

# Burnout at work its nature and prevention

Practical guidelines  
for human rights workers, volunteers and activists



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Beberashvili, Zurab

Burnout at work, its nature and prevention. Practical guidelines for human rights workers, volunteers and activists, 2019

Burnout at work is the scourge of the 21st century. In a context of the rapid scientific, technical and humanitarian development of society, life necessitate ever increasing dedication of physical and emotional costs. Representatives of caring professions can be vulnerable to the risk of burnout: doctors, psychologists, social workers, as well as allied professionals working with people: teachers, lawyers, human rights activists, rescuers, journalists, etc. This booklet is a short guide on how to maintain the working capacity and develop continue developing resilience skills to keep up with the progress of humanity.

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*Ich reise viel in der Welt herum und mache Supervision für Traumatteams in anderen Ländern. Häufig bin ich auch in Georgien. Was ich bei den Kollegen in diesem Land bewundere, ist ihr „savoir-vivre“ – ihre Lebensfreude, ihre Kreativität, ihr Humor. Und das in einem kleinen Land, das seit 20 Jahren von Krieg, Bürgerkrieg und Diktatur gezeichnet ist. Es ist wirklich bewundernswert, wie die Leute sich ihre Lebensfreude in ihrem Land bewahrt haben, wie sie wunderbar Musik machen, tanzen und so weiter, – von ihnen, so denke ich immer, musste man sich in dem stillen Arbeit etwas abschauen.*

Verletzte Helfer. Trauma und Intervention · Zum professionellen Umgang mit Überlebenden der Shoah und ihren Familienangehörigen. Claims Conference: The Conference on Jewish Material Claims Against Germany, 2013

Prof. Dr. Christian Pross, Zentrum Überleben, Berlin

*I travel a lot throughout the world and supervise some trauma therapy groups in other countries. I am often in Georgia. What I admire about colleagues in this country is their “ability to live” - their joy of life, their creativity, their humor. In a small country, which has been affected by war, civil war and dictatorship during 20 years. It is really amazing how people have kept their cheerfulness, how wonderful they are playing music and dancing*

*Watching their work style, a great deal can be learned.*

The Wounded Helpers

Trauma and psychosocial intervention. About professional treatment of Shoah survivors and their family members, 2013

Professor Christian Pross, Überleben Center

We are eternally grateful to Christian Pross for these kind words addressed to our organization and our colleagues, but at the same time we want to emphasize that these very “skills” aren't really simple at all and the fact that we managed to develop these useful skills, entirely to Christian's credit, who has been supervising and supporting our organization and us for many years.

The credit goes to Boris Drozdek, head of the Psychotrauma Center in the Netherlands, who regularly came to Georgia during the difficult years for our country and generously shared with us his knowledge and experience.

This is the merit of the world-famous science luminaries from the USA, Frank Ochberg\* and Vamik Volkan\*\*, who let us in on to the secrets of the nature of traumatic stress and societal trauma of large groups and society as a whole.

Our foreign colleagues, who in the difficult days of war were together with us, the former presidents of the European Society of Traumatic Stress Studies (ESTSS), a Cardiff University professor, Jonathan Bisson and an Amsterdam University professor, Berthold Gersons, contributed their share to our "skills". It would be incomplete without mentioning our longtime collaborators, a Zagreb University professor, Dean Ajdukovic, Croatia, also the former ESTSS president and Peter Ekern, a supervisor from Norway, who at the dawn of psycho-social service development in Georgia supported us in being trained in effective skills of helping profession.

But the most important contribution to our "life skills" was made by our clients themselves, with whom we have been working and are continuing to work. Largely from them comes the passion for life and strength of spirit by which they cope with disasters and deal with grief of irreparable losses. Just from them we learned to embrace and celebrate life.

Seeing and noticing a source of strength and inspiration in our customers is one of the strategies for preventing burnout at work, which will be considered in the brochure, but first we'll discuss about the phenomenon of burnout and on factors causing this state.

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\* - A pioneer of trauma science and PTSD, one of the founding fathers of modern psychotraumatology, a University of Michigan professor, founder of the Dart Center for Journalism and Trauma. An expert and developer of the "Stockholm Syndrome" concept.

\*\* - Psychoanalyst, emeritus professor at the Virginia University, founder of the Center for the Study of Mind and Human Interaction (CSMHI), awarded the Sigmund Freud Prize and two-time nominee of the Nobel Peace Prize. An expert on psychodynamics of interethnic relations and ethnic conflicts.



# PART ONE

## THE PHENOMENON OF BURNOUT

### SIGNS AND FACTORS OF BURNOUT

We will not go into detail due to the limited brochure size, but will focus on the most important aspects of the burnout phenomenon. And the first thing we should note, that the term "burnout" itself has been offered by psychiatrist Herbert Freudenberger in 1974. He observed clinic-based staff burnout, notably naive, young, idealistic and motivated volunteers involved in Community-based Treatment Program for Juvenile Delinquents. He highlighted emotional, behavioral, physical symptoms of burnout and pointed out three major components of this state:(1) demoralization, (2) disillusionment and (3) exhaustion.

Christina Maslach in her scientific research on the burnout phenomenon, which was conducted with human service professionals later in 1976, also highlighted three main components of the syndrome:(1) exhaustion) (2) cynicism и (3) inefficacy.She indicated predominance of fatigue symptoms, the manifestation of atypical physical symptoms and stressed that these are necessarily linked work-related symptoms.Other researchers, in particular, Lansen and Fineman together with Maslach, included into the list of burnout signs apathy, feeling of hopelessness, rapid exhaustion, disillusionment, melancholy, forgetfulness, irritability, experiencing work as a heavy burden, alienated, impersonal, uncaring and cynical attitude towards clients, tendency to blame oneself coupled with feeling of failure (see Table 1).

Table 1 Signs and symptoms of burnout\*\*\*  
Lansen, Fineman and Maslach

Apathy  
Feeling of hopelessness  
Rapid exhaustion  
Disillusionment  
Melancholy  
Forgetfulness  
Irritability  
Experiencing work as a heavy burden  
Alienated, impersonal, uncaring and cynical  
attitude towards clients  
Tendency to blame oneself  
Feeling of failure

\*\*\*- Derived from:Christian Pross.Burnout, vicarious traumatization and its prevention.TORTURE, volume 16, #1, 2006, p. 1–9.© International Rehabilitation Council for Torture Victims (IRCT), 2006

Christina Maslach in co-authorship with Michael Leiter highlighted the harmful outcomes of burnout, in her books published later in 1997 and 2005\*\*\*\*, manifesting into poor quality of work, low morale, absenteeism and turnover, health & family problems and work-related depression. Maslach and Leiter identified the causes of burnout and believed that this state emerges from discrepancies between the individual and the work. They identified six areas of suchlike discrepancy.

