A SYSTEMS PSYCHO-DYNAMIC PERSPECTIVE ON BURNOUT

F CILLIERS
Department of Industrial & Organisational Psychology
UNISA

ABSTRACT

The aim of this research was to explore burnout from a systems psycho-dynamic perspective. A qualitative design, using focus groups, was used. Burnout can be seen as a phenomenon resulting from the psycho-dynamic relatedness between subsystems in the organisation. The macro system disowns and projects its unacceptable behaviour onto and into an individual with a specific valence, who identifies with the behaviour. Through counter transference, the individual experiences and contains the behaviour on behalf of the system. Coping with burnout implies that the total system will try to become aware of its projections and own its good and bad parts alike.

OPSOMMING

Die doel van hierdie navorsing was om uitbranding vanuit 'n sisteem-psigodinamiese perspektief te eksploreer. 'n Kwalitatiewe ontwerp met fokusgroepe is gebruik. Uitbranding kan gesien word as 'n fenomeen wat ontstaan uit die psigodinamiese verbintenis tussen subsisteme in die organisasie. Die makrosisteem onteien en projekteer sy onaanvaarbare gedrag op en in 'n individu met 'n spesifieke valensie, wat met hierdie gedrag identifiseer. Deur middel van teen-oordrag, ervaar en behou die individu die gedrag namens die sisteem. Coping met uitbranding impliseer dat die totale sisteem sal probeer bewus word van sy projeksies en om sy goeie en bose dele tegelyk te eien.

Burnout is generally described as a condition happening only to the individual employee. When he/she can not cope with work demands anymore, remedies are prescribed to either help the individual personally to get back on track or out of the organisation (Maslach & Jackson, 1984; Schaufeli & Enzmann, 1998). This research argues from a systems psycho-dynamic perspective (French & Vince, 1999), that burnout involves the individual as micro, as well as the group as meso and the organisation as macro systems. Coping with burnout thus becomes a total system endeavour.

Burnout

Burnout occurs within a specific job related context - it refers to a particular type of prolonged job stress, the final step in a progression of unsuccessful attempts by the individual to cope with a variety of negative stress conditions (Maslach & Jackson, 1984; Schaufeli & Enzmann, 1998). Burnout differs from depression, which refers to the individual's symptoms across all life situations (Basson & Rothmann, 2001).

Burnout can be defined (Cherniss, 1995; Golembiewski & Munzenrider, 1988; Jackson, Schuler & Schwab, 1986; Maslach, 1982a; 1982b; Maslach & Jackson, 1984; 1986; Pines, Aronson & Kafry, 1981; Schaufeli & Enzmann, 1998) as a persistent, negative, work-related state of mind (or syndrome) developing over time in a so called "normal" individual, characterised by an array of physical, psychological and attitudinal symptoms, primarily exhaustion, accompanied by distress, a sense of reduced effectiveness, decreased motivation and the development of dysfunctional personal and societal attitudes and behaviours at work. This psychological condition develops gradually, but may remain unnoticed for a long time. It results from a misfit between intentions and reality in the job.

The syndrome is described in terms of its self-perpetuating characteristics within the individual and his/her inadequate coping strategies, and especially three conceptually distinct characteristics or dimensions, namely emotional exhaustion, depersonalisation and low personal accomplishment (Cherniss, 1995; Jackson, Schuler & Schwab, 1986; Maslach, 1982a; 1982b; Maslach & Jackson, 1984; 1986; Schaufeli & Enzmann, 1998). Specific physical, cognitive, affective, motivational, behavioural, interpersonal and work symptoms are mentioned (Dubrin, 1990; Juntunen, Asp, Olkinuora, Arimaa, Strid & Kauttu, 1988; Pines et al., 1981; Schaufeli &

Enzmann, 1998). The causes of burnout are classified in terms of the individual's profile and the work situation (Cherniss, 1995; Corrigan, Holmes, Luchins, Buican, Basit & Parks, 1994; Freudenberger, 1989; Golembiewski & Munzenrider, 1988; Landsbergis, 1988; Miller, Ellis, Zook & Lyles, 1990; Pines et al., 1981; Schaufeli & Enzmann, 1998). Coping with burnout is discussed in the literature on three levels, namely the individual, the interpersonal and the organisational levels (Cox & Ferguson, 1991; Muldary, 1983; Pines & Aronson, 1988; Schaufeli & Janczur, 1994). (The symptoms, causes and coping with burnout are mentioned as part of the results below.)

The Systems Psycho-dynamic perspective

The systems psycho-dynamic perspective does not address individual behaviour per se, but rather the systemic group and organisational behaviour influencing various systems, such as the individual. The primary task of this paradigm is formulated as pushing the boundaries to better understand organisations, including the challenges of management and leadership. It serves as a praxis for work group and organisational education, training and consultation (Miller & Rice, 1976).

The central tenet of the systems psycho-dynamic perspective is contained in the conjunction of these two terms (French & Vince, 1999; Miller, 1993; Neumann, Kellner & Dawson-Shepherd, 1997; Obholzer & Roberts, 1994; Stapley, 1996).

1. The *systems* designation refers to the open systems concepts that provide the dominant framing perspective for understanding the structural aspects of an organisational system. These include its design, division of labour, levels of authority and reporting relationships, the nature of work tasks, processes and activities, its mission and primary tasks and in particular the nature and patterning of the organisation's task, sentient boundaries and the transactions across them. It is accepted that human beings create social institutions to satisfy their (sometimes irrational, primitive and childlike) needs to experience pleasure and avoid pain, as well as to accomplish required tasks. Institutions become external realities, comparatively independent of individuals. These affect individuals in significant emotional and psychological ways, which offers enormous learning opportunities.

