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Burnout and Renewal in Clinical Practice

Richard Achiro, Ph.D.

Burnout is inevitable in our work as clinicians. If this sounds like a depressing assertion, it may be because we are primed to think about burnout as a dreaded *end point* to a job that has proven unsustainable. But what if we thought of burnout as part of a *process,* and as an essential precursor to growth in ourselves and our clients? The psychoanalytic concept of "container-contained" offers a template for this: through careful attention to our own nuanced experiences of emotional dysregulation in the clinical encounter, we can more effectively *use* incidents of burnout to facilitate positive change while simultaneously immunizing ourselves against the risk that "Burnout" comes to define our professional lives.

In order to apply the concept of container-contained, we must first examine how episodes of therapist burnout overlap with the dissociated, unregulated emotional states that arise in our clients over the course of depth-oriented work. Burnout has been described as involving depression, cynicism, boredom, loss of compassion, and discouragement (Freudenberger & Robbins, 1979). Put more evocatively, burnout can be experienced as an inner deadness that robs us of our passion and stalls our creative capacities. The understandable consequence is often a fantasy to make our "bad" work—or the particular clients who elicit it—just go away.

But what if our perceived need (conscious or otherwise) to evacuate the "badness" associated with our clients is as much a cause as it is a consequence of burnout? We know from the trauma literature that dissociative defenses are activated precisely to make seemingly unbearable "badness" go away (Newirth, 2016). If only in subtle forms, dissociation is an active process in each of us. Indeed, we are all struggling through our own traumas, whether perpetrated by someone or something in our environment or the ongoing internal trauma of managing the complex, emotionally fraught experience of human consciousness. Despite the short-term relief provided when we dissociate from intolerable emotional states, the underlying depersonalizing, splitting mechanisms associated with this defensive system inevitably result in states of emptiness, helplessness, and persecutory anxieties (Newirth, 2016).

To varying degrees of intensity, this is *us* in the throes of burnout. The striking overlap between experiences of therapist burnout and dissociative fallout—with characteristic "deadness," diffused anxiety and, most of all, a collapsed sense of personal meaning—is unlikely to be mere coincidence, especially given the well-known positive correlation between treating clients with unprocessed trauma and incidents of therapist burnout (McCann & Pearlman, 1990). In short, therapist burnout could be an indication that we are understandably engaged in a game of "hot potato" with our clients, each trying to get rid of thoughts/feelings/experiences that we unconsciously sense are acutely intolerable. If left unidentified, we risk increasingly entrenched, globalized forms of therapist burnout, not to mention the prospect of retraumatization for our clients.

The container-contained metaphor of Wilfred Bion (1970) offers a hopeful answer to how we might utilize our overidentification with clients' detrimental trauma responses in a manner that paradoxically fortifies a sense of personal meaning and mutually enhances our emotion-regulation capacities. Bion's theory broadly identifies a process of affect regulation where we take in ("contain")—rather than defensively evacuate—those thoughts, feelings and experiences that are unthinkable and therefore unconscious. In doing so, we can transform these previously dissociated states, from toxins to be gotten rid of, to an embodied experience knowable enough to integrate and use for emotional growth.

This process has its genesis in the intersubjective (mother-infant) matrix which, over time, becomes an internalized function (a model which has received ample empirical support from the field of developmental psychology; see Beebe & Lachmann, 2014; Isosävi, 2019). Take, for example, a mother putting a shirt on her baby. The baby screams while the shirt covers his face because, for all he knows, the world has literally just gone completely dark, and everything is lost forever. The mother knows otherwise and, so, is able calmly enough to continue putting on the shirt until the baby's head pops out, restoring light and a sense of connection to self and other. Over time, the baby ("contained") internalizes the mother's sense of relative calm and ability to function during the darkness ("container") and, thus, can better tolerate the waiting necessary for light to be restored.

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In our clinical encounters, the task before us is rarely as clear-cut as putting a shirt on a baby. Here, the persecutory shirt is unidentified and the screams, unintelligible (often to both the client and the therapist). Thus, multiple times each workday, or even each session, we are thrust into painful situations with our clients where the world has gone dark, and we can't even tell who the scream is coming from. On some level, we are as lost and terrified as the client. But our natural defenses against acknowledging this leave us instead lost in a haze of whatever we idiosyncratically experience as burnout.

The turning point can come in our firm dedication to uncovering *truth* in our clinical endeavors, even when that means acknowledging that we cannot handle the truth. It is in these instances when we must draw on our own internalized experiences with external "container" figures (e.g., our own therapists, supervisors, peers, spouses, parents, etc.) in order to muster the courage to acknowledge our own fear, our own anger, our own grief, our own *need* in the face of such overwhelming circumstances. In short, we come to take in the thoughts and feelings we previously evacuated and, in doing so, re-find ourselves and break the spell of over-identification with our clients. Then, we can offer the embodied presence necessary for affect regulation to recommence (Schore, 2005).

In being able to reengage our own internalized container-contained capacities in relation to our clients, we get a chance to see that all is not lost in the dark. This experience then becomes a building block for developing a deeper faith, so that when we face the unidentified and unintelligible haze of trauma, we can not only bear it, but know that it will ultimately prove to have meaning. Thus, we simultaneously learn from and teach our clients that, in time, our " heads will pop out of the shirt," and light will be restored. This may be how we stave off all-encompassing burnout. We understand that the bleaker our worldview becomes before reentering the light, the deeper our empathic understanding of our clients and ourselves. Though painful, engaging this process provides a basis for balancing the cycles of depletion and fulfillment that are inherent to our work.

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