### 1 *Work Overload*

That is, the disparity between the employee requirements and the available capacities. What matters is the enforcement of a stricter requirements for the employee and his capacities. Burnout results in a deterioration in the quality of service and in a deterioration of relationships between colleagues.

### 2 *Lack of Control*

The disparity between the desire of the employee to have more autonomy in his work and a rigid, irrational management policy regarding the organization of the working environment and strict control over it. The result is an employee's futility feeling regarding own activities and the lack of accountability for it.

### 3 *Lack of Reward*

The disparity between the remuneration for work and the value that the employee brings into the organization. It feels as unrecognized work. This is not just about employee's material incentives but also about his moral encouragement.

### 4 *Breakdown of Community*

The disparity between the expectations for cooperation with colleagues and the specific characteristics of real interaction. The most destructive are pervasive conflicts between coworkers. They give rise to a permanent sense of frustration and animosity and reduce the likelihood of mutual support and teamwork.

### 5 *Conflicting Values*

The disparity between the values, moral principles of a person and the work requirements - for what employee believes and what one has to do at work. For example, for the customer to collect on the insurance, one has to exaggerate the severity of the symptoms - the so-called Machiavellian values: "the ends justify the means".

### 6 *Absence, Lack of Fairness*

The disparity between the correct division of labor and the related remuneration. This also applies to the unfair reprimand of staff members on the part of management.

\*\*\*\* - We are talking about books in English: *The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It*, 1997  
*Banishing Burnout: Six Strategies for Improving Your Relationship with Work*, 2005

Many modern clinicians and academics of mental health have taken an interest in the phenomenon of burnout at work. They all as one assume, that many experts working with clients who have experienced extreme and traumatic events, exhibit symptoms going well beyond ordinary burnout. Like their clients, they may have symptoms similar to post-traumatic stress disorder (PTSD) or others, so-called stress-related disorders, such as sleep disorder and threat perceptions, sense of helplessness, alienation and isolation. Man loses his sense of safety and trust. These manifestations are known as vicarious traumatization.

McCann, Laurie Pearlman and Karen Saakwitne, who coined the term “vicarious traumatization”, take the view that during a therapy session, the client's terrifying flow of memories, nightmares, fears, despair and mistrust “infect” a doctor. They consider depression, cynicism, anguish, loss of sympathy and empathy as typical symptoms of vicarious traumatization. Danieli and Miller are offering a similar model describing it as an “emotional infection.”

Charles Figley points to the “compassion fatigue” among practitioners and psychologists in the form of exhaustion, confusion, alienation from relatives, which can also cause such symptoms as PTSD.

Figley makes distinctions between these symptoms and burnout syndrome, which can occur among workers of caring professions. The doctors affected by vicarious traumatization are called “wounded healers” by Kleinman and Maeder. They point out that some representatives of the caring professions, due to their own traumatic experience, have a higher gift of empathy, though their need to heal others helps to forget about their own wounds.

John Wilson and Jacob Lindy address symptoms of vicarious traumatization as flaws in therapist-client relationship in combination with negative or positive countertransference reactions. It could be manifested in the deep detachment of the therapist (helper\*\*\*\*\*), who no longer shows sympathy and empathy for the client, as if “denying” his misery and turns on the client by intellectualizing communication. Or, vice versa, unnecessarily identifies himself with the client (over-identification) without maintaining the distance, showing exaggerated sympathy right to the point when he, for example, begins to feel hatred for the abuser of the client.

\*\*\*\*\* - We will use the term “helper”, meaning a specialist providing care services and, accordingly, we will use the term “client” meaning the person receiving these services.



In table 2 you will find key signs of vicarious traumatization among frontline helpers - clinicians and representatives of caring professions that provide assistance to traumatized people. Important differences between burnout, compassion fatigue, vicarious traumatization, and so-called Secondary PTSD, is masterfully explained by an eminent scholar Frank Ochberg, the expert on traumatic stress mentioned earlier, in the training video (a link to a video: [https://www.youtube.com/watch?v=Q3hJn\\_tWzLw](https://www.youtube.com/watch?v=Q3hJn_tWzLw)).

Table 2. Signs and symptoms of vicarious traumatization<sup>6\*</sup>

Lansen, Pearlman & Saakwitne, Wilson & Lindy

Denial of client's trauma (detachment)  
 Over-identification with client  
 No time and energy for oneself  
 Feelings of great vulnerability  
 Insignificant daily events are experienced as threatening  
 Feelings of alienation  
 Social withdrawal  
 Disconnection from loved ones  
 Loss of confidence that good is still possible in the world  
 Generalized despair and hopelessness  
 Loss of feeling secure  
 Increased sensitivity to violence  
 Cynicism  
 Feeling disillusioned by humanity  
 Disrupted frame of reference  
 Impaired ego resources  
 Alterations in sensory experiences  
 (intrusive imagery, dissociations)

Simon Talbot & Wendy Dean consider, that medical staff is not burning out – they suffer from moral injury<sup>7\*</sup>. The term “moral injury” was used earlier to describe the backlash of soldiers in the war to their own cruel actions or evidence of similar acts of others that are contrary to their morals.

The consequences of a moral injury, that are similar to the symptoms of traumatic stress, are described in the book by Jonathan Shay “Achilles in Vietnam. Combat Trauma and the Undoing of Character”<sup>8\*</sup>. Talbot & Dean compare the “moral injury” of soldiers with the moral altering of physician's personality, which evolves within the context of persistent failure to provide higher-quality services to their patients due to restrictions of Insurance Medicine.

This burnout factor is pursuant to the described above by Maslach and Leiter dispatch between moral principles of a person and the work requirements, to so-called conflict of values.

<sup>6\*</sup>-Obtained from: Christian Pross. Burnout, vicarious traumatization and its prevention. TORTURE, volume 16, #1, 2006, p. 1–9. © International Rehabilitation Council for Torture Victims (IRCT), 2006

<sup>7\*</sup>-Talbot, Dean: Physicians aren't Burning Out; they're suffering from 'Moral Injury', 2018

<sup>8\*</sup>-Jonathan Shay: Achilles in Vietnam. Combat Trauma and the Undoing of Character, 1995

## INDIVIDUAL BURNOUT FACTORS.

Research into the personality characteristics of representatives of caring professions, conducted by Hawkins and Robin Shohet, provide a better understanding of the causes of burnout. They concluded that “help experts” choose their profession, guided not only by altruistic motives. They figured out that some dark side of their personality, such as the hidden urge for power over a “weak” client, enable them to conceal or hide their own feelings of helplessness and powerlessness. So, for example, an employee providing help, trying to overcome his own feeling of helplessness, develops feverish activity in favor of the client, fights for him with the authorities assuming the role of the almighty savior, thus imposing on the client the role of a helpless victim. Another dark side of the 'selfless' helper is the narcissistic hunger for fame and praise, adoration and deification from their grateful clients.