2. The *psycho-dynamic* designation refers to psychoanalytic perspectives (Freud, 1921) on individual experiences and mental processes (such as transference, resistance, object relations and fantasy) as well as to the experience of unconscious group and social processes, which are

simultaneously both a source and a consequence of unresolved or unrecognised organisational difficulties. The observable and structural features of an organisation – even quite rational and functional ones – continually interact with its members at all levels in a manner that stimulates particular patterns of individual and group dynamic processes. In turn, such processes may determine how particular features of the organisation come to be created, such as its distinctive culture, how work is conceived, structured, organised and managed.

On the psycho-dynamic level, a central feature of this view stresses the existence of primitive anxieties – of a prosecutory and depressive nature – and the mobilisation of social defence systems against them. The nature of such defences is conceptualised as either impeding or facilitating task performance and readiness for change. Interventions based on this perspective typically involve understanding, interpreting and working through such collective defences. This will hopefully result in enlarging the organisation's capacity to develop task appropriate adaptations such as a rational distribution of authority, clear role and boundary definitions, as well as their management.

The conceptual origins of the systems psycho-dynamic perspective stems from classic psychoanalysis, group relations theory and open systems theory (De Board, 1978; French & Vince, 1999; Hirschhorn, 1993; Miller, 1993; Neumann et al., 1997; Obholzer & Roberts, 1994; Stapley, 1996). Bion's (1961) three basic assumptions are seen as its cornerstones (Kets de Vries, 1991; Miller, 1993; Rice, 1965; Rioch, 1970).

1. *Dependency*. Group members unconsciously project their dependency upon (imaginative) parental objects or systems, representing authority. If these authority symbols do not respond in the way the group wants them to, anger develops which manifests in counter dependence. Later the group develops through independence to interdependence, which represents maturity and wisdom.

2. *Fight/flight*. These are defence mechanisms the group unconsciously uses in trying to cope with discomfort. Fight reactions manifest in aggression against the self, colleagues and authority figures, accompanied by envy, jealousy, competition, elimination, boycotting, rivalry, fighting for a position in the group and for privileged relationships. Flight reactions manifest in the avoidance of others, threatening situations or feelings, and defences such as rationalisation and intellectualisation.

3. *Pairing*. In order to cope with the anxiety of alienation and loneliness, group members try to pair with perceived powerful others or subgroups. The unconscious need is to feel secure and to create. Pairing also implies splitting, which may happen because of experienced anxiety in a diverse work place. The need is to experience relief of internal conflicts. Typical examples of splits could be seeing management as both good and bad, dividing colleagues between black/white, male/female, senior/junior and competent/incompetent. Unconsciously, the group tries to split up the whole and build a smaller system, to which the individual can belong safely and securely.

During the 1990's the following two basic assumptions were added (see Lawrence, Bain & Gould, 1996).

4. *Me-ness*. This assumption refers to the risk of living in the contemporary, turbulent society. The individual is increasingly pressed into his/her own inner reality in order to exclude and deny the perceived disturbing reality of the outer environment. The inner world becomes the comfortable place and the outer the one to be avoided. The group works on the tacit, unconscious assumption that the group is to be a non-group. Only people present can be related to, because their shared construct in the mind of what the group is about, is of an undifferentiated mass.

They therefore act as if the group has no existence, because if it did exist, it would be the source of persecuting experiences. The idea of group is contaminating, taboo, impure – all that is negative. The members act as if the group has no reality – the only reality is that of the individual. It exists in a culture of selfishness where the individual is only aware of own personal boundaries which have to be protected from others. This leads to mechanistic transactions with no room for affect (which is seen as dangerous because one would not know where feelings may lead to).

5. *We-ness*. As the opposite of me-ness, this assumption is that group members seek to join into a powerful union with an omnipotent force, surrendering the self for passive participation, thus experiencing existence, well-being and wholeness. It is as if the individual group member gets lost within oceanic feelings of unity. This wish for "salvationist inclusion" can be seen in a team striving towards cohesion and synergy where it is believed that problems will be solved by this strong united force.

The most relevant concepts in this model (in understanding burnout) are the following (Cilliers & Koortzen, 2000; Koortzen & Cilliers, 2002):

1. *Conflict*. The systems psycho-dynamic perspective towards organisational behaviour is in essence a conflict model. The assumption is that behaviour is determined by two or more conflicting powers, for example the system's instinctive needs opposed to the demands of society (a classic id-superego conflict – De Board, 1978).

2. *Anxiety*. This is accepted as the basis of all system (group and organisational) behaviour. French and Vince (1999) refer to primitive anxiety (the all-pervasive anxiety that is the fate of mankind), anxiety arising from the nature of work (that which the institution defends itself against in such a way that the emphasis of the structure is on defence related rather than work-related functioning – thus neglecting the primary task and shifting form "on task" to "off task" functioning such as revisiting job descriptions, organigrams, appointing committees), and personal anxiety (triggered by external societal and work issues, stimulated by conscious and unconscious past personal experiences).

