we sense it in ourselves, we may be reluctant to face it – but it's vital that we do so. Burnout won't go away unless we do something about it.

For some, the first step may be a visit to one's primary care physician for a checkup. For others, it may be a conference with a supervisor or mentor. Even taking a really good vacation may do the trick. Sometimes it may involve setting aside times for personal renewal, in whatever form one finds useful, from the physically active, to the contemplative, to immersing oneself in some uniquely meaningful activity that restores one's morale and frees one to be eager and positive again. The therapist's psyche has become worn down and wounded, and it needs some special treatment, with a period of restoration and specialized nourishment to heal a damaged professional identity, and to revive a robust engagement with our chosen work.

Awareness of the early warning signs of burnout invites us to take corrective action. Opportunities for growth and renewal exist no matter how many years of clinical experience we have amassed. Normally, our commitment to psychotherapy is meaningful to us on several levels. The alternative to burnout is rediscovering what is meaningful in what we do and how we live. Our aim is to help the

people who come to us to struggle more successfully with their problems and demons — while we also pursue our own efforts to do ever better work, and be better human beings.

## David C. Balderston, Ed.D., LMFT