Another phenomenon that can be attributed to personal factors of burnout is over-identifying with work. Tim Casserley and David Megginson highlighted in their research the presence of this burnout factor among high flyers. They attributed blurring of the lines “Job & I”, co-dependent relationship with work, loss of self in work and so-called absorbing corporate culture to core topics of this phenomenon. This phenomenon occurs when a person, as people say, is “married to the job”. The brilliant psychiatrist, Viktor Frankl, attributed the manifestation of this phenomenon to people for whom their work became a reason for living. Once the rhythm and pace of the work week are suspended (generally on weekends), these people feel the meaninglessness and emptiness of life. It is during this time that they experience alcoholic excesses and outbursts of aggression as if they were trying too to fill the existential vacuum. This phenomenon is most salient among lonely or predisposed to such lifestyle people who unconsciously fill the void of close relationships by entering into co-dependent relationships with work, thus putting themselves at risk of burnout. It should be noted here that over-identifying with work can be not only a cause but also a consequence of burnout.

## ORGANIZATIONAL FACTORS OF BURNOUT

Our brochure starts with a quote of Professor Christian Pross, who has published the book «Wounded Healer. Dealing with the Trauma. Risks and ways to protect oneself.»<sup>(9\*)</sup> in 2009. It is based on studies conducted in 13 non-profit, non-governmental organizations (NGOs), working in crisis areas all over the world. He summarizes factors influencing the stress level in organizations, which ultimately leads workers to burnout. NGOs working with survivors of military conflicts and of sexual abuse, victims of torture and political persecution, as well as human rights organizations were engaged in the research. Out of 13 NGOs studied, 8 represented countries with low income.

Above all, Professor Christian Pross draws attention to common signs in the structures of all the organizations engaged in research. All of them were founded by charismatic leaders with a longer-term vision. There was a certain idealism overwhelming all in the formative years: all were united in one common cause. Family atmosphere and informal relationships prevailed in all organizations. Mostly, decisions were taken jointly. There was an improvised working style: conflicts were attenuated with compromises. Such a structure prevailed in the formative years of organizations, the so-called “Honeymoon”: when all are happy, self-sufficient, and full of energy and inspiration. This structure can work superbly during “honeymoon”, but, unfortunately, it eventually ends and daily routine prevails<sup>(10\*)</sup>. Christian Pross points out organizational features that play an important role in the burnout of employees.

He notes that all NGOs pertain to a certain injustice, suffering and unrest by the nature of their activities, which have no boundaries and can never be resolved completely, i.e. the work never ends and the NGO staff have a constant feeling that not enough has been done - these are extremely high moral requirements, so-called “martyr complex”. There is a high degree of self-sacrifice in organizations, the so-called. “workaholism” - a painful yearning for work: working late at night and on weekends. They never stop their work and therefore are continually overburdened: «I am carrying the entire world on my shoulders», «I became Mother Teresa».

Furthermore, Christian Pross describes the group dynamics phenomena found during the research. He draws the attention to evidences of so-called “Narcissistic fantasies of saviors” (narcissism, grandiosity): “We are special. No one has such challenges as we have». «We are a kind of elite of the human race.” Similar attitudes are being supported by the community: “It's so amazing, what you're doing.” Christian, like other authors, presented above, stresses over-identification with clients. “The victims are good, and the perpetrators are bad.” “We protect, we literally wrap our clients in cotton wool,” said respondents during the interviews. They repudiated any hierarchical authority, which abuses its position and made enemy figures. They associated any hierarchy with oppression and tyranny, and the rules were perceived as a kind of suppression - the contrast between the “indifferent leaders” and the ardent hearts of ordinary employees - supporters of good.

9\*-The English title of the book is: Wounded Healer. Dealing with the Trauma. Risks and ways to protect oneself. This book is available on amazon.com only in German (Verletzte Helfer).

10\*-Over time, employees are becoming aware of the importance to respect the balance between informal and formal relationships at work.

The atmosphere in the organizations that participated in the research was also characterized by other psychodynamic phenomena: a re-enactment of trauma, expressed in fear of persecution, fantasies about the universal presence of secret services, relations "perpetrator-victim", obsession with violence. There was also a tendency to overuse trauma-interviewing in these institutions. That is when the therapist wants to know the details of what happened without adequate preparation for this procedure. The respondents ironically called such ill-treatment of customers "the bulldozer method", which definitely pointed to the unconscious identification with a "perpetrator".

Actually, all these phenomena - the "martyr complex", and "self-sacrifice", and "narcissistic fantasies of saviors" and "replication of relations "perpetrator-victim"" and identification with "perpetrator" belong to the same category of psychodynamic processes occurring in the process of assistance to people affected by all sorts of violence, harassment and violation of their human rights. Little attention is paid to the general nature of the dynamics of these processes in the literature. Therefore we want to clarify the nature and mechanisms of manifestation of these phenomena using a simple example of the well-known "drama triangle" and show the destructive nature of these attitudes both for workers of caring professions and for their customers.

Little attention is paid to the general nature of the dynamics of these processes in the literature. Therefore we want to clarify the nature and mechanisms of manifestation of these phenomena using a simple example of the well-known "drama triangle" and show the destructive nature of these attitudes both for workers of caring professions and for their customers. The matter is that working in the field of assistance, seeing the plight of their clients, helpers provide not only compassion and sympathy for them, but they're starting to FEEL SORRY for them. This is where they are caught in the drama triangle trap. Feeling pity for the client, they unwittingly victimize clients - a weak and helpless person who needs to be saved and protected - they give in to temptation and, assuming the role of all-mighty «savior» and enjoying their "power", they are ready to do everything for him, doing a disservice to the customer and fueling his dependent attitudes. But the truth is, that it is impossible to save the client and solve all his problems for him! And the client, shifting all responsibility to the helper, begin to blame him for this. The client becomes like the "pursuer", and the assistant like the "victim", he has to sacrifice his energy, time, etc. just to sustain the image of a Good Samaritan. Now the client is the one beginning to feel sorry for the helper, seeing that he spends so much energy supporting him, so he tries on the role of "savior". Since the client embraced this opportunity, why not use it, because being a savior is prestigious! So, for protecting himself and overcoming "victim" feeling of powerlessness the helper has to become the aggressor, the "pursuer" and either (1) to blame furiously the offender of the client, and the client, seeing this, changes tactics and protects his pursuer - he now in the role of "savior"; or (2) to conduct trauma-interviewing for the client, identifying himself with his former "pursuer, persecutor". Thus, the client, like foists on helper the role of aggressor or "victim" without realizing it, the former offender of the client becomes the "victim" of the helper's aggression, and the client enjoys the role of "savior" and a sense of its own trying, at least temporarily, to gain self-esteem, which was recently "lost" by helper, FEELING SORRY for him!