3. *Defence mechanisms*. These are used to act against anxiety in order to avoid pain and to gain a sense of safety, security and acceptance. Rationalisation and intellectualisation may be used to stay emotionally uninvolved and in control (Gabelnick & Carr, 1989; Neumann et al., 1997). Projection refers to the intra-system defensive process, where one part of the system denies and rejects feelings inherent in the unconscious image (fantasy) of the situation. It then tries to alter the uncomfortable experience by imagining that a part of it belongs to another subsystem rather than to the self. It then puts good or bad (unwanted) material onto the other, thus distancing itself from the discomfort. This has no effect or influence on the target. Projection may be used to blame management for what goes wrong without management being influenced.

4. *Projective identification*. This is an anxiety reducing process (Coleman & Geller, 1985; Czander, 1993; Kets de Vries, 1991; Obholzer & Roberts, 1994), and is one of the most elusive and complicated concepts in group relations theory. It refers to an inter-system, object relational interaction and process, where one part of the system (as subject) projects material into the other part (as object), who identifies with the projection (taking it on). This results in changes in both parts. The dynamics of projective identification can be described as follows. The subject experiences anxiety either because of its primitive envy of the object's idealised qualities and its consequent urge to destroy, spoil, dominate, devalue and control, or its wish to re-fuse with the object, or as a form of parasitism to be part of the

object. It tries to relieve itself of this anxiety by externalising it, splitting off parts and internal objects of the self, leaving the self less aware of its whole and diminished by the projective loss of important aspects of itself. It requires or assigns the object to receive, identify with and contain these aspects of the self, as if it belongs to the object, but still keeps a closeness to the object. Depending on how subtle the projection is, the object may experience being manipulated into a particular role. When this behaviour predominates in the group, it becomes difficult to find other ways of coping, because it is almost impossible to think clearly, to locate sources of problems and to find appropriate and creative solutions.

5. *Counter transference*. This refers to the state of mind in which other people's feelings are experienced as one's own (Miller, 1993; Neumann et al., 1997; Obholzer & Roberts, 1994). Projective identification frequently leads to the recipient's acting out the counter transference deriving from the projected feelings. Also, through projective identification, one group/member on behalf of another group/member, can come to serve as a kind of sponge for all the anger, depression or guilt of the one group towards another. The angry members can be used to attack management or a depressed member may be unconsciously manoeuvred into breaking down and leaving the organisation. This individual not only expresses or carries something for the group, but may be used to export something which the rest of the system then need not to feel in themselves. Sometimes the organisation imports a consultant to carry these feelings on its behalf.

6. *Valence*. Bion (1961) borrowed this concept from chemistry to designate a part of the system's tendency-cum-unconscious-vulnerability or predisposition to being drawn into one or other basic assumption type of functioning. For example, these may be to become the fighter, spokesperson, the counter dependant, the one referring to the past or to act out specific feelings such as guilt, shame, envy or satisfaction (French & Vince, 1999).

7. *The paranoid-schizoid position*. In the young or immature system, splitting and projection are the prominent defences for avoiding pain, which Klein referred to as the paranoid-schizoid position. Paranoid refers to badness being experienced as coming from outside oneself, and schizoid to splitting (Colman & Bexton, 1975; Colman & Geller, 1985). Schizoid splitting is normally associated with the splitting off and projecting outwards of parts of the self perceived as bad, thereby creating external figures who are both hated and feared. The projection of feelings of badness to the outside of the self helps to produce a state of illusionary goodness and self-idealisation. This black and white mentality simplifies complex issues and may produce a rigid culture in which growth is inhibited. Splitting and projection exploits the natural boundary between insiders and outsiders which every system has. This often leads to fragmentation because contact was lost between parts of the system which belong together inside its boundary. If no contact or dialogue takes place between conflicting parts or points of view, change and development are frustrated (Czander, 1993: Miller, 1993; Obholzer & Roberts, 1994; Shapiro & Carr, 1991).

8. *The depressive positio*n. When the system recognises that its painful feelings come from projections, it is a natural response to return these feelings to their source, saying: "These are your feelings, not mine". This gives rise to blaming and the ricocheting of projections back and forth. However, if the system can tolerate the feelings long enough to reflect on them, and contain the anxieties they stir up, it may be possible to bring about change (Bion, 1970). When the timing is right and some of the projections can be re-owned, splitting decreases and there is a reduction in the polarisation and antagonism. This promotes integration and co-operation within the group

and a shift form the paranoid-schizoid to the depressive position. When the group is functioning in the depressive position, every point of view will be valued and a full range of emotional responses will be available to explore. The group will be more able to encompass the emotional complexity of the work in which they all share, and no one member will be left to carry his/her fragment in isolation. However, the depressive position is never attained once and for all. Whenever survival or self-esteem are threatened there is a tendency to return to a more paranoid-schizoid way of functioning (Czander, 1993: Miller, 1993; Shapiro & Carr, 1991).

9. *Boundaries*. These refer to the physical and psychological borders around and spaces between parts of the system. Its function is to contain anxiety, thus making life controllable, safe and contained (Cytrynbaum & Lee, 1993; Czander, 1993; Hirschhorn, 1993; Kets de Vries, 1991; Miller, 1993; Neumann et al., 1997).

10. *Representation*. This refers to when a member consciously or unconsciously negotiates a boundary, acting on behalf of the group (for example in crossing, resisting or erecting a boundary). If the individual's authority boundaries are unclear, the high level of anxiety tends to immobilise and dis-empower him/her (Kets de Vries, 1991; Obholzer & Roberts, 1994).

11. *Authorisation*. This concept refers to empowering a group member to act on behalf of the group in a specific role (Czander, 1993; Obholzer & Roberts, 1994).

