A Case of Burnout

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***Abstract*—Burnout affects many people around the globe, causing tremendous loss to quality of life, relationships and the economy. Unfortunately, there is a tendency, particularly among businesses, to shy away from the issue. Too often it is seen as something which cannot be changed or helped. However, burnout is treatable, and treatment would benefit all involved. Psychotherapy should usually be considered the first line of treatment. Medication may, however, in some cases become necessary as an additional support and to help the psychotherapeutic process.**

***Index Terms*—burnout, psychotherapy, medication, psychiatry**

I. Introduction

Burnout causes tremendous individual suffering and a large loss in quality of life. Often, patients stay in a job without making changes until they can no longer work.

Burnout usually comes with an emotional or cognitive disconnect. As individuals are becoming increasingly disconnected from their own emotions and thoughts, the own engagement in the world through relationships and work lose their meaningfulness, which leads to even more isolation and escalating symptoms of anxiety and depression. For many the end result can be the loss of work, an important relationship and social connections.

II. The Case Report

The patient is a woman in her mid-thirties, unmarried and no children in a stable relationship. Over the last one and a half years she had to work longer hours in her job due to a staff shortage.

She grew up in a Midwestern state in the US. Money had been an issue between her parents and his father had lost money on a couple of business ventures he had started. Her mother was a stay at home mom and responded with passive aggressiveness to the father's unstable finances as the patient can remember. Often the mother passed on her frustration and own helplessness to the children in the form of unpredictable verbal and physical aggressiveness. The patient thinks her parents may have suffered from undiagnosed mental health conditions. The father hardly spent time at home and spent his evenings several times a month at a local bar drinking heavily, particularly when a business did not work out. At times, however, he could also be in a euphoric state and spend a lot of money he did not have on his family and himself.

A. Psychiatric History

The patient had a short bout with a mild form of anorexia in her teens, but it went away by itself. She remembers having always placed great emphasis on her own autonomy. She had a few romantic relationships which lasted for half a year to two years, but she and her partner seemed to lose interest in them after a while. In her work she would have had little time for mental health symptoms as she says.

B. Somatic History

For the last couple of months, she has experienced various diffuse gastrointestinal symptoms and various diffuse pains, which worry her. She has visited her local doctor, and medical tests so far have not shown anything, but she is still worried and feels anxious.

C. Treatment

1) Psychotherapy

The patient is in treatment with communication-focused therapy as it was developed by the author. (Haverkampf, 2010) It was used with the modifications for anxiety and depression. The focus is on improving the communication with oneself and others which improves the insight into the own basic parameters, including the patient's needs, values and aspirations.

As she talked about her work, her view of her career seemed rigid and her perceived chances of success negative. She seemed caught in a place where she felt that she had to achieve something, though without the feeling of why and without a hope of succeeding. Basically, she no longer knew why she was doing her job. However, to accept this required a sense of a more positive future, which came through a more detailed assessment of her real needs, values and aspirations in sessions two, three and after.

She blamed herself for not living up to her job and failing at tasks at the workplace, while the communication deficits at the workplace seemed to an outside observer largely due to managerial deficits in the organization. She admitted to herself that her job was not doable, while still feeling guilty about not

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being able to do it. The more she could accept the discrepancy between what she expected from herself and the actual situation the easier it became for her to disengage emotionally from the situation and adjust her expectations in a direction that could work for her better in the long-run.

The fear of the changes in her life that could be caused by reassessing whether she was in the right job prevented her at first from confronting this question. However, as she connected more with herself and could appreciate what she had survived and accomplished in the past, and also the positive feelings associated with her having been able to do so, the fear lessened. This also allowed her to evaluate her job from a different and more pragmatic perspective. It was a way for her to earn the money she needed to realize her needs, dreams and aspirations in the future.

An important element of communication-focused therapy is to focus on the communication patterns a patient uses with himself or herself and the world around. As she reflected on how she communicated her experiences, she took on a different viewpoint and she began talking more about the organizational problems. This different way of talking about her work life brought about a change in the second session. By then she had already decided on sick leave, while making sure she did not leave any unfinished work.

While she could not put her feelings in words in the first session, it became easier in the following sessions and she also made significant progress in identifying her needs, values and aspirations. As she reflected on what feels really important to her, she also began to see more options in her professional life.

As she felt freer from the rigidity of her previous views on the limited options in her professional life and the need to follow a certain career path, which felt not as valuable to her, the problems in her relationship came more to the fore. She mentioned that through the focus on work and the long hours she was probably able to avoid addressing the dissatisfaction in her personal life with her partner. However, as she reconnected more with herself emotionally, it was easier and more fruitful to have discussions with her partner about the relationship. This brought her significant relief and a noticeable improvement in her quality of life. It was at first difficult as the relationship seemed to become unbalanced, but the partner also began a regular therapy.

On the practical side, the improved communication with herself helped her to make decisions while the improved communication with others made it easier for her to pursue her needs, values and aspirations. This in turn also improved her self-confidence.

2) Medication

She began a medication with escitalopram 15 mg, which was built up slowly over five days. She mentioned that it provided her additional support and some distance. Her anxiety went away, and her mood was not as low anymore. Raising the medication to 20 mg did not seem necessary. The dose was raised slowly from 5 mg over six days, which helped to eliminate any side effects in the beginning. She felt more distanced and stable after about three weeks and less anxious after about four weeks.

III. Discussion

Treatment outcomes for burnout can be good even if the condition has built up over years and needs to be considered as chronic. It is often a matter of time, but if patient and therapist work on the condition and the underlying causes, partial remissions are usually achievable within a few months and full remissions within a year. The first step into a therapist's office it often more difficult for those with chronic burnout.

A. Psychotherapy

In communication-focused therapy important steps are to help the patient reconnect with the own person which can then lead to better connectedness with others. Improvements in external communication contribute to a better and more stable sense of self, more confidence and a greater sense of efficacy in the world.

The first step is to create the breathing space which allows the patient to mentally take a step back and assess the situation. This is often not easy as it may be associated with fears of the unknown and potential changes.

Once the patient went on sick leave, within two weeks she could connect with several of the feelings. As she had started doing some light exercise she began to feel stronger to face them. In many cases, this may not be as straightforward. There often is a 'holiday effect' where the lack of structured activity, and lack of covering up of the own feelings and thoughts, can lead to a rapid increase in anxiety and depressed thinking. If therapeutic support I available, these symptoms usually receded within a few weeks or even shorter.

Working out her needs, values and aspirations became easier once she had been successfully connected with herself. Awareness of and insight into them is important to reduce the stress in the short- and long-run. In the short-run they can provide direction, a greater sense of stability and confidence and make it easier to make decisions, such as about a job change or modifications to or changes in relationships. In the long-run, they can lead to better choices in both the professional and personal life and to a greater ability to say 'Yes' or 'No'. All this provides a greater sense of stability and more satisfaction in life.

Burnout usually develops over a longer time frame, and other aspects of life have often been severely affected over time also. Personal relationships and personal friendships usually suffer as the person becomes disconnected from himself or herself and as a result from the partner. However, the burnout in the workplace can also be intensified by problems in the relationship. For example, a partner who has issues and becomes more distant emotionally can add to the

sense of helplessness and hopelessness in the one suffering from burnout. Not infrequently both partners can actually be in a state of burnout, professionally, cognitively and emotionally. It is then important for them both to find the reasons for the disconnect, reverse it and focus on what is truly important to them.

The techniques used in a communication-focused therapy are basically no different from those used for other conditions. Questions are important as is reflecting on what is said and the communication patterns. The objective is to create awareness and foster insight into how information is sent, received, selected and the dynamics that develop. Meaningful information is information which can bring about a change in the recipient, as long as the recipient can decode and understand it. The decoding and understanding of messages can be experimented and worked with in the therapeutic setting. To create a contained communication environment that offers the freedom and sense of safety where this is possible is an important goal of therapy. Often, a patient's exposure to such an environment can in itself be therapeutic.

There were some points where resistance to change could have derailed the therapeutic process. Since the suffering from the burnout was quite significant there was little resistance in the beginning to a deeper exploration of possible issues that contribute to her current symptoms. In the third session she asked for the therapist to decide, which would have meant giving up the autonomy she so cherished. She saw the paradox herself.

Over time she seemed emotionally more present to the environment and more approachable in the interaction. She also felt this on the inside, which further helped in the process. Opening up herself to communication with others

B. Medication

Antidepressant medication and psychotherapy can support each other. A reduction in anxiety has helped to more easily discuss topics she was afraid of and the psychotherapy helped to lower reservations she had about taking medication in the beginning.

Milder, less activating antidepressants are often a good choice if medication is necessary. Among the selective serotonin reuptake inhibitors (SSRIs) escitalopram is a good choice in many cases at a dose of at least 15 mg.

Particularly in the case of burnout there is a risk, however. The risk about emotional blunting and apathy seems to be overstated in clinical practice, and an SSRI may actually reduce the anxiety and fears of connecting with oneself more. However, there is a risk that the pressure to change something about the current situation decreases as the anxiety and depressed thinking decrease. This is one of the most important reasons why medication should always be combined with psychotherapy in cases of burnout.

IV. Conclusion

Burnout is highly treatable and the defeatism one often finds is not warranted. A communication-oriented psychotherapy, the greater reconnection that comes with it and the medication are usually very helpful in treating the symptoms of anxiety and depression and others that are usually associated with burnout. Treatment results should usually be achieved within a few weeks and a full remission, depending on the chronicity of the condition, within a few months to over a year.

Unfortunately, individual anxiety and symptoms of disconnectedness and depression are often not discussed in the workplace or even at home. There is still some taboo surrounding burnout. Often it seems to be that someone suffering from burnout does not want to appear 'weak', which just further contributes to burnout behavior. Individuals have learned certain ways of looking at the world, which is influenced by individual experiences. An important approach in therapy is to confront some beliefs with their illogicality and have the patient notice that they also so not feel right. Reflection requires both thinking and feeling.

Conflicts of Interest

The author reports having no conflicts of interest.

References

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