Along with the above-described variety of burnout factors, here we intend to introduce our understanding of the burnout phenomenon, our model describing the genesis of this state. This is not to say that we in any way reject or disregard those causes and views of the above-mentioned distinguished authors and experts of the burnout phenomenon. We just want to share one more view on an issue with readers, which has been forming for almost a quarter of a century of our practical work in the area of providing assistance. We hope that our modest contribution to the nature of burnout phenomenon and practice of its prevention<sup>11\*</sup> will bring benefit to representatives of caring professions and all those interested in this issue.

We believe that burnout is a particular case of chronic (prolonged) toxic stress at work. The toxicity of stress is determined by the level of subjective uncontrollability of working environment, lack of employee freedom of choice, as well as level of situation inescapability at work, when an employee is forced to stay and continue work for various reasons, despite some intolerable conditions. Against this backdrop, an assistant (a doctor, a psychologist), professionally still has to show sympathy and compassion for his clients, sometimes listening horrifying stories of their lives or complaints about physical ailments and poor health. Gradually, this forces specialist to “close”, become resistant, put on armor more and more, in order not to feel the pain of compassion for his clients anymore. All these stress factors give the employee sense of threat to his own security and depending on the intensity of exposure to a stressor and the extent to which he is feeling helpless before these circumstances could lead to traumatic experiences. Based on the above, we consider burnout at work as an array of violations, covering both usual, common signs of burnout encountered by professionals working with people, and also symptoms of so-called compassion fatigue and vicarious traumatization, which are common among clinicians and other representatives of caring professions.

I show participants a small demonstration with a rubber ball to show the difference between stress resilience and stress resistance while conducting education on issues of burnout. Stress resilience (elasticity) means that stressor affects us. We do not get it defensive but perceive it. We can “stumble” against such an onslaught, even “fall”, but we have the ability to get up quickly and recover our stability (during the demonstration I sag the ball with my finger and when I remove it, the ball returns back into shape).

Moreover, each time I train my resilience more and more and become more and more non-rigid. On the contrary, resistance (immunity) to a stressor develops when I treat its source as a threat, trying to avoid its impact and push it away (during the demonstration I don't sag a ball with my finger, my finger hits the surface of the ball and bounces off of it). The repeated impact of finger gradually coarsens the surface of the ball, just as, for example, working without gloves, we get calluses on our hands. Callus partly protect hands from excessive sensitivity, but at the same time skin becomes more fragile, it can get hurt and bleed. That's the metaphor of our burnout model.

11\*.-The burnout prevention strategies discussed in the second chapter of this brochure, along with the world-wide recognized approaches, contain our insights, based on our model presented here.



“Coarsening” of feelings dampen our sense of sympathy and empathy, and this, in turn, leads to a detached and cynical attitude towards clients. The mental choice not to feel in order to rid from the constant pain of compassion also leads to so-called anhedonia. That is, dulling of feelings involves not only negative emotions, it also affects positive feelings, and a person gradually loses its ability to have feelings, loses the ability to take pleasure and enjoy life.

Here we should specify one important detail. Burnout is not just a type of chronic, albeit with signs of toxic or even traumatic stress. It does not follow typical stress at work, which may show up as banal fatigue, asthenia or other signs of overload. These problems can arise at any job, regardless of whether it has a connection with caring about people. The usual stress at work is called organizational stress and stress management at work deals with this issue. In contrast, burnout, which is also called professional stress is determined by the nature of the profession and it's more than typical stress. It has, albeit conditional, but outlined dynamics of its development. And burnout prevention also includes many elements of stress management, though has its own specific and intrinsic characteristics. We will discuss burnout dynamics and preventive features next, in the second part of the brochure.



## PART TWO

# BURNOUT PREVENTION

We'll start talking about burnout prevention with clarification of the very notion of this term. Prevention means warning, preliminary measures to avoid something. The word itself poses a negative connotation. In our case, the meaning of this term might sound like this - “avoiding burnout”. This is similar to such sayings as “how to avoid catching a cold” or “how to keep yourself out of bad marriage”, etc. The emphasis is made not on the right thing to do, but on the wrong thing, which should not be done to avoid something bad and harmful.

We fully share views of American authors John Norcross & Gary VandenBos, who were able to adjust the reader's attention on self-care skills, on a term that represents positive connotation, in their book<sup>(12\*)</sup> on burnout of psychotherapists. They called their book not a manual, a strict instruction to prevent mistakes, but a guide, which sheds light and lights the way forward, and at the same time warns about the hidden dangers along the way. We will comply exactly with this principle and will focus on skills that should be developed and the strategic pathways that should be adhered in the second part of this brochure, in order to work effectively and enjoy life in these difficult times of humankind rapid progress.

So, good luck!

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12\*-John Norcross and Gary VandenBos. Leaving It at the Office: A Guide to Psychotherapist Self-Care, 2018





# STRATEGY 1

## DETECTING SIGNS OF BURNOUT

Describing this prevention strategy, we will finally talk about the dynamics of burnout syndrome. Generally, phases of burnout dynamics refer to one of its important characteristics and should have been outlined in the first part of this brochure, but for brevity, we moved it to the second part, as knowledge of these phases is also an important strategy for burnout preventing for their further recognition.

Before we get to a description of burnout phases, it should be noted that this is a very subtle kind of disorder and it is so deceptively masquerading as various negative and positive manifestations that, not knowing the dynamics and markers of its detection, even an experienced professional sometimes is not able to recognize it.

The burnout dynamic is presented here according to Joan Borysenko, one of the leading experts in behavioral sciences, who in her book “FRIED. Why You Burn Out and How to Revive”(13\*), describes 12 phases of burnout syndrome, which actually coincide with those 12 burnout phases, described by Herbert Freudenberger (see table 3). The choice of this author is important because Joan Borysenko, just like Herbert Freudenberger(14\*), has experienced the effects of this insidious disorder. In her book, after describing each phase of burnout, Joan gives appropriate tips for overcoming(15\*) the negative consequences.

Table 3

#Burnout phases by Freudenberger

### **Burnout phases by Freudenberger**

- A compulsion to prove oneself
  - Working harder
  - Neglecting their needs
  - Displacement of conflicts
  - Revision of values
  - Denial of emerging problems
  - Withdrawal
  - Obvious behavioral changes
  - Depersonalization
  - Inneremptiness
  - Depression
- Burnout syndrome

13\*-Joan Borysenko: FRIED. Why You Burn Out and How to Revive, 2012

14\*-Yes, Herbert was one of those young psychiatric volunteers engaged in the Treatment Program. He was able not only self-diagnose these symptoms, but also diagnosed his colleagues, and described them for future generations.