12. *Relationship and relatedness*. The relationship between group members refers to any type of face-to-face interaction, as it happens in the here-and-now. Unconsciously, the group member is always in relatedness to the group, keeping "the group in the mind" (Gabelnick & Carr, 1989; Neumann et al., 1997; Shapiro & Carr, 1991).

13. *Containment*. In order to cope with discomfort, the system unconsciously needs something or someone to contain the anxiety on its behalf (Menzies, 1993). Bion's (1970) container-contained model identifies and describes a basic dimension of human experience, namely the relationship between emotion and its containment – the ways in which it is experienced or avoided, managed or denied, kept in or passed on, so that its effects are either mitigated or amplified. The container (1) can absorb, filter or manage difficult or threatening emotions or ideas (the contained) so that they can be worked with, or (2) it can become a rigid frame or shell that restricts and blocks. The contained, whether emotion, idea or person, can therefor be experienced as an overwhelming threat or as the welcome messiah.

14. *Taking up a role*. Role is defined as the conscious and unconscious boundary describing the way to behave. Miller (1993) refers to three types of roles, namely (1) the existential role (the role ascribed to the individual by the organisation – what the person must do), (2) the phenomenological role (the role that the individual fulfils as seen by others) and (3) the experiential role (the role as seen by the incumbent). Congruence between the three types facilitates harmony, but incongruence leads to anxiety within the individual and between him/her and colleagues.

15. *Group as a whole*. This concept refers to collectivism – one part of the system acting, or containing emotional energy, on behalf of another. This implies that no event happens in isolation and that there is no co-incidence but rather synchronicity in the behaviour of the group (Wells, 1980).

The Systems Psycho-dynamic perspective as a consultancy stance

This stance is not a form of counselling or psychotherapy for problem managers (Obholzer & Roberts, 1994). Rather, it is a developmentally focussed, psycho-educational process for key staff, at any level, whose roles are critical to the organisation's

functioning. The systems psycho-dynamic consultant engages in an analysis of the interrelationships of some or all of the following: boundaries, roles and role configurations, structure, organisational design, work culture and group process (Miller, 1989; 1993; Neumann et al., 1997). The consultant is alert to and interprets the covert and dynamic aspects of the organisation and the work group that comprise it, with the focus on relatedness and how authority is psychologically distributed, exercised and enacted, in contrast to how it is formally invested. This work would include a consideration of attitudes, beliefs, fantasies, core anxieties, social defences, patterns of relationships and collaboration, and how these in turn may influence task performance. The consultant will work with how unwanted feelings and experiences are split off and projected onto particular individuals and groups that carry them on behalf of the system – that is their process roles as distinct from their formally sanctioned roles. Also, how work roles are taken up. Menzies (1993) emphasised the analysis of social defence aspects of structure and its relationship to task and process, thus trying to understand how unconscious anxieties are reflected in organisational structures and design (which function to defend against them).

Aim and research design

The aim of this research was to explore burnout as a phenomenon (within the above boundaries) from a systems psycho-dynamic perspective. A qualitative design, using focus groups, was used.

METHOD

Participants

Eight psychologists were chosen because of their knowledge of both burnout and the systems psycho-dynamic perspective towards group and organisational behaviour.

The focus groups

Two 60 minute focus groups (Brilhart & Galanes, 1992) were conducted, with the researcher in the role of facilitator. Each participant received a copy of the literature on burnout as discussed above. The task of the group was as follows: In the role as systems psycho-dynamic consultant, (1) give your interpretation of the burnout behaviour and (2) formulate a working hypothesis based on your interpretation.

RESULTS

The results are structured according the burnout context, the definition, the characteristics, the individual's profile, the causes of and coping with burnout. The burnout behaviour is typed in *italics*, followed by the systems psycho-dynamic interpretations and the resultant working hypothesis.

The burnout context

1. "*Burn-out*". Fire serves as a symbol of both purification and destruction, and ashes symbolise nothingness – being beyond death. Burnout as a syndrome represents the conflict between life and death, and indicates that something in the system is being killed of or pushed out, and which is regarded as worthless.
2. *Individual behaviour*. By focussing on the individual alone, the larger system is defending against its relatedness to its parts. It denies the unconscious connections between the individual as micro system and the group/organisation he/she belongs to. It rationalises the causes of burnout as only an individual issue, excluding the rest of the system from carrying any responsibility for the illness.
3. *In a team/organisation*. Burnout manifests within an immature system, experiencing splitting and paranoia. The

system defends against this (rather than owning and trying to change or improve it).
4. *Focus on overt organisational behaviour*. This rational and conscious part of organisational functioning (human resources management, strategy, vision, mission, goals, structures, jobs, tasks, roles, culture, climate, procedures), which Bion (1961) referred to as the working group, is incongruent to the covert and unconscious part, containing the unspoken motives and drives (Miller, 1993). This Bion (1961) referred to as the basic assumption group. This means that the system is consciously trying to manage its task in a rational way, whilst unconsciously, it undermines an individual's performance in a destructive and anti-task manner.

Working hypothesis 1

Based upon the above interpretations on the burnout context, the following hypothesis is formulated. Because of its unrecognised difficulties, the system has created a social institution to satisfy its irrational, primitive and child like needs. The burnt-out individual is containing the pain, which leaves the rest of the system to experience the pleasure.