15\*-These recommendations are complemented with our pieces of advice, elaborated on the basis of our burnout experience.

Phases of burnout by Joan Borysenko:

### 1. *Driven by an Ideal*

You try to prove something yourself unsuccessfully by working hard.

You strive for peer recognition and it drains you.

What to do: decide what motivates you in your life. Concentrate not on the result, but on the process.

### 2. *Working Like a Maniac*

You are ready to work incredibly hard and take an approach “do or die”.

You feel a really huge rush of power, and are really proud of it: «I work 24 hours a day»

What to do: determine your state of mind on a scale from 1 to 10. If you've “worked yourself” up to 7–8 points, please do anything except work. If you don't take care of yourself, your business will also suffer.

### 3. *Putting Your Own Needs Last*

A rather dangerous phase when you neglect your own needs - lose your sleep, friends, family. Workaholism. You are willing to endure even physical pain and just ignore signals of an exhausted organism.

What to do: determine your state of mind on a scale from 1 to 10 asking yourself: “Do I enjoy life?” Visit dance or art classes, or visit your friends. It is important that friends wouldn't be your colleagues at work, and the party wouldn't turn into a discussion of problems with your customers. A couple of months later try again to rate your ability to enjoy life

### 4. *Miserable, and Clueless as to Why*

Things fall apart. You feel pathetic and unfortunate. You know that something is wrong with you, but turn a blind eye on this fact.

What to do: perhaps you should get out of town for a weekend, take a little vacation and be on your own.

### 5. *The Death of Values*

You keep working hard. Rejecting previous values you devote every extra minute to work, and it absorbs your entire life. You lose the joy of life.

What to do: what made you happy in your childhood? Going to the cinema? A bowling match? Promise yourself to spend time as it had been during the high school years at least once.

### 6. *Frustrated, Aggressive, and Cynical*

Uncontrolled irritability appear and timeless throwing tantrums with others. One may also see intolerance to contacts, cynicism, and ill-treatment.

What to do: use power more rational. Identify three situations in which you waste energy, and give me three options to spend your time more efficiently.

### 7. *Emotionally Exhausted and Disengaged*

Fatigue, especially in the morning, monotonous television watching on the couch in the kitchen, increased vulnerability to a common cold, etc. In a condition like that you deliberately isolate yourself from everyone and start ditching work.

What to do: tell about your condition to your relative, friend, husband or wife, your psychotherapist - the main thing is not cutting yourself off from society. Frequent cold is a “cry for help” of your body — that you need some respite. Thus, you can “get a bit ahead” of your body and take a short time off, referring to a “sickness”.

### 8. *«I have Morphed into What?»*

Surrounding people are trying to get through to you, but you are incapable to take their concerns. You're feeling the transformation from living into an indifferent and useless person. You start having problems with identity - like you get caught up in your work.

What to do: get rid of what is inconvenient for you. Refuse from working extra hours even if you lose a portion of your earnings. Freedom from nerve-wracking experience and free time will be your reward.

### 9. *“Get Away from Me!”*

This phase is called depersonalization, when a person loses touch with himself, feels like a robot and believes that he can't improve his life.

What to do: learn to have compassion for yourself and show the same feelings to people around you, relatives, strangers, and even enemies.

### 10. *Inner Emptiness*

At this phase, a person abandons his hopes and dreams; everything he once loved becomes unnecessary and uninteresting. To fill the void, there is an impulse for spontaneous compulsive actions - gluttony, wild sex, uncontrolled use of alcohol and drug consumption.

What to do: start with an easy one - your own diet. Indulge in some exotic dishes, try something different at least once a week. It will bring you back thirst for life. Starting from this phase you, probably, can't do without help of a specialist.

### 11. *Who Cares and Why Bother?*

The phase of depression, together with physical and mental exhaustion, loss of reason for living. No matter how to dress, the looks I'm getting, etc.

What to do: yoga can help, but it's better to find an expert, psychologist or psychotherapist who knows what a "burnout syndrome" is.

### 12. *Physical and Mental Collapse*

Loss of identity. Who am I? - mother, father, psychologist, passenger, etc. At this point, there is a risk of suicide.

What to do: you will definitely need medical assistance at this phase. But you can also make a list of the most valuable things in your life: children, couple relationship, etc. It is extremely important to learn not to give up on these values.

No doubt, the description of burnout dynamics development in the form of successive phases is far from certain. In reality, these phases are not sequential; they are remixable or might even get omitted. Knowledge of these phases helps us identify hazard markers more effectively and motivates to react promptly. And of course, these brief recommendations are sometimes insufficient to deal with an insidious disorder. Though we have other strategies that we will comment further.



## STRATEGY 2

# COPING STRESS

Everyone has their own accustomed ways to handle daily stress. For some, it's getting away and listening to music, taking a warm bath or cool shower, going on a nature walk or visiting friends, cleaning the house or making delicious food, doing aerobics or going shopping, etc. All these spontaneous actions are designated in psychology as coping stress. But what works with ordinary domestic stress and relieves the tension may not work with specific stress at work that causes burnout. In that context, Christina Maslach and Michael Leiter specify ways of coping, which are most efficient where there is evidence of burnout at work. We provide the list of these methods below.

### 1. *Sharing*

Sharing your problems with colleagues at work or with relatives at home is one of the key means of coping with burnout. We expect to receive competent advice on work-related issues from colleagues at work, but from our relatives, we need more emotional support..

### 2. *Proactivity*

Focusing on activities that are subject to control, sometimes make it possible to bring in a sense of control in uncontrolled situations at work and reduce the level of stress.

### 3. *Boundary-setting*

Priority-setting, which work to take, and which not, plays a pivotal role under time pressure and strict deadlines. It is also important to define borders between work and personal life. In this case, one needs to follow the rule of "8". Eight hours is allocated for work, eight - for sleep (which is also important) and strictly eight hours for personal life.

### 4. *Working smarter*

Sometimes, to be efficient we have to sacrifice false moral principles, for example, too much politeness or compliance, which consume our valuable time, and resilience. It is crucial to learn how to say: "NO".

### 5. *Hope*

As people say, hope springs eternal. I wonder whether hope could be classified as a way of coping, but it could be valuable for you, especially during the final phases of burnout. It was hope for a better future that saved many people at the time of hard trials in life.

### 6. *Renewing*

Change patterns of activity within work constraints. Change of scenery is of great importance: office and field work. Don't miss opportunity to go on a business trip or visit a conference to meet new people. Attend seminars and trainings. Combine work and learning or research. Go in for sport, play with children at home.





## STRATEGY 3

# HANDLING STRESS

There are three reliable ways of stress management. The first is food, this could be supplemented by alcohol and drugs, although many are fearful of taking them. The second reliable enough way is sex, none is afraid to have it, but because of undue hypocrisy, people use to ignore it and don't consider as an efficient tool for stress release. These approaches are usually followed spontaneously, and they both carry considerably higher risks of developing compulsive behavior and addiction.

The third, and last, reliable way to relieve stress is relaxation and exercise. The latter just keeps it clear - it restores the balance between mental (emotional) and physical activity and, what matters most, burns excess stress chemicals in the body. But relaxation is a more complex phenomenon. It is not just relaxation or rest. It's hard enough to make oneself relax if you don't do anything. Thus, we are talking about active relaxation and active rest. It is impossible to relieve the stress caused by burnout along with many other types of domestic stress just lying on the couch and watching TV without active involvement!

From the above, one can see that even well-known relaxation techniques, such as respiratory and muscle relaxation, require a commitment of the client and everyday regular efforts for practicing effective stress management skills. Factually, coping stress, described in the previous strategy, is also one of stress management types, but it doesn't require mastering any skills. Conversely, relaxation techniques and other stress management techniques to which reference shall follow, require motivation and commitment to start working and serve the purpose reasonably.

As already indicated in the first part of the brochure, burnout is a special kind of prolonged stress. Eventually, getting burned out without noticing this, a person loses liveliness of feeling more and more, loses contact with his body and with the outside world. It is difficult to focus on the present and for the most part, a person is influenced by past failures or concerned about the future - if he can cope with the responsibilities assumed at work. For regaining and preserving sensitivity, sympathy and compassion, one should reclaim his skill to live in the present, restore, or rather recover the ability to enjoy life. This "magic" skill that has become fashionable in the 21st century is called mindfulness<sup>(16\*)</sup>. The corresponding term does not exist in Russian, unfortunately. Mostly, it is translated as consciousness<sup>(17\*)</sup>, but mindfulness contains much more in it: the fullness of mind, open, awakened mind, ability to experience the present moment, etc.

16\*- Mindfulness underlies numerous Eastern meditation and self-regulation practices.

17\*- We will use this term/translation further in the text in Russian.

To date, no single psychotherapeutic intervention, no single method of stress reduction can do without basic skills of awareness. In fact, we are born with this skill and gradually lose it because of life's hardships, we lose the ability to live every precious moment of life like a child. And now we have to start all over again with considerable diligence and patience for regaining this GIFT.

Mindfulness is a kind of a trend in the modern world. To really strike end users, the mindfulness-based terms evolved: mindfulness-based exercises, Mindfulness-based Art-therapy, Mindfulness-based CBT and even Mindfulness-based Psychodynamic Therapy. There are terms: eating, mindful walking, mindful shopping, mindful loving, mindful working, mindful parenting, etc. In the midst of global fascination in the world, this term is commercialized and unscrupulous pseudo-specialists emerge that having no idea about the essence of awareness are getting rich off its popularity. Thus, along with our strong advice<sup>(18\*)</sup> to use stress management methods based on awareness, if there are signs of burnout, we urge the reader to check carefully the sources: training announcements, books, articles on the Internet, etc.

The scope and format of the brochure doesn't allow us to clarify properly the essence of mindfulness phenomenon at least partially; we shall address here the most elementary signs of this skill taking one well-known breathing relaxation technique, Diafragmatic Breathing. The self-regulating function of diafragmatic breathing is as follows. First, if you have ever noticed infant breathing, you would see peaceful and calm moves of his tummy, not his chest - this is a sign of deep breathing. When we are alarmed, we use thoracic breathing, quick and shallow. Our body has a memory of it, and when we use diafragmatic breathing, it responds accordingly. Secondly, when breathing in, the sympathicoadrenal part of our sympathetic nervous system is activated, inhale is like "fueling the fire" in the body. The exhalation, on the contrary, activates the vago-insular part of parasympathetic nervous system. Exhalation "put out a fire" in our body, calming it down. Thus, if during the exercise the exhalation is twice longer (slower) than the inhalation, our body is automatically relaxing. That's the secret! But to let it happen up to us at any time, in any situation - practice is needed!

But what is applied, when this elementary technique is engaging the mentioned above awareness skills? To illustrate, we present here a more detailed technique of diaphragmatic breathing by Anna Baranowsky<sup>(19\*)</sup>. The technique is based on 5 mindfulness skills: "HOW to breathe properly." This sequence in English sounds like this: noticing-deepening-sipping-counting-using. We will describe each of them separately:

18\*-For perusal and practice of mindfulness skills, we recommend the book by Mark Williams and Danny Penman: (Mark Williams, Danny Penman – Mindfulness: An Eight-Week Plan for Finding Peace in a Frantic World, 2012)

19\*-Anna Baranowsky is a Canadian expert on injury and burnout issues. This exercise is taken from the book: Trauma Practice: Tools for Stabilization and Recovery, 2014

- *Noticing* - how do you feel your breathing - notice the pace and movement, how deep or flat, how tender or tough it is.
- *Deepening* - make a deep full breath "in your belly" and exhale through the nose without tension. Note for yourself how deep and slow your breathing is.
- *Sipping* – imagine holding a straw in your mouth and using it to breathe in deep into your belly. By doing this your lips should produce a sipping sound.
- *Counting* – counting "one-two-three" breathe in, and let it out after a short pause counting "1-2-3-4-5-6" (twice as long as when breathing in).
- *Biofeedback Using* – your palms can be used for feedback. To do this, lay it flat - one on the chest, the other - on the belly. The palms are sort of control - the abdomen should move while breathing and the rib cage should be kept steady.






So, what is special about this technique? Actually, while breathing and focusing on sensations, sounds, palms movements, and even counting to ourselves, we are "here and now" with our body tracking the changes occurred. We focus as much as possible on the current moment, where there is no place for thoughts about the reason for our concern, and diaphragmatic breathing technique does its job more effectively! A mindfulness-based practice for mastering stress management skills let us not merely reduce stress, but also learn to live in the now, renewing contact with our body and heal the harmful effects of burnout. Yoga, dynamic meditations, body-oriented practices are also very effective in this field.