The definition of burnout

1. *A persistent, negative, work-related state of mind*. The negative issues belong to the system as a whole. Unconsciously, this creates anxiety which can not be faced and dealt with. As a result, the system is projecting its negative (evil/bad) issues onto the individual and making him/her carry these on behalf of the rest of the system.
2. *Behaviour developing gradually and remaining unnoticed for a long time*. The nature of the (unconscious) projection is such that it isolates the negative system issues, targets the individual and then dumps this energy in a subtle way and over a long period of time. Thus, the "game" stays out of consciousness for the whole system, and creates the impression that it is the individual's issue and suffering.
3. *Behaviour manifesting in "normal" individuals*. It is not clear what is meant with "normal" individual. It may rather be a "special" individual, being unconsciously trusted and chosen by the system to carry negative energy on its behalf, thus fulfilling an important role in order for the whole system to survive. The individual is either trusted to transform part of the system into something more acceptable, or seen as a threat to the system – by eliminating the individual, the system's fantasy is that its threat will disappear.
4. *Exhaustion, distress, reduced effectiveness, decreased motivation*. Instead of the system facing and owning these experiences of incompetence within itself, which could lead to its death, it dumps it onto the individual. Thus, the pain is isolated and disowned, creating the fantasy of competence in the rest of the system.
5. *The development of dysfunctional personal and societal attitudes and behaviours at work*. The powerful projection of dysfunctional attitudes and behaviours (1) **onto** and (2) **into** the individual, leads to his/her identification with these projections and (3) experiencing these as his/her own. Counter transference takes place – the system's fear for extinction/incompetence/lack of meaning is now carried and experienced by the individual alone. Further, the system can now control, dominate or even destroy the badness.
6. *Burnout results from a misfit between intentions and reality in the job*. The system is putting the projection into an individual in conflict (a "soft" target) – someone who is not managing boundaries effectively and has a valance for receiving these projections. The individual's leadership is challenged and he/she is de-authorised.
7. *Self-perpetuating because of inadequate coping strategies*. The projection from the system is very strong and the individual identifies with it well. It leads to further non-coping behaviour.

8. *Helplessnessness, hopelessnessness, disillusionment, a negative self-concept, negative attitudes towards work, people and life itself*. These are the feelings of the system being contained by the individual. The fantasy is that now the rest of the system does not "suffer" form this illness anymore, it can relax in a quasi state of effectiveness, hope, positive self image and attitudes, and effective relationships. The system is in denial and caught up in its own split between competence and incompetence.

Working hypothesis 2

Based upon the above interpretations on the definition of burnout, the following hypothesis is formulated. The system develops work performance and relational conflicts over time, which is not adequately addressed consciously and openly. This creates discomfort (such as pain, free floating and prosecutory anxiety), which is suppressed into the collective unconscious. Here the conflicts become the unspoken objects. When these are not opened up and voiced/aired, the anxiety around them becomes unbearable and uncontainable. Consequently, the system needs relief of the energy, gets dependent upon someone and starts defending by using flight. It finds an object to project the conflict onto in order to "function normally again". The discomfort, with all that it represents, is split off and projected onto a ready recipient. An individual is chosen who is seen as a hard worker, who achieves well and wants to progress. This becomes an object of envy and he/she becomes the target of the projected discomfort. This individual is ready for challenges and offers his/her valance for more work and the dumping of more anxiety. This may also serve as a confirmation of what he/she thinks and expects to represent for the system – a willing worker. This may also satisfy the individual's neurotic need for acceptance. He/she identifies with the projection and moreover, starts experiencing the system's conflicts as his/her own. The system is relieved from its burden and the targeted individual is taking up the important role of processing the unwanted issues until he/she is "dead". The system's fantasy is that it has exported its conflicts. Unfortunately, this does not happen through playing unconscious games. The system has lost one of its competent resources, and the conflicts get projected onto and into the next "victim". If the pattern continues the system falls into a repetition compulsion and it will lose all its competence.

Characteristics of burnout

1. *Emotional exhaustion, reduction in emotional resources, feeling drained, used up*. These experiences in the individual act as evidence for the system's dependence upon the individual. The individual identifies with the system's strong projections and now contains the unwanted behaviour. The counter transference lies in the individual experiencing the system's incompetence. This leaves the rest of the system free to experience the opposite – for example positive emotions, creativity, initiative, pro-activity and competence. In this process, the system is splitting itself into a bad and good part (because both can not be contained at the same time in an immature system). The system believes that one individual can not cope with demands, and this behaviour "has nothing to do with us".

2. *Depersonalisation*. The increase in negative, cynical and insensitive attitudes towards work (reduced work goals, loss of idealism, heightened self-interest), colleagues and clients (an increasing emotional detachment), and the judging of others as deserving their troubles, can be seen as a form of coping and protecting the self against further emotional draining. The individual experiences a loss of individual distinctiveness – a defence occurring in the disregard of own needs and capacities. This stems from needs and contributions not being recognised and the lack of importance attached to personal contributions to

work. This may be what the system wants to avoid happening to itself and what the individual is now carrying on its behalf.

3. *Low personal accomplishment – a feeling of being unable to meet other's needs and to satisfy essential elements of job performance*. The individual is seduced by colleagues to meet their needs, thus becoming the object of need fulfiller and container of confusion between sets of needs. This may result from unconscious fears amongst colleagues that the same could happen to them and which could then interfere with organisational productivity and creativity.

4. *Physical symptoms – distress: headaches, nausea, dizziness, restlessness, muscle pain, hyperventilation, sexual problems, sleep disturbances, sudden loss or gain of weight and chronic fatigue; psychosomatic disorders such as ulcers, gastric-intestinal disorders, coronary heart disease, prolonged colds and flu and a susceptibility to viral infections; physiological reactions such as increased heart rate and respiration rate, hypertension and high levels of serum cholesterol*. The individual identified with the system's strong projections and now contains its physical pain. The counter transference manifests in the individual experiencing the painful gut issues and heart throb for the system. This indicates the severity of the system's issues – it needs a part of it to act out its pain on a physical level because it can not accept responsibility for its own behaviour.

5. *Cognitive symptoms such as poor concentration, forgetfulness, making mistakes in complex and multiple tasks, rigid thinking, intellectualising problems, difficult decision making*. Here, the counter transference manifests in the individual experiencing cerebral incompetence in order for the rest for the system to act rationally and to make effective decisions.

6. *Affective symptoms such as helplessness, hopelessness, powerlessness, a tearful and depressed mode, low spirits, dim mood, exhausted emotional resources because too much energy has been used for too long, decreased emotional control leading to undefined fears, anxiety and nervous tension, irritability, over sensitivity, cool, unemotional, bursts of anger, intellectualising personal and emotional problems, daydreaming, fantasising and a low frustration tolerance leading to aggressiveness*. These already strong projected feelings may have another deeper layer, namely the system's anger and hurt being suppressed over a long time. The counter transference manifests in the individual experiencing and acting out the system's madness and unacceptable rebellious child behaviour.

7. *Motivational symptoms such as lessened intrinsic motivation, lessened initiative, enthusiasm, interest and idealism, increased disillusionment, disappointment and resignation*. Here, the counter transference manifests in the individual experiencing and acting out the system's lack of interest, stagnation and inability to move dynamically.

8. *Behavioural symptoms such as hyperactivity without knowing what to do about it, impulsiveness without carefully considering alternatives, procrastination, doubt, indecisiveness, excessive consumption of stimulants such as coffee, tobacco, alcohol, tranquillisers, barbiturates, drugs, under and over eating and accident proneness*. Here, the counter transference manifests in the individual experiencing and acting out the system's childish behaviour as well as emotional, physical and substance dependency. On the superficial level, the system is caring for "the poor colleague by offering cures" which clearly indicates where the sickness and non-coping is located in the system.

9. *Interpersonal symptoms such as decreased involvement with others characterised by isolation, withdrawal, negativism, irritability, hostility, suspicion, lessened interest, in-difference, discouragement, empathy and stereotyping, as well as aggression because of weakened impulse control*. Here, the counter transference manifests in the individual

experiencing and acting out the system's paranoia, lack of connection, isolation and non-relatedness. By "breaking down" the individual's connections with colleagues, the system is securing the containment of its incompetence and at the same time maintaining the split in itself. This behaviour may relate to the philosophy made popular by Sartre (McNeill & Feldman, 1998) that "hell is other people".

10. *Work behaviour such as reduced effectiveness, minimal productivity, accident proneness, low work motivation, resistance in going to and doing work, low job satisfaction, a sense of failure and that work has no meaning, as well as forgetting appointments*. The counter transference manifests in the individual experiencing, containing and acting out the system's poor work performance and anti-task behaviour. This could mean that the rest of the system is stuck in its non-creative and irrational ways.

Working hypothesis 3
Based upon the above interpretations on the characteristics of burnout, the following hypothesis is formulated. The unacceptable parts of the system's identity are projected into the individual, infiltrating his/her ego boundaries, and robbing him/her from his/her own identity, individualism and real self. Because of the individual's prevailing me-ness assumption and valence for these projections, he/she acts as a sponge for the systems feelings, creating the impression that non-coping is located in one individual. It is clear that the projective process was successful and the individual is de-authorised to take up his/her role as a "normal" employee. For the individual to survive this process is very difficult. He/she is manipulated into the role of representing a messiah figure – someone who is serving the people (the system), carry the burden or sins (containing many projections), is crucified (emotionally drained), and goes to hell (burning out). Where the real messiah re-appeared in a transformed state, and represents hope and everlasting life, the mortal individual will not survive. It may be impossible for a human being to accomplish this without realising the role of the larger system from a psycho-dynamic and collective unconscious perspective.

The individual's profile, the causes of and coping with burnout
1. *Highly motivated, achieving well, having high expectations, who is not compromising, who has striven hard to reach a goal, and who has been stretching the self beyond the normal work boundaries for too long in the quest for the experience of meaning*. The system is unconsciously robbing itself from high performance and output, and is replacing this with pain and suffering. This may indicate envy towards outstanding performance, achievement and competence.
2. *Good intentions, an external control, type A behaviour and neuroticism*. This represents the individual's valence to receive the projections from the system. The profile makes it easy for the individual to act as a container because of the need to work very hard and to satisfy others.
3. *High and unrealistic expectations*. These characteristics are used by the system to set the individual up for failure.
4. *Work overload, role conflict, role ambiguity, poor collegial support, lack of feedback in decision making and autonomy*. Because of unclear authority boundaries, the individual feels dis-empowered and immobilised. He/she becomes an easy target for seduction into taking on more, stretching the self to achieve more and better, then to be rejected and isolated and "killed of". This indicates the system's paranoid-schizoid position.
5. *The individual to take responsibility to recognise the signs and symptoms of burnout*. The system is operating from the basic assumption of me-ness, where the belief is that the pain belongs to the individual and has got nothing to do with the rest of the system. Even after it has successfully

projected its bad parts into the individual, the system requires the individual to take responsibility to change him/herself as well as the rest of the system. This is a set up for failure.
6. *To manage environmental and internal demands and conflicts among them which tax or exceed a person's resource, intra personally the individual uses such strategies as awareness*. This is another set up. The system is powerfully and cruelly ensuring that its agenda is played out whilst not accepting responsibility for its own difficult issues.
7. *Taking responsibility to do something about it, understanding the issue and developing new tools for improving the range and quality of old tools*. No individual (micro) effort will be successful if the total system can not accept responsibility for what is happening on the macro level.
8. *(1) Direct action, in which the individual tries to master the stressful transaction with the environment*. It is impossible for the individual to do the work of the whole. The system is now projecting the curing role onto the individual who is already containing the system's illness. This can be seen as a further de-authorisation and dis-empowerment of the individual.
9. *(2) Palliation, in which the person attempts to reduce the disturbance when he/she is unable to manage the environment, or when action is too costly for the individual*. This indicates the system's cruel and setting-up agenda for requiring the individual as micro system to accept responsibility to move macro issues on his/her own.
10. *The interpersonal level – having and using social support systems*. It will be crucial to use support system(s) in a very responsible way. The individual will have to gain insight into the behavioural dynamics up to the point of saying, "these are your feelings, not mine". The system will have to become aware of its projections, own them, take them back and process the unconscious events until the burnout symptoms have disappeared. Studies (Burke & Greenglass, 1995; House, 1981; Kasl & Wells, 1985; Russel, Altmaier & Van Velzen, 1982; Wells, 1982) have indicated the valuable contribution of social support as a buffer against job related stress and burnout. This implies movement and growth amongst members of the support system as well.
11. *The organisational level – quality of the organisation, of the work environment, and of work itself can affect the experience of stress and employee health and work performance*. A mature and wise organisation will be able to own and process its projections, moving to the depressive position of experiencing and living out feelings. Consultancy to this process will need insight into psycho-dynamics as described above.
12. *Offers a chance of promoting occupational health through organisational development*. OD programmes can be introduced aimed at the system being sensitively and responsibly aware of what psycho-dynamic behaviour is happening in the here and now.

Working hypothesis 4
Based upon the above interpretations on the individual's profile, the causes of and coping with burnout, the following hypothesis is formulated. In order to move from the paranoid-schizoid position to the depressive position, the total system needs to become mature and wise in facing its own projections of collective issues, process them and own them. It would be the task of the Industrial and Organisational Psychologist in the role of systems psycho-dynamic consultant to be sensitively aware of the dynamics and its effects on all parts of the system. These can be done officially through individual counselling with a focus on the individual's valence for specific projections, team development and growth facilitation with the focus on what the specific team represents for the larger system, as well as (on the macro level) by means of OD and health promoting programmes.

INTEGRATION

The systems psycho-dynamic perspective sees burnout as a phenomenon involving the whole organisational system. The macro system is splitting of its bad and unwanted parts and projecting these into an individual who has a need to perform well and a valence to attract projections of overload. He/she then identifies with the strong projections and acts as a container of the pain (on behalf of the system) while becoming emotionally and physically incapacitated. The system's fantasy is that if he/she leaves the group or the organisation, the badness will be exported successfully. The reality of the matter is that projections don't make problems disappear, but maybe consultation does. The outcome of the consultation should be awareness in the system towards ownership of the projections and including its good and bad parts. Thus, the role and task boundaries can be maintained and managed clearly and empowering of everyone in the system can take place towards a more effective and competent work force.

REFERENCES

Basson, M. & Rothmann, S. (2001, June). *Sense of coherence, coping and burnout of pharmacists*. Paper presented at the Annual Conference of the Society of Industrial Psychology, Pretoria.

Bion, W.R. (1961). *Experiences in groups*. London: Tavistock Publications.

Bion, W.R. (1970). *Attention and interpretation*. London: Tavistock Publications.

Brilhart, J.K. & Galanes, G.J. (1992). *Effective group discussions*. Dubuque: Wm. C. Brown.

Burke, R.J. & Greenglass, E. (1995). A longitudinal study of psychological burnout in teachers. *Human Relations*, *48* (2), 187-202.

Cherniss, C. (1995). *Beyond burnout*. New York: Routledge.

Cilliers, F. & Koortzen, P. (2000). The psycho-dynamic view on organisational behaviour. *The Industrial-Organizational Psychologist*, *38* (2), 59-67.

Colman, A.D. & Bexton, W.H. (1975). *Groups Relations Reader 1*. Jupiter, FL: A.K. Rice Institute.

Colman, A.D. & Geller, M.H. (1985). *Group Relations Reader 2*. Jupiter, FL: The A.K. Rice Institute.

Corrigan, P.W., Holmes, E.P., Luchins, D., Buican, B., Basit, A.J. & Parks, J. (1994). Staff burnout in a psychiatric hospital: A cross-lagged panel design. *Journal of Organizational Behavior*, *15*, 65-74.

Cox, T. & Ferguson, E. (1991). Individual differences, stress and coping. In C.L. Cooper & R. Payne (Eds.), *Personality and stress: Individual differences in the stress process*. Chichester: John Wiley & Sons.

Cytrynbaum, S. & Lee, S.A. (1993). *Transformations in global and organizational systems*. Jupiter, FL: A.K. Rice Institute.

Czander, W.M. (1993). *The psychodynamics of work and organisations*. New York: Guilford Press.

De Board, R. (1978). *The psychoanalysis of organisations*. London: Routledge.

Dubrin, A.J. (1990). *Effective business psychology*. Englewood Cliffs, NJ: Prentice- Hall.

French, R. & Vince, R. (1999). *Group relations, management, and organization*. New York: Oxford University Press

Freud, F. (1921). *Group psychology and the analysis of the ego*. Complete works of Sigmund Freud. London: Hogarth.

Freudenberger, H.J. (1989). Burnout: Past, present and future concerns. In D.T. Wessells, Jr., A.H. Kutscher, I.B. Seeland, F.E. Selder, D. J. Cherico, & E.J. Dlark (Eds.), *Professional burnout in medicine and the helping professions*. New York: Haworth.

Gabelnick, F. & Carr, A.W. (1989). *Contributions to social and political science*. Jupiter, FL: A.K. Rice Institute.

Golembiewski, R.T. & Munzenrider, R.F. (1988). *Phases of burnout: Development in concepts and applications*. New York: Praeger.

Hirschhorn, L. (1993). *The workplace within: Psychodynamics of organizational life*. Cambridge, MA: MIT Press.

House, J.S. (1981). *Work stress and social support*. Reading, MA: Addison Wesley.

Jackson, S.E., Schuler, R.S. & Schwab, R.L. (1986). Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology*, *71*, 630-640.

Juntunen, J., Asp, S., Olkinuora, M., Arimaa, M., Strid, L. & Kauttu, K. (1988). Doctors' drinking habits and consumption of alcohol. *British Medical Journal*, *297*, 951-954.

Kasl, S.V. & Wells, J.A. (1985). Socail support and health in middle years. In S. Cohen & S. Syme (Eds). Social support and health. Orlando, FL: Academic Press.

Kets De Vries, M.F.R. (1991). *Organizations on the couch: Handbook of psychoanalysis and management*. New York: Jossey-Bass.

Kets De Vries, M.F.R. (2001). *The leadership mystique*. London: Prentice Hall.

Koortzen, P. & Cilliers, F. (2002). The psychoanalytical approach to team development. In R.L. Lowman (Ed). *Handbook of organizational consulting psychology*. San Francisco: Jossey-Bass.

Landsbergis, P.A. (1988). Occupational stress among health care workers: A test of the job demands – control model. *Journal of Organizational Behaviour*, *9*, 217-239.

Lawrence, W.G., Bain, A. & Gould, L. (1996). *The fifth basic assumption*. London: Occasional paper.

Maslach, C. (1982a). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.

Maslach, C. (1982b). Understanding burnout: Definitional issues in analysing a complex phenomenon. In W.S. Paine (Ed.), *Job stress and burnout: Research, theory and intervention*. Beverly Hills, CA: Sage.

Maslach, C. & Jackson, S.E. (1984). Patterns of burnout among a national sample of public contact workers. *Journal of Health and Human Resources Administration*, *7*, 184-212.

Maslach, C. & Jackson, S.E. (1986). *The Maslach Burnout Inventory* (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.

McNeill, W. & Feldman, K.S. (1998). *Continental philosophy. An anthology*. Malden, MA: Blackwell.

Menzies, I.E.P. (1993). *The functioning of social systems as a defence against anxiety*. London: Tavistock Institute of Human Relations.

Miller, E.J. (1989). *The "Leicester" Model: Experiential study of group and organisational processes*. Occasional Paper No. 10. London: Tavistock Institute of Human Relations.

Miller, E.J. (1993). *From dependency to autonomy: Studies in organization and change*. London: Free Association Books.

Miller, E.J. & Rice, A.K. (1976). *Systems of organisation*. London: Tavistock Publications.

Miller, K.I., Ellis, B.H., Zook, E.G. & Lyles, J.S. (1990). An integrated model of communication, stress, and burnout in the work place. *Communication Research*, *17*, 200- 326.

Muldary, T.D. (1983). *Burnout among health professionals: Manifestations and management*. Norwalk: Appleton-Century-Crofts.

Neumann, J.E., Kellner, K. & Dawson-Shepherd, A. (1997). *Developing organisational consultancy*. London: Routledge.

Obholzer, A. & Roberts, V.Z. (1994). *The unconscious at work*. London: Routledge.

Pines, A.M. & Aronson, E. (1988). *Career burnout: Cases and cures*. New York: Free Press.

Pines, A.M., Aronson, E. & Kafry, D. (1981). *Burnout: From tedium to personal growth*. New York: Macmillan.

Rice, A.K. (1965). *Learning for leadership*. London: Tavistock Publications.

Rioch, M.J. (1970). Group relations: Rationale and technique. *International Journal of Group Psychotherapy, 20,* 340-355.

Russel, D.W., Altmaier, E. & Van Velzen, D. (1982). Job-related stress, social support and burnout among classroom teachers. *Journal of Applied Psychology, 72,* 269-274.

Schaufeli, W.B. & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis.* London: Taylor & Francis.

Schaufeli, W.B. & Janczur, B. (1994). Burnout among nurses: A Polish-Dutch comparison. *Journal of Cross Cultural Psychology, 25,* 95-113.

Shapiro, E.R. & Carr, A.W. (1991). *Lost in familiar places: Creating new connections between the individual and society.* London: Yale University Press.

Stapley, L.F. (1996). *The personality of the organisation.* London: Free Association Books.

Wells, J.A. (1982). Social support as a buffer of stressful job conditions. *Journal of Organizational Behavior, 2,* 218-226.

Wells, L. (1980). The group-as-a-whole: A systemic socio-analytical perspective on interpersonal and group relations. In C.P. Alderfer & C.L. Cooper (Eds). *Advances in experiential social processes, 2,* 165-198.