## STRATEGY 4

# RESTORATION OF SENSORY SENSITIVITY

As already mentioned in the first part of the brochure, burnout literally “scorches” feelings of a person, destroying his capacity for sympathizing and compassion, taking away the gift of experiencing joy and pleasure in life. A burned-out person turns into a callous, indifferent and cynical. This state is also called a professional deformation of a personality. But to reinvent itself, a person needs to regain its sensitivity, give back the ability to compass for himself and for others. The technique from Dialectical Behavior Therapy (DBT), developed by an American psychologist Marsha Linehan, for clients suffering from intense emotional distress and prone to self-destructive behavior in the 1980s is ideally positioned for this purpose. This psychotherapy technique was the first that introduced useful skills training for clients on the basis of core mindfulness skills. To do it specifically Marsha Linehan traveled to Tibet and learned mindfulness from Buddhist monks. The presented here method is part of so-called Distress Tolerance Skills and is also called Self-Soothe skills, which means awareness while using all five human senses: sight, smell, sound, taste and touch. Marsha Linehan suggests the following:

-  Vision: look at the sunset, decorate your work corner, go into nature, go to an art exhibition, take a look at a photo album.
-  Hearing: listen to pleasant music, sounds of nature or hum something.
-  Smell: visit the perfumery, smell the flowers, your favorite perfume, bake a fragrant cake with vanilla and cinnamon.
-  Taste: enjoy a delicious dish, ice cream, drink (coffee, tea)
-  Touch: receive a soothing massage, take a shower, pet your cat or dog, cuddle with someone

Self-amusing skills generally do not require any special expertise from the person but aim to reach an explicit goal - focused sense perception of the world around for increasing of sensory sensitivity. At the same time, it is targeted activity worthy to be ritualized and included in the daily activity plan - let's say, today I will focus on food, will make fragrant coffee and drink it with chocolate. Tomorrow I will go to the park and will focus on sounds of nature, smells of trees, flowers and so on and so on.

Still, there are so-called special exercises for active sensory sensitivity training. We often use these exercises at our training on burnout issues. Some are drawn from master classes for therapists<sup>20\*</sup>, though difficult to implement without an instructor, and require at least 4 participants. Therefore, we will describe here easier exercises that can be mastered on your own or, just with one partner.

#### *Visual sensitivity training.*

Two people perform this exercise. One sits on a chair and freezes, taking a pose. The second remembers this position and then turns his back. The person sitting on the chair changes some detail in his posture (let's say, he turns his foot to the right) asking the partner to turn around and guess what has changed. Then partners change roles. The exercise is gradually made even more complex by changing more details in the posture - one, then two, three details. That is, he chooses more and more difficult or minor changes in the posture (torsion, raising chin, etc.) up to a change only in facial expressions.

#### *Audial sensitivity training.*

This exercise is performed independently. When there are several colleagues busy doing something in the room at work, close your eyes for a few minutes and listen to the sounds. Your assignment is determining what is happening around by sounds, then open your eyes and check if you are right or not. At first, we recognize the nature of actions, then more - who produces sounds, steps, coughing, etc. This exercise may be done not only at work but also at home, at a party, etc.

#### *Kinesthetic<sup>21\*</sup> sensitivity training.*

Partner is required for performing this exercise. You close your eyes, and your partner draws by finger, first slowly, then faster - geometric shapes, letters, then complicating the task, writes words, whole sentences on sensitive areas of your body (shoulder blades on the back, the inner side of your forearm). Naturally, you should focus on the sensations and determine what is your partner drawing or writing with his finger.

<sup>20\*</sup> - Similar exercises are applied in the training of psychotherapists for advancing their core competencies. Helping professionals should keep their sensory channels open to be effective and prevent burnout.

<sup>21\*</sup> - The kinesthetic sensory channel integrates touch, smell and taste.

As you may have figured out, these exercises are not for guessing, but for playing and excitement. The real goal is focusing on perception via a particular sensory channel on the visual, auditory and kinesthetic objects of the world around us during these exercises. We actively engage sensory receptors and thus restore their function. The main idea of the exercise is that we should “guess” objects through perception, and not by calculation or logical reasoning. For example, guessing with the eyes closed from whom the sound of footsteps is coming from, I don't think like this - “colleague X usually sits in the right corner of the room, most likely it is his steps”, but try to identify the sound source intuitively, “feel it in my heart”, by nature of the sound. Or another example, watching partner's pose, I don't try to memorize all details and their location, but just do a “mental photo” and after turning back, all the changes are instantaneously discernible.

The matter is that there is a certain antagonism between perception and thinking. As we contemplate, our perception is suppressed and vice versa, as we perceive, our ability to think is suppressed. It is the backbone of any meditation: while sitting in a meditative pose and witnessing all thoughts that come to mind, we track, rather than analyze them, as if watching them go with our “mind's eye” (this is also called contemplation), thoughts gradually disappear, “the mind calms down” - we are in perception. We are experiencing the present moment, and not wandering in our thoughts in the past or the future. That's the pure mind, this is mindfulness!

The most paradoxical is the moment that, at the beginning of the exercises, it is difficult for us to focus on perception, and our mind is constantly returning to calculations and reflection. But as soon as we manage to focus on object perception, the number of guesses increases dramatically! And as it was observed, we start making mistakes when our mind, habitually, is going back to logical calculations. But - is thinking bad? Not at all, our thinking relies heavily on already established, proven patterns and stereotypes. In many cases these patterns work and may be effective. But to build NEW, when we are in an extraordinary situation or under a lot of stress, we need a creative mind, free of “stuff” of old patterns.










## STRATEGY 5

### STRESS PARADIGM SHIFT

This strategy does not require any special skills, but cast out old dogmas, changes outdated beliefs and an entrenched system of decades-old views on stress phenomenon. That's how Kelly McGonigal titled her book: *The Upside of Stress: why stress is good for you, and how to get good at it*. At her famous TED presentation "How to make stress into a friend" she describes her own stress paradigm shift 10 years ago, when being a psychologist and believing that stress is dangerous and harmful, she told about it to everyone around, but now has changed her attitude to this phenomenon. Shortly, in follow-up to the research activities, it turned out that if a person believes that stress is dangerous, his body responds accordingly: defending itself in anticipation of threat, blood vessels constrict to minimize the risk of blood loss. But if a person perceives stress as a challenge, similar to a competition or an exam, then his body is safe, not waiting for harm, vessels dilate, blood circulation increases and body receives more energy.

Kelly McGonigal describes in her book, how to handle stress:

-  Mind where tension is localized, how it affects your system, your body.
-  Greet the tension and admit that it is the RESPONSE to DANGER, and it is not your body that threatened, but the subject of your CARE: Your relatives, your work, your relationships, etc. What is behind this danger? Why is it so important to you?
-  Use the energy of tension! Instead of wasting your energy on stress suppression, think what might be done right now, immediately, for problem resolving? Act according to your goal and your values.
-  Practice it regularly! Practicing mindset mindfulness requires nothing but your curiosity.
-  Never forget that stress can be also harmful<sup>23\*</sup>!

<sup>23\*</sup> - This warning means that even after shifting the paradigm when we actually don't perceive stress as harmful for our health anymore, it doesn't mean that "we should stick our head in the sand like an ostrich" and not be careful about some factors of toxic stress (as in case of treacherous burnout) and not take appropriate measures. To be afraid and be careful, attentive - these are absolutely different things!



## STRATEGY 6

# RESTORATION OF WORK ENVIRONMENT

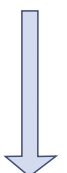
Even the first burnout researchers Christina Maslach and Michael Leiter, while studying inconsistencies between person and work, noted important factors in the development of the syndrome, besides they defined the “ideal” conditions at work and six so-called Job-Person MATCHES:



- Sustainable workload
- Choice and control
- Recognition and reward
- A supportive work community
- Fairness, respect and social justice
- Clear values and meaningful work

Christian Pross, in turn, concludes on the basis of his own research on organizational burnout factors, that structural deficiencies in institutions are an important cause of work-related stresses and conflicts, especially if they are engaged in assistance to people affected by violence, persecution and human rights violations. He compares organizational structures with low and high levels of stress and conflict in institutions (see Table 4).

Low stress and conflict institution	High stress and conflict institution
Clearly entitled good leadership according to the good parenting principle	Lack of professional management or just formal leadership
Delegation of responsibility and tasks depending on competency	Basic democracy, everyone decides everything, no one claims responsibility
Clear assignment of roles and competencies	Diffusion of roles and competencies, everyone is busy doing everything
Efficient, transparent decision making processes	Awkward, slow and non-transparent decision making processes
Conflict management is carried out by top managers	Informal leaders involved into turf battles
Top managers protect weak colleagues from attacks	Abuse of power by informal leaders
Clearly defined organization of work	Chaotic organization of work



Respect for personal boundaries	Violation of privacy
The balance between empathy and professional distance	Over identification and collisions with clients
Common realistic goals, common philosophy of therapy	Lack of common goals and philosophy of therapy
External clinical supervision	Irregular or lack of clinical supervision
Safe space for processing destructive dynamics	Re-enactment of trauma without safe space for handling it
Taking care of yourself	Self-Sacrifice
Strict selection of employees, depending on professionalism and personal qualities	Insufficient professional standards
Supervisory body (Board / Supervisory Board) of independent outside people	The absence of an independent supervisory body, confusion of staffing levels, management and control
Therapeutic education and personal experience for helpers, that contact with clients	Insufficient therapeutic education, lack of own experience
Stable financial position	Unstable financial position, struggle to make ends meet

Recommendations that should be considered by organizations working in the field of assistance are on the right side of the table, Christian Pross especially emphasizes the need for a supervision culture in an organization. "Clinical supervision and intervention of cases are crucial tools in dealing with destructive material that is contained in this work (Lancen, 1996 and Haans, 2004)"<sup>24\*</sup>..It's at the supervisory meetings that psychodynamic phenomena reflection that we discussed above take place. But, unfortunately, the culture of clinical supervision is just starting to take off in the post-Soviet area. Learning supervision demands, at least a clinical psychology or social work background, a psychotherapist license and at least 5 years of practice in this capacity.

24\*- Christian Pross and Sonja Schweitzer Structural reasons for caregivers overburdening in trauma centers. Trauma and psychosocial intervention. About professional treatment of Shoah survivors and their family members, 2013

In contrast to supervision, intervision, which Christian Pross mentions above, doesn't have these restrictions. Employees of any organization can learn it during a 2-day training, and then consolidate acquired skills during several short meetings with a supervisor/coach.

Intervision, or otherwise intercolleagial counseling, is supervision without a supervisor, i.e. presentation of problems related to work (not only problems with clients) to colleagues, equal in experience and status. A group of 5 to 7 people which is kept constant meets at a certain time. A moderator is selected and entrusted with the responsibility to lead a meeting.

Intervision is an opportunity for a specialist to get support, a new perspective on the problem, benefit from experiences of colleagues and to broaden professional capacities. This is also burnout prevention as it allows you to elaborate friendly those negative feelings that inevitably arise in the process of work as a caregiver.



## STRATEGY 7

### VICARIOUS RESILIENCE

We already discussed vicarious trauma in the first part of this brochure, we covered touching and heartbreaking stories of our clients which can literally "infect" caregivers and this is one of the most important burnout factors at work. As it was mentioned in the first part of our brochure, besides pain and despair, an amazing passion for LIFE and power come from the client. We should learn to feel this source, we can be filled with this POWER and FORTITUDE. This is what vicarious resilience is.

I remember an episode from my practice when our organization worked with the internally displaced person after the military conflict in Abkhazia. My teacher, the famous psychoanalyst from the USA, Vamik Volkan was visiting us at that time. Remember, I once asked him how to work with traumatized people? He replied: "It's simple, you just ask them how they cope with their disaster and then give them the opportunity to cry out their grief!" Indeed, genial is simple! Literally, in one sentence, Vamik Volkan outlined the whole essence of psychosocial care. Asking our clients on how they cope, we actually recognize their strength and competence in this field. And they eagerly tell us about their "small victories", which is factually great heroism, full of spiritual strength and incredible fortitude of people that face terrible ordeals of life. They literally "infect" us, and we may help them SEE and FEEL their own strength and potential in response!





## STRATEGY 8

# SELF-COMPASSION

At the beginning of the second part of the brochure, we already described the importance of self-care for burnout prevention. Christian Pross also emphasizes the importance of self-care in his recommendations for organizations. The term “staff-care” tended to occur most frequently in recent years. Apparently, the tendency of staff care is slowly beginning to enter into the culture of best-practice organizations throughout the world.

At the heart of self-care, which has become super popular last years, is based on self-compassion phenomenon. This concept is not new; back in the 60s, world-famous figures of psychotherapy Carl Rogers and Albert Ellis mentioned “an unconditional positive attitude to clients and to themselves” and “unconditional self-acceptance”. But as they say - analog's coming back in a big way. Currently, the professor of Texas University, Kristin Neff is a popularizer of this term and phenomenon. So far, the popularity of this concept is growing rapidly and will overtake mindfulness after a while. Already emerged so-called self-compassion based interventions, Self-Compassion Diet, self-compassion skills, etc. etc.

Self-compassion is not self-pity. We have already discussed where pity gets you while considering the Karpman drama triangle. Perhaps we will agree with prominent figures of the past and will say that self-compassion is unconditional, unequivocal self-acceptance in the present moment, with all their benefits and disadvantages (“I respect and appreciate myself, in spite of everything”). Self-compassion is unconditional love of oneself! After all, there is only unconditional love, there is no other love. Only true self-love can make a person to take care of himself and surmount the harm of self-sacrifice, one of the core burnout factors.

At one of my burnout pieces of training, participants started to share telling how much they love their profession. I made a comment which was received with cheers by participants, I said: “It's wonderful that you love your profession, but it's not enough! You should also love yourself in this profession!

”So, I ask you:

Start LOVE YOURSELF in your profession!

## ABOUT THE AUTHOR

**Zurab Beberashvili**, MD, psychiatrist-psychotherapist, clinical supervisor, medical director of Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT).