“At what cost am I doing this?”

An Interpretative Phenomenological Analysis of the Experience of Burnout among Private Practitioner Psychotherapists

Stephanie Finan

BA(Int), MSc Psychotherapy and Counselling

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School of Nursing, Psychotherapy and Community Health

Dublin City University

Supervisors: Dr Aisling McMahon

Dr Siobhan Russell

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Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of DPsych, is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: ID No.: 16211702 Date: 10th September 2020

Acknowledgements

"If you want to go fast, go alone. If you want to go far, go together." - African Proverb

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Key Terms Used

The term “psychotherapist” is used interchangeably with “clinician”, “practitioner” and “counsellor” throughout this thesis. Likewise, “therapy”, “psychotherapy” and “counselling” are treated as interchangeable terms in this study.

Abstract

Stephanie Finan

"At what cost am I doing this?" An Interpretative Phenomenological Analysis of the Experience of Burnout among Private-Practitioner Psychotherapists

Burnout is an experience in response to chronic job stressors, understood to be composed of three components: exhaustion, cynicism and inefficacy. Burnout is an occupational hazard among psychotherapists that may result in poorer quality of care for the client and a diminished quality of life for the clinician. Several quantitative studies have shown that psychotherapists are at risk of developing burnout as a result of the demanding nature of their work. While much research has been carried out with psychotherapists who work in organisations, there is a lack of available literature which describes the experience of the psychotherapy practitioner who works in private practice. This study aimed to gain an understanding of psychotherapists' lived experience of burnout while working exclusively in private practice.

Eight in-depth, semi-structured interviews were recorded, transcribed and analysed using Interpretative Phenomenological Analysis. Three superordinate themes were identified: (1) *A Professional Identity Crisis: "maybe I just don't have what it takes?"; (2) The Embodiment of Burnout: "constantly running on red";* and *(3) The Process of Rebalancing: "being real"*. The participants revealed their sense of disillusionment with their career and with themselves alongside self-criticism and a sense of shame for not meeting their internalised standards. They illuminated their experience of a profound felt-sense of depletion and physical unwellness that accompanied their experience of burnout. They also spoke of their ongoing process of rebalancing rather than recovering from burnout. Participants universally described how they could neither identify nor articulate what was happening to them at the time of burnout. The findings are discussed through the theoretical lenses of identity, embodiment of burnout and a re-evaluation of the work/life balance. This study contributes a unique insight into the experience of burnout as understood by this group of professionals. Resultant recommendations and implications for practice, supervision and training are presented.

Chapter 1: Introduction

The burnout construct has been an ongoing source of interest and curiosity for researchers as they endeavour to understand the extent, nature and impact of the problem. Burnout is a professional hazard of psychotherapy, which can have severe and enduring consequences for practitioners. While the quantitative research on burnout among practitioners in all work settings is plentiful, there is a dearth of qualitative research based on experiences of burnout. The researcher hoped that, by asking psychotherapists who work exclusively in private practice directly about their lived experience of burnout, the voice of this cohort would be added to the body of knowledge relating to both private practice psychotherapy and burnout. This chapter will introduce the background and rationale for this study. It will offer a synopsis of the aim and objectives of this research project and briefly summarise the methodology which informed all aspects of the research process. An outline of the thesis will be included alongside a reflective comment regarding the researcher's motivations for undertaking this study.

1.1 Background and Rationale of the Study

For this study, burnout is defined as:

> "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job and a sense of ineffectiveness and lack of accomplishment" (Maslach & Leiter, 2016, p. 103).

Burnout is a recognised occupational hazard among psychotherapists (Rabin et al., 1999; Lent & Schwartz 2012) that can result in poor-quality care for the client (Farber & Heifetz, 1982a; Oser et al., 2013) and diminished quality of life for the clinician (Canfield, 2005).

Therapists are at risk of adverse impacts from their work, which may ultimately manifest as burnout (Figley, 2002; G. Morse et al., 2012).

Twenty-two point nine per cent of the participants in a study of 664 French psychologists and psychotherapists were "at high risk of burnout", particularly if working within an organisational structure (Berjot et al., 2017). A UK study of 201 therapists found that over two-thirds of the psychological wellbeing practitioners and half of the high-intensity therapists who participated, suffered from problematic burnout levels (Westwood et al., 2017). No statistics capture burnout prevalence among psychotherapists working in Ireland. However, there is no reason to believe that it differs from rates reported elsewhere. Quantitative studies in the US and the UK show several significant factor categories which contribute to the development of burnout. These include demographic, contextual/organisational, therapist-related and client-related factors (Craig & Sprang, 2010; Farber & Heifetz, 1982a; Mullen et al., 2017; Raquepaw & Miller, 1989; Sodeke-Gregson et al., 2013; Sprang et al., 2007; Steel et al., 2015). Working contexts such as management support, organisational demands, and geographical location feature as pivotal factors in the potential development of burnout in many of the studies cited.

Qualitative studies demonstrate that the practice of psychotherapy can negatively impact practitioners (Engebretsen & Bjorbækmo, 2020; Hammond et al., 2018; Råbu et al., 2016). Iliffe and Steed (2000), in a study of therapists with high numbers of caseloads of perpetrators and survivors of domestic violence, found that most participants reported symptoms of burnout. In a qualitative study of substance abuse treatment counsellors, it was shown that the working context mattered and that clinicians working in rural settings cited more causes of burnout than their counterparts (Oser, Biebel, Pullen, & Harp, 2013). Repeated themes throughout the qualitative literature included the following: a sense of loss of meaning "the meanings of becoming or being burn(t)out are to be torn between what one wants to be and what one manages" (Gustafsson et al., 2008, p. 520);

responsibility and lack of job autonomy (Maslach & Leiter, 2016; Y. Reid et al., 1999); becoming desensitised (Iliffe & Steed, 2000); and concerns that the work will affect their personal lives (Killian, 2008).

Existing research calls for additional qualitative studies in the field of burnout to further the depth of understanding of the problem (Beaumont et al., 2016; Maslach & Leiter, 2016). While there has been a more recent increase in the publication of articles related to qualitative studies on burnout (Engebretsen & Bjorbækmo, 2019a; 2019b; 2020; Hammond et al., 2018; Turnbull & Rhodes, 2019), none have explicitly focused upon the burnout experiences of psychotherapists while working exclusively in private practice. In Ireland, private practitioners make up the largest grouping amongst psychotherapists (O'Morain et al., 2015), and it is possible that their burnout experience while working in relative isolation, with more diverse client groups, may differ from those working in organisations. This study aimed to gain an understanding of psychotherapists' lived experience of burnout while working exclusively in private practice. The hoped-for outcome is to contribute to burnout knowledge and help inform practitioners, supervisors and psychotherapeutic training as to the experience of the phenomenon, so that it can be recognised and managed or, perhaps, prevented.

1.2 Research Question, Aim and Objectives of the Study

The research question, which is the focus of this study is as follows: "How do psychotherapists who have experienced burnout while working exclusively in private practice make sense of that experience?" This study aims to gain an understanding of psychotherapists' lived experiences of burnout while working solely in private practice.

With this aim in mind, the specific objectives of the study are detailed below:

1. To capture the lived, personal experiences of this phenomenon.
2. To illuminate the meaning that private practitioner psychotherapists associate with an experience of burnout.
3. To illuminate supports therapists may have used to manage the experience of burnout while working in private practice.
4. To elucidate how the experience of burnout impacted on how they perceive themselves as psychotherapists.

1.3 Methodology

The chosen methodology for this study is Interpretive Phenomenological Analysis (IPA) (Smith et al., 2009). Semi-structured, in-depth interviews regarding their burnout experiences were individually carried out with eight psychotherapists who work exclusively in private practice. The commitment to IPA as a research approach throughout the entire research process led to interviews which produced rich descriptions of the experience of burnout, which were systematically and rigorously analysed to produce the findings of this study.

1.4 Thesis Outline

This current chapter offers an introduction to the thesis, summarising the background, rationale, aim and objectives of the study. A synopsis of the methodology used is presented in this chapter, along with a reflective comment demonstrating the researcher's personal motivation behind this research project.

Chapter Two presents a review of the literature related to burnout and contextualises this within the field of psychotherapy and private practice. This chapter examines the origins and history of burnout as a construct and the debates and definitions

which surround it. It outlines the components of burnout and the models and theoretical frameworks which scaffold it. Included in this review are statistics related to the prevalence of burnout among psychotherapists and allied professionals, in addition to the demographic profiles identified in the literature related to burnout. Finally, this chapter concludes with a section on psychotherapists' vulnerability to burnout and a specific section reviewing the existing qualitative literature related to burnout.

Chapter Three reiterates the aim and objectives of the study and justifies the use of Interpretative Phenomenological Analysis as the optimal methodology to answer the research question, positioning the research project within the three philosophical underpinnings of IPA: phenomenology, hermeneutics and idiography. This chapter outlines the research design, including the processes of sampling, recruitment, data collection and analysis. The ethical considerations which informed the project, alongside a discussion of the validity of the study, are detailed in this chapter.

Chapter Four presents the findings of the study. In this chapter, the voices of the participants are heard using direct quotes, and the researcher's interpretations of the data are presented. A master table representing the superordinate and subordinate themes which emerged from the analysis of the data is introduced, and each theme is presented and explored at length, to highlight emerging patterns of convergence and divergence.

Chapter Five discusses the findings, and positions them in relation to existing literature. It offers new perspectives and insights on the experience of burnout among private practitioners, presenting recommendations and implications for practice and future research for the various stakeholders. It should also be noted that a reflexive account is provided at the end of each chapter so that the reader can have access to the insights gleaned by the researcher throughout the research process.

1.5 Researcher's Reflective Comment: Why this Study?

The inspiration for this research study came from discussions and conversations with colleagues working in all kinds of work settings. Through these interactions, it was highlighted anecdotally to me that many well qualified and talented colleagues had either left or were considering leaving the field of psychotherapy because of stressors which they attributed to the work. As a private practitioner myself, I found this disturbing, as I became aware of my own vulnerability and the potential perils of psychotherapeutic work.

Prior to applying to DCU to join its professional doctorate programme, I had reflected considerably on my own satisfaction with my work, the impact it was taking on my personal life and what changes I could make in order to enhance my quality of life and sustain my career. I felt that joining a group of experienced professionals, engaging with new theories, and bringing fresh approaches to my practice would be helpful, and this proved to be the case. On reflection, I believe that it was this change which averted my own progression towards burnout. Undertaking a doctorate meant that I had to re-evaluate my workload, and remain deliberate, intentional, and realistic regarding my self-care and time management so that I could complete the course. This had the consequence of regular re-evaluation of my resources and how I was maintaining a work/life balance.

I have found that, in training and professional development throughout my career, a focus has often been placed on the privilege related to being a psychotherapist. I can confirm that I do truly consider working in this field to be a privilege. To be allowed into a client's world, where they share their most intimate, personal, and often traumatic experiences, trusting that they will be treated with respect, confidentiality and empathy is an honour. My own experience of being a private practitioner psychotherapist has been one of fulfilment, and on most days, I come home and experience the thought "I love my job, I

have the best boss in the world (myself)". However, this is not the complete picture. There are stressors and worries, times of self-doubt and uncertainty which are possibly exacerbated by working alone. My intention when setting out to study burnout was to offer a fuller picture of what it is like to be a private practitioner. I hoped that the participants would share realistic perspectives on some of the painful aspects of working as a private practitioner psychotherapist so that we as a community can recognise, acknowledge and begin to support each other in situations where we may find ourselves struggling as a result of our work.

Chapter 2: Literature Review

This chapter critically reviews the most up-to-date research available in the field of burnout as a distinct phenomenon, and applies this to professionals practising psychotherapy, with special consideration given to psychotherapists working in private practice. It focuses on the definitions and components of burnout; the various theoretical frameworks and models of burnout which have been developed; and the prevalence of burnout among psychotherapists and allied professionals. This review includes the contributory and protective factors relating to burnout as found in the literature and considers areas where private practitioner psychotherapists may be particularly vulnerable to experiencing the phenomenon of burnout.

2.1 Literature Search Strategy

Studies were primarily identified through searching the online electronic databases Scopus, Psychinfo, Psycharticles, Pubmed and Cinahl. Additional searches were carried out using Web of Knowledge and Web of Science. The terms applied in the search included combinations of "burnout", "counsellor", "counselor", "psychotherapist", "private practice" and "private practitioner". Both quantitative and qualitative studies were included. Peer-reviewed articles in reputable journals such as *Psychotherapy Research* and *Frontiers in Psychology* were reviewed. Priority was given to articles written in the past ten years. However, older literature pertaining to the context, history, and evolution of the construct of burnout was used. Bibliographies of articles were also reviewed to source additional points of reference for the study.

2.2 Origins and History of Burnout

Work has long been associated with pain, effort and stress (Iacovides et al., 2003). Mythological legendary heroes offer representations such as Sisyphus endlessly rolling a

boulder up a hill, only to be denied the satisfaction of completing the task. Work for the ancient Greek slaves was considered a curse preventing them from pursuing more noble ambitions (Barry, 2020); thus, the Greek word for work was "ponos", named after the Greek god of Labour, and synonymous with pain and sorrow. Burnout is epitomised in mythology by Icarus, who flew too high, too fast, and consequently, his wings dissolved, and he drowned in the sea. "Burnout" as a term has existed in the English language for centuries (Kaschka et al., 2011). It was first used as a word to describe the experience of being overwhelmed and over-extended. This term garnered academic recognition when Herbert Freudenberger first introduced a definition for "burnout" in a psychosocial context in 1974, describing the phenomenon as a "state of mental and physical exhaustion caused by one's professional life" (Freudenberger, 1974, p. 160). He developed this concept while observing the deleterious effect on social workers of working with drug users. Concurrently, the social psychologist Christina Maslach developed a concept to describe a phenomenon which emerged in qualitative interviews she had conducted. Maslach explored concepts such as "detached concern" and "dehumanisation as self-defence" (Maslach & Schaufeli, 1993, p. 2) as a means of coping with stress on workers who provide human services. In the process of these interviews, Maslach found that her original concepts did not accurately fit with the experiences of the participants; however, her definition of burnout appeared appropriate (Maslach & Leiter, 2016, p. 103). She defined burnout as "a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people-work' of some kind" (Maslach & Jackson, 1981, p. 2) and continued to study and develop this theory over the proceeding 40 years.

From its early historical roots in America, burnout has become a global phenomenon and has attracted significant academic interest endeavouring to gain insight into this social issue (Schaufeli et al., 2009). In 2019, burnout was classified by the World Health Organisation (WHO), in its 11th revision of the International Classification of

Diseases (ICD), as an occupational phenomenon. While the term "burnout" has been used to express exhaustion and depletion in many aspects of life, the WHO is clear that "Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life" (WHO, 2019). While this clarification provided the potential for a standardised definition for burnout, studies to date have interpreted the term differently, such as omitting the component of inefficacy (Schaufeli & Taris, 2005) or including both cynicism and depersonalisation into the definition (Salanova et al., 2005). This has led to diverse research findings (Eckleberry-Hunt et al., 2018; Penz et al., 2018) which will be discussed further in the next section, together with other debates associated with the definitions of burnout

2.3 Debates and Definitions

The term "burnout" has been understood and used in a variety of ways in various academic studies (Heinemann & Heinemann, 2017; Jimenez at al, 2014; Penz et al., 2018; Simionato & Simpson, 2018). Throughout the literature, burnout has many definitions, some pertaining to the *state* of being burned out and some pertaining to the *process* of becoming burned out. This has led to the development of several different instruments for measuring burnout, which apply diverse, context-specific variables. However, the symptoms of "exhaustion, disappointment and disillusionment, devaluation of the professional role and dysfunction in the workplace" (Jimenez et al., 2014, p. 48) remain constant throughout the definition history.

The most cited definition offered in the literature is that burnout is:

"a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job and a

sense of ineffectiveness and lack of accomplishment" (Maslach & Leiter, 2016, p. 103).

This definition of the burnout construct was adopted by the WHO (2019), the established authority on world health matters, and thus is the definition used for the purposes of this study. In previous iterations of the definition, cynicism was referred to as "depersonalization" (Maslach & Schaufeli, 1993, p. 6), and inefficacy was termed "reduced personal accomplishment" (ibid). These changes reflect the understanding that burnout not only occurs among populations working in human services but can be present among any type of occupational group (Bakker et al., 2002). Maslach has also developed the Maslach Burnout Inventory (MBI), a 22-item Likert-type scale for assessing, rather than diagnosing, burnout using the three components of exhaustion, cynicism and inefficacy (Maslach & Leiter, 2016). Although the terminology has changed, there is still no universally agreed definition of burnout in the research. While it is considered that the MBI is "the gold standard" (Schutte et al., 2000, p. 53; West et al., 2012, p. 1445) for measuring the prevalence of burnout, there are many other instruments available to researchers, such as the Oldenburg Burnout Scale (Demerouti & Bakker, 2008), the Copenhagen Burnout Inventory (Kristensen et al., 2005) or the Burnout Clinical Subtype Questionnaire (Montero-Marín & García-Campayo, 2010).

2.3.1 Components of Burnout

This section will examine the three components of the construct of burnout which are exhaustion, cynicism and inefficacy.

2.3.1.1 Exhaustion

Exhaustion has sometimes been considered the "strongest, primary element of burnout" (Leiter & Maslach, 2016), and has led to some research which has investigated burnout as a one-dimensional and dichotomous construct (Eckleberry-Hunt et al., 2018; Jimenez et

al., 2014; Maslach, 2017a). The findings of these studies report higher rates of burnout in the populations that they are researching as will be outlined, given that burnout is measured as a unidimensional variable (Eckleberry-Hunt et al., 2018; Simpson et al., 2019). Exhaustion is described as "wearing-out, depletion, debilitation and fatigue" (Leiter & Maslach, 2016, p. 89). However, it has been argued that viewing burnout purely as exhaustion negates the critical "attitudinal components" of cynicism and inefficacy (Schaufeli & Van Dierendonck, 1993, p. 631) which are addressed by the other two dimensions.

The physical aspect of exhaustion has been extensively researched. Burnout is associated with sleep complaints (Brand et al., 2010; Sandström et al., 2005), fatigue (Kahill, 1988), memory issues (Sandström et al., 2005), back pain (Grossi et al., 2009) and headache, as well as being a predictor of developing obesity, diabetes, musculoskeletal issues and other physical consequences up to and including death (Salvagioni et al., 2017). In a systematic review of prospective studies of the consequences of job burnout, Salvagioni and colleagues found that mortality was linked to those who experience burnout before the age of 45. This may be related to the frequently found demographic that being younger leaves an individual more vulnerable to burnout (Rosenberg & Pace, 2006; Rupert et al., 2015). Clearly, the physical manifestations of burnout can be severe and have serious consequences for the wellbeing of people who experience it.

2.3.1.2 Cynicism

Maslach initially used the term "depersonalization" (p.143) in her burnout definition, due to the working context of those who experienced burnout (Maslach, 2017). Burnout was considered a phenomenon which manifested in individuals who were working in human services, and as such, being able to relate and empathise with clients, patients and service users was fundamental to the job. The observable and measurable lack of this capacity to

relate to others was termed “depersonalization”. As research into the area progressed, and it became apparent that burnout manifested in other professions and occupations, the term “depersonalization” evolved into the term “cynicism”. In the context of burnout, cynicism is considered a negative, critical and callous attitude towards one’s work (Maslach & Leiter, 2017b). While exhaustion may be the characteristic which is most identifiable to people, Maslach maintains that cynicism “may be a more critical component of burnout than is exhaustion alone” (Maslach, 2017, p. 144). Relatedly, several studies have found that it is this component of burnout that has been most influential in relation to an individual’s intention to leave their job (Maslach & Leiter, 2016; Abugre, 2017; Garcia et al., 2015). Cynicism is viewed as an attempt to conserve the remaining energy that the individual has, so they detach from their work in order to protect themselves (Bianchi et al., 2015; Simionato & Simpson, 2018).

One study based on a confirmatory factor analysis of 957 Spanish employees, made up of teachers and blue-collar workers who had completed the MBI general survey, advocated for the inclusion of both cynicism and depersonalisation into the burnout definition (Salanova et al., 2005). Both concepts refer to the idea of mentally distancing oneself from a stressor. In the case of those working in the human services, the source of stress was the recipient of one’s care and in the case of those who work with materials and information the source of stress was the job itself. Interestingly, while teachers who scored higher on the depersonalisation subscale also scored higher on the inefficacy scale, this was not replicated among the factory workers. It was theorised in the study that teachers who detached from their students felt less personal satisfaction in their work overall, given that students were the “essence” (p.817) of their work whereas this was not the same for blue-collar workers who may depersonalise their colleagues but feel accomplished in their work. This may be an important distinguishing factor in the context of burnout; cynicism may have a different influence on the burnout trajectory between those for whom people

are a focus of their work, including psychotherapists, as compared with those outside the human services.

2.3.1.3 Inefficacy

Formerly framed as reduced personal accomplishment, the inefficacy dimension of burnout captures "the core self-evaluation people make regarding the value of their work and the quality of their contribution" (Leiter & Maslach, 2016, p. 90). Inefficacy indicates that burnout not only involves the presence of negative feelings; it also involves a lack of positive ones (Bianchi et al., 2015). According to Maslach & Leiter (2016), when individuals perceive that the work they do has little impact and that their efforts are useless, their capacity to be proud of their work and remain engaged with it can be compromised or eliminated. It is this aspect of burnout that can lead to individuals wondering what the point of their efforts are, in addition to feeling inadequate about themselves (Maslach & Leiter, 2016).

Inefficacy is often considered the least significant component of burnout (Halbesleben & Demerouti, 2005; Shirom, 2005) with some recommending that the burnout measure should be reduced to a two-component model (Halbesleben & Demerouti, 2005). Halbesleben and Demerouti theorised that the positive language wording of the inefficacy subscale of the MBI questionnaire could contribute to misleading results. In addition, they posited, that the inefficacy component could be driven by personality traits rather than a distinct element of burnout. They advocated the use of an alternative burnout measurement instrument, the Oldenburg Burnout Inventory (Demerouti et al., 2003) which was developed as a two-component scale.

The following section will outline some of the most cited theoretical frameworks and models used to illustrate and understand the process of becoming burned out.

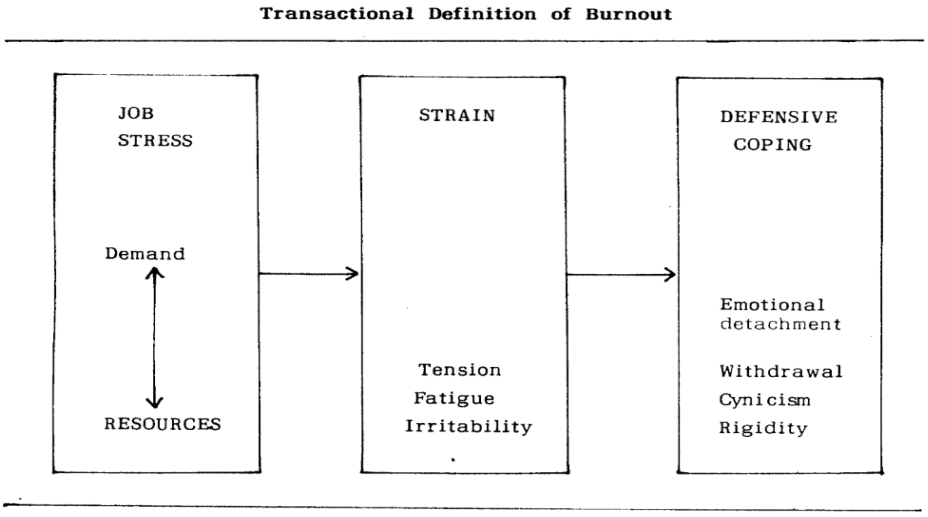
2.4 Theoretical Frameworks and Models

Over the decades, several conceptual and theoretical frameworks, and models for advancing the understanding of burnout have been developed. While there is a wide range of theoretical models available in the literature, the present section aims to explore the most academically influential of these which are relevant to healthcare professionals, including Cherniss's transactional model (Cherniss, 1980), Leiter and Maslach's process model (Leiter & Maslach, 1988), Leiter and Maslach's area of work-life model (Leiter & Maslach, 2016), Golembiewski and Munzenrider's (1990) phase model, Farber's burnout model (Farber, 1990) and Demerouti and Bakker's demand resource model (2001).

2.4.1 The Transactional Model

Cherniss' transactional model of burnout (1980) offers a view of the progression of burnout through a three-stage process. Stage one is the imbalance between work demands and individual resources collectively known as *job stressors*. Stage two is the emotional response to the job stressors, consisting of exhaustion and anxiety, referred to as *individual strain*. Finally, stage three is a change in the worker's attitude and behaviour; for example, increased cynicism, which is termed *defensive coping*. According to Cherniss, burnout manifests over time and erodes the idealism of human services workers, leading them to adopt a cynical approach to their work.

***Figure 1**: Cherniss' Transactional Model (1980, p.18)*

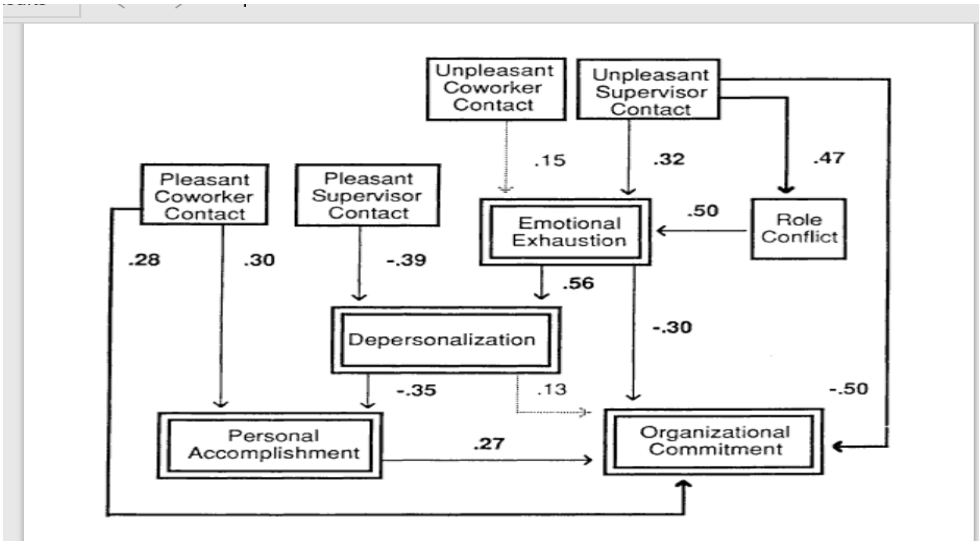


Cherniss' model illustrates three panels of variables that can lead to burnout. His study of 28 professionals working in human services, all of whom were in the initial two years in their fields, observed and repeatedly interviewed individuals working in the areas of mental health, poverty law, public health nursing and high school teaching. Cherniss' analysis of the data identified that work environment had both a direct and an indirect impact on becoming burned out, as did personal characteristics. Both variables also impacted on stress. The study found that a fundamental source of stress was an individual's doubts about their own competence in their role, and this led to an adverse change in attitude towards their job.

2.4.2 The Process Model

Leiter and Maslach's process model (1988) viewed burnout as a process which progressed in distinct stages. This was based on a series of questionnaires, including the MBI carried out on 52 nurses and support staff of a private hospital in Northern California. According to this model, burnout evolved as follows: firstly, emotional exhaustion occurred, then depersonalisation, as people withdrew to cope, and this was followed by the final stage of reduced personal accomplishment.

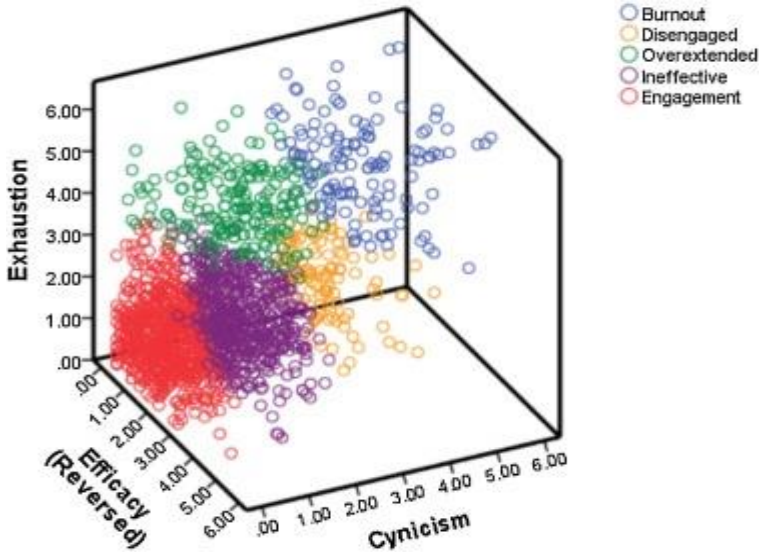
Figure 2: *Leiter and Maslach's process model (1988, p.304)*



This supported the Cherniss model of burnout, viewing it as a staged progression. The Leiter and Maslach process model of burnout (1988) was validated by subsequent research studies, including cross-sectional and longitudinal studies involving teachers (Byrne, 1994), supervisors and managers (Lee & Ashforth, 1993), and general practitioners (Van Dierendonck et al., 1994).

More recently, Leiter and Maslach (2016) conceptualised burnout as a continuous variable, comprising a variety of patterns and profiles. They maintain that all three components of burnout; exhaustion, cynicism, and inefficacy must be present for a state of burnout to be assessed as illustrated in figure 3 below.

Figure 3: S*tudy 1: 3-D scatterplot of exhaustion, cynicism, and efficacy, separated by profile (Leiter & Maslach, 2016, p. 94).*



Two studies were conducted in the development of this framework. Initially, based on a data set collected for a different study on first-line managers in healthcare (Leiter et al., 2015) of 1,766 healthcare employees in Canada, Maslach and Leiter conducted a latent profile analysis. This study proposed five profiles on the engagement/burnout continuum with intermediate profiles identified as disengaged, overextended, and ineffective. They illustrated the various patterns that can exist but that are distinguishable from burnout in that they are "less negative" (Leiter & Maslach, 2016, p. 97). To be considered burned out, which is the extreme end of the continuum, the participants needed to demonstrate high levels of all three components exhaustion, cynicism and inefficacy as demonstrated in figure three. This is relatively low as compared to the other four profiles. A confirmatory study based on 1166 healthcare workers in Nova Scotia and Ontario was carried out by the same authors which validated these findings (Leiter & Maslach, 2016).

2.4.3 The Phase Model

Golembiewski and Munzenrider (1990) presented a phase model of burnout based on the premise that individuals experience burnout differently and have varying capacities to cope with stressors. They posited that cynicism is the earliest phase in the path to burnout, followed by inefficacy and, finally, exhaustion. However, a difference in the development of this model is that, while it was derived from the MBI, the intention was to create a model that was not limited to human service workers, but rather could be applied to any worker.

Figure 4: *Phase Model Golembiewski and Munzenrider (1990, p.178)*

	Phases of Burnout							
	I	II	III	IV	V	VI	VII	VIII
Depersonalization	Lo	Hi	Lo	Hi	Lo	Hi	Lo	Hi
Personal Accomplishment (Reversed)	Lo	Lo	Hi	Hi	Lo	Lo	Hi	Hi
Emotional Exhaustion	Lo	Lo	Lo	Lo	Hi	Hi	Hi	Hi

In this model, rather than exhaustion being the primary component of burnout, it is suggested as being the last component to materialise, although it is sustained at each subsequent phase. Golembiewski's model was used in a worldwide study of burnout (Golembiewski et al., 1998), the findings of which will be included in the prevalence section of this review.

2.4.4 Farber's Model

Farber defines burnout as being:

> "essentially about inconsequentiality – a perception on the part of human service professionals that their efforts to help others have been ineffective, that the task is

> endless and the personal payoffs from their work (in terms of accomplishment, recognition, advancement or appreciation) have not been forthcoming" (Farber, 2000, p. 589).

Farber proposes that there are three burnout worker types: frenetic, under-challenged and worn-out. Farber's model is particularly significant for the current study, as some of his work focused specifically on psychotherapists (Farber & Heifetz, 1981, 1982; Farber, 1990).

The first burnout profile suggested is the frenetic type, which is described as a category of individuals comprised of "those who in response to frustration work increasingly harder" (Farber, 1990, p. 35). People in this category misinterpret the lack of satisfaction that they are experiencing in their work as being a result of a lack of effort.

> "They may appear to be frazzled or harried; nevertheless, they continue to work and attempt to solve problems at a nearly non-stop pace. Individuals rarely can sustain this energy indefinitely (although those suffering from classic burnout usually believe they can). They typically succumb to emotional and/or physical exhaustion" (Farber, 2000b, p. 682).

Consequently, their dedication to service motivates them to redouble their effort, which can lead to exhaustion and hopelessness.

The second burnout profile as outlined by Farber is the under-challenged type, "those who perform their work perfunctorily, having lost interest in work they now find unchallenging" (Farber, 1990, p. 35). This relates to the cynicism aspect of Maslach's (2001) definition of burnout, where individuals tend to withdraw and do the minimum required. This aspect is also reflected in Hammond, Crowther and Drummond's (2018) qualitative study of six self-employed clinical psychologists in Australia, where three

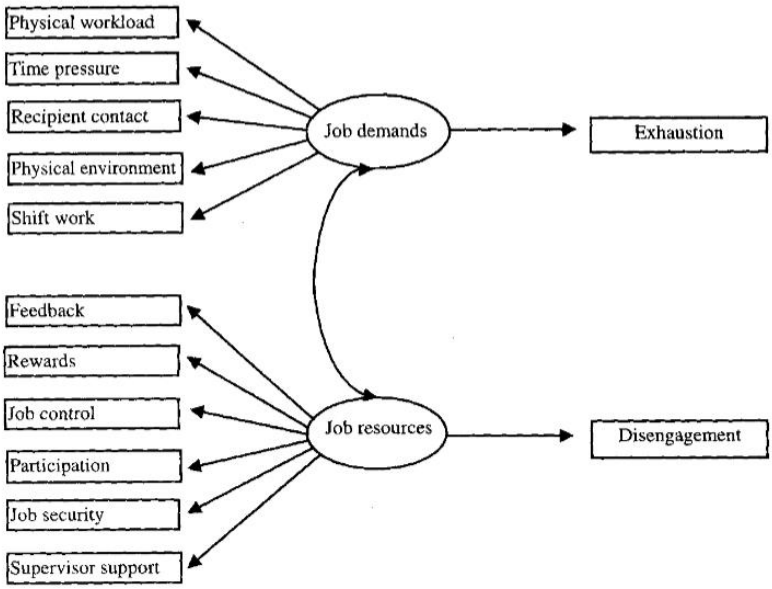
participants reported “reduced productivity and motivation to engage in activities” (p. 7), and where a further participant reported “reduced engagement and seeking distractions from work” (p. 7).

The third profile type posited by Farber is the worn-out type. This is described as “Those who in response to frustration give up completely” (1990, p. 35). While it is difficult to know how many psychotherapists have left the profession or moved from private practice to other types of psychotherapeutic work as a result of burnout, the literature shows that burnout increases the likelihood of one wanting to leave one’s job (Maslach & Jackson, 1981; Silver et al., 2018; Skorupa & Agresti, 1993).

2.4.5 The Job Demand-Resource Model (Demerouti et al., 2001)

This model was developed by Demerouti and colleagues in a bid to understand the relationship between the physiological and sociological costs of work, termed *demands*; the health-protecting factors, termed *resources*; and the development of burnout. Based on their observation of patterns across 374 participants in three different occupational groups, they suggest that job demands are more closely related to the exhaustion component of burnout, whereas a lack of resources can lead to withdrawal and cynicism. The authors suggest that demands and resources can be viewed as separate independent variables but that they also interact with each other. Thus, it appears that sufficient job resources can mitigate the adverse effects of significant job demands.

Figure 5: *Job Demand – Resource Model (Demerouti et al., 2001, p.502)*



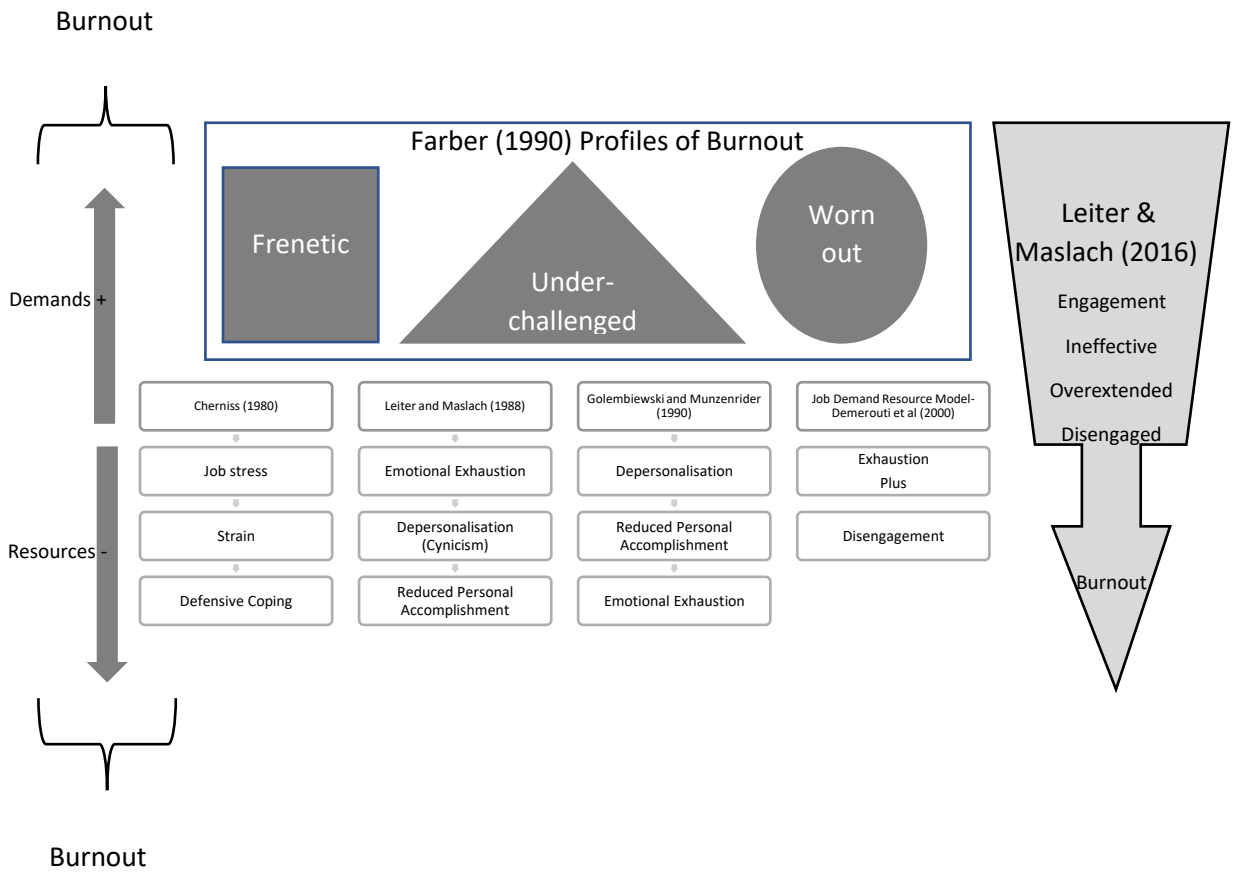
While this model is widely used throughout the burnout literature (Schaufeli & Taris, 2014; Yin et al., 2018), a criticism of this model was its lack of consideration of personal internal resources that are recognised as contributory to an individual's wellbeing (Schaufeli & Taris, 2014). This was addressed in later iterations of the model.

A fundamental aspect of the study of any phenomenon is an understanding of the frameworks and models through which that phenomenon has previously been interpreted. This is particularly true in a study of a phenomenon such as this, wherein the aims and objectives were focused on gaining an understanding of the experience of burnout amongst psychotherapists working in private practice. Examining the lenses through which burnout has been structured in the existing literature can give an extremely useful and important context, helping to inform the conceptual interpretation of the data arising from the study.

Six frameworks were identified and reviewed in this part of the literature review and are synthesised in the figure below. Most models to date have presented burnout as a

phased, linear process involving 3 stages, including Cherniss (1980), Leiter and Maslach (1988) and Golembieswki and Munzenrider (1990). Demerouti et al (2001) considered burnout to comprise of two components, Exhaustion and Disengagement, resulting from excess demand on insufficient resources. Finally, Farber (1990) and Leiter and Maslach (2016) developed models of profiles of burnout; Farber's model introduced three phenomenological profiles of the burned out individual, whereas Leiter and Maslach developed profiles of the interim stages between engagement and burnout. Overall, while the models may differ in the sequence in which burnout develops, there is some consistency as they each recognise an energetic element, an attitudinal element, and a withdrawal element. Burnout therefore, is a phenomenon that has been conceptualised from several different angles, as illustrated below, each relevant to an exploration of the phenomenon.

Figure 6*: Synthesis of Burnout Models and Frameworks*



2.5 Overlaps with Other Constructs

A significant concern in the literature is how burnout overlaps with other constructs, such as depression, compassion fatigue and exhaustion (Simionato & Simpson, 2018). The recent WHO definition (2019), which is in keeping with that of Maslach et al. (2001), has clarified and brought awareness to burnout as a distinct phenomenon. This definition acknowledges burnout as a syndrome, the distinctive feature of which is that it is a workplace-related issue. Other studies which were carried out prior to the publication of the WHO definition debated the distinctiveness of burnout as a construct. Those studies will now be discussed.

Bianchi et al. (2015), in a systematic review of 92 studies related to the burnout-depression overlap, concluded that the construct of burnout is "relatively fragile from a conceptual standpoint" (p. 35). However, this is countered by Maslach and Schaufeli who posit that burnout is not a diagnosis and that, unlike depression, does not fit strict diagnostic criteria. They argue that there are "no sharp boundaries and trying to establish such divisions could be very artificial. However, a relative distinction between burnout and 'stress' can be made with respect to time and between burnout and 'depression' (can be made) with respect to domain" (Maslach & Schaufeli, 1993, p. 9). Maslach and Leiter argue that prolonged and enduring stress can lead to burnout and that, while depression can be manifest in all aspects of one's life, burnout is specifically work-related. Maslach argues the burnout is "a shared experience of responding to stressors" (Maslach, 2017, p. 146), and thus is not open to the same conceptual analysis.

Ahola and Hakanen's (2007) quantitative longitudinal study involving 2,555 Finnish dentists showed a "reciprocal relationship" from burnout to depression and vice versa. They concluded that burnout can be a precursor to depression, whilst burnout itself can manifest through depressive symptoms. This study treated the two aspects as distinct

concepts and that burnout and depression can co-exist, have a reciprocal relationship or manifest independently. Challenging Ahola and Hakanen's findings, Bianchi et al., (2015), in a review of 92 cross-sectional and longitudinal studies, including the aforementioned, found that "The absence of consensual diagnostic criteria for burnout and burnout research's insufficient consideration of the heterogeneity of depressive disorders constitute major obstacles" (Bianchi et al., 2015, p. 28). Engebretsen & Bjorbækmo's (2019b) recent qualitative study of six individuals who were on sick leave for at least three months with symptoms of fatigue and pain-related conditions posits that "reducing burnout to a form of depression will neither solve the problem of its unknown aetiology nor provide for meaningful healthcare" (p.439). They argue that a lack of recognition of burnout by medical professionals may have significantly affected the recovery process for the participants they interviewed.

Many of the studies available on the causes of burnout are compromised by the fact that burnout is often masked by, and often overlaps with, other constructs such as compassion fatigue, vicarious trauma, secondary traumatic stress and, more often, depression (Penz et al., 2018). Craig and Sprang (2010) posit, in their quantitative study of compassion satisfaction, compassion fatigue and burnout in a national sample of American trauma treatment therapists, that compassion fatigue, vicarious trauma and secondary traumatic stress refer to similar phenomena. These phenomena differ from burnout in that the secondary symptoms of post-traumatic stress were not found in the presentation of burnout, whereas they have been identified in these other constructs. In their ongoing 12-year longitudinal study with a recruitment goal of 10,000 German-speaking participants, Penz et al. (2018) aimed to understand the symptoms of burnout, identify any biomarkers related to it, clarify the definition of burnout and explore any psychosocial factors that may exist. The findings of their study could help distinguish burnout from other constructs at a physiological level.

While, according to Engebretsen & Bjorbækmo, (2019b) there is stigma associated with an experience of burnout, Bianchi et al. (2016) in their quantitative study of 1,046 French teachers, explored whether burnout is essentially "a less stigmatizing label for depression" (p. 91). They found that both constructs were subject to a minimal amount of stigma and had substantial overlaps in terms of componential composition. The distinction that emerged was that the source of burnout was environmental, and therefore individuals blamed themselves less for being burned out than those who experienced depression.

Given the array of perspectives on burnout, together with the emerging corresponding definitional issues, the researcher has prioritised the definition and standpoint on burnout as proposed by Maslach et al. (2016). This definition has shaped the conceptualisation of burnout. According to Bianchi et al. (2015), based on their systematic review of the literature on burnout, 80% of the studies which they analysed used the MBI. Given the demonstrated significance, utility and widespread acceptance of Maslach's definition it is used for the purpose of this study. Therefore, burnout is defined as:

> "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment" (Maslach & Leiter, 2016, p. 103).

It is considered a distressing and debilitating *experience* rather than a medical disorder (Maslach, 2017).

2.6 Prevalence of Burnout

Throughout the literature on burnout, and in all of the populations where it is studied, there is a recognition that it is a phenomenon that occurs in many industrialised countries

(Gustafsson et al., 2008; Penz et al., 2018; Schaufeli et al., 2009), and one that is growing in prevalence (Di Benedetto & Swadling, 2014; Eurofound, 2018; Johnson et al., 2018, 2020). In a study aimed at estimating the incidence of burnout at 34 sites globally, using Golembiewski's phase model (Golembiewski et al., 1990), it was found that burnout was a significant issue in all sites and notably, there was little difference in the levels of burnout between the public and private sector across a range of job types. Much attention is given to physicians, teachers and nurses in the literature on burnout (Eurofound, 2018), with less consideration of mental health professionals (Berjot et al., 2017). The following section will review the literature relating to burnout prevalence rates among psychotherapists and allied mental health professionals.

2.6.1 The Prevalence of Burnout Among Psychotherapists

Throughout the literature, it is recognised that being a psychotherapist can be a stressful occupation and that burnout is a professional hazard for psychotherapists (Ackerley et al., 1988; Kesler, 1990; O'Halloran & Linton, 2000; Simionato & Simpson, 2018). A fundamental aspect of psychotherapy is the need to be present and empathic to clients who are often expressing traumatic, painful and chaotic experiences (Farber & Heifetz, 1981; Laverdière et al., 2019; O'Halloran & Linton, 2000). Repeated exposure to such suffering can have a detrimental impact on an individual (Schofield & Grant, 2013; Laverdière et al., 2019; Lawson, 2007; Simionato et al., 2019). Supporting this insight, a systematic review of 40 studies using different measurement tools, found an average burnout level of 55% among psychotherapists (Simionato & Simpson, 2018). In Siebert et al's (2005) quantitative study of 751 social workers using a single-item burnout test, "I currently have problems with burnout", 18% of the respondents agreed with the statement. Similarly, Oddie and Ousley (2007) in a survey of 71 forensic mental health staff in the UK, found high emotional fatigue levels (54%).

Therapists are at risk of a negative impact from their work, such as compassion fatigue and vicarious trauma, and those who experience these may ultimately burnout (Figley 2002; G. Morse et al., 2012). Pope et al. (1987) identified that 60% of the 456 American practising psychologists they surveyed continued to practice therapy even when they felt their levels of distress had rendered them ineffective as therapists. G. Morse et al., (2012) examined a range of studies and estimated that overall levels of burnout in the mental health professions ranged from 21% to 60%. In a study of 664 French psychologists and psychotherapists, 23% of the participants were found to be "at high risk of burnout" (p.14), particularly if working within an organisational structure (Berjot et al., 2017). A study of 201 therapists in the UK found that more than two-thirds of psychological wellbeing practitioners and half of the high-intensity therapists studied suffered from problematic burnout levels (Westwood et al., 2017).

Farber (1990), however, maintains that the rate of actual burnout in therapists, as opposed to "transient feelings of doubt" (p.1), is significantly lower than that suggested by these studies. He found a rate of burnout of 1.6% among 300 American clinical psychologists surveyed, a figure that is considerably lower than the studies cited above. This variance could be accounted for by his execution of the MBI scale, as in his study, Farber only included those therapists who marked that they *frequently* felt burned out from work in the burned-out cohort. The variance in results between these studies could be attributed to the different definitions applied to the phenomenon and the methods used to measure them.

No available published statistics which captured the prevalence of burnout among psychotherapists working in Ireland were found. However, in a quantitative study of 52 psychiatrists working in the Child and Adolescent Mental Health Service, 75% experienced work-related burnout (McNicholas et al., 2020). This may be a result of the

particular work setting, as the levels of autonomy may be lower because it is a public service. In a qualitative study of Irish social care workers' experiences of professional burnout in domestic violence refuges, burnout was found not to be a factor among the four female participants interviewed (Molloy, 2019). This was attributed to their commitment to their work and the organisation in which they were working. This finding may also indicate the significance of work setting and commitment in any study of burnout.

Depending on the definition and model of burnout used, the literature on the prevalence of burnout converges and diverges. However, it is generally accepted that it is a phenomenon which occurs across industrialised countries, that burnout has a detrimental effect on the individual and their work, and that psychotherapists are vulnerable to burnout. The next section will examine the literature relating to the contributory factors to psychotherapist burnout.

2.6.2 Demographics

Burnout literature has been contradictory in its representation of the demographic profile which contributes to burnout, with age, experience and gender being the aspects most considered. In some studies, being younger has been found to contribute to burnout (Rosenberg & Pace, 2006; Rupert et al., 2015). In Raquepaw and Miller's (1989) quantitative study of Texan psychotherapists, there was no notable difference in the prevalence of burnout due to age or gender. This finding was supported by Lent and Schwartz's (2012) quantitative survey of 340 professional counsellors, where "neither race, sex nor years of experience had a significant effect on degree of burnout" (p.365). In a systematic review of the literature, including 29 articles related to burnout and psychotherapists, H.M. McCormack et al. (2018) found that it was increased age rather than the number of years' experience in the field which protected individuals from the component of depersonalisation. They found that being an older clinician mitigated against

the cynical dimension of burnout. This supports other studies with similar findings (Rosenberg & Pace, 2006; Simionato & Simpson, 2018). Interestingly, and in contrast to these findings, in a qualitative study of 17 Australian psychologists, ten of whom self-identified as having experienced burnout and seven self-identified as not having experienced burnout, the burnt-out group were significantly older, with more work experience than the non-burnout group (Turnbull & Rhodes, 2019). H.M. McCormack and colleagues' review also revealed the complex relationship between gender and burnout. Studies are mostly consistent in indicating that there is no significant difference in the levels of burnout between male and female psychotherapists when it is measured as a single construct (Lent & Schwartz, 2012; Maslach, 2003; Raquepaw & Miller, 1989). One study reported higher rates of burnout amongst male psychologist participants (Van Morkhoven, 1998). However, when burnout is divided into its three components (exhaustion, depersonalisation and a lack of personal satisfaction), differences emerge within the individual components, including gender differences. Both Rupert and Morgan (2005) and Rupert and Kent (2007) found that women experience higher levels of emotional exhaustion in agency settings. In contrast, men report higher levels of emotional exhaustion in private practice. From their review of the literature, H.M. McCormack et al. (2018) reported that male psychologists showed a closer relationship with the depersonalisation dimension of burnout, while females demonstrated the exhaustion component more significantly. Rosenberg and Pace (2006) offer a potential explanation based on the findings of their study, suggesting that "boys and girls are taught to relate with others differently" (p. 95). They suggest that, because women tend to be more empathic, they may become emotionally exhausted more easily, while men may be less emotional, and thus "may be more prone to deal with people in depersonalized ways" (p. 95); thus, this component of burnout may be more pronounced for male participants.

2.7 Contributory Factors to Psychotherapist Burnout

The literature examining the contributory factors to burnout has yielded some consistent findings, alongside divergent and contradictory findings. While many of the studies cited draw on data derived from quantitative methodologies, the findings from the limited number of qualitative studies have been significant in terms of adding depth and understanding of what contributes to a burnout experience. The following section aims to synthesise and critically review the most relevant of these findings.

2.7.1 Work Setting

Burnout, as outlined and defined earlier, is an experience that is, at its core, related to an individual's relationship with their work and workplace. It is unsurprising, therefore, that work-setting and conditions are given considerable attention in the literature focused on the contributory factors to burnout. Maslach (2017) considers the work setting to be "especially significant" (p. 145). In a quantitative study of a random sample of 68 psychotherapists in Texas, Racquepaw and Miller (1989) found that clinicians who worked in agencies showed more symptoms of burnout than their counterparts in private practice. These findings have been supported by more recent quantitative studies (Dupree & Day, 1995; Fortener, 2000; Lippert, 2000; Rosenberg & Pace, 2006; Vredenburgh et al., 1999; Berjot et al., 2017; Lent & Schwartz, 2012). The suggestion in the literature is that being self-employed lends itself to autonomy, which allows more control over the work which is done (Rupert & Kent, 2007; Vredenburgh et al., 1999). Raquepaw and Miller found that private practitioners reported more frequent instances of personal accomplishments, thus mitigating the "inefficacy" component of burnout. Interestingly, in their quantitative study of 167 Australian psychologists, Di Benedetto and Swadling (2014) found no difference in the levels of burnout between private and non-private practitioners. They hypothesise that the levels of burnout in private practitioners has risen to a similar level to that of those

clinicians in organisations due to the large scale integration of private practitioners into the public mental health system as mandated by insurance cover in Australia.

Molloy's (2019) aforementioned qualitative study of support workers reported that the development of burnout was buffered by a supportive working environment. In their qualitative study of domestic violence counsellors, Iliffe and Steed (2000) found that the lack of support at work was a secondary contributor to burnout. Farber's factor study of the satisfactions and stresses of psychotherapeutic work (1981) found that institution-based psychotherapists reported greater stress regarding working conditions than their private practitioner peers. He suggests that this is "due to the 'protected' and autonomous nature of private work" (p. 639). In the same study, however, he found that there was little difference between private practitioners and institutional psychotherapists regarding "the extent of personal depletion they experienced as a result of therapeutic practice" (p. 629). In a study of Farber's burnout profiles, Monter-Marin et al. (2009) found that overly bureaucratic organisational structures contribute to burnout. Oser et al. (2013) suggested that, while excessive paperwork, office politics and low prestige can contribute to the development of burnout, this can be offset by co-worker support. This was based on data derived from focus groups comprised of 28 addiction counsellors. In many cases, those working in private practice may be denied the social support and camaraderie of working in an organisation (Rupert & Kent, 2007).

It could be argued that if the burnout rate is elevated for psychotherapists working in agencies where team support, access to specialist training and a management structure may be available, there is an additional possibility that private practitioners who may not have access to such support may be vulnerable to burnout. Maslach emphasises the importance of social support both inside and outside of the workplace for mitigating burnout (2017). Farber (1981) considers that "the insular nature of private practice, though

beneficial in some regards, impedes the formation of collegial support systems that often serve to attenuate the personally depleting aspects of therapeutic work" (p. 629). In addition to this, following their survey of 588 psychologists, Rupert and Morgan (2005) recommended that private practitioners need to closely self-monitor their involvement levels with clients, given that they found higher rates of over-involvement with clients among this cohort, associated with higher rates of exhaustion and depersonalisation. Further research in this area would be helpful in developing an understanding of the difficulties and dangers that can exist while working in private practice

2.7.2 Work Type

The literature suggests that the type of psychotherapeutic work being carried out can have implications for the development of burnout. Jergensen (2018), in a survey of 135 Dialectical Behavioural Therapy (DBT) practitioners located worldwide, found a burnout rate of 4%, which is very low when compared to other studies. Jergensen attributed the lower rate of burnout to the specific skillset of these practitioners, who may use DBT skills to regulate any adverse effect of their work. Conversely, in a qualitative study of 18 therapists with high caseloads of domestic violence clients, 12 reported "having experienced burnout or near burnout" (Iliffe & Steed, 2000, p. 406). This was attributed primarily to long hours being exposed to traumatic material featuring issues of domestic abuse, and secondarily to a lack of training and a sense of isolation. Similarly, in a quantitative survey of 194 substance misuse professionals in the UK, a high level of each of the components of burnout was found among this cohort, suggesting that such therapists may be more vulnerable to becoming burned out than other mental health professionals (Oyefeso et al., 2008). The researchers attribute this to the increased demand for substance misuse services following the implementation of the UK government drug strategy in

1998. The variance in burnout level found throughout the literature suggests that the type of work involved may be a significant contributory factor to burnout.

2.7.3 Workload and Caseload

On analysing the literature on burnout, both workload, which comprises all of the elements of therapy practice, and caseload, which refers specifically to client-related work, feature highly in what are considered significant contributing factors (H.M. McCormack et al., 2018). This is understandable, as the work or caseload represents the type and level of demand on the resources of the individual.

Maslach (2017) recognises that "both qualitative and quantitative work overload contribute to burnout by depleting the capacity of people to meet the demands of the job" (p. 149). Berjot et al.'s (2017) quantitative study supports Hammond et al.'s finding. They suggest that a high workload and lack of recognition may contribute to burnout. Similarly, in Hammond et al.'s (2018) qualitative study of private practitioner clinical psychologists, all participants cited workload as being a contributory factor. The participants spoke of excessive work hours which had, over time, become the norm. Hammond et al.'s findings contradict Rosenberg and Pace's (2006) assertion that "those in private practice are less likely to experience burnout given their greater sense of control over the amount of hours worked per week" (2006, p. 96).

In a national survey of 501 randomly selected counsellors in the United States, Lawson (2007) found that "counsellors are working with tremendously challenging caseloads" (p. 31). He reports that more than half of the clients in the caseload of the counsellors surveyed were trauma survivors and that 15% were considered to be either suicidal, self-injurious or otherwise dangerous. In their survey of 240 psychotherapists, Laverdiere et al. (2018) found that caseload was positively associated with burnout. However, Raquepaw and Miller (1989) found that it was not, in fact, the caseload itself

which led to burnout, but rather, the therapist's perception of their caseload that was significant. This finding was supported by a more recent survey of 240 Canadian psychotherapists (Laverdière et al., 2019) which linked levels of burnout to "perceptions of caseload volume" (p.213). This is a significant finding, in contrast with some of the burnout literature which indicates the actual caseload is of considerable importance (Lawson, 2007; Turnbull & Rhodes, 2019).

Whilst workload and caseload may influence the development of burnout, it is also important to examine the significance of an individual's compatibility with their job.

2.7.4 Job Fit

Leiter and Maslach (1999) identified six aspects of working life which need to be considered concerning burnout. When they are well balanced, they can then act as protective factors against burnout. These aspects are as follows: "workload, control, reward, community, fairness and values" (p. 472). Maslach later posited that "the greater the perceived incongruity, or mismatch between the person and the job, the greater the likelihood of burnout" (Maslach, 2017, p. 149). She maintains that all it takes is one of these dimensions to be out of balance, in order for burnout to manifest. Maslach and Leiter (2016) also theorised that the correlation of workload with exhaustion was stronger than any of the other five areas, but not necessarily the most important in the development of burnout. The premise is that one can work very hard for extended periods doing work that one enjoys; however, if the workload becomes unsustainable, with little or no time for recovery, the attitudinal dimensions of cynicism and inefficacy can emerge. Maslach maintains that interventions tend to be focused on the individual when burnout manifests, with organisations focusing on self-care and pathologising the burned-out individual. This displaces the responsibility for change onto the individual rather than adapting the working environment to become a healthier place in which to work.

Simionato and Simpson (2018) in their systematic review of the literature relating to burnout and psychotherapists reference job fit as a key factor in burnout development. They suggest that it is incumbent on the psychotherapist to reflect on their own individual strengths and limitations in the context of the job. This supports a recommendation by Lent and Schwartz (2012) arising from their survey of 340 counsellors in America, which found that counsellors use "introspection" (p. 367) to evaluate their ongoing personal fitness regarding their working environment.

2.7.5 The Context of Private Practice

Burnout literature suggests that contributory factors to burnout are derived from both the person and the working environment (Maslach, 2017). This section will review and critique the literature as it pertains to the working environment of the private practitioner.

In the literature, it has been suggested that the stressful aspects of work settings can be more significant predictors of burnout than personality traits (Bakker et al., 2006; Maslach & Leiter, 2017b). It has been noted in the literature that the majority of psychotherapist practitioners in Ireland maintain some type of private practice, although it is not known how many clinicians work in private practice exclusively (O'Morain et al., 2015). Being self-employed can be appealing, as it offers the benefits of autonomy, client selection and a choice regarding the hours worked and work type (Farber et al., 2005; Laverdière et al., 2019; Rupert & Kent, 2007; Vredenburgh et al., 1999; Rupert & Morgan, 2005). While much of the empirical literature focuses on the advantages of private practice over agency or community work, it is primarily in the clinical literature that the perils and pressure of working independently can be found. Many authors refer to the financial pressures of private practice and the demands of working outside of the structure of an agency or organisation (Adams, 2013; Thistle, 1998; Weitz, 2006). This literature raises issues such as unpredictable fluctuations in income (Adams, 2013) and the sense of

responsibility for all aspects of running a business, including personal safety, continuing personal development, marketing, dual relationships, conflicts of interest (Weitz, 2006), client safety and the delivery of quality service. As a warning to those considering entering private practice, Weitz observes,

> "Whatever you have been used to doing in your counselling work, you will need to do even better in private practice. You will need to be even more rigorous in your management and have the highest possible standards in your clinical practice. The feedback from insurers and professional organisations is that complaints are on the increase. In private practice you are more vulnerable because you are isolated and less well supported" (Weitz, 2006, p. 83).

From this, one could conclude that private practice is an increasingly stressful environment in which to work, and one that demands further exploration regarding the potential impact of burnout upon clinicians who work in this realm.

2.7.6 Personality Type

The literature is consistent in its finding that, for those who experience burnout, the personality trait of neuroticism is the strongest predictor (Azeem, 2013; Gustafsson et al., 2008; Killian, 2008; Lent & Schwartz, 2012). Lent and Schwartz (2012) posit that conscientiousness may act as a buffer against burnout. Similarly, Hurt et al. (2013) found that increased conscientiousness led to decreased reports of burnout in a study of 113 applied behaviour analysis therapists. Findings that resonate with this were reported in Azeem's (2013) study of neuroticism and conscientiousness, including their relationship with burnout. He found that increased conscientiousness served as a protective factor against burnout among 90 healthcare workers in hospitals in Northern India who were surveyed. More specifically, in their review of the literature on personal risk factors on the

development of burnout, Simionato and Simpson (2018) observed that excessive or low conscientiousness was associated with burnout. This indicates that it is not the trait of conscientiousness itself that lends to burnout, but rather it is when it is out of balance that conscientiousness may be problematic.

Significant attention is given in the literature to the type of individual who decides to become a psychotherapist and how exposed psychotherapists are, by nature, to becoming burned out. The archetype of the wounded healer has long been associated with the profession of psychotherapy (Jung, 1951) and many counselling frameworks suggest that vulnerability and experiences of pain can help psychotherapists to empathetically engage with clients (Gelso & Hayes, 2013). This process, however, should be conscious, deliberate and managed, in order to protect the work and healthy management of countertransference that can lead to improved client outcomes (Gelso & Hayes, 2001). Understandably, the profession of psychotherapy is attractive to those who have been in caring roles, those who have had adverse childhood experiences and those who have experienced trauma (Farber et al., 2005; Kern, 2014). Freud's theory of repetition compulsion (1958) may illuminate how this can impact upon a therapist. Repetition compulsion is considered to be "the desire to return to an earlier state of things" (Bocock, 2003, p. 73). According to Freud's theory, individuals who have endured pain are strongly driven to repeat the experience or unconsciously recreate the circumstances in the hope of mastering or at least ameliorating situations and experiences that they could not control early in life. This is also reflected in Sussman's literature on the experience of a "calling" to psychotherapy: "a major determinant of this career choice involves the wish to resolve one's own emotional problems" (1992, p. 239). He reflects that the process of psychotherapy involves two vulnerable people with different roles, one being the therapist and the other being the patient.

2.7.7 Psychotherapist Vulnerability

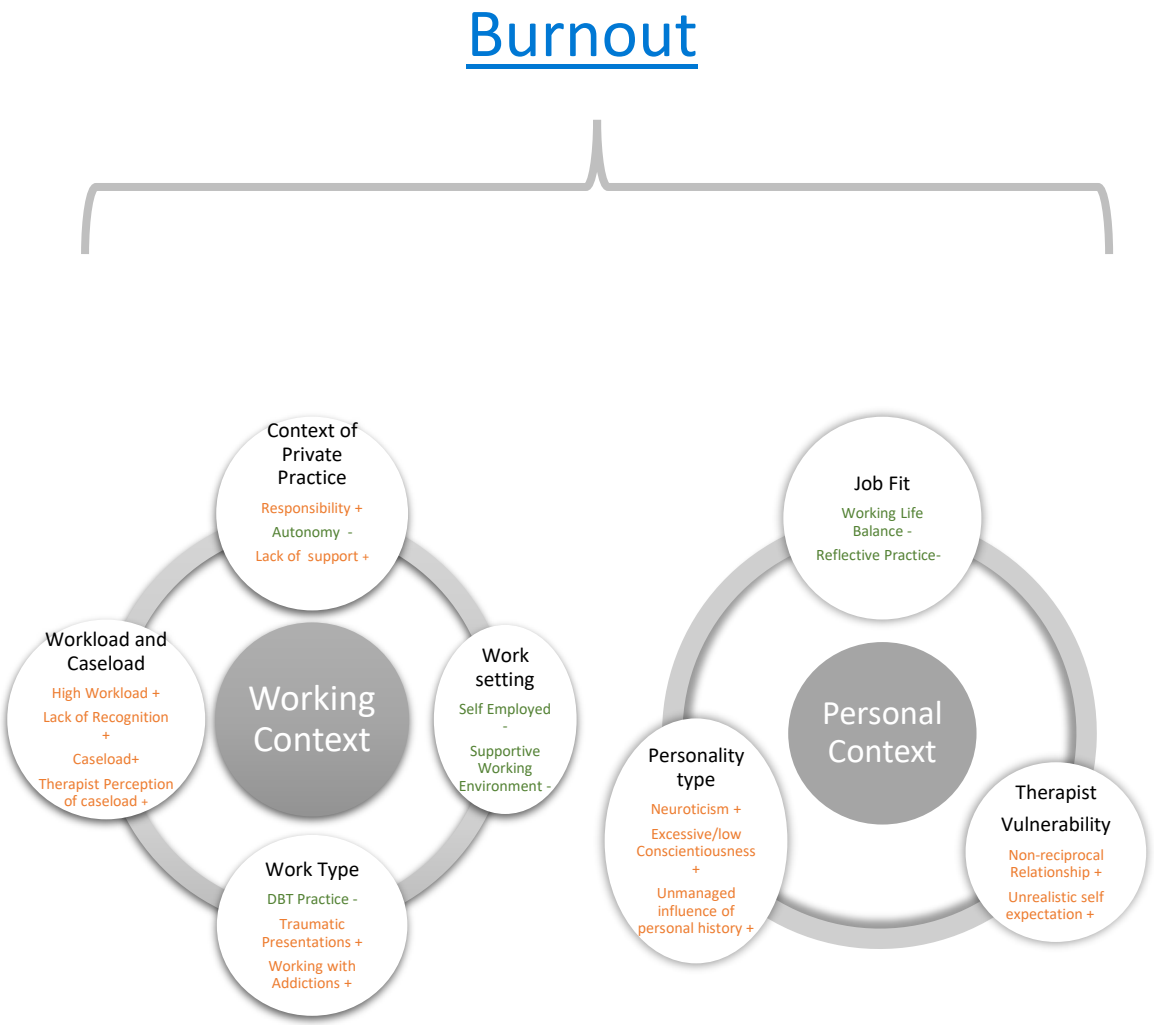
The literature indicates that the work of psychotherapy leaves its practitioners vulnerable to burnout. For some, the primary reason for this is the non-reciprocal nature of the psychotherapeutic relationship (Campagne, 2012; Farber, 1990). It is argued that the act of engaging in intense empathic relationships can cost the therapist enormously. In Hammond, Crowther and Drummond's (2018) study, all participants "suggested that their client's expectations and needs were more important than their own" (p. 9). This can cause the psychotherapist to prioritise the clients' demands over their own needs (Saddichha et al., 2012), becoming increasingly depleted over time (Gustafsson et al., 2008).

Alongside their expectations of themselves, psychotherapists can be vulnerable to burnout due to their expectations of the job (Campagne, 2012; Gustafsson et al., 2008; Lambie, 2006; Rosenberg & Pace, 2006). Lambie (2006) posits, based on his clinical experience, "when counselors believe that they are responsible for a client's behavior and have the power to control his or her behavior, they are at an increased susceptibility to burnout because of these unrealistic expectations" (p. 38). The autonomy which can attract individuals to the working context of private practice also brings with it complete ultimate responsibility for both the clinical and administrative aspects of the work (Carney & Granato, 2000). This, alongside the isolation so frequently cited as being a feature of private practice (G. McMahon, 2014; Thistle, 1998) may increase the significance of clinical supervision for the private practitioner.

In seeking to understand the phenomenon of burnout for private practitioner psychotherapists, and the nature and impact of that experience upon that population, an analysis of what factors have previously been found to contribute to burnout, is a critical part of the foundations of such a study. Understanding these factors can give the researcher a useful backdrop and context in which to interpret the findings of the data arising from the

study. To this end, seven major contributory factors were identified in the literature which have been grouped into two categories, work context and personal context and have been illustrated in figure seven below.

Figure 7*: Contributory and Mitigating Factors to Burnout Categorised as Working or Personal Context*



Note. A '+' sign in the above figure indicates a contributory factor to burnout, whereas a '-' sign indicates a mitigating factor against burnout.

2.8 Clinical Supervision and Burnout

The findings related to the role of clinical supervision as a protective measure against burnout are inconsistent. The Irish Association for Counselling and Psychotherapy (IACP) define clinical supervision as "a formal arrangement for counsellors/psychotherapists to

discuss their work regularly with someone who is experienced in counselling/psychotherapy and supervision" (IACP, n.d). Many studies of burnout make recommendations for clinicians to attend regular supervision in order to prevent the onset of burnout and as a self-care measure for psychotherapists (Campagne, 2012; Cvetovac & Adame, 2017; Ross et al., 1989; Turnbull & Rhodes, 2019). Supervision, it has been found, can become a source of validation and inspiration, and it can serve to buffer a clinician's sense of professional identity (Yerushalmi, 2019).

Quality of supervision has been suggested across the literature as being of primary importance. Johnson et al. (2020), from their survey of 298 Australian psychological therapists, found that enhanced quality of supervision leads to decreased levels of disengagement among the participants, whereas the frequency of supervision did not affect this component. Neither frequency nor quality of supervision impacted upon the exhaustion component of burnout in their study. Interestingly, in Hammond's (2018) study of burned-out solo-practising Australian psychologists, participants felt that they were more susceptible to burnout if their supervisors failed to provide adequate support. In an American national survey relating to personal and work-related variables regarding counsellor wellness and impairment, Lawson (2007) found that counsellors who received more group supervision or participated in supervision consultation more often scored significantly higher on the burnout scale. He surmised that those practitioners who found themselves burning out might have increased the number of supervisory sessions they attended, or it was possible that it was not the frequency of attendance, but rather the efficacy of the supervision, which was important, as suggested by Johnson et al. (2020) in the aforementioned study.

Conversely, there is a body of literature which suggests that supervision does not act as a protective factor against burnout. Rosenberg and Pace (2006), in their survey of

116 American marriage and family therapists, found no difference in the burnout levels between those who attended regular supervision and those who did not. It is also noteworthy that, in a survey of 506 American counsellors regarding career-sustaining behaviours, receiving regular supervision was not highly rated (Lawson & Myers, 2011), and a similar finding was revealed in a survey of 167 Australian psychologists examining the influence of career-sustaining behaviours on burnout (Di Benedetto & Swadling, 2014). In Laverdière et al.'s (2019) quantitative study of the quality of life of 240 Canadian psychotherapists, the experience of supervision was found not to be related to burnout. Indeed, Simionato and Simpson (2019), drawing from their systematic review of the literature on burnout among clinical and counselling psychologists, warn that the burned-out psychotherapist can be particularly sensitive to criticism within the supervision setting, which can lead to an enhanced sense of failure. This challenges the perception that clinical supervision can automatically act as a buffer between the clinician and burnout.

Some significant differences exist in the role which supervision plays for psychotherapists who work in private practice compared to those who work in organisations. For the private practitioner, clinical supervision may be the sole space within which they are able to discuss clinical successes, errors and oversights, and a safe, non-judgmental, supportive supervisory relationship can facilitate this (A. McMahon, 2014). This may not be the case in organisations where additional collegial support may be available. The clinical literature on private psychotherapeutic practices emphasises the impact that social isolation can have on practitioners (G. McMahon, 2014; Thistle, 1998). While group or peer supervision might increase or enhance the support network available to the private clinician, given that the majority of the literature on supervision is based on trainees or student therapists, there is a dearth of literature regarding the seasoned practitioner’s experience of supervision as a supervisee.

2.9 Qualitative Research on Burnout

Although the volume of literature related to burnout is clearly dominated by quantitative research and theoretical frameworks, there has been a recent emergence of qualitative studies exploring the experience of burnout across mixed working groups (Ekstedt & Fagerberg, 2005; Engebretsen & Bjorbækmo, 2019a; 2019b; 2020; Eriksson et al., 2008; Gustafsson et al., 2008; Hammond et al., 2018; Kavalieratos et al., 2017; Turnbull & Rhodes, 2019). The findings of these studies serve to illuminate the experience of being burned out and how this affects the individual. The depth and distress of the experience of burnout have been elucidated in the findings of these studies, in a way which is not possible within the confines of quantitative research.

Across the qualitative studies, the findings that emerge reflect the embodied experience of burnout. These are often expressed not solely as the actual physical symptoms of burnout such as headache, backache, recurrent minor illnesses, but rather how an experience of burnout feels in the body, as suggested by the title of Kavalieratos et al.'s (2017) qualitative study of burnout among 20 hospice and palliative care clinicians based in the US, "It is like heart failure. It is chronic…and it will kill you" (p.901). The embodied experience of burnout is also a focus of Engebretsen & Bjorbækmo's (2019a; 2020) studies based on data derived from the same participant group of eight individuals on sick leave for more than 52 weeks. The first study explores the experience of waiting to be formally recognised as burned out by a medical professional. The findings identified the sense of being a "no-body" (p.1022), of disappearing and withdrawing while also expressing a sense of exposure, of their inadequacy being apparent to others. This was echoed by the second study, the focus of which was rehabilitation following an experience of burnout. The authors illustrate the physical felt sense of being burned out. Their participants describe being trapped in a depleted body that can no longer do what it used to

do, of managing a “balancing act” (Engebretsen & Bjorbækmo, 2019a, p.1472) between what it is they would like to be able to do and what is actually possible. It is important to note that Engebretsen & Bjorbækmo's studies were inspired by the phenomenology of Merleau-Ponty, and therefore, an emphasis on embodiment would be anticipated.

Two Australian qualitative studies of burnout, focused on psychologists, were sourced. Turnbull and Rhodes (2019) carried out a narrative analysis with a focus on burnout and growth. The findings of this study illustrated that transformation and growth can come from an experience of burnout; however, they also noted that it was not necessary to have an experience of burnout for the same growth to occur. Hammond et al. (2018) carried out a thematic analysis of six privately practising psychologists who had experienced burnout. This study illustrates the challenges facing self-employed private practitioners concerning burnout, and identifies and describes the common themes such as the symptoms, precursors and protective factors related to burnout as well as barriers to overcoming burnout. Of all of the studies reviewed, Hammond et al (2018) appears the closest in design to the current study in relation to both participants and subject matter. However, while Hammond et al (2018) carried out a thematic analysis, the current study uses IPA to capture both the idiographic nuances of the individual participant’s experiences, along with emerging patterns across the sample. This current study assists in adding to the growing qualitative research base on the pivotal issue of burnout (Ekstedt & Fagerberg, 2005; Engebretsen & Bjorbækmo, 2019a; 2019b; 2020; Eriksson et al., 2008; Gustafsson et al., 2008; Turnbull & Rhodes, 2019) while making a significant and novel contribution to the literature in focusing on the lived experience of this phenomenon for psychotherapist in private practice.

2.10 Conclusion

This chapter has detailed the complex history of burnout as a concept, in the context of the relevant literature. It has outlined the variety of definitions, frameworks, theories, and models surrounding the phenomenon of burnout and positioned this study as adopting the definition supplied by Maslach and Leiter (2016). The review explored the literature related to burnout as a distinct construct, differentiating it from other potentially overlapping constructs, on the basis that it is an occupational phenomenon that can have a significant and detrimental impact on psychotherapists. A detailed examination of the prevalence of and contributory factors to burnout was carried out with a particular focus on psychotherapists in private practice. From this review, there is little doubt that burnout constitutes a problem for psychotherapists, to which clinicians in private practice are not immune. Consideration was given to the significance of clinical supervision to psychotherapists in the context of burnout and the importance of effective rather than frequent clinical supervision. This review and others have identified that there is a dearth of qualitative literature on burnout. Following review and critique of the literature, clearly, a qualitative study of burnout amongst private practitioner psychotherapists would be an original and novel addition to the body of knowledge relating to both burnout and psychotherapy. This study will illuminate the experiences of, and give voice to this participant population, previously unheard within the body of knowledge on burnout.

2.11 Researcher's Reflexive Comment

My sense of the literature initially was that there was a distinct lack of clarity around the concept of burnout. I struggled with my own confusion as to what definition to use and within what theoretical lens I could coherently ground my study. Attendance at a conference on burnout (Well-being and Performance in Clinical Practice, Greece) in 2016 greatly clarified this and gave me an abundance of direction towards literature and research

which helped me clear a pathway through the jungle of available literature. The dearth of available qualitative literature on burnout in general was confirmed by a conversation with Christina Maslach at the conference, which strengthened my resolve to explore this phenomenon as a lived experience.

As a psychotherapist myself, the absence of available literature on the experience of burnout amongst my own profession was troubling. It raised a concern that those who may be exposed to burnout by virtue of their job and potentially working in isolation had not been represented in the literature. This spurred me on to continue this experiential exploration and cemented my commitment to the topic, the population, the working context, and the methodology and bridge the gap in the literature regarding burnout and psychotherapists and private practice.

Chapter 3: Methodology and Methods

This chapter will outline the specific aim and objectives of the study. It will describe the epistemological and ontological justifications for the choice of methodology applied in the research. It will also demonstrate how the methodology was consistently adhered to in all aspects of the study design, including participant sampling, data gathering, researcher reflexivity and data analysis. The ethical principles considered for this study are discussed, with examples of how they were applied in practice throughout the research process. This chapter concludes with a review of the standards used to uphold the validity and reliability of the findings of the study.

3.1 Research Question, Aim and Objectives of the Study

The research question, which is the focus of this study is: "How do psychotherapists who have experienced burnout while working exclusively in private practice make sense of that experience?" This study aims to gain an understanding of psychotherapists' lived experience of burnout while working solely in private practice. With this aim in mind, the specific objectives of the study are:

1. To capture the lived, personal experiences of this phenomenon.
2. To illuminate the meaning that private practitioner psychotherapists associate with an experience of burnout.
3. To illuminate supports therapists may have used to manage the experience of burnout while working in private practice.
4. To elucidate how the experience of burnout impacted upon how they perceive themselves as psychotherapists.

3.2 Research Design and Methodology

This study is qualitative by design. It seeks to explore in-depth, the lived experiences of burnout of a small number of private practitioner psychotherapists, and to illuminate the meaning that they lent to such an experience so that this phenomenon can be elucidated and made recognisable to others. The qualitative framework contains a variety of potential approaches. “Alignment between the belief system underpinning the research approach, the research question and the research approach itself is a prerequisite for rigorous qualitative research” (Teherani et al., 2015, p. 669). The underpinning philosophical approach, within the qualitative framework, is phenomenology. The chosen phenomenological approach used to answer the research question is Interpretative Phenomenological Analysis (Smith et al., 2009). The epistemological and ontological assumptions which informed this choice will now be discussed.

3.2.1 Qualitative Research

> *Not everything that can be counted counts and not everything that counts can be counted.* (Cameron, 1963, p. 13)

Qualitative research “consists of a set of interpretive, material practices which make the world visible” (Denzin & Lincoln, 1998, p. 4). It seeks to "uncover people's grasp of their world" (Smith & Osborn, 2008, p. 4). It is inductive in nature, and its goal is a depth of understanding of the meaning of the experience of a phenomenon to the participants. The underpinning philosophy recognises that there is no one *truth* in an experience, but rather multiple perspectives on how a phenomenon is experienced. “The truth is never pure and rarely simple” (Wilde, 1899, p. 15). The qualitative researcher endeavours to explore rather than predict participants’ meanings of their experiences (Smith, 2009); bringing these "taken for granted meanings [...] to our specific awareness can allow us to be less perplexed about ourselves" (Smith & Osborn, 2008, p. 5). Where quantitative research

"seeks to produce data that can be statistically analysed in order to address questions" (Forrester, 2010, p. 60), qualitative research "implies an emphasis on the qualities of entities and on the processes of entities that are not experimentally examined or measured in terms of quantity, amount, intensity or frequency" (Denzin & Lincoln, 1998, p. 13).

As discussed in the review of the literature, it has been established that burnout is prevalent among psychotherapists. It has been measured and quantified using a variety of instruments and scales. There is an assumption drawn from quantitative burnout research that working in private practice is a protective factor (Farber, 1990; Rosenberg & Pace, 2006). The experience of burnout among private practising psychotherapists, however, is less well established and researched (Hammond et al., 2018). Therefore, a qualitative approach to collecting relevant data is the most appropriate methodology for the study proposed, as the research question seeks to uncover the sense and meaning of an experience of burnout, rather than to collect statistical data.

The most commonly used qualitative methodologies are as follows: phenomenology, ethnography, grounded theory, narrative research and case study (Padgett, 2008). While any of these approaches could yield valuable information in the field of burnout, the nature of phenomenological enquiry aligns itself with an individual's experience of a phenomenon, which was the aim of the research question. Phenomenology is "a science which aims exclusively at 'knowledge of essences' " (Husserl, 2012, p. 3). This study is a retrospective study by design, as (a) ethically, it was important that the participants had sufficiently recovered from the experience to be able to talk about it in-depth without being harmed, and (b) it was important that the participants could reflect on the entire experience of the phenomenon from a position of wellness. As such, an ethnographic methodology, which "studies how people spontaneously produce ways or 'methods' of behaving" (Forrester, 2010, p. 202) would not be fit for the present purpose.

As discussed in the literature review, there are already several established theoretical frameworks around burnout. This eliminated the need for a grounded theory to be developed. The focus of this study was to grasp the full depth of the experience of burnout as understood by the participants, rather than a focus on story of the experience, and therefore a narrative analysis was excluded as a suitable methodology. Similarly, a case study design, while valuable in its idiographic approach may not yield sufficient data to illuminate some of the diversity which may exist in an experience of burnout. Phenomenology acknowledges that experiences of burnout can be different, depending on the perspective of the individual (Purvanova & Muros, 2010). "Phenomenology insists that daffodils are indeed different for a wandering poet than they are for a hard-pressed horticulturalist" (Smith & Osborn, 2008, p. 12). This is a significant perspective for a study of burnout, a phenomenon which has been studied in many contexts, but without examination of the experiences of the private practitioner psychotherapist.

3.2.2 Phenomenology

Phenomenology has been described as “the descriptive science of consciousness” (Moran, 2013, p. 90). It is “concerned with the world as it presents to us” (Willig, 2008, p. 57). It aims to systematically describe an experience, where consciousness is the object of the investigation, rather than trying to explain any underlying external element of the phenomenon. It “emphasises inductive logic, seeks the opinions and subjective accounts and interpretations of participants, relies on qualitative data analysis and is not so much concerned with generalisations to larger populations but with contextual description and analysis” (Gray, 2009, p. 28). It is what Husserl described as “an attempt to go back to the things in themselves” (Husserl, 2001, p. 168) or the *essence* of an experience. From a phenomenological perspective, “self and world are inseparable components of meaning”

(Moustakas, 1994, p. 28), so how an experience is perceived by an individual is idiographic and depends on their intrapersonal and environmental context.

Approaches among the phenomenological schools of thought are categorised as either descriptive or interpretative. Descriptive studies aim to assist with the understanding of experiences which are not sufficiently understood, whereas interpretative studies seek to understand the sense and meaning of an experience to the participants; the "methodological meaning of phenomenological description is *interpretation*" (Heidegger et al., 1996, p. 33). A discussion follows on the development of descriptive phenomenology and interpretative phenomenology.

Developed by Husserl at the beginning of the 20th century, descriptive phenomenology focuses on documenting and analysing people's experience of phenomena. Descriptive phenomenology such as Husserl's approach requires the researcher to mute their own experience (Husserl, 2012) and approach the participants and the subject matter without any preconceptions or biases.

Heideggerian hermeneutic phenomenology (1927), was considered as a potential methodology for this study. "Interpretative phenomenology also aims to gain a better understanding of the nature and quality of phenomena as they present themselves" (Willig, 2008, p. 56). A student of Husserl, Heidegger's phenomenology stems from descriptive phenomenology, but departs from it through its focus on the meaning of the phenomenon rather than being based on a pure description of the phenomenon (Heidegger et al., 1996). The Heideggerian research approach seeks to illuminate the meaning of "being in the world" (Heidegger et al., 1996, p. 49) as experienced and made sense of by the participants and interpreted by the researcher. It requires the researcher to incorporate their experience and preconceptions of the phenomenon into the research. Through reflexivity, the researcher can become aware of, and acknowledge their own perspectives and use these in

interpreting the experiences of the participants. “As the ego cogito, subjectivity is the consciousness that represents something, relates this representation back to itself, and so gathers with itself” (Heidegger & McNeil, 1998, p. 325). As conscious beings, we make sense of the world we experience and then understand our place in the world as a result. As such, burnout researchers have the flexibility to use their own experience as an instrument to understand the phenomenon as experienced by others.

3.2.3 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) offers a methodological solution which seeks to uncover the meaning and meaning-making of a phenomenon. Developed by Jonathan Smith (1996), IPA is a method which is widely used to research phenomena within the human sciences (Smith et al., 2009). It is underpinned by the three key philosophical principles of phenomenology, hermeneutics and idiography (Smith et al., 2009a). These will be considered in turn in the section which follows.

IPA concerns itself with the “detailed examination of human lived experience” (Smith et al., 2009a, p. 32). Phenomenology, within the context of IPA, privileges the subjective meaning that an individual makes of an experience, rather than an objective measure of that experience. This includes the study of everyday and taken-for-granted experiences. “Husserl’s work has helped IPA researchers to focus centrally on the process of reflection” (Smith et al., 2009a, p. 16), of how we conceptualise and articulate an experience.

More recently, a debate has emerged as to whether IPA can be considered as a genuine phenomenological methodology (Smith, 2018; van Manen, 2018; van Manen, 2017; Zahavi, 2019). The suggestion presented by van Manen is that IPA focuses on the individual’s experience of a phenomenon from a psychological perspective rather than focus on the experience itself. As a consequence, van Manen criticises IPA as generating

findings which are 'superficial and shallow' (van Manen, 2017, p. 778). This view has been supported by Zahavi (2019) expressing concerns that the link between IPA and phenomenology "does not amount to very much" (p.901). This has been countered by Smith (2018) who argued that it is possible for "good work to be both phenomenological *and* psychological" (p.1958) and that IPA has a commitment to both. He argues that IPA involves "a core concern with attempting to let the experience appear in its own terms" (p.1958). The root of this criticism may lie in the "user-friendly approach" (Pringle et al., 2011, p. 22) and accessibility of the language and concepts of IPA, which distinguish it from other phenomenological methodological approaches.

IPA emphasises the active role of the researcher in the research process. The participants make sense of their lived experience, and the researcher endeavours to interpret their sense-making. The researcher's intention is to get close to the personal lived experience of each participant, to garner an "insider's perspective" (Smith et al., 2009, p. 36). As the aim of this study surrounds meaning and meaning made of the phenomenon of burnout by a small sample of psychotherapists, Biggerstaff and Thompson (2008) posit that these can only be made available through a process of interpretation, initially by the participants themselves and subsequently by the researcher.

IPA's double hermeneutic stance is both empathic and questioning. It allows the researcher to empathise with the participant while leaving room for observation of aspects of the experience of which the participant may be less aware. "Following Heidegger, IPA is concerned with examining how a phenomenon appears, and the analyst is implicated in facilitating and making sense of this appearance" (Smith et al., 2009, p. 28).

IPA positions the researcher as engaging in a "hermeneutic circle" (Smith et al., 2009, p. 35). Firstly, the researcher must examine any preconceptions, experiences, biases, and concerns that they have about the phenomenon. This examination is done transparently

and openly. At this stage, the researcher is the focus of their own research, and this must be carried out before an encounter with any participant, who becomes the next focus in the circle. The researcher gives an “intense attentiveness” (Smith et al., p.35) to the participants’ lived experience of the phenomenon, and endeavours to empathise with their perspective of the experience. The concluding arc of the circle is the return of the researcher to “home base” (Smith et al., p.35), wherein the researcher listens and re-listens in a questioning way to the participant’s account, and thus tries to make sense of it. The researcher must engage with the hermeneutics of empathy, embracing the perspective of the participant and hermeneutics of suspicion, questioning the participants' position, considering what might be hidden or why meaning made might appear in such a way and creating interpretative layers of interrogating the data (Eatough & Smith, 2008; Langdridge, 2004). The result is a co-constituted account, elucidating the meaning made of the phenomenon under scrutiny.

A criticism of IPA has been that recognition and inclusion of the researcher as a meaning-making and interpretative being within the research process can dilute the validity of findings made (Cronin & Lowes, 2016). Giorgi (2011) in his critique of IPA, repeatedly refers to IPA’s relationship to the hermeneutic tradition as “loose” (p.207 &208), and as such the role of the researcher as an interpretive being in the research is not sufficiently explored within IPA. Smith (2010) has countered this with his belief that the discussion of hermeneutics has been well attended to in the comprehensive guide to IPA (Smith et al., 2009). A possible position which could be taken is that it is the transparency with which the researcher reflexively reflects upon, discusses and documents upon her presuppositions, beliefs, biases and attitudes that will contribute to the validity and trustworthiness of a research study. This aspect of IPA will also be considered later in this chapter within the section on validity.

Idiography acknowledges that people have different, subjective ways of experiencing, conceptualising and expressing the same phenomenon (Eatough & Smith, 2008). Idiography and consequently, IPA celebrates the individual and the unique. IPA is committed to in-depth analysis of each case and focuses on the particular rather than the general. It "cautiously moves to an examination of similarities and differences across the cases" (Smith et al. p.38). The idiographic nature of IPA allows for the distinctive voices of the participants to emerge from the research, rather than requiring the researcher to disregard the variations in lived experiences of the same phenomenon (Jeong & Othman, 2016; Wagstaff et al., 2014; Willig, 2008). It is this feature which distinguishes IPA from other forms of phenomenological inquiry (Gill, 2014). The aim of IPA research is an in-depth analysis of a small sample rather than broader, more general claims attributed to a larger group.

The idiographic positioning of IPA is central to the decision to employ this methodology to answer the research question. "IPA is a suitable phenomenological method when seeking perceptions and understandings of a particular situation that are (a) complex, (b) poorly understood or (c) previously unexplored (L. McCormack & Joseph, 2018, p. 4). Burnout is an experience which can manifest in a variety of forms (Farber, 1990b); it is a complex phenomenon (Maslach, 1982), the symptoms of which can be subtle (Espeland, 2006) and confusing even to mental health professionals. There may be variance in the accounts as to how the participants experienced burnout, and this can be appropriately accounted for using an IPA approach to explore the question.

A difficulty related to the practical application of the idiographic goal of IPA is the quandary faced by researchers in honouring the individual while endeavouring to create overarching themes. This is recognised in Wagstaff et al.'s (2014) study of the experiences of using IPA as a methodology. They reported the "uncomfortable dualism" (p.11) as a

dilemma for researchers, as they wrestle with representing both the convergence and the divergence within the data. This tension is probably most easily resolved with the use of a case study but is a real ongoing quandary for those researchers with larger samples.

A detailed account of the method in which IPA was applied to the participant recruitment, data collection and data analysis within the current will now be detailed.

3.3 Application of the Method

IPA as a methodology informed all aspects of the study, which from its conception, sought to explore a complex experience as understood by a particular group of professionals working in a particular context. The phenomenological and hermeneutic underpinnings of IPA allow for a full and transparent analysis of the phenomenon. The ontological assumption is that burnout exists as a phenomenon and is experienced in idiographic ways. It is not a thing; it is an experience; as such, it is critical to hear the nuanced, individual voices of the participants who give expression to the meaning they make of their unique experiences.

3.3.1 Participants

Consistent with the methodological approach (Smith et al., 2009), and recognising that a detailed analysis of each participant's case is required, a reasonable sample size was deemed to be eight participants. As participants presented and data was gathered, it was considered that after eight interviews (and one follow-up interview) there was sufficient rich, descriptive data gathered to answer the research question. This allowed the researcher to give adequate time to the in-depth and time-consuming process of analysing the large amount of data generated within the timeframe of the study and to avoid data overload (Wagstaff et al., 2014).

IPA has been criticised in the literature for its small sample sizes (Pringle et al., 2011). However, this is countered by K. Reid et al., (2005). They suggest that "less is more" (p.22) and that a smaller sample size allows the researcher the scope to maintain the idiographic focus on the data, and to carry out an in-depth analysis of each account. Furthermore, J.M. Morse (1995) suggests that the better the quality of data collected regarding the phenomenon being researched, the fewer the number of participants required for robust research. This allowed the researcher to gather and analyse subjective accounts of the participants.

In keeping with the principles of IPA, the inclusion criteria sought to generate a "fairly homogenous sample" (Smith et al., 2009, p. 49; Wagstaff et al., 2014). The inclusion and exclusion criteria used to refine the potential participant pool reflect the attempt to attract participants who share "life history homogeneity" (Robinson, 2014, p. 28) as in, they share a common experience in similar working contexts. The following inclusion criteria were applied to recruitment to increase the likelihood that participants could adequately speak to the experience in question:

1. Psychotherapists accredited by the Irish Association for Counsellors and Psychotherapists (IACP) or the Irish Association of Humanistic and Integrative Psychotherapy (IAHIP).
2. Participants of any age, gender or geographical location within Ireland.
3. Participants who had an experience of burnout. Participants indicated that they had an experience of burnout in line with the definition offered to them in the advertisement (Appendix A) and the plain language statement (Appendix B).
4. Burnout was experienced while the participant was working solely in private practice.

5. Initially, the experience of the phenomenon was to have occurred at least two years, but not more than five years prior to interview, to accommodate recollection of the phenomenon while allowing time for recovery (Bernier, 1998). As participants began to present, it materialised that there were potential participants who had experienced burnout beyond the five-year cut-off limit but who had clear, enduring recollections of the experience, as it was so pivotal in their career. A successful application was made to the DCU Research Ethics Committee to allow the timeline to be changed to not more than eight years prior to interview. This broadened the pool of potential participants.

6. Participants were required to be fluent English-speakers so that rich data could be gathered through the interview process.

To recruit this sample, the researcher used purposive sampling and snowballing strategies, as recommended by Smith et al. (2009, p. 48). Purposive sampling implies that participants are "selected purposively (rather than through probability methods) because they can offer a research project insight into a particular experience" (Smith et al., 2009, p. 48). In order to purposively recruit appropriate participants, the following strategy was applied:

1. A recruitment advertisement was twice placed in the research section of the monthly email to the members of IACP, which has in excess of 4,200 registered psychotherapists, and it was twice placed in the weekly email bulletin of IAHIP, which has in excess of 1,500 members.

2. A flyer and a poster seeking participants, and clearly explaining the nature, purpose, inclusion and exclusion criteria of the study, along with the researcher's contact details, were sent to agencies and organisations that offer therapy, including National Counselling Service, ProConsult and Pieta House. This was because

participants may have been working in organisations following burnout in private practice.

3. Psychotherapists and psychotherapist supervisors known to the researcher were requested to display and distribute flyers and posters in their practices and places of work.

4. Snowballing, defined as "following up introductions to potential other participants from volunteers in the study" (Biggerstaff, 2012, p. 195), was also used as participants began to make contact. The researcher recognises that this final method of recruitment opens the door to the issue of participant gatekeepers. To mitigate this, as participants made contact, their motivation for taking part in the study would be explored, to ensure there had been no pressure, social or otherwise, to participate.

The demographic information of the participants of this study is detailed in the table below:

Table 1: *Participant demographic information*

Pseudonym	**Bernie**	**Robin**	**Lois**	**Petra**	**Setanta**	**Toni**	**Bryce**	**Jane**
Gender	F	F	F	F	M	F	F	F
Marital status	Divorce	Married	Married	Single	Married	Married	Divorce	Married
Age b/out identified	51	54	58	52	57	55	39	49
Years in practice at time of b/out	6	6	15	16	6	2	2	14
Weekly client hrs at time of b/out	15	20	18	12-15	10	12-15	20	20

The table indicates the demographic profile of the participants in this study. It is noteworthy that each of the participants had a career prior to training to become psychotherapists, and that each participant remained in private practice following their burnout experience.

As each participant made contact, the researcher emailed a plain language statement (Appendix B) to them, which clearly outlines the definition of burnout as described in the literature review and what would be required of them in order to participate. This was to clarify the understanding of the phenomenon of burnout for the purposes of this study, to help the participant self-assess that they had experienced the phenomenon in question and had relevant data to contribute to the study. The purpose of the study, and inclusion and exclusion criteria were also outlined in the plain language statement (Appendix B). An informed consent form (Appendix C) was sent at this stage to participants who met the criteria and who agreed to continue in the process so that they were informed of the potential risks and benefits of participation in the study. Several potential participants made contact who did not meet the inclusion criteria, usually because they did not work *exclusively* in private practice at the time that they experienced the phenomenon. They were informed immediately and thanked for their interest.

3.3.2 Data Collection

While other methods of data collection can be used in an IPA study, one-to-one semi-structured interviews are usually employed (Gill, 2014; K. Reid et al., 2005; Willig, 2008). Interviews lend themselves to qualitative research, as rich and descriptive accounts of the experience can be gathered, and observation of the sense-making process can be undertaken in real-time (K. Reid et al., 2005). Much is required of the researcher in an interview adopting an IPA approach, including "a combination of strong empathic engagement and highly attuned antennae ready to probe further into interesting and

important aspects" (Smith & Osborn, 2015, p. 41). In order to collect rich, descriptive, participant-centred data, the researcher must actively and energetically listen to the participant. It is critical that the participant guides the pace and direction of the interview (provided it stays relevant to the topic) (Smith et al., 2009).

Pilot interviews were carried out with colleagues, using an interview schedule (Appendix D), before interviewing participants for the study. This helped the researcher to prepare for the interview stage of the research and to select appropriate questions for the interview schedule. Using the feedback from colleagues, the researcher honed her interview skills and became aware of "blind spots" which had the potential to become obstacles to the data gathering process. It became apparent in this phase that while the intention to consistently ask open-ended questions and to trust the process was there, the practice of phrasing these questions in the moment needed to be developed.

Upon contact, participants agreed to take part in a semi-structured, in-depth interview with the researcher, which lasted between 60 and 75 minutes. The interviews were arranged for times and dates which suited the participants, in locations that lent themselves to privacy and lack of interruption (Smith et al., 2009). Interviews were conducted primarily in the participants' own practice rooms, but two interviews were carried out in DCU offices. One participant (Lois) emailed following the interview to say that there was something that she had been reflecting upon in the aftermath that she wanted to discuss further. A successful application to amend the ethics form was submitted to allow for follow-up interviews, and a further thirty-minute interview was carried out with this participant.

3.4 Researcher Reflexivity

Throughout the literature related to hermeneutic phenomenological enquiry generally (Willig, 2008), and IPA specifically, researcher reflexivity is pivotal to a quality,

transparent and reliable study (Horrigan-Kelly et al., 2016; Smith et al., 2009; Smith, 2018). Qualitative researchers must reflect upon how their own perspective of the question and beliefs around the phenomenon which may bias the analysis. In undertaking this research, and prior to engaging with any participant, I went through a process of self-reflection as to my presuppositions and potential biases related to the research question. I am a private-practitioner psychotherapist myself, with experience of working in a variety of work settings. This has led to my curiosity about the topic under scrutiny. Smith suggests that an analyst "brings their fore-conception (prior experiences, assumptions, preconceptions) to the encounter, and cannot help but look at any new stimulus in the light of their own prior experience" (Smith et al., 2009, p. 25). As a humanistic psychotherapist, phenomenological enquiry and its focus on "thinking about what the experience of being human is *like*" (Smith et al., 2009, p. 11) is a compatible framework for considering the research question for me. I certainly had presuppositions, opinions and hypotheses about the experience of burnout among private-practitioner psychotherapists, and these were explored and reflected upon by means of a recorded reflexive interview with my colleagues, the reflections of which were shared with my academic advisors.

Throughout the reflexive interview carried out with two fellow psychotherapy doctoral candidates, it materialised that I held an opinion that burnout was "rife" throughout the profession. I felt that some private-practitioner psychotherapists might be "financial hostages" of their businesses, without the resources to take a break or the option of sick leave, which are benefits of being an employee. I perceived that private practitioners are viewed by the psychotherapy community as autonomous, and that this autonomy is enviable. My consideration at the time was that this autonomy is a burdensome responsibility. I also reflected that I felt it was possible that many therapists may be struggling in silence with varying degrees of burnout, while their clinical supervisors and possibly even themselves are unaware.

It was also critically important that I continuously remain aware that I was not working with the participants as a psychotherapist but rather as a researcher. The objective of the interviews was to collect data in a compassionate and empathic way and not to act as a psychotherapeutic intervention. While some of these presumptions may be borne out in the findings, the naming and owning of these presuppositions meant that both myself and my academic supervisors could be vigilant as to the extent to which they influenced the analysis of the data. Reflexive journal entries can be found at the end of each chapter so as to make transparent the process through which my own biases and presuppositions were reflected upon.

3.5 Data Analysis

"Genuine phenomenological research is not easy." (van Manen, 2017, p. 779)

The data analysis process integral to IPA is staged, detailed, inductive and iterative. Having collected rich and vibrant descriptions of the phenomenon generously given by participants throughout the interviews, it was incumbent on the researcher to honour this by investing time, reflection and consideration into the analytical process.

Transcribing, reading and re-reading: The first stage of analysis was transcribing the interviews verbatim, including as many expressive representations as possible, such as pauses, laughter and crying. During this stage, the data was anonymised, and any identifying elements, such as names, place names, and courses attended were removed. The transcript was then read and re-read so that the researcher could immerse herself in the idiographic experience of each participant and enter his/her world.

Initial note-taking: The second stage of the analytical process is described by Smith as "the most detailed and time consuming" (2009, p. 83). The researcher concurs. This phase of analysis required the researcher to analyse the data coding for the following: (1)

descriptive comment: “What is the participant saying?”; (2) linguistic comment: “How are they saying it”; and (3) conceptual comment: “What sense do I make of it?” While the process of analysing the transcript in this way was clear and made sense, the documenting of the process and preparing of it for review by academic supervisors proved problematic. The detailed analytic process was neither transparent nor coherent to other readers, although many alternatives were attempted. It was thus pivotal at this stage of the study that a format was developed to adequately represent the process of analysis as it progressed. This was important to facilitate academic supervision, auditing for reliability and for examination. It was also aimed at facilitating the researcher to be able to move on to analyse other cases and yet be able to return to previous cases and have a detailed map of what and how interpretations were made. To meet this end, a single Excel file was used, which allowed for multiple sheets to be held in a single file. The purpose of this file was to retain all demographics, transcripts, narrative summaries and subsequent analyses regarding each participant in one digital location. This gave the researcher the scope to have separate columns for descriptive, linguistic and conceptual codes, alongside emerging and overarching themes and any automatic thoughts or links which occurred to her as she analysed. The use of this file increased the speed and efficiency of the analytic process, and it made the reviewing process more effective and focused. Examples of the analytic process using the file can be seen in Appendices E and F.

Developing emergent themes: Themes emerging reflected the richness of the data contributed by each participant. The focus of the researcher was to “map the interrelationships, connections and patterns” (Smith et al., 2009, p. 91) relating to burnout identified from the initial exploratory notes. These themes represent not only the participant’s original data but also the researcher’s interpretation of the data. These were checked against the original data to ensure that the connections between the participants’ experiences and the themes were credible. This was facilitated by the Excel file, which

made referring to the individual cases and filtering for examples more efficient. It also accommodated ongoing discussion and review with academic supervisors. At this stage, a summary narrative for each case was written up, an example of which can be seen in Appendix G. This helped the researcher to create a narrative as to how burnout was experienced by each participant, and it allowed the variance and nuance of the accounts to shine.

Searching for connections across emergent themes: The emerging patterns were clustered and ordered into a table of themes, an example of which can be seen in the appendices (Appendix H).

Moving on to the next case: Each interview was analysed individually before moving on to the next. This process respected the integrity of the idiographic commitment of IPA and allowed for the voice of each participant to be heard.

Searching for patterns across cases: This stage of the analysis involved analysing convergence and divergence of themes across the data, "pointing to ways in which participants represent unique idiosyncratic instances but also higher order concepts which the cases therefore share" (Smith et al., 2009, p. 101). A deeper level of interpretation by the researcher is expected at this stage to fulfil the double hermeneutic underpinning of IPA. This considerably challenging stage of the analytic process involved the suspension of certainty and a position of 'wondering' adopted. There was a precarious balance created between "wondering" and the anxiety generated by "not knowing", which meant that this process had many iterations and was helped along by ample discussion with colleagues, at the masterclass, in academic supervision and as part of the doctoral panel review.

Writing up: The study in its entirety was then documented. This phase involved developing the data analysed in the master file and constructing a narrative account (Smith et al., 2009). This included direct passages of text quoted from the participants, to illustrate

representative examples of the participant's understanding of the experience of burnout. This is a critical part of the IPA process, as "the only entrée the reader has to the lived experience of the participant is through what you tell them" (Smith et al., 2009, p. 109). This is where the iterative work carried out in earlier phases came into fruition, while the challenge became articulating the experience clearly for the reader through the identified themes while remaining true to the accounts of the participants.

3.6 Ethical Considerations

The specific ethical approach adopted for this study was a process model. This allowed for the fact that not all issues could be anticipated, but there was an ongoing commitment made to address issues as they arose throughout the process (Ramcharan & Cutcliffe, 2001). The ethical guidelines for this study were adopted using the principles outlined by Beauchamp and Childress (2001), incorporating autonomy, non-maleficence, beneficence and justice.

1. The principle of autonomy requires the researcher to respect the freedom of the participant to participate or withdraw from the study at any point. None of the participants wished to withdraw their data, but they were made aware from the outset of our meeting that they had the right to do so. It also requires the principle of informed consent so that the participants are aware of the purpose and aim of the study. An informed consent form (Appendix C) was provided for each participant and was thoroughly discussed at the outset of the interview before any data was gathered. Participants were also made aware of any risks to them through participation. These risks included the possibility that they may become distressed by the recollection of their experience and the painful memories evoked, and provision was made for a debrief after the interview. In addition, it was confirmed that all participant

psychotherapists were currently participating in clinical supervision and could access support following the interview. They were also informed of the risk of being identified, as direct quotes would be used in the findings.

2. Non-maleficence imposes a duty on the researcher to avoid harming the participants. Vigilance was taken to protect participants' integrity, anonymity and confidentiality. In terms of data protection, this principle was applied by storing data on an encrypted device which was accessible only to the researcher and secured via a password. The signed consent forms were locked in a dedicated drawer in a filing cabinet to which the only the researcher had access. All data was, and will be, treated in accordance with DCU guidelines and GDPR.

   Much consideration was given in advance of recruitment to the fact that the sample would be drawn from a relatively small population, from a professional group, where people may know each other. Fear of being recognised was identified as an issue for many participants. To mitigate this, every possible measure was used to anonymise the date without compromising the integrity of what was being said.

   A further ethical consideration was given to the fact that the researcher was an "insider researcher" (Costley et al., 2010, p. 1), as she too is a private practitioner psychotherapist. The risks that this posed to the integrity of the research were two-fold: 1. Participants may not disclose the entirety of the depth of their experience to a peer, and 2. The interpretation of the data may be overshadowed by the researcher's own experience of private practice. These issues were addressed in the following ways: 1. The participants were

advised from the point of advertisement (Appendix A) that the researcher is a member of IACP, and her responsibilities regarding mandatory reporting were outlined in the Plain Language Statement (Appendix B). That said, they were also advised that in the interview process, her involvement was as a researcher, and not as a professional peer. 2. The integrity of the interpretation of the data was upheld by regular auditing of the analytic process by colleagues, academic supervisors, in a masterclass and the doctoral panel review, to mitigate bias given the researcher's own experience.

3. Beneficence explores the potential benefits for participants taking part in the research. The application of IPA as a methodology offered participants the opportunity to give voice to their burnout experiences, which had not been previously expressed. Research shows that this can have a therapeutic effect, even without deliberate therapeutic intervention (Drury et al., 2007). All participants remarked that they appreciated the forum to discuss and reflect upon their burnout experiences. Many felt that it gave them an opportunity to contribute to the elimination of the potential stigma around this experience.
4. Justice requires the researcher to adhere to fairness and honesty throughout the process of sample selection and in the treatment of each participant. This principle was applied through the transparency of the process of selection, verbatim transcription of the interviews, committing equal time to analyse each case, and using examples from each account to illustrate their experience of burnout so that each voice is heard in the findings. Each participant was made aware via the plain language statement (Appendix B)

that they could contact the DCU research ethics committee if they had any complaint regarding the researcher or the research.

A successful application was made to DCU Research Ethics Approval Committee (Appendix I) detailing the rationale for the study, including an abridged literature review, intended methodology, ethical considerations and anticipated outcomes. This application was approved before any advertisement was made or potential participant was approached.

3.7 Research Validity

How to measure the validity of qualitative research has been the subject of significant debate. Various criteria and a new lexicon for articulating the quality of standards in qualitative research were established in the 1980s by Lincoln and Guba (1985). This accommodated a move away from statistical reliability towards the realm of establishing the "trustworthiness" (p. 290) of a study. This distinguished the measures used to rate the confidence in the findings of a qualitative study from those used in quantitative studies. Trustworthiness, it has been proposed (Lincoln & Guba, 1985), relies on four factors:

1. Credibility – demonstrating confidence in the findings
2. Transferability – showing that the findings have relevance in other contexts
3. Dependability – showing that the findings are replicable
4. Confirmability – clearly demonstrating the process of analysis and the pathway by which coding and the generation of themes and findings were carried out.

Qualitative research has been the subject of criticism for the lack of rationalisation regarding the methodology applied, the lack of rigour in its execution and the lack of transparency in its procedural application (Gioia et al., 2013; Kvale & Brinkmann, 2009; Mays & Pope, 1995). This leads to findings which are considered questionable, non-

replicable and “merely a collection of personal opinions subject to researcher bias” (Noble & Smith, 2015, p. 34). Thus, the researcher must make a concerted effort to ensure the quality of the study at each stage of the application of the methodology.

The quality of this study was continually assessed using Yardley’s (2007) four principles. The first principle is “sensitivity to context”. This principle, which can be noted throughout the entire research process, from conception to application and analysis, demonstrates that the researcher considered the context from which the participants share their experiences. The participants in this study were psychotherapists who experienced the phenomenon of burnout during their working career in private practice. The issues related to this population were explored in the literature reviewed, and the chosen methodology was deemed appropriate and applied to each step of the study. The design of the study was considered to cause minimal disruption to participants, while maximising the likelihood of collecting rich, vibrant descriptions of the phenomenon being explored. An empathic data collection style was used, which can be observed in the transcript excerpts in Appendices E and F, and a “considerable number of verbatim extracts from participants’ material [were used] to support the argument being made” (Smith et al., 2009a, p. 180), but also to remain close to the original experience of the participants.

The second principle is “commitment and rigour”. This principle informed and was executed throughout the entire research project. The researcher demonstrated a commitment to the principles of IPA and attended to the skills required to carry out a quality IPA research study by attending two IPA workshops at the qualitative summer school in DCU. As recommended, reflexivity and pilot interviews were carried out. A transparent audit trail of decisions made was kept, and proportionate contributions from each participant were included in the findings to fulfil the idiographic nature of IPA.

The third principle is “transparency and coherence”. The researcher adhered to this principle in several ways, including the generation of a master file which contained all transcripts, summary narratives and detailed processes of analysis of the study. This file, which clearly documented each stage of the analysis process, was used for review, discussion and guidance between the researcher and her academic supervisors. The write-up of the study and report produced was “consistent with the underlying principles of IPA” (Smith et al., 2009, p. 182).

The fourth principle is “impact and importance”. This principle requires the researcher to go beyond “research for research’s sake” and to produce something of relevance to the academic and clinical fields of psychotherapy, being of interest to the reader. To this end, the researcher was accepted to present a poster based on her research at the Well-med conference in Greece, and she has submitted an abstract for the potential publication of an article in *Counselling and Psychotherapy Research (CPR) Special Edition: International Counselling.* In addition to this, detailed recommendations and implications for practice, supervision and training derived from the study findings are made in the final chapter.

3.8 Conclusion

This chapter illustrated the philosophical positioning of the study and the researcher. It supplied a strong rationale for the use of IPA as the methodology chosen and gave examples of its application, with specific reference to participant sampling, data gathering and analysis. It discussed the ethical considerations which were extensively reflected upon and adhered to in undertaking this study, and the principles used to safeguard the validity of the findings. Examples were given of the challenges addressed within this study, such as the researcher being an “insider” and the significance of anonymity to this particular group of participants. It demonstrated the rigorous process through which the research was

conducted, including the development of an Excel file containing all documentation related to the study, which enhanced not only the process of analysis but which also facilitated the protection of the data. The following chapter will present a detailed interpretation of the data gathered and present the findings of the study.

3.9 Researcher's Reflexive Comment

In choosing a research methodology, I wanted to carefully select an approach which would allow for the fullest representation of the experience of burnout, and allow the flexibility to bring my own interpretation to bear on the process. While I felt that my perspective of the participants' accounts could be valuable given that I am a psychotherapist, I had to work hard and remain vigilant in the interviews to remain in the role of researcher and not drift into therapist or colleague. This awareness helped me to maintain a position of 'wondering' throughout. There were many times, particularly where the participants were visibly emotional, when maintaining this position was difficult, but necessary in order for them to voice their experience and what it meant to them. An example of this is available in the transcriptions in Appendices E and F.

The interview process was challenging, especially at the start. I certainly had a sense of "this is it, no second chances", with a real fear of falling short or missing an opportunity. There was a pressure to get it right, the first time. Transcribing and reading and re-reading the data immediately after each interview gave me the opportunity to learn and adapt my interview style for the next interview. This also gave me a sense of being able to ring-fence each interview, in an endeavour not to influence the subsequent participants' accounts.

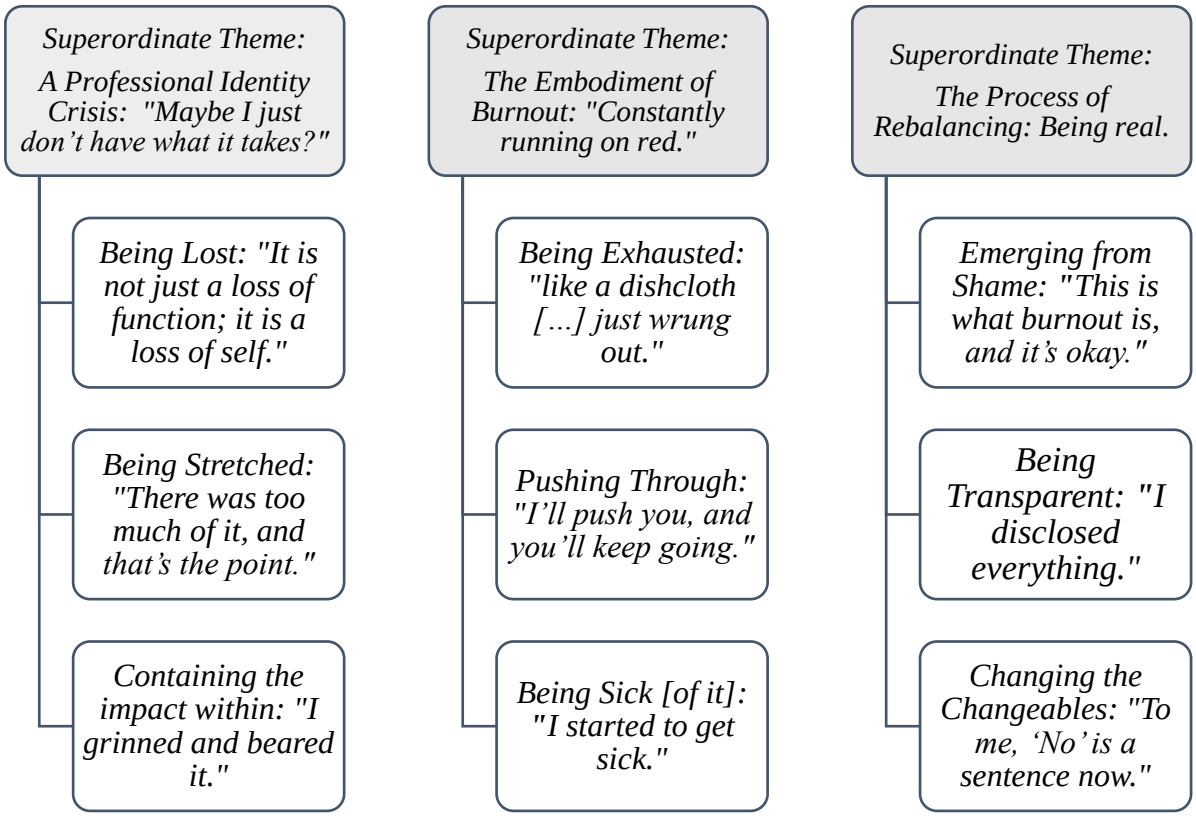
Chapter 4: Findings

This chapter presents the main findings drawn from the analysis of in-depth, semi-structured interviews with eight participants on their experience of burnout. The study aimed to gain an understanding of psychotherapists' lived experience of burnout while working solely in private practice, while the specific objectives of the study were as follows:

1. To capture the lived, personal experiences of this phenomenon.
2. To illuminate the meaning that private-practitioner psychotherapists associate with an experience of burnout.
3. To illuminate supports therapists may have used to manage the experience of burnout while working in private practice.
4. To elucidate how the experience of burnout impacted upon how they perceive themselves as psychotherapists.

Three superordinate themes emerged from the data analysis: (1) *A Professional Identity Crisis: "maybe I just don't have what it takes?"; (2) The Embodiment of Burnout: "constantly running on red";* and *(3) The Process of Rebalancing: "being real"*. Nested within these superordinate themes are several subordinate themes, which further elucidate the sense and meaning that the participants made of their experience of burnout. Table 2, overleaf, presents the superordinate themes and supporting subordinate themes.

Table 2: *Master table of Superordinate Themes with Nested Subordinate Themes*



The first superordinate theme is represented *as A Professional Identity Crisis: "maybe I just don't have what it takes?"*. This theme demonstrates the shifting sense of self that the participants experienced throughout the burnout experience. The second superordinate theme, *The Embodiment of Burnout: "constantly running on red"*, illustrates the tangible manifestations of burnout experienced by the participants. The third superordinate theme, *The Process of Rebalancing: "being real"*, elucidates the participants' experience of recognising burnout, emerging from the shame which perpetuated it, to regain perspective. It also illuminates the ongoing nature of maintaining a work/life balance and the practical changes that were necessary to accommodate this.

Each superordinate theme and supporting subordinate theme will now be presented and analysed. Direct quotes from the transcripts will be used to support the interpretations made. Any identifying data has been either deleted or anonymised, and some of the

extracts have been edited, removing any unnecessary repeated linguistic fillers, to enhance the reading experience without affecting the integrity of the original data.

4.1 *A Professional Identity Crisis: "Maybe I Just Don't Have What it Takes?"*

Figure 8: Superordinate theme one and related subordinate themes

The first superordinate theme contains the participants' recollections of aspects of their identity, both professional and sometimes personal, being challenged by the process of burnout. Many participants reported being unable to recognise themselves as the confident, capable, well-trained, energised and invested therapists who came into the profession. There is a sense of an increasing loss of control, as the participants struggle to maintain the illusion of wellbeing. The irony is that, for some participants, it seems that it is the good intention and work ethic that becomes the weapon which destroys their sense of efficacy. It appeared as though fired up clinicians may become cold and distant from their clients, questioning why they came into the profession at all. The participants recollected the experience of willingness becoming obligation, of responsibility becoming burden, of

curiosity becoming cynicism, along with the impact this has on their belief in the work they do.

This superordinate theme illustrates the experience regarding the participants' professional identity, specifically how it becomes eroded while burning out. There is a sense that the impact of burnout caused them to question their professional competence and their capacity to carry out the work. Their self-image as therapists was disintegrating, replaced by a diminished version of themselves. Against a backdrop of a seemingly onerous job and relentless work environment, the participants experienced disenchantment and disappointment with themselves and others. In a bid to protect themselves and continue working, the participants retreated within themselves to a position which was incongruent with the tenets of good therapy as they perceived it. The three subordinate themes underpinning this superordinate theme – (1) *being lost: "it is not just a loss of function; it is a loss of self";* (2) *being stretched: "there was too much of it, and that's the point";* and (3) *containing the impact within: "I grinned and beared it"* – will now be analysed in turn.

4.1.1 Being lost: *It is not just a loss of function; it is a loss of self (Setanta, L44)*

The first subordinate theme, *Being lost: "It is not just a loss of function; it is a loss of self"* demonstrates the sense of professional identity diminishing through the process of burnout as experienced by the participants. As boundaries become blurred and empathy turns to cynicism, the participants found themselves losing a sense of who they are as psychotherapists.

Robin, an experienced psychotherapist, was working from two bases, with two very different client profiles, during her burnout experience. She found herself comparing the two cohorts of clients, one privileged, one disadvantaged, and adopting an entirely different attitude to work with each, one cynical and one overly empathic. She reflected

upon not knowing who she was anymore. Something at the core of what forms Robin's identity went missing. She became unrecognisable to herself.

Robin: My experience of myself was that I wasn't myself; I don't think I was myself (L83)

Researcher: Who were you? (L85)

Robin: I don't know who I was (L86)

Toni was relatively new (with two years of experience) to the profession of psychotherapy when she experienced burnout. In her interview, there is a sense of her inner narrative at the time regarding her belief that, as a therapist, she "should be" able to manage her own wellbeing.

I'm a therapist, so I should be able to sort myself out! (Toni, L11)

Across the accounts, participants spoke of elevated internal standards for themselves as therapists, and when those standards became unsustainable, this impacted adversely upon their self-esteem, self-worth and confidence. Participants referred to an idealised version of what a therapist *should* be.

The participants reported internalised standards whereby good therapists should be impervious to vulnerability (Bernie, Setanta, Robin), always available (Lois, Setanta, Toni, Bryce, Jane), energetic and enthusiastic about their work (Bernie, Petra, Jane, Toni), endlessly empathic (Bernie, Lois, Petra, Toni, Jane), with a stoic approach to the intense stressors that can be inherent to the job and this working context (all). The presence of these possibly self-imposed standards created a chasm between how they felt it "should be" and how they perceived that they measured up against these ideals.

> One of my values in life is […] only do what gives you passion in your life […] so I know five years ago, it was like, well, I can't say I don't like now, I mean, after all this money […] I can't come along now and be accredited and then say I don't like it. (Bernie, L30)

Bernie's expectation that she should be passionate about her work may have led to unsustainable expectations when confronted with the reality of the difficulty of the job of psychotherapy, and the complexity of being in private practice, which she described as "playing an orchestra on your own" (L146).

This subordinate theme illustrates how the participants' felt sense of themselves changed while burning out, along with the distress that this caused them. The participants spoke of observing a version of themselves that they neither recognised nor expected, in addition to a loss of the centred, confident and capable clinicians which they felt they had been. There was a strong sense of fear and a loss of perspective in the face of this unrecognisable, diminished self that emerged.

Setanta, an experienced psychotherapist whose practice consisted mostly of traumatised clients, articulated the lived experience of this fear of losing himself:

> It was a hole to be avoided that I would fall into […] like the Grand Canyon, like danger, wow, gone, disappear. (Setanta, L80)

There was a sense of this experience being potentially devastating, one from which he might not have recovered.

All the participants spoke of the difficulty in maintaining effective boundaries, which may have been a precursor to burning out, or which may have been as a result of burnout. They spoke of how their boundaries shifted until they were unsustainable. The participants referred to a variety of boundaries, which are essential to good practice, being

gradually extended. These include excessive rumination about clients between sessions, taking phone calls outside of working hours, agreeing to see clients multiple times per week too readily, working in unsafe environments, overly identifying with clients, feeling unable to say 'no' to clients, not taking time off and feeling unable to separate their working life from their personal life. Examples of this can be found across all accounts of the participants as they recollected their experiences of burnout. The loss of these boundaries left the participants exposed to being endlessly available, both psychologically and physically.

> No, I wouldn't have said "no". If a client rang me and said they really needed to see somebody, I would say 'fine' and I would work whatever hours they needed to see me. (Toni, L200)

Lois, the most experienced of all the participants interviewed, described some of the intensely traumatic material to which she was exposed during the period in she was burning out. As she related the material, she visibly winced at the recollection. She articulated her experience of shifting boundaries and loss of perspective as follows:

> Because I was immersed, I probably didn't have enough left in me to do the overseeing, the helicopter view […] I did become overwhelmed and overinvolved in their pain and their hurt and their stories. (Lois, L214)

According to the participants, central to the illusion of being the ideal therapist is being constantly available, and perhaps confusing this with being reliable. Most participants described the loss of the ability to say 'no' to new referrals who presented or to refuse to meet the demands of established clients, without consideration for what the impact on themselves might be.

For Jane, a dynamic, energetic and experienced psychotherapist, this is a hazard of working in private practice when distressed potential clients phone directly to the psychotherapist, without the filter of a receptionist:

> In that place, in private practice, and you're talking to the person, it's very hard to say "no", so I worked with everybody. (Jane, L28)

Jane and Petra were the only two psychotherapists interviewed who referenced the practical side of refusing work as a private practitioner. In the context of saying "no", Jane reflected the following:

> Most people, when they're self-employed as a therapist, you're trying to actively find or actively make sure they have enough clients to keep it all going. (Jane, L65)

It is possible that the fear of losing an income was greater than the fear of suffering as a result of overwork.

Setanta had a slightly different perspective on refusing client referrals at the time of burnout. His experience related more to what it would imply if he turned down work:

> To say "no" would mean I am not able, I am not able […] that wasn't on the horizon. That wasn't in my way to respond. (Setanta, L103)

Setanta seemed to have lost his capacity to be able to choose to work with clients. It appears that he interpreted acknowledging his limitations as signalling an inability to perform his role.

Many participants referenced the influence of a rigid work ethic instilled in them as children in their families. This work ethic became an integral standard which needed to be met as part of their identity as "hard workers":

> Because, I suppose, I would've come from a family where there was always a work ethic. I mean, even as kids, you weren't allowed to stay in bed if you were sick. I mean that you had to be dying to stay in bed. I mean, you always had to get up and make yourself useful, so, so not unless I'm in hospital, I shouldn't be taking time off work. (Bernie, L130)

Bernie may have internalised an idealised work ethic as a child, which, when she could not continually realise this in her role as a private practitioner, elicited shame, guilt and self-criticism. It could be interpreted that her internalised high standards about performance and competence may have connected with the perceived expectations which she felt within the psychotherapy community. This may have compounded her sense that she should always be available and useful in her work. Bryce's account supports this perspective:

> I suppose, because of the way I was brought up as well was you had to work, you had to keep going. You weren't allowed to be sick; you weren't allowed to be tired; you weren't allowed to be idle. So, I suppose, that contributed as well, because I had all that old stuff going on – push yourself, push yourself; keep going, keep going, keep going. (Bryce, L25)

Grappling with a loss of boundaries and perspective, and being driven to keep working either because of internalised standards, financial necessity or a sense of obligation to their clients, the participants' internal resources were stretched beyond capacity.

4.1.2 Being Stretched*: "There was Too Much of it, and That's the Point"* (Jane, L125)

This second subordinate theme illustrates the sense that the participants had of being over-burdened. For some, the burden concerned the volume of work to be done, in relation to both clients and administration (Bernie, Robin, Lois, Toni, Bryce, Jane). For some, it was the intensity of material with which the clients presented (Robin, Lois, Setanta, Toni, Jane). For others, it was the lack of work and the financial uncertainty that can be intrinsic

to private practice (Jane, Petra). As the participants recollected their burnout experience, there was a sense of feeling overwhelmed by trying to manage the array of roles that are required to run a viable practice.

For many, as they described their experience of burnout, there was a sense of something building. There was a sense of speed and urgency, as if the participants threw themselves into their work, perhaps as a distraction from the professional crisis that they were enduring, or perhaps as proof that they were still functioning as effective psychotherapists. As such, resources such as time, energy, empathy and willingness were spent on their clients.

As Jane reflected on her burnout experience, she repeated the word "busy" 16 times in her interview, and there was a sense of relentlessness in her working life at the time. She recollected that she felt that there was no other choice but to manage her work as she did:

> When I was in that very busy time, it just didn't seem perceivable that you could actually have a different pace. (Jane, L161)

Jane's high work rate lent her a sense of security that her practice was viable and that she could financially provide for her family. A concern that she articulated was the potential damage to her business if she refused referrals and stopped taking on work, causing clients to seek psychotherapy elsewhere.

While, for Jane, it was the volume of work with which she was trying to deal that tested her capacity, for Robin, it was the nature of the way in which she was practising and the client profiles which stretched her resources.

> I didn't have the capacity, you know. I don't know whether you call it the "bandwidth". I just I didn't have the capacity to work the two worlds [...] my resources weren't enough, you know, so those inner resources get

> depleted […] and the outer ones do, too, because the environments just weren't kind of reconcilable, you know. (Robin, L28)

Robin wrestled with the ability to remain engaged with two diverse client cohorts. Her expectation of herself to be able to cope was challenged by her capacity to meet the demand on her reserves.

Lois's resources were stretched by the material which was presented to her by her clients.

> I was hearing and wondering, you know, when was the worst going to come, because, each day that I would've worked with clients, it was getting worse and worse […] I was saying, "Oh my God, another day of having to listen to this horrendous, merciless pain and distress" that people were going through. (Lois, L8, L32)

While, for many participants, either the number of clients or the client material stretched capacity, for Petra, it was the lack of work which stretched her inner and outer resources.

> I was absolutely stretched. There were times when I was down to one client a week, so that, that was an enormous pressure, I have to say. (Petra, L16)

In contrast, the sense of accelerating to meet the pace of the work was apparent in the language of several participants. Many participants referenced terms related to speed in the interviews. Toni spoke of the speed at which her practice grew, and the sense that she did not have the resources to meet the demand:

> I built it up too fast, and it was then that I realised that I was not able for the pace of what I was doing. Yeah, it was too much too fast. (Toni, L15)

Meanwhile, Bernie spoke of the momentum of the work as being:

> Like a wheel, and it's going faster, you know, the more you try to get off it, you know. You take one foot off the pedal, but the wheel goes that fast, so you just get back on, and you go running with the wheel, and it's only when you get off it, or you stop […] that's when you recognise it. (Bernie, L74)

There is a sense of gathering velocity in Bernie's description. There could possibly be a repeated pattern of response represented here, where the momentum of the work controls Bernie's pace rather than vice versa, and her resources are stretched to meet the demand. The pace of her speech at this point in the interview increased as she recounted the experience, and there was a sense of gathering tension and relentlessness. This may be indicative of the nature of this aspect of burnout.

The participants spoke of how their work became a priority, absorbing their energetic reserves. This impacted their capacity to be available to their loved ones. Jane used the metaphor of water to describe the distribution of the diminishing resources available to her throughout her experience of burnout:

> If you were to think of it like a well, I was drawing most of the water from the well to give to clients and to support them in their process and the business that I ran. And, actually, then, next up would be my family, but they didn't have much water. There was really very little water left in the well by the time I was coming to them. And then, I was last. (Jane, L105)

Lois recalled that she was increasingly irritable with her family and found it difficult to leave her work at the office:

> I was narky with the family a lot of time. I found that I was speaking, not about my work per se, or the specifics of client work, but more around the whole area of abuse. (Lois, L8)

Working in private practice, the participants held an acute sense of responsibility for all aspects of the therapy, for their clients and the administration of the business aspect of private practice. When finding themselves overwhelmed, with no line manager or organisation to blame, some participants turned on themselves. Robin articulated this concept:

> I suppose, in a way, actually, the truth of it is, when I'm thinking about it now, I kind of blamed myself, because I put myself in that position with the best will in the world […] I blamed myself, because I thought I should have been able to figure out another way of doing this work that wouldn't have included me putting myself in danger. (Robin, L24, L63)

While Robin gave an example of blaming herself, Bryce illustrated the sense of burden which she felt was being imposed on her by her clients. As her resources depleted, there was a felt sense of their needs becoming more demanding upon her limited reserves.

> The resentment at kind of them being needy, needing more of me, you know? and being resentful of that of them needing more from me than I could actually give […] there was no satisfaction there was just that constant depleted, worn out, resentful. (Bryce, L67)

While maintaining this state of overwhelm was sustainable for a time, there came a point where some participants began to resent the demands of their clients, as the emotional impact of demand exceeding resources began to take its toll.

4.1.3 Containing the Impact Within: "I Grinned and Beared it" (Petra, L119)

Experiencing the failure to sustain the unrealistic standards of the idealised therapist, compounded by dwindling resources and sustained demand upon them, the participants'

experiences of cynicism and inefficacy became more recognisable to them. They recollected a deep-seated sense of inadequacy, shame, self-criticism and the feeling of being a fraud. The inner dialogue they experienced while burned out, as recollected by the participants, was self-punitive and harshly self-critical. This impacted on their self-esteem, self-worth and self-perceived integrity as practitioners. In a bid to continue to be perceived as effective and "good enough" therapists, many of the participants spoke of withdrawing from others and withholding the reality of what they were experiencing. Many participants spoke of the fear of being "found out" and judged unfit to practise. All the participants recollected wondering whether they should be psychotherapists at all. The participants presented an outer impression of coping and being resilient, while struggling internally with the toll that their work was taking on them. Particularly noteworthy across the accounts was the participants' descriptions of how they spoke to themselves during burnout. This stands particularly starkly against the idealised therapist described earlier. This unchallenged inner monologue seemed to erode the psychological and emotional resources of the participants. It was as if, in burnout, the fire of engagement, energy and enthusiasm was quenched, and a coldness burrowed into the place where empathy used to reside.

Bryce's recollection brings a flavour of the intense sense of inadequacy which compounded, or perhaps, in the context of burnout justified, the harshness of her inner critic:

> In the burnout, I have to keep going to be seen to be good enough, you know? Because, at no point did I believe back then that I was good enough. You know? And I suppose the fact then that I was burned out, that I physically wasn't able to work, so then it was the whole process of berating myself and being hard on my myself. (Bryce, L167)

Setanta, Bernie, Robin, Toni and Bryce either alluded to or spoke directly of experiencing shame while burning out. For many, this motivated a strong desire to conceal their vulnerability and maintain their image as a well-functioning, healthy professional. Setanta articulated his inner narrative at the time of burnout in the following way:

> The implications of allowing in support would include being known, you know; my vulnerability would be known […] my 'performance' […] now, there's a word, being not up-to-scratch […] but that's the narrative of the experience of shame. "I don't belong here. Oh, forget about that. You're never going to be able to do that. The bubble is burst now; everybody knows I'm a fake." (Setanta, L36)

Robin also recollected pretending as though she was engaged and present, although she was uncertain as to how effective her pretence was on others:

> I think I had to act, if I can put it that way; I had to act a little bit more, I think. I acted being okay and being present, if you know what I mean. And that could have gone alright. I don't know. (Robin, L86)

For Lois, the elevated expectations that she had of herself "to save the world and a world that needs saving" (L150), as outlined earlier, resulted in a sense of failure when she found that she was limited in terms of how she could serve her clients. This provoked a sense of inadequacy within her:

> I think part of my failure and feeling of failure was around, you know, this felt sense of my inability to be able to stop [pause] I suppose, the severe pain and distress that the clients were feeling. And that even being present with them in the room, and being witness to their story, that that somehow wasn't enough. And I began to see myself [in terms of], "What benefit am I

> here to these clients? Am I able to hear them? Am I able to facilitate them? Am I enough for them?" (Lois, L194)

Bryce, in her late 30's, was the youngest and the least experienced participant at the time of burnout. She articulated a sense of intense disillusionment and disenchantment with herself as a professional.

> The internalised "You're useless; you're no good", you know? "You can't even manage your own life, not to mind a job". (Bryce, L171)

Examples of critical and negative inner monologues pervaded the interviews across all participants as they recollected their burnout experience. Some used images of self-attack in their descriptions, to illustrate the extent of their distress at the time. Toni demonstrated this particularly clearly in her account as she described the intense self-berating she experienced following sessions:

> It would look like I got a big stick and just stood there in the room and really started beating myself [...] the session wasn't good enough. I would have felt when she would leave, it wasn't good enough for me, I would have felt. (Toni, L126, L130)

Robin also illustrated this sense of an intensely self-punitive inner experience while burning out:

> I kind of have to nearly, have to nearly beat myself […] mentally beat myself into being present. (Robin, L83)

Many reflected on the shame which they felt at the time because of the way in which their work was affected. Bernie expressed shame and the desire to conceal her vulnerability:

> I didn't share it in supervision, you know; I was ashamed, you know; it's like there was shame with [a sense of] "Why don't I have the energy?" (Bernie, L58)

In Toni's account, she sensed that the way in which she was feeling was impacting upon her work with clients. As opposed to allowing herself some compassion, Toni experienced shame.

> What happened with the burnout was the lack of interest in my clients, and I think that was something I was very ashamed of. (Toni, L239)

Across the accounts, there was a sense of the withdrawal of empathy from clients. For some participants, this presented as though some clients were more "worthy" of empathy than others (Jane, Robin).

For Setanta and Petra, it would seem that they had reached a threshold where they could not engage meaningfully in the emotional and traumatic material that clients presented, so they withdrew their empathy. Setanta illustrated how he used his cognitive skills to negate the emotional toll of the psychotherapeutic work he was carrying out with traumatised clients:

> It's a capacity to block out. Thinking, thinking, thinking, as if, by thinking, I'm going to change something. (Setanta, L187)

In her account, Petra spoke of the inner conflict she experienced as she laboured to maintain the illusion of empathy while realising deep within herself that she was overwhelmed.

> I can pretend I want to know, but that's not going to take away from this wider or deeper feeling in me of [whispers]: "I don't want to know; I've had enough; I'm up to here" [points to her head]. (Petra, L68)

There was a sense of the participants' inner worlds being like an accordion, stretched to capacity and then, as if as a form of overcorrection, contracted and closed. As the participants withdrew from their clients, either consciously or unconsciously withholding empathy and compassion while they experienced a sense self-criticism, shame and inadequacy, they recollected questioning why they became psychotherapists at all and whether they should remain in private practice. Lois related her consideration of a different occupation:

> I did question […] whether I wanted to continue doing the work. I was saying to myself, "You could work in a coffee shop, you know? It would be an awful lot easier. Or maybe a nice boutique or whatever, and not have to take on all the emotional destruction of people." (Lois, L56)

For Robin, it was not her profession as a psychotherapist that was in question, but rather being in private practice.

> Feeling, you know, "Maybe I shouldn't be in private practice. Maybe I should do other work that, you know […] maybe I should be generous with myself and have a social conscience and work in other places that are far more worthy than being in private practice and kind of making money and all that goes with that. It's so lovely and so supportive and so middle-class" […] and all those kinds of thoughts, you know? (Robin, L51)

As the participants were struggling with their work-life balance, the impact upon their personal lives was beginning to show. Bernie, Jane, Petra and Bryce recalled withdrawing from aspects of life which had previously brought joy and a sense of perspective to them. They stopped attending social activities and recreational pursuits due to a lack of time, energy and inclination. Friendships suffered or were lost. Family relationships became obligations. They closed these outlets off to themselves as work

became the priority in their lives, to the extent that anything else was considered a “waste of time” (Jane, L97):

> I didn't have time, and I literally [had] no time for people outside of a work environment, outside of work or family. I had no time. It was a waste of time. So, that's how it manifests. Like, you know, anything that was using up time was really wasting time, because I could be doing something much more productive right now, or I *should* be doing something much more productive. (Jane, L97)

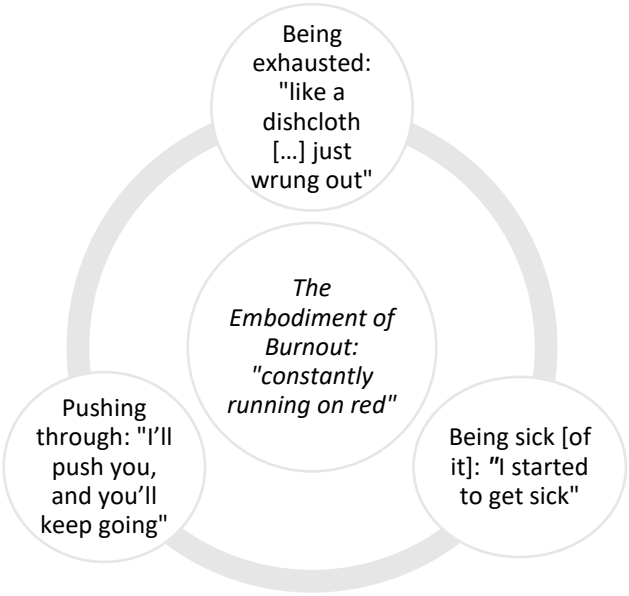
Bernie recollected her world narrowing and becoming focused on work:

> I went from work to home and home to work and work to home and home to work, and my world became smaller, and I pulled back. (Bernie, L154)

As the participants struggled to continue to practise while plagued by self-doubt, self-criticism and self-beration, there was a sense of having to endure rather than enjoy the work, which was becoming increasingly unsustainable for them.

4.2 *The Embodiment of Burnout: "Constantly Running on Red"*

Figure 9: *Superordinate theme two and related subordinate themes*



The second superordinate theme represents the participants' consistent referencing of the physical cost of burning out. This theme explores the physical, functional response to burnout as experienced by the participants while their inner resources were eroding. The physical symptoms, such as exhaustion, headaches, backache, chest infections and kidney infections, were readily recognised by the participants and were significantly more identifiable than the emotional and attitudinal components of burnout, such as cynicism and inefficacy. Many participants found that they could attend to the physical manifestations of burnout more easily, believing initially that what was happening to them was primarily physical. Given their internalised high standards and fear of judgement from within the profession, this is possibly because they found it both personally and socially more acceptable to be physically unwell than to be struggling with burnout.

Many of the participants found it easy to identify exhaustion, but they eventually realised that this did not fully describe the entire phenomenon that they were experiencing. Participants found themselves struggling at the time of burnout to articulate the experiences and expressed exasperation, frustration and confusion. Despite the increasing toll that working was taking on them, the participants universally spoke of "pushing through" and "powering on". Eventually, for many, the physical symptoms became unignorable. However, being allowed to be sick, and to take respite, was the beginning of rebalancing for the participants. The superordinate theme, The Embodiment of Burnout: "constantly running on red", explores the physically embodied experience of what it was really like to be burned out, as understood by the participants. This superordinate theme is being examined through the lens of three subordinate themes: "being exhausted", "pushing through" and "being sick [of it]".

4.2.1 Being Exhausted: *"I was Like a Dishcloth […] Just Wrung Out" (Jane, L101)*

This subordinate theme captures the experience of the participants as they struggled with decreasing energy levels, compromised sleep and feeling increasingly vulnerable. The energy that it takes to do the work is lacking, and this causes concern and frustration. As one of the core components of burnout as defined in the literature, it is no surprise that exhaustion featured strongly across the accounts of the participants. What became apparent in the analysis of the data is that this fatigue became tangible and observable through a variety of external manifestations. The sense that the participants reported having made of these manifestations of burnout at the time differs from the perspective that they now have on reflection. It is as though they could not sufficiently replenish their resources at the rate at which energy was being demanded of them. Many now perceive the exhaustion and fatigue as red flags, indicating occupational burnout rather than everyday weariness. Throughout this exhaustion and fatigue, some participants questioned whether they were perhaps depressed. While Toni recalled being medicated for depression and finding this

helpful, Lois referred to it as low mood, and Bryce "knew in my heart and soul that this was something different" (L254). Petra, too, considered that she might have been experiencing depression:

> I myself am at some level depressed in that sense of being hollowed out by life for a while […] it was a struggle to get through. (Petra, L119)

Many participants expressed difficulty with being able to adequately articulate what exactly was happening to them or to identify a construct which could describe the phenomenon they were experiencing. Bryce spoke of the enduring distress this caused her:

> It was sh**e, and I remember at the time going to counselling, sitting there, so the emotional toll it took on me, sitting there, crying, crying, crying, asking the counsellor was I depressed? Was I, you know? What the f**k was wrong with me? And just not feeling, like, I suppose, not getting any answers, you know? [...] If somebody had said, "You're burned out", it might've just gone okay […] but left with this constant questioning, and constant unknowing was I depressed? Was I this? Was I that? Was I? What was I? You know? (Bryce, L246)

Setanta spoke of a core aspect of the experience of burnout as being the difficulty in identifying and articulating the phenomenon. This may also relate to a sense of shame in acknowledging the vulnerability which accompanies an experience of burnout:

> Not even in awareness, the unspoken becoming unspeakable. (Setanta, L68)

Of all the participants, Bryce spoke most directly of the intense exhaustion which she experienced. The physical exhaustion was the most apparent component of burnout for her, and it affected her sense of her capacity to be able to work effectively with clients. Even throughout the interview, while discussing the depletion she had felt, the slump in her

energy was observable in her posture, tone and pace of language. Bryce continues to use her energy levels as a gauge to measure her wellbeing, such is her dread of a relapse into burnout:

> You know when the battery comes on in the phone, and it's red, and you know when you see the red on the battery that you have to plug it in, you have to charge it up, and I suppose, for me, it was like constantly running on red [...] It was a struggle, you know, and there, at points where I would have to rearrange appointments, because it was a struggle to be there, so it was a struggle from client to client, you know; it was just all the time feeling: "I have nothing […] I have nothing really left in me". (Bryce, L20, L36)

The sense of being left empty gives the impression that Bryce was deeply impacted by the experience of burnout. Her capacity to sustain the pace of work was compromised. She was bereft of all energy sources from within herself.

In Jane's interview, the impact of the exhaustion was emphasised. She sensed that this contributed to her state of mind and her capacity to have perspective, and at the same time, while it was apparent, she was reluctant to attend to it:

> And, to be honest, around that time, I was just very exhausted. I was physically exhausted. And I was exhausted, actually, but I didn't realise I was exhausted. I mean, I knew I was really tired, but I couldn't compare it to now, when I'm really not [laughs], so I have energy. I've got life force. (Jane, L89).

It could be interpreted through Jane's repetition and tone that she was *confessing* to being tired, something which had been difficult for her to acknowledge and address while burnt out. This phenomenon manifested through the language of other participants, where the

sense of shame illustrated earlier may be associated with the vulnerability and exhaustion that accompanies burnout.

Bernie's account of her experience of exhaustion also illustrates associated shame. She related an incident where she was cripplingly fatigued during a session:

> I mean, cringe! When I think that sometimes [...] I remember a client sitting in front of me, and I had the uncontrollable tiredness, and [I was] terrified. It was like my energy was going on keeping my eyes open rather than on what was going on in the session. (Bernie, L46)

Several participants spoke of a disruption in their sleep pattern as being significant in their experience of burnout. Some referred to the length of sleep time being shorter or longer than usual, and many indicated that the quality of their sleep diminished significantly. Lois articulated her experience of not recognising the possible link between her work and her quality of sleep, and how she remains vigilant to the physical impact of working with traumatic material:

> The lack of sleep, you know, the patterns of sleep being absolutely all over the place but not identifying that with work at the time. I mean, now I can; I can clearly see it. And I even notice, even today and every time I take holidays, how much better I sleep, so I'm still aware that you can't avoid the somatic transference. Just because you think you know and you can handle it, it's still there, and I think it's indicative. When we go now on holidays and take holidays, you know, suddenly, the sleep pattern is perfect, ideal [...] so there's still that little niggle there. (Lois, L245)

Many participants spoke of being so tired that their memory was affected. The capacity to interpret notes was difficult; recalling material from session to session was compromised, as well as recollecting significant client details. Bryce described it like this:

> The brain capacity to remember the full story or all the details of the client […] my memory was affected by the burnout. (Bryce, L44)

It is as though the participants were too exhausted to hold all that is usually accessible in their memory.

Three of the participants, Setanta, Petra and Lois, spoke particularly evocatively about the exhaustion and embodied weightedness that they had to carry while burning out. Interestingly, they used similar terms to describe it, and there was a sense of coldness, bleakness and greyness, to the point of "deadness" in their descriptions. Setanta described this aspect as follows:

> The deadness [pause], yeah, the danger of harming clients is present, too, because the difference between being dead and being alive, is it's an actual incompetence. (Setanta, L179)

There was a sense that the lack of attention to what keeps them vibrant, effective and enthusiastic about their work had killed their motivation, their sense of value and their capacity to bear the distressing material that clients presented. In spite of this, the participants persisted, plodding through the bleakness of burnout. As exhaustion permeated them and their energy levels became depleted, they continued to work with clients and to run their practices in the hope that what was happening to them would pass.

4.2.2 Pushing Through*: "I'll push you, and you keep going"*

> It's like there is a runner, there is something running in me, and it's like, "I'll push you, and you'll keep going, and I'll push you, and you keep going", and then, "Oh, God, thank God it's Friday". (Bernie, L30)

The second subordinate theme is *Pushing through – "I'll push you, and you keep going"*. As fatigue and exhaustion pervaded the lives of the participants, quality work still had to be done. The participants, unaware of the true nature of the totality of what was happening to them, and uninformed of the construct of burnout, were left with the feeling that they could, and should push through the discomfort, to meet the needs of their clients. This is in keeping with their ideals of what a good therapist should be. The clinicians spoke of pushing through to the next reprise, be that a holiday, the weekend or just getting through the next session. Some spoke of the guilt of rearranging sessions, and many mentioned their relief when participants cancelled. There was a sense that, when clients cancelled, rest could be taken without the responsibility or shame of having to ask for it. Petra articulated her experience of pushing through while burning out in the following way:

> Just a general sense of "get me to the end of the day; get me to something else; get me to a film; get me to the beach; get me out of here quick!" There was more of a sense of "get me *through* the working day rather than get me *into* the working day". (Petra, L76)

In her interview, there was a sense from Petra that she was aware of having to push through the day during her experience of burnout. This did not sit comfortably with her, as she reported usually enjoying her work, and obtaining significant satisfaction and meaning from it. There was a strong sense of an urgent desire to escape from her work. This was possibly because of the ongoing uncharacteristic disconnection from clients and a lack of enthusiasm and energy to sustain her interest in her work.

Bernie and Bryce illustrated the energy that was expended in pushing and pulling themselves through the working day. They spoke of seeking an oasis in the desert; the next holiday, the weekend, the end of the session. In their lack of awareness of what was happening to them, there was hope that what they were experiencing was transient, that it would pass, that they would get over it. For Bernie, it was akin to a response to trauma:

> It's like working on no breath or when you get fear, and you don't realise that you're holding your breath until someone reminds you to breathe, and then you breathe, and you're like "Right", and then you realise that you weren't breathing. (Bernie, L70)

As a metaphor for pushing through, Bernie referred to unconsciously holding her breath, perhaps to get through the challenge of work until it was safe to relax and breathe again.

For Bryce, there was also a sense of pushing and pulling herself through the working day, the working week:

> Push through; you've a couple of weeks off in August; just keep going till then; at that point, everything will be fine; everything will be okay; you'll have a couple of weeks off; you'll recover, and you'll be fit to go again. (Bryce, L8)

The sense of effort required to push through was evident in the language Bryce used. Interestingly, the pace of her speech slowed, with a sense of heaviness as she described how laborious that period of her life was. There was a felt sense of the weight of the burden that burnout imposes in this part of the interview.

In order to endure the detrimental effects of burnout, Robin's approach was different from that of the others. Robin simply expected herself to cope:

> I didn't kind of realise it, because I tend to be quite stoic, so I would just kind of carry on, you know, and internalise all of that and think, you know, "I can cope with that; I can cope with anything". (Robin, L 20)

Robin's endurance had a flavour of denial about it. It was as though she could indefinitely internalise all the stressors that pervaded her working life while externally coping. There may also be a link here with the internalised ideal psychotherapist illustrated earlier in this chapter. Robin's experience of burnout included realising suddenly that she was "in no fit state to see clients" (L28). The abruptness of this realisation may have been as a result of denying what was really happening to her, in a bid to continue to work.

An aspect of pushing through burnout was surrendering activities which were healthy but energetically demanding to sustain, such as exercise or a considered diet. Bernie, Robin, Petra and Toni each spoke about turning to food and alcohol in order to get through the stress of work:

> I put up a stone weight. I was having a glass of wine every night with having something to eat, just to go to sleep. (Bernie, L62)

Throughout their interviews, participants used the language of endurance when recollecting their burnout experiences. On recollection, many spoke of their burned-out self as being unrecognisable and incomparable with the person they were at the time of the interview. Lois spoke of being on "autopilot" (L105), Jane of being in "production mode" (L40), Bernie of "hanging on" (L16 and 62) and Toni of having a "short fuse" (L66), while Bryce repeated the word "struggle" nine times in her interview (L8, L16, L24, L36, L40, L52), and Setanta referred to "suffering" (L179) in his account. Participants may have adopted defence mechanisms which, while proving effective at keeping them at work in the short-term, did little to reignite the flame of enthusiasm. As the participants struggled to endure the ravages of burnout, the toll became increasingly difficult to bear.

4.2.3 Being Sick [of it]*: "I started to get sick"*

> I started to get sick; I'd get recurrent kidney infections. I started getting migraines; I started to get vertigo. There was very physical manifestations. (Jane, L8)

For many of the participants, the physical manifestations of burnout included feeling physically unwell. It may have been more acceptable and accessible to the participants to recognise and address these physical ailments rather than the underlying burnout that was contributing to them. For some participants, this may have related to the sense of shame of vulnerability described earlier.

For Bernie, Bryce, Toni and Setanta, there was a desire to have an identified illness that would help them to identify, and thus try to alleviate, their distress:

> Do you know, it's that feeling that – and this is an awful thing to say […], but I have to say it because, God Almighty – at least if you were sick, there'd be a reason to stay at home, that there is that thought, you know? And that you can't stay at home because you're not sick, so you have to go out and do it again […] it's sad, but definitely, I have experienced that […] and I think, and I now know, that's burnout. (Bernie, L90)

For Bernie, it would seem that it was necessary to have an ailment in order to allow respite. It is clear, however, that even as she articulated this in the interview, she was uncomfortable and ashamed of the idea of wishing she was unwell. There was an ongoing sense that burnout in and of itself was difficult to attend to, as it was not an illness.

Toni recollected being aware of the physical manifestations, and she spoke of her efforts to address what was happening to her:

> I even got to the stage where I spoke to my GP about it, because I thought it was something physical rather than something emotional that was going on for me. (Toni, L11)

The lack of adequate words to express the totality of the phenomenon described earlier left the participants focusing on and trying to deal with the part they could identify, which was the physical functional response, through illness, of what was happening to them. Although they did address the physical ailments, the underlying problem persisted. The illness gave them a misdirected signal, and thus, treating the illness did not bring a solution to burnout.

A benefit of tending to these physical manifestations was that it forced some of the participants to take a break from work. All of the participants, with the exception of Setanta, spoke of taking time away from work. For most, this was an extended break to recover from a variety of ailments which presented. This allowed them space and time to reflect on the role and toll that work was taking on their lives. This gave them respite from the coalface of client work and running a practice. As a result, the participants were presented with the opportunity to become aware not just of the physical cost, but also the emotional price they were paying to stay working in the way in which they had been:

> If I hadn't collapsed physically, I think I would've collapsed emotionally [...] I just know that something had to give, something had to give. (Lois, L95, L99)

Bryce recalled her body taking the decision out of her hands. She became so physically expended that there was no choice but to yield:

> I think getting sick was what, actually, my body's way of saying, "Stop", you know; you can't continue like this. So, I think what happened is my body decided to take over. (Bryce, L60)

Jane's experience echoed that of Bryce and Lois. She simply had to stop. This was reflected in the language that she used: "I hit the wall".

> So, definitely in burnout, I wouldn't have recognised that. In other words, I would have physically kept going, but it physically manifested for me eventually, but, I mean, that was right when I hit the wall. (Jane, L93)

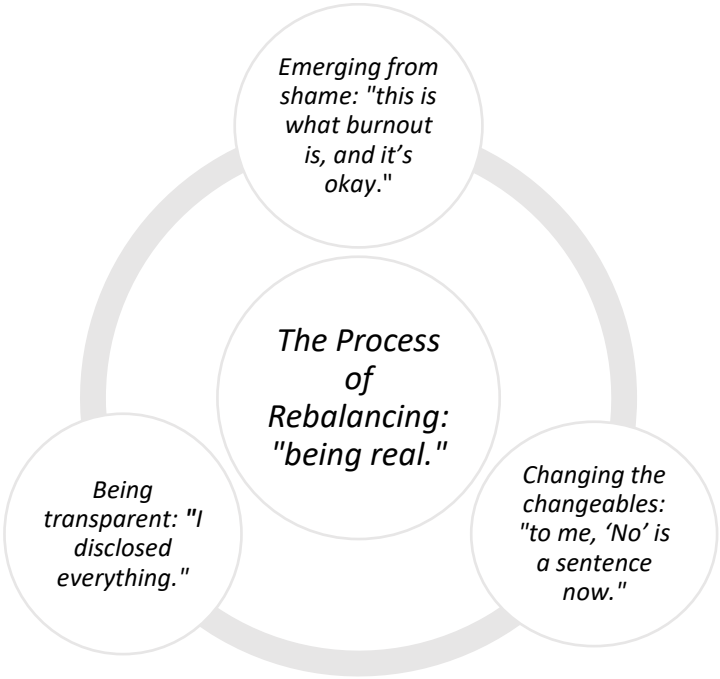
Jane also recognised that being physically forced to stop was pivotal in her regaining her perspective, as it facilitated a slowing down and time for reflection which had previously been in short supply:

> I could only lie in bed, so I was bed bound then, so, you begin to reflect on really at what cost am I doing this? (Jane, L48)

The superordinate theme, *The Embodiment of Burnout: "constantly running on red",* as experienced by the participants, illustrates the tangible and more identifiable aspects of being burned out. The exhaustion and the increasing sense of the burden of the work on a group of people who seem unaware of the price of continuing to work unrelentingly, meant that their working lives became something to be endured rather than enjoyed. Physical ailments allowed the participants to begin to attend to their self-care, and along with this came the realisation that they were paying a high price to perform their job in the way in which they were. As the reality of what was truly happening began to dawn on the expended participants, a door opened which allowed them to begin to address their burnout.

4.3 *The Process of Rebalancing: "Being Real"*

Figure 10: *Superordinate theme three and related subordinate themes*



Exhausted and expended practitioners, many of them unwell and all of them unhappy, grappled to understand the phenomenon that they were experiencing. All participants, however, survived the experience and remain in private practice. This third superordinate theme relates to their process of regaining balance in terms of perspective and lifestyle as part of an experience of burnout. Each participant spoke of the complex experience of a rebalancing process rather than recovery from burnout. On analysis, this featured as a superordinate theme for each individual participant. This aspect seemed essential to the participants, and they each spoke of it as an ongoing process of self-examination of their state of wellbeing, acknowledging the reality of their situation to themselves and others, and finally addressing burnout and its causes. (1) *Emerging from shame: "this is what burnout is, and it's okay"*, (2) *being transparent: "I disclosed everything"* and (3*) changing the changeables*: "*to me, 'No' is a full sentence"* now have been identified as the subordinate themes for this component of burnout, as expressed by the participants.

4.3.1 Emerging from Shame*: "This is What Burnout Is, and It's Okay" (Toni, L238)*

The subordinate theme, *emerging from shame: "this is what burnout is, and it's okay"*, illustrates the tipping points, turning points and moments of realisation as the participants emerged from the shame they felt and began to address what was actually happening to them. Participants identified that how they were working was not healthy for them. For many of the participants, these were painful epiphanies which left them in an uncomfortable position which involved having to confront the reality, process the shame which accompanied it and accept that something significant had to change in their working lives.

Pivotal to the process of regaining balance from burnout was normalising the experience, regaining perspective and leaving shame behind. The participants described diverse pathways to this. Bernie described it as a "thaw" that accumulated over time.

> It took from June to September for even the thaw to happen for me. It's like when you realise when you get out of a bad relationship, and you look back, and you say, "How, how did I survive in that?" (Bernie, L66)

Meanwhile, for Lois, a newspaper article served as a catalyst:

> I read an article in; I think it might have been, the *Irish Times* health supplement, and it was by a psychotherapist who talked about burnout, and I was looking at this and thinking, "Gosh! I can tick about four or five of those boxes", and I thought, like, that word hadn't even occurred to me. You know, could I be burned out? Or having a sort of crisis or, you know, can I do this anymore? (Lois, L12)

The diverse routes to realisation noted by the participants are indicative of the idiographic nature of rebalancing following an experience of burnout.

Central to being able to act on the realisation of burnout was a sense of acceptance of oneself. There was a sense that the participants needed to normalise what was happening to them, perhaps to mitigate the shame that they were experiencing in not living up to their internalised demanding work ethic. Petra and Robin articulated the poignancy and fear inherent in this emergence from shame. For Robin, who was a private practitioner in two diverse locations, the realisation came that she could not maintain both practices. Robin decided to stop working in the disadvantaged area. While this caused her ongoing guilt and discomfort, she rationalised this by recognising that it was the right choice for her wellbeing:

> I didn't feel, "Oh, I failed". I just felt, "Ach, if only I could have stayed the pace longer", you know? The courage wasn't in doing the work; the courage was staying with the work, and I felt that I had let my clients down […] because I had gone to such lengths to try and make a relationship with them, and then I just disappeared […] which is probably what everyone else in their lives does […] to them (Robin, L114)

Evident across Robin's account was the enduring guilt and shame she experienced and the sense of loss at discontinuing her work in the less advantaged area. It was apparent that she was aware that this was necessary for her health and safety, but nonetheless, it appeared to be an unhappy decision for her.

Setanta's perspective on emerging from shame was expressed as acceptance of that shame and the importance of having an awareness of accessing external support:

> It's okay to have shame so long as you know where to find support, and experience "Oh here I go again" and then "Move quick!". That's the strategy now – reaching out. (Setanta, L179)

In his language, it seems that this process happens in repeated cycles for Setanta and that the coping mechanism which he has found has changed from one internalising the experience to one of sharing with another. There is a sense of urgency and necessity around this process for him, although there is also a sense that he has power to act to initiate the process of availing of support systems.

Jane's realisation that she was burned out brought with it the awareness that she could not continue to work in the way in which she was. Being honest with herself carried with it a sense of fear and insecurity of how she might be negatively perceived by colleagues and sources of referrals. In order to make the necessary changes, she first had to release herself from the shame of the imagined perception.

> To actually admit to burnout […] Well, first of all, I have to be completely accepting of myself. And not care really, to be honest about what other people think […] I don't need to prove myself anymore to people (Jane, L221)

Jane's capacity to be able to come to an acceptance of her limitations and set aside her concern about how other people perceive her was pivotal in her process of rebalancing. This step into the unknown required faith, hope and confidence, attributes that had been in short supply before the turning point came. The note of optimism at the end is representative of someone who has grown from the experience; it stands starkly against the shame which she felt at the time of the burnout.

In the closing statement of her interview, Lois gave a clear example of her ongoing commitment to emerging from the shame that can encumber an individual who is burning out. When asked if she had anything she would like to add, Lois added the following:

> I would say, “Don’t be afraid to talk about it, don’t be afraid to open up, there is no shame in it” and that’s why I think I said I would do this, it is something I have no difficulty in sharing now with colleagues, with supervisees and in training. Saying to people “look if you find that supervision is not a place you want to talk about it, talk to a colleague”. (Lois, L182)

This openness to acknowledging her own vulnerability seems to have normalised her experience and strengthened her resolve to model this for others.

Being able to identify that they were burned out and to accept their vulnerability gave the participants the power to be able to address what was truly happening to them and to seek out appropriate supports. For most, this was not a comfortable process, and it required humility and courage.

4.3.2 Being Transparent*: “I Disclosed Everything”*

As the participants began to be honest with themselves and accept that the way in which they were working was detrimental to them, they recognised that they needed support in order to recover. Consequently, the second subordinate theme revolves around being honest with someone else, and acknowledging their vulnerability with others. As will be demonstrated through the data, the experiences were mixed in this regard, with some participants finding the support restorative, and others finding it ineffective or lacking.

In order to reinstate balance, Setanta had to overcome his inner narrative, to change his perspective of what was expected of him and, furthermore, share that with another:

> I’m not burdening myself with “I should be able to take care of myself”, as well as taking support from others. (Setanta, L211)

He rationalised this for himself by recognising that both concealing and accepting vulnerability were part of his "journey" (L151) as a psychotherapist. However, while sharing this with professional peers became acceptable to him, he continued to conceal this from the people in his personal life. This may have preserved the image of invulnerability that he presented to his loved ones, and may possibly have protected them from suffering collateral damage:

> It was okay for the part of me that wanted to hide my vulnerability to go off into a huddle with other psychotherapists and process in as much as that's real […] I could be real, but not with my wife or loved ones [...] The other reality outside therapy. (Setanta L151)

Toni's lack of experience as a psychotherapist seems to have contributed to her perception of disclosure as potentially devastating from a professional point of view. She delayed telling her supervisor because she found the idea of openly acknowledging burnout threatening:

> There is a feeling of just not being good enough, and I think that was one of the feelings that came up within supervision was I didn't want to tell my supervisor, because she was going to say […] 'Oh, you're not good enough'. (Toni, L55)

Toni's self-criticism led to a distorted view of herself. She possibly projected this perspective onto her clinical supervisor, and struggled with the perceived potential criticism that her supervisor would then levy upon her. Toni eventually discussed the reality of what was happening to her with a peer, who suggested that she may have been burned out. This normalised the experience for her and gave her courage to tell her supervisor:

> It was a weight lifted, absolutely. I actually broke down in the room with her one day […] I said there is more I need to tell. I said I was working with a client, and it was like for six weeks eight weeks before that, and there was stuff that I had held from her even though we had discussed the case; I didn't give her all the information. (Toni, L51)

The inclusion of external sources of support in the vulnerable inner worlds of the participants allowed them to access an external perspective which they desperately needed, in order to progress to address the problematic aspects of their work. The participants had to tolerate the discomfort of shame and push through the fear of being judged by their colleagues, in order to be honest about the impact that the work was taking on them. As clinical supervisors oversee the work of clinicians, all participants but one (Bryce) spoke of their fear of disclosure to their supervisor. Bernie spoke of how she kept herself "safe" in supervision by only speaking about work which was going well:

> You talk about the clients that are working, and you talk about things so that you're staying functioning, and it's about self-deceit; it's not even about deceit with the supervisor, because the work you bring is valid, you know, but you're keeping yourself safe. (Bernie, L162)

Bernie's reference to "keeping herself safe" was achieved by containing the impact that burnout was having on her within herself. This, however, may have sustained the problem. Bernie eventually found relief in sharing what was really happening to her in a peer support group:

> It's being heard and really allowing all that stuff, crazy thoughts and shame, and all that stuff that, that when it gets the light of day, and it is held […] that has proved great, great support. (Bernie, L98)

Bryce's experience of acknowledging with another was different from that of the other participants. She repeatedly told her supervisor what was happening to her but found her original supervisor to be ineffective, and so changed to someone who was more directive.

> She was empathetic, and, you know, and she nodded, and she listened. I suppose she wasn't, maybe… [pause], I needed more from her in terms of getting me to question myself, my ability. Was I actually capable? Did I need time out? Did I need something different? What were my self-care strategies at the time? (Bryce, L115)

All participants spoke of how they used their clinical supervision, mandated by their accrediting body. For some, this was more effective than others. For some, effectiveness was compromised due to the participants' concealment of burnout. This may have been because they idealised their supervisor. There was a sense of this in the descriptors used. Bernie initially described her supervisor as "great" (L20), Jane stated that her supervisor was "amazing" (L129), and Toni applied the adjective "fantastic" (L138) to her supervisor. This stands starkly against their own stated critical self-monologue. Nonetheless, later in the interview, Bernie revealed that she did not disclose that she was burning out to her supervisor. Jane stated that her supervisor knew that she was struggling, but he does not appear to have intervened. However, Toni, once she was able to disclose, appears to have received effective support.

Setanta suggested that being part of a peer support group was useful for him in maintaining his wellbeing:

> We sit for an hour and support one another. I'm in a support group for the last nine years with an expert psychotherapist who supervises a group of us

> several times a year for a weekend. That's a felt experience that has grown into a part of my life; that is a felt experience for me. (Setanta, L183)

However, from his account, he has been in this support group for nine years, and therefore would have had this resource available to him at the time of burnout. It is possible that the awareness that he has now, following his burnout experience, means that he can use this group to better sustain him in his work.

In the case of private-practitioner psychotherapists, clinical supervision is the place where they can discuss their work while maintaining the confidentiality of the client. The participants recounted that this involved overcoming a fear of being judged or being perceived by their supervisor as incompetent or impaired. This may have been a projection of their self-judgement onto others, but it may also be that stigma does indeed exist around the burnt-out therapist.

4.3.3 Changing the Changeables*: "To Me, 'No' is a Sentence Now"*

Alongside emerging from shame and disclosing to another, the participants universally recognised that they had to make changes either in their working environment or their approach to work, or both. This was not straightforward, and the participants expressed sadness, guilt, loss and fear, but also a renewed sense of power, hope and decisiveness. The timeframe for implementing change varied considerably across the participants, from a matter of weeks to a matter of years, but notably, all participants in this study remained in private practice.

In Robin's account, she acknowledged focusing her efforts on a single base of operations and engaging more with peers:

> I skip into work here because of the people here, how supportive and how much love there is in that, and that that's the most helpful thing for me, is

> having the support of other therapists and that understanding and having fun. (Robin, L134)

I wondered at the time of interview whether this was overstated. However, on analysis, it is possible that she needed some relief following the dark period of her professional life in which we had been immersed during the interview. Her tone certainly became more vibrant and energised, as though it was more comfortable for her to access this material rather than the pain of her burnout experience. In any case, it appeared as though the changes she made to her working life brought new energy to her work.

Lois spoke of a phased return to work following a prolonged break. She was selective with clients which she accepted into her practice, and she observably continued to struggle with an inner conflict around this:

> I suppose having to then make the choice, when I returned to work, to do it very slowly, and the learning in it was that I actually decided to – I suppose it's an awful word to use, but it is the word I use, so I have to be honest here and say – "cherry-pick" who I was actually going to go back and work with. (Lois, L32)

While it seemed as though Lois experienced tension concerning client selection, Petra used the same strategy but had no issue whatsoever with it. It was possible that Lois still wrestled with her idealised inner therapist.

All of the participants spoke of their learnings from their experience and their strategies for protecting themselves from future burnout. This was an ongoing process for them, but awareness of the construct of burnout had made the warning signs more identifiable for them, as expressed by Setanta:

> In awareness, that piece is not so much a hole that I might fall into; it's the edge of my growth that is invaluable in my work. Paradoxically, that is the piece that being, eh, being able to be present with my vulnerability [...] adds a quality to my presence. (Setanta, L80)

Participants named a variety of ways to shield themselves from burnout, including effective supervision, support from colleagues, being discerning in client choice, taking a break, being honest, and normalising vulnerability, as expressed by Jane:

> I think I was being a therapist to everybody else except to myself, and I give myself the same level of care now that I give to others, and I didn't do that then. (Jane, L205)

Many participants spoke of changing their inner dialogue from a more critical voice to a more compassionate one. This required unlearning the values and behaviours learned as part of their family life. Bryce referred to how she would now speak to her burned-out self:

> Talk to her with gentleness, with kindness, with compassion. I would say to her, "You don't have to prove yourself to anybody; you don't need to keep pushing, pushing, pushing, you know, ehm; you're good enough as you are. You're doing enough as you are". (Bryce, L143)

In this segment, Bryce's tone was soothing and nurturing. It was as though she continued to dialogue with her burned-out self with a new inner compassion.

Jane also gave an example of moving away from the attitudes and values instilled in her by her family:

> I grew up in a family business, so we were working very hard, young in life, and if you weren't […] working all the time […] are you being possibly

> lazy? You're certainly not creating that much value, so, you know, you have to make a choice. Well, I made choices […] changes in my life […] So, I changed what I valued. (Jane, L197)

Bernie and Petra both spoke of the difficulty in taking breaks from work. Being a private practitioner proved a complicating factor in such an endeavour. This appeared to be both a financial and a logistical issue, as taking an extended break from private practice essentially requires the business to close. This means private practitioners will have no income during that break, and so are dependent upon having sufficient resources.

> I'd say it has made me very aware of the cost of this work, and I tell you, I won't wait another 16 years to take a break again […] But all that depends on you having the flow of the finances and all that kind of stuff. (Petra, L195)

This was a practical dimension that was alluded to by Jane, Bernie and Toni, but it was directly articulated only by Petra. This could be due to a sense of awkwardness around discussing the financial dilemmas of private practice among the other participants, or it is possible that theirs was the primary income upon which their family relied.

While the three aspects of regaining balance as part of an experience of burnout – emerging from shame, being transparent, and changing the changeables – were pivotal in facilitating a return to work and apparently offering protection from burnout, the way in which they were employed was idiographic across the participants. This depended on the experience of the participants and the resources available to them.

Whatever route taken through the process of burnout, all participants eventually regained their balance. While burnout was described as "getting lost" (Bernie, L70), "horrendous" (Bryce, L231), "a downward spiral" (Toni, L7), "awful" (Petra, L68),

"insidious" (Jane, L53), "a desert" (Setanta, L80), "no joy" (Lois, L109) and "really, really, hard" (Robin, L83), all of the participants reflected on the growth that emerged as a result of the experience. Bernie referred to burnout as a "strengthening experience" (L170), while Bryce perceived herself as being "more empathetic" (L227) as a result. Toni described it as "an expensive lesson" (L255), and Lois as a "tough lesson" (L226). Petra articulated that burnout was "a tremendous gift" (L207). Jane believed she was "kinder towards herself" (L205). Setanta felt "real" (L151), as did Robin "I'm more real, and I'm authentic" (L130)). It is conceivable that this more positive representation of the experience emerged as a happy ending to their narrative or, more likely, that, in regaining perspective following an experience of burnout, the participants have been able to make meaning from their experience and grow from it.

4.4 Conclusion

The findings derived from the analysis of the interviews illuminate the meaning the participants took from their experiences of burnout, as interpreted by the researcher. They suggest that burnout, as an experience, had a progressively detrimental impact on the professional, and sometimes personal, identity of the participants. The clinicians, struggling with a fragmenting sense of self, turned to a variety of strategies, some of which sustained the burnout process. In tandem, as burnout persisted, there was a sense of an absolute energetic depletion, which further decreased the burning-out practitioner's capacity to address the real phenomenon, which lingered outside the scope of their awareness. Respite from work allowed the participants to grasp the deleterious impact that the way in which they were working was having upon them. Participants had to come to awareness and acceptance that they were burned out, acknowledge this with another, and garner support. Often, this support came from working with their clinical supervisor or peer groups, but a fear of being judged had to be overcome in order to avail of this. In

addition, the participants spoke of the intrapersonal and interpersonal changes that they had to make in order to maintain a healthy and sustainable work-life balance. A question which remains is whether the experience of burnout is one which is ever really completed or if the participants are always somewhere on the burnout continuum.

4.5 Researcher's Reflexive Comment

Before embarking on the analysis of the data, it had been emphasised in training and academic supervision that the process of analysis in an IPA study is an iterative one. The reality of how iterative a process it is only became clear to me during the analysis stage. This findings chapter had several iterations, which brought home the idea to me that IPA is really a collaborative methodology. Academic supervision, collegial support and master classes in IPA proved invaluable at this stage and prevented me from getting locked into perspectives and to see new horizons.

The analysis of the data and commitment to findings also felt onerous to me. I was aware that the data I had gathered was raw and deeply personal to the participants, and I very much wanted to honour their candour and honesty by representing my interpretation of their experiences to the fullest. This sense of responsibility helped me to persevere through the valleys of doubt and uncertainty throughout this process, until there came a point at which I felt that I had achieved what I set out to accomplish as best I could.

Chapter 5: Discussion

This study aimed to gain an understanding of psychotherapists' lived experiences of burnout while working exclusively in private practice. To this end, eight psychotherapists' experiences of burnout were collected using in-depth interviews, and these accounts were analysed for recurrent and experientially significant themes using Interpretative Phenomenological Analysis (IPA). The superordinate themes (1) *A Professional Identity Crisis:* "*maybe I just don't have what it takes?"*, (2) *The Embodiment of Burnout: "constantly running on red"* and (3) *The Process of Rebalancing: "being real"* reflect the lived experience of being burned out, as related by the participants in this study and interpreted by the researcher.

There are five key messages derived from the findings of this study. Firstly, the participants gave voice to the effects of burnout on their sense of identity. Secondly, the researcher identified a possible link between the participants' felt sense of the embodied experience of burnout and the theory of dysponesis. Thirdly, the participants in this study found that they could recognise the physical manifestations of burnout more readily than the emotional or attitudinal components. Identifying burnout was pivotal to returning to a healthy work-life balance. Fourthly, the participants of this study did not experience burnout in a linear or phased way; rather, it manifested idiographically for each participant. Finally, rather than a process of recovery from burnout with a distinct beginning and end, the experience for the participants of this study was one of rebalancing perspective and lifestyle. These key findings are discussed with reference to burnout research, theories, and frameworks. The strengths and limitations of the study are presented, along with a discussion of the implications and recommendations arising from the research for practitioners, supervisors, training and further research. The chapter concludes with a final reflexive account from the researcher.

5.1 Burnout and Sense of Identity

The participants in this study provided many examples of how an experience of burnout adversely affected their sense of self and how their diminishing sense of self impacted their experience of burnout. It appeared that there was a reciprocal relationship between the identity of the participants and the phenomenon of burnout, as illustrated in the superordinate theme *A Professional Identity Crisis:* "*maybe I just don't have what it takes?"* While burnout had a deleterious effect on the participants' sense of identity, the process of burnout may also have been affected by formative experiences. McCluskey (2018), referencing object-relations theory (Klein, 1952; Winnicott, 1996) suggested that "early relationships are internalised in such a way that they act as dynamic structures within the person; these are activated by and influence current relationships" (p.34). She posits that negative interactions can be internalised and are influential in the establishment of identity. This was an issue that was shown to be of critical importance to the participants of the current study when recollecting their lived experiences of burnout.

Some of the participants spoke of how they felt their childhood experiences and the family work ethic instilled in them, which prioritised hard work at any cost, contributed towards developing an unhealthy relationship with their self-care and capacity to identify their own needs and limitations. The participants in the current study described difficulties concerning refusing prospective clients. Some referenced the sense of responsibility that they felt from the first contact, while others identified core beliefs such as the value of hard work and equating saying 'no' with vulnerability, as being significant in this aspect of their work. This is noted by Wallin, who explores the influence of attachment dynamics for psychotherapists, wherein he wished for an experience of "saving" his mother by "saving" the client (2007, p. 289). Wallin posits that unless we become aware of our enactments of

repeated patterns from our formative years, we are at risk of unconsciously repeating them within the context of the therapeutic relationship, in his own case by feeling an exaggerated sense of responsibility for his client. The findings of the current study, which showed the deep impact this harsh work ethic had upon some of the participants, demonstrate just how deeply formative experiences can influence the working lives of psychotherapists. This aspect of the findings of the current study supports Simpson et al.'s (2019) quantitative survey with counselling psychologists where the schemas of "unrelenting standards" and "self-sacrifice" (p.41) were predominant in the results.

The participants in the current study found that they were prioritising their clients' needs over their own well-being, and maintained the skewed perspective at the time that it *should be* that way. Across the accounts, there is a sense of the participants' experience of the pressure to be perceived as a professional who is impervious to vulnerability, despite the inner distress, which was building within them. This self-sacrificing individual, relentlessly working without attendance to their own needs, became the identity of the participants represented in the subordinate theme of *being lost: it's not just a loss of function; "it's a loss of self*". This finding supports the view that the source of this problem does not lie in dedication to the work, but rather over-commitment and involvement in the work, which can lead to counsellor impairment (Kopera et al., 2015; Maslach et al., 1986). Over-commitment could be interpreted as having been informed by a perspective that this was what was expected of them by clients or their peers to be good therapists. Kern (2014) suggests that "counsellors are often expected to represent the 'normal' population, impervious to having their own mental health issues" (p. 304). This resonates with Adams' (2013) clinical literature based on her qualitative research with psychotherapists in *The Myth of the Untroubled Psychotherapist*, wherein she speaks of the expectation within most therapists that "at the very least we can keep our own house in order" (p. 100). This echoes Emerson et al. (1996), who posited that "perhaps the common

pressure felt is that if one can help others, one is expected to help oneself, or worse yet, not even to need help" (p. 113). This was reflected in some participants' assertion at the time of burnout that, as a psychotherapist, they should not need help. This normative aspect of the inner voice of this participant shows the reality of the worst-case scenario envisaged by Emerson et al. (1996).

The internalised monologue of the participants was intensely critical and self-attacking. This was evident across the accounts of the participants and vividly expressed in the subordinate theme of *Containing the impact within:" I grinned and beared it".* The participants generally expressed a felt sense of responsibility to be able to model resilience and capability to their clients. This proved more difficult as they were experiencing acute vulnerability themselves. Emerson et al. (1996) identified this in their review of the literature surrounding impaired counsellors:

> "They tend to expect themselves to work well with every client, serve as a perfect model of mental health, be on call 24 hours a day, place client's [sic] needs before their own, be the most important person in every client's life, assume personal responsibility for clients' [sic] behaviour, and have the ability to control clients' lives" (p. 114).

The participants in this current study illustrated a sense of failure or resentment when they felt clients were demanding, and this was compounded by the harsh inner voice so clearly elucidated in the findings of this study.

5.1.1 Shame and Burnout

The participants in the current study experienced acute shame at times throughout their experience of burnout, represented in the subordinate theme *containing the impact within: "I grinned and beared it"*. Shame was expressed at not only feeling incompetent and

unworthy of being a psychotherapist, but also at the thought of being exposed as impaired or a fraud. In their exploration of shame among medical students, Case et al. (2018) asserted that, "in contrast to the temporary and local nature of guilt or humiliation ('I did something wrong/bad'), shame implicates globally: the perceived insufficiency or flaws of the self are intrinsic, deep, and often significantly guarded ('I am inherently wrong/bad')" (p. 13). Lazare (1987) conceptualises that shame can be viewed as stemming from the interconnection of three factors, namely "1) the shame-inducing event, 2) the vulnerability of the subject and 3) the social context" (p.1654). In the current study, the shame-inducing event may have been the experience of not being effective or sufficiently empathic, and feeling inadequate in their role as psychotherapists. The vulnerability of the subjects in this study could be linked to their aforementioned childhood experiences of high expectation in the context of work and a diminished value on self-care which they shared. Many may also have been vulnerable because of their internalised expectations of themselves as described previously. There was also a sense of vulnerability at being "found out" or being exposed as impaired practitioners. Interestingly, these findings are also reflected in Ekstedt and Fagerberg's (2004) qualitative study of the lived experience of eight Swedish white-collar workers who referenced their fear of "becoming a failure at work or at home" (p.62). Finally, the social context lends itself to shame, as some participants noted a perceived expectation on psychotherapists among members of society, clients, and peers to be sufficiently balanced and well within themselves, in order to be able to help others. Knowing that this was not the case for themselves led to a version of "I am inherently wrong/bad" (Case, 2018, p. 13) reflected in examples of the inner monologue of the participants of the current study, such as "You're useless; you're no good" (Bryce, L171).

All but one of the participants referenced resorting to either a planned break or sick leave as a result of their experience of burnout. In a Swedish grounded theory study of individuals from across a range of professions, who were on long-term sick leave from

work due to burnout (Eriksson et al., 2008), shame was identified as a step on the "burnout stairs" (p. 623). Participants in Eriksson et al.'s study related a sense of shame, which was followed by a collapse and, consequently, sick leave. The findings of the current study also highlight the intensity of an experience of burnout, the consequence of which may involve a prolonged period away from work.

It appears for the participants in the current study that they projected their inner experience of shame onto others, expecting to be judged and criticised as they judged and criticised themselves. This is recognised in the literature on shame and psychotherapeutic supervision, where it is noted that supervisees mask their shame in order to continue to appear competent and not vulnerable in their work (Hahn, 2001; Yourman, 2003), as will be discussed later regarding supervision. The shame associated with burning out and feeling vulnerable pervaded all the accounts. This is possibly due to burnout not being widely acknowledged or identified in the psychotherapist community, particularly in private practice, where there is no employer or organisation to blame for feelings of cynicism or inefficacy. It has been said that individuals do not leave a job; they leave a boss (Maslach & Leiter, 2017). When an individual is self-employed, this may be more challenging.

While there was no significant difficulty recruiting participants for this study, some participants did require repeated reassurances that their anonymity would be protected as much as possible. Some spoke of the discomfort of discussing their recollected experience, even in the context of a research interview. It could be argued that the experience of shame is primarily an experience of loss of self. In a discussion of doctors' personal narratives surrounding shame, Miles posits that "Shame is linked to fear of a loss of, or soiling of, identity. The expression of shame is to cover the self, blush and withdraw. To make oneself small and unobtrusive or indeed diminish others, are hallmarks of shame." (2020,

p. 1). This links to the participants' diminishing sense of themselves as being impervious to vulnerability, which may have manifested as discomfort at the idea of possibly being identified as a participant in a study of the experience of burnout

5.1.2 Burnout and Meaning

Farber considers burnout to be "essentially about inconsequentiality" (2000a, p. 589). This is supported by the accounts of the participants in this study, where a loss of purpose, meaning and, ultimately, the value of their work was questioned and was sometimes considered lost. Some participants questioned if they wanted to continue to be psychotherapists and why they became therapists in the first place. This questioning appears to not only have impacted their sense of efficacy in the job, but also their capacity to connect with their clients empathically. There was a sense of existential angst in this questioning by the participants, with phrases such as "Who was I?", "I didn't know who I was?" and "I didn't recognise myself" emerging. This seemed to be reflected in a tarnishing of their inner world. Malach Pines (2002) suggests, in her psychoanalytic-existential approach to understanding burnout, that individuals working in human services are particularly vulnerable to burning out, as they have a need to experience existential significance from their work. Perhaps the same could be stated concerning psychotherapists in this study, many of whom elucidated a deep sense of disillusionment with themselves and their work, the same work which had been fundamental to their professional identity.

The participants referred to struggling to make meaning out of what they were experiencing and in all of this, losing their sense of balance within themselves. Maslach and Leiter explain the effect of burnout as follows:

> "Burnout is the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit and will – an erosion of

> the human soul. It is a malady that spreads gradually and continually over time, putting people into a downward spiral from which it's hard to recover" (Maslach & Leiter, 1997, p. 17).

This reflects the cumulative effect expressed by the participants in this current study, of the diminishing sense of the professional identity explored in the superordinate theme *A Professional Identity Crisis: "Maybe I just don't have what it takes"?*

Having considered issues related to the loss of identity which emerged in the findings of this study, the next section of this chapter will develop the understanding of embodiment as it relates to both the literature and the experiences of the participants of this study.

5.2 The Embodied Experience of Burnout

The concept of embodiment in principle refers to the way in which we experience a phenomenon through our bodies. According to Gallagher and Zahavi (2013), whose thought on phenomenology is deeply influenced by the theories and writings of the French philosopher Merleau-Ponty, embodiment is defined as "the way our bodies structure the experience. The body is not a screen between me and the world; rather it shapes our primary way of being-in-the-world" (Gallagher & Zahavi, 2013, p. 155). From this perspective, the body is an essential means of understanding and interpreting experiences. Merleau-Ponty asserts that "it is through my body that I understand other people" (Merleau-Ponty, 2002, p. 216). The embodied experience of the participants of this study was evocatively captured through the superordinate theme *The Embodiment of Burnout: "Constantly running on red".*

5.2.1 The Burned-out Body

The participants referred to the demands placed upon them being greater than the resources they had. Demerouti and Bakker's job-demands resources model of burnout (Demerouti et al., 2001), posits that excessive demand from work leads to exhaustion, while a lack of resources to meet demands leads to withdrawal. The participants of this study recollected being overextended physically, emotionally, energetically, empathically and financially. This process could easily be mapped onto the job demands-resources model (2001). Time was a precious resource, and many participants reported increasingly spending time on doing the work and then ruminating upon work. The more burdensome work became, the more personal resources were expended trying to stay engaged. As the process continued to unfold, personal boundaries became increasingly difficult for the participants to maintain. One of the roles of professional boundaries is to protect the resources available to the psychotherapist so that they can continue to function effectively, both personally and professionally (Frankel et al., 2012). The participants in this study identified dwindling resources with heightened demand from internal and external sources. The shifting of boundaries led to inner resources, intended to serve and support the therapist, being expended to meet the external demands of clients or running a practice, as explored in the subordinate theme of *containing the impact within: "I grinned and beared it".*

As most of the research literature on burnout is based on quantitative studies, there is a dearth of qualitative literature related to the physical felt sense of burnout. One recent qualitative study addressed this issue, a phenomenological study of eight Norwegian workers experiences of recovery from burnout (Engebretsen & Bjorbækmo, 2020). The participants in their study spoke of a "narrowing of the felt body" (p. 4). Engebretsen and Bjorbækmo referred to the participants in their study distinguishing their bodies as being separate from themselves. They suggested that the body became objectified, limiting the

participants from participating in life in the way they wished. The findings of the current study resonate with and expand this perspective, with rich illustrations of the physical impact of burnout, which highlights the embodied, visceral experience wherein the physical self processed burnout seemingly independently. This can be seen in Jane's expression "I was exhausted, actually, but I didn't realise I was exhausted" (L89). The physical impact of burnout was not deniable in the same way that emotional and attitudinal components could be. There is a sense that it was the human physical limitations of the participants, which forced them to rest and reflect, as surmised by Bryce "I have nothing really left in me" (L20). As elucidated in the subordinate theme of *being exhausted*: "*like a dishcloth […] just wrung out",* the physical experience of burnout for the participants of this study appeared to be a cold and empty one. All energy was expended; the participants were exhausted. There was a weightedness and deadness to the experience, as described by the participants, as though any source of energy which gave light, life or warmth was gone. It was as if the internal battery was dying, operating on emergency power, with only essential functions continuing to be fuelled. It appears that their bodies were demanding respite in a way which could not be ignored indefinitely.

All participants spoke of how they experienced burnout physically. They related experiencing aches, pains, kidney, and back problems, as well as frequent minor infections, which are extensively noted in the literature as manifestations of burnout (Brand et al., 2010; Grossi et al., 2009; Kahill, 1988; Salvagioni et al., 2017; Sandström et al., 2005). While one participant experienced an acute, life-threatening illness, the most apparent indicators of burnout for the other participants in this study were extreme exhaustion and musculoskeletal issues. The participants spoke of efforts to push, pull, or drag themselves through their working week, day or clinical hour. This is an observation which was also reflected in Engebretsen and Bjorbækmo's study, where their participants spoke of their body having an "opposing will on its own" (p. 5). In the present study, there is a sense in

the lived experience of burnout, that it was the participants' experience of their physical selves, rather than a cognitive decision-making function, which guided them to embrace respite. This is also reflected in Eriksson et al.'s (2008) grounded theory study where sickness absence made it legitimate to stay at home and was a relief to many of the participants in their study. The findings of the current study expand the understanding of an experience of burnout, as it was the physical signs of burnout which acted as a red flag for these mental health professionals, rather than emotional or attitudinal manifestations.

Many participants in the current study spoke of the intensely traumatic material to which they were exposed in their working lives, as viscerally expressed in the subordinate theme *being exhausted: "like a dishcloth […] just wrung out"*. Some schools of psychotherapy such as Gestalt Therapy (Perls et. al., 1951) emphasise the importance of practitioners attuning to bodily sensations, physical reactions and countertransference when working to gain a deeper understanding of the client (Forester, 2007; Gubb, 2014; Heimann, 1960; Rothschild, 2017). In a grounded theory study of therapists' somatic phenomena within the therapeutic encounter, Shaw (2004) described therapy as "an embodied encounter" (p. 272) and stated that somatic reactions can enhance the therapeutic connection, deepen empathy and be used to gain knowledge in the therapeutic encounter, and recommends therapists to use this knowledge accordingly. From his theory, Shaw posits that physical sensations related to clients' material manifest more powerfully in the therapist, the more emotionally involved the practitioner is with the client. This is significant in a study of burnout. where over-involvement with client material can be an issue, as was discussed in the section of this chapter concerning identity. This suggests the possibility that practitioners who are over-involved with their clients may experience an increased somatic reaction to their client work. In the clinical literature on psychotherapy, the psychotherapists' physical response to clients' material is viewed as a healthy empathic reaction, which should be identified and reflected upon as grist for the mill in the

therapeutic work (Anastasopoulos & Papanicolaou, 2004; Eichler, 2010; Totton, 2003). This may be beneficial to therapy when the psychotherapist is aware of their somatic responses, but what of those responses which are unconscious or outside of the psychotherapist's awareness? Is it possible that repeated unconscious patterns of physical reactions to the clients' material could affect the process of psychotherapist burnout? An answer might lie in the theory of dysponesis, and this warrants further explanation.

5.2.1.1 Dysponesis

The physical manifestations of burnout are extensively identified in the literature (Brand et al., 2010; Grossi et al., 2009; Kahill, 1988; Salvagioni et al., 2017; Sandström et al., 2005). These manifestations have not yet been explored in the context of dysponesis in health professions beyond chiropracty. Chiropractic studies define dysponesis as a "reversible physiological state consisting of unnoticed, misdirected neuro-physical reactions to various agents (environmental events, bodily sensations, emotions, and thoughts) and the repercussions of these reactions throughout the organism" (Whatmore & Kohli, 1968, p. 380). *"Dys"* reflects the maladaptive nature, and *"ponesis"* derived from the name of the Greek god of toil Ponos refers to exertion or misplaced efforts (Peper et al., 1981). Combined, this word represents the impact on the body of a maladaptive way of working. Dysponesis relates to the physical tension that the body adopts when exposed to a stressful environment. An example of this could be the tensing of the shoulders and neck when one is hearing traumatic material, something which may be a regular part of a working day as a psychotherapist.

Dysponesis is considered an automatic physical response as part of a fight-or-flight reaction. Clinicians may unconsciously clench their stomachs, wince or tighten their shoulders or jaw as part of this "faulty bracing" (Stroebel, 2005, p. 135) as their body responds to the material that they are hearing. This is also reflective of the work on body

armouring of Wilhelm Reich (1936) and Alexander Lowen (1976). Reich defined muscular armouring as "the sum total of muscular (chronic muscular spasms) which an individual develops as a block against the breakthrough of emotions and organ sensations" (Reich, 1976, p. 10). While Reich developed his theory in the context of the effect of traumatic material on clients, it is also possible that psychotherapists who are working with traumatic material also apply muscular armour to protect themselves from discomfort. Lowen furthered this theory by positing that "the body expression is the somatic view of the typical emotional expression" (Lowen, 1976, p. 137). This suggests that the body responds defensively to emotional interaction, such as is frequent in psychotherapeutic work. The repeated pattern of this physical effort to protect oneself from emotional content could lead to musculoskeletal issues, headaches, back pain, and other adverse physical effects. These manifestations were highlighted by the participants as impactful on their experience of burnout.

The superordinate theme *The Embodiment of Burnout; "constantly running on red"* illustrates the physical discomfort that the participants experienced, which they attributed to their work. The increasing physical depletion expressed by the participants, complicated by their drive to continue to work and a lack of recognition of what was happening to them, led to somatic expressions of the emotional toll of their work.

The findings of the present study suggest that dysponesis as understood in chiropractic theory could possibly relate to the embodied aspect of burnout in psychotherapists. In a study of the theory of dysponesis and how it relates to physical therapists' awareness of muscle tension, Peper et al. (2014), found that covert muscle tension was experienced by all 34 of the participants. Through the use of bio-feedback technology, the participants became aware of tension and unconscious muscular exertion. However, they could train their bodies to relax fully, including muscles that they were not

aware were holding tension. The theories of burnout and dysponesis have not been linked in the literature. While there is much literature explaining the impact on our bodies of experiencing trauma such as headache, back pain, gastrointestinal issues and elevated blood pressure (Levine & Maté, 2010; Rothschild, 2017; van der Kolk, 1994), the effects of patterns of repeated physical defensive responses on the clinician from listening to discomforting client material have not been explored to date. The findings of this current study indicate that these physical manifestations may be significant for the wellbeing of psychotherapists.

5.2.2 Recognising Exhaustion

When worn out and worn down, several participants struggled with physical ailments, and paradoxically, there was a sense of relief for those who became so physically unwell that they had to stop working. This finding is also reflected in Eriksson et al,'s study. Most considered that they would have continued to work for as long as they physically could, replicating the "self-sacrifice" and "relentless" schemas illustrated earlier in this chapter. This journey from stubborn endurance to physical collapse is represented in the findings in the subordinate themes *pushing through: "I'll push you, and you'll keep going"* and *being sick [of it]: "I started to get sick".* There came a point of physical unwellness for most of the participants in this current study, one which took the choice of continuing to work away from them. The findings of this current study support those of Engebretsen and Bjorbækmo (2020). Their participants spoke of the panic of being in the position of "I cannot", and the sense of inadequacy which accompanied this position.

Similarly, in the current study, reaching a point where the participants could no longer push themselves to perform, brought a sense of collapse in which what was happening had to be addressed and could no longer be denied. While there was no common pathway to identifying the phenomenon of burnout, the ability to adequately articulate their

experience to the extent that it could be confronted seemed to be a pivotal turning point in the experience. This broadens the understanding of an experience of burnout, as the lived experience was not as simple as a dichotomous variable (Dyrbye et al., 2009; Eckleberry-Hunt et al., 2018). An individual can be struggling with this phenomenon for quite some time without being aware of what it is or being able to name the experience, as was the case for the participants in Eriksson et al.'s study. Becoming aware and recognising burnout empowered the participants of both their study and the current one to begin to address it.

Across the accounts, the component of exhaustion, while not necessarily more significant than the other two elements, seemed more tangible to the participants than cynicism or inefficacy. In the data, the components of cynicism and inefficacy were more apparent in the way in which the participants recounted their self-talk regarding their clients, their work and their own identities. Exhaustion, conversely, although immediately recognisable, seemed to increase exponentially until the participants had no choice but to address it, as though the body could express what words could not. This could offer a rationale as to why this component is considered the primary aspect of burnout (Leiter & Maslach, 2016). Perhaps it is the most recognisable and insistent. Engebretsen and Bjorbækmo suggested the following in their study, "the body can no longer be taken for granted or ignored" (2020, p. 5). Whereas the experiences of cynicism and inefficacy may have been more easily concealed or denied, the impact of the resulting inner distress upon the participant bearing it seems considerable. Being sick was diagnosable, recognisable and treatable. This relates to a finding in Engebretsen and Bjorbækmo's study (2019a) whereby one participant felt like she was "some-body" (p. 1023) when she had cancer but like "no-body" (p. 1023) when she was burned out. One could theorise that this relates to the shame associated with emotional or psychological vulnerability, as discussed earlier.

For the participants in the current study, being physically unwell seemed more acceptable than to be struggling emotionally.

5.3 Identifying Burnout

Each of the participants expressed difficulty in being able to identify and articulate what was happening to them. While "burnout" was familiar to them as a buzzword, burnout as a defined occupational phenomenon was not. There was a tendency to minimise the phenomenon as transient, something to be pushed through rather than a significant experience which needed to be actively addressed. This finding supports the work of previous researchers on burnout (Ruzycki & Lemaire, 2018; Seritan, 2020), and may have been because they were not informed as to the vulnerability of practitioners to burnout or possibly linked to the idealised, well therapist. Most participants stated that they had not discussed burnout as part of their psychotherapy training. Bridgeman et al. (2018) have discussed the importance of integrating awareness of burnout into the curricula of health professionals. The lack of a construct left participants of this present study confused as to what was happening to them. Consequently, they considered other more familiar possibilities, such as depression or anxiety, or they simply did not know what they were experiencing. Many participants noted on reflection in the interviews, that their experience was primarily work-related and that their quality of life was impacted by their work. Once they ceased working, took a respite and made the necessary changes to the way in which they were working, their well-being improved, as exemplified in the superordinate theme *The Process of Rebalancing: "Being real".*

Identifying the construct of burnout was elusive for the participants of this study. This is represented in the findings under the subordinate theme of *emerging from shame: "this is what burnout is, and it's okay"*. They acknowledged in the interviews that it was some time before they were able to join-the-dots and recognise that what was happening to

them was work-related and enduring, rather than a transient sense of inner inadequacy. There are several possibilities as to why identifying burnout was such a challenge. Firstly, as indicated earlier, many of the participants were unaware of the construct of burnout and had not been educated as to their vulnerability to it by virtue of their profession. This was also recognised in Hammond et al.'s study (2018), where several of the participants spoke of not being prepared for the possibility of burnout. Secondly, burnout is not an illness or a disease, and no biomarkers have been found for it to date (Penz et al., 2018); it is rather an occupational phenomenon which has definitional challenges and therefore is difficult to identify and recognise. Thirdly, most of the participants were incredibly busy with their practices, with little time to reflect on their own well-being. This is also acknowledged by the participants of Hammond et al.'s study of private practitioner psychologists (2018). This may have facilitated an unconscious denial of the adverse effects of their work. Fourthly, the participants may have prioritised and idealised the internalised high work ethic and professional expectations of themselves, and thus unconsciously denied what was happening to them. Lastly, the onset of burnout appeared unique for each of the participants, which made the process of identifying it difficult. This finding supports the theories outlined above, which suggest that the onset of burnout is not linear or predictable in many cases, and that, consequently, it is difficult to recognise and identify. Frizelle and Mulder (2017) explain this in their clinical writing on burnout among physicians:

> "These stages are not necessarily sequential, and not all are necessarily involved in a specific case. The duration of each stage varies, and sometimes several stages coincide. The onset of each case is unique, making it difficult to identify burnout early in its course" (p. 7).

This is significant, as it is apparent that burnout can be experienced as elusive, complicated and difficult for the individual experiencing it to identify.

Although the findings of this study resonated with aspects of Cherniss's transactional model (1980), the current study also considers that the relationship between the components of burnout is a more complex and idiographic one than that offered by Cherniss. His model is based on stages; the first is job stress, followed by individual strain and, finally, defensive coping. What was uncertain in the participants' accounts was the order in which this happened. The participants did not seem to go through this process in a staged way, but rather, all aspects became exacerbated over time, often concurrently, and each component adversely affected the others. It was represented by the participants as more of a perpetuating cycle than a strictly linear progression. For example, the more tired or strained the participants became, the more cynical they felt, as they no longer had the energy to remain connected to their clients. The more cynical they became, the less enthusiasm and energy they had for their work. An illustration of the cyclical manner in which the components of burnout affected each other, as illuminated by the experiences of the participants in this study, is provided below:

Figure 11: *Representation of interaction of components of burnout as expressed by the participants of this study*

Rather than stages which were completed, the participants spoke of perpetuating cycles, or "recycles"; they spoke of a sense of moving back and forth through the components, all exacerbated over time. This is similar to the findings of Iacovides et al.'s (1999) survey of 368 nursing staff, which found that the development of burnout was non-linear. Each component has the potential to affect either of the others adversely. The longer the participants endured, the more intensely they felt each aspect of burnout.

The findings of the present study indicate that the relationship between the components of burnout are complex and were idiographically experienced by each participant. There was no suggestion of a consistent pattern or staged progression of burnout. Rather, the experiences of the participants in this study were more in keeping with the theory of Maslach and Leiter (2016) on the interaction of the dimensions of burnout, than the model offered by Cherniss (1980). They suggest:

> "The three dimensions of exhaustion, cynicism and inefficacy do not always move in lock-step, which means that they are not so highly correlated as to constitute a single, one-dimensional phenomenon. The advantage of such distinct, but interrelated, burnout dimensions is that there could be several different patterns that are shown by people at varying times." (p. 90)

The participants of the current study indicated that when work was reconsidered, and additional support and self-care strategies engaged, their lives could resume in a more balanced way, as recognised in the subordinate theme of *changing the changeables: "to me, 'No' is a full sentence now".* Prioritising themselves, although previously counterintuitive, led to a capacity to sustain themselves within their work. This advances the theory that burnout and depression are different constructs (Maslach & Schaufeli, 1993), in that the participants acknowledged that the issue was primarily work-related rather than pervasive across all aspects of their lives. There was a sense that, for most of

the participants in this study, although burnout affected them both personally and professionally, when work was removed from the equation, meaning could be taken from what they were experiencing, and a more compassionate perspective towards themselves could be created. Similarly, in the findings of the Nordic qualitative study conducted by Engebretsen and Bjorbækmo (2020), all of the participants had availed of sick leave, which facilitated the process of reflection on their burnout experience. However, it is contrary to the findings of Bianchi et al.'s (2013) comparison study of 46 burned-out workers and 46 clinically depressed patients against a control group of 453 non-burned-out workers, which did not support the perception of burnout and depression as separate entities, but suggests rather that they may overlap. Bianchi et al. (2013) conclude that a full analysis of the available burnout research is complicated by the absence of diagnostic criteria for burnout. Maslach and Leiter (2016) theorise that burnout distinguishes itself from depression in that burnout is typically work-related and that adjustments made to attitudes to work and the working environment can alleviate discomfort. This is not so for depression, which is considered to be a pervasive disorder relating to all aspects of an individual's life (Iacovides et al., 2003).

Identifying burnout was a turning point for the participants in this study. It allowed them to understand what was happening to them and to distinguish it from depression. Consequently they had the power to address it, feel less shame surrounding it, and subsequently put the necessary measures in place to redress the physical and emotional consequences, while taking meaning from the experience and rebalancing their relationship with their professional identity.

5.3.1 Rebalancing

For many participants, being able to name the phenomenon was significant in the pathway to rebalancing, as it gave them the power and courage to address it. However, this naming

of burnout and *"being real"* meant having to confront and process feelings of guilt, shame and inadequacy, and to reconcile themselves with their human limitations, as outlined in the subordinate theme of *emerging from shame: "this is what burnout is, and it's okay"*. For all of the participants, acknowledging their vulnerability and being transparent with another were instrumental in regaining perspective, as expressed in the subordinate theme of *being transparent: "I disclosed everything"*. This facilitated the participants' compassionate engagement with themselves. Finally, the participants focused practically and constructively on prioritising their own well-being, diversifying their work and accessing effective support. This pathway to balance will now be discussed with reference to the relevant literature on supervision and self-care following an experience of burnout.

For the participants of this study, not only was it challenging to identify burnout, it was also painful for them to confront. This involved a process which was often humbling, evoking guilt, fear and uncertainty before the arriving at a tentative rebalancing. The struggle to accept oneself as burned out was reflected in the grounded theory study of Eriksson et al. (2008) referenced earlier, several of whose participants from a range of professions felt stigmatised by burning out, and felt as though they had failed personally in some way. It was also present in Engebretsen and Bjorbækmo's study (2020), whose participants expressed irritation and impatience at the limitations imposed by an experience of burnout. Accepting the reality of burnout, while uncomfortable for the participants, was a necessary process for perspective to be regained and for rebalancing to occur.

5.3.2 The Role of Supervision in Rebalancing

Reconciling themselves with the reality that they were burning out brought with it the participants' realisation that they needed outside support. For many, this meant broaching the subject with their clinical supervisors. This brought the conflict of the desire to conceal what was happening to them with the awareness of the need for external support.

Engebretsen and Bjorbækmo suggest that "the invisibility of burnout can create a need in the sufferers to justify their condition to others" (p. 6). While the need to justify their condition to others was not evident across the accounts of the participants in the current study, that they were burned out did not seem readily apparent to their clinical supervisors. If it was apparent, it seems that none of the clinical supervisors suggested that the participants may have been burning out or adversely affected by their work. This leaves psychotherapists, and especially private practitioners, vulnerable to being lost in their own perspective, without an external objective voice to balance the self-critical and self-attacking inner monologue that can accompany an experience of burnout.

The support of supervision was significant to the participants in this study in relation to breaking the hold that shame and fear of judgement had over them. This is expressed in the subordinate theme of *being transparent: "I disclosed everything".* While the support available from supervision was pivotal to the participants in regaining perspective, this was only achieved by overcoming their distress at exposing vulnerability. For most, the leap of faith paid off, and their supervisors' support was pivotal in changing the trajectory that burnout was taking. This may have been particularly significant given the conclusion drawn by Emerson and Markos (1996) that "counselors have trouble seeing their own problems" (p. 113). Surprisingly, clinical supervision is not referred to at all in many studies of psychotherapist burnout (Emerson & Markos, 1996; Farber, 1983; Lent & Schwartz, 2012; Raquepaw & Miller, 1989; Rosenberg & Pace, 2006). This is possibly because many of the studies are based on populations where supervision is optional following qualification. Adequate, non-shaming and respectful supervision were perceived as central to the Australian participants' disclosure of burnout in Hammond et al.'s study (2018), and a lack of a supervisor was found to lead to increased burnout, according to Ross et al.'s survey of counselling centre staff (1989). The significance of supervision is emphasised in much of the clinical literature on therapeutic practice (Sommers-Flanagan &

Sommers-Flanagan, 2015; Thistle, 1998; Wilkinson, 2018) and is considered a "lifeline" (Adams, 2013, p. 59; A. McMahon & Errity, 2014) for therapists, especially in difficult times. The importance of effective supervision to ameliorating burnout may have been highlighted in the current study, given the obligation that psychotherapists in Ireland have to attend regular clinical supervision throughout their career if they wish to remain accredited (IACP, n.d). Nevertheless, these findings offer valuable insights into the significant role that supervisory support played for the private practitioners in this study.

Prior to disclosure, as illustrated in the subordinate theme of *being transparent: "I disclosed everything*", many of the participants went through a period of being aware that they were burned out, but were not yet ready to disclose it to their supervisors. It appeared to require an initial process to be able to accept where they were in themselves, followed by an entirely different battle as regards being able to acknowledge this with their supervisors. The participants wrestled with feelings of shame, inadequacy, failure and incompetence, and fear of being judged by their supervisors. The risks of the revelation of burnout felt real and threatening. The findings in the current study echo those of Cvetovac and Adame (2017), in their study of 11 first-person published narratives written by psychotherapists who had been diagnosed with mental health issues, where they suggest that it is "imperative" (p. 3) that psychotherapists can bring to supervision personal issues which may be affecting their work, without fear of judgement. They also suggest that the therapists in their study concealed their emotional distress out of fear of being viewed as incompetent and of "serious professional repercussions" (p. 8); thus, they maintained "a façade of wellness" (p. 8). Furthermore, in Yourman's (2003) study, he spoke of supervisees "shaping" (p. 604) the content of supervision sessions to what they believed the supervisor wanted to hear, in order for the supervisees to avoid feeling shame. This is reflected in the findings of the current study, in the participants' stated desire to stick to *safe* topics. This aspect was also represented in a qualitative study of health care personnel

in Norway, of the meanings of becoming burned out and being burned out (Gustafsson et al., 2008), where the authors suggest that, according to the participants, "to be strong, productive, responsible, pleasant and accommodating is a desirable, accepted picture worth striving for in our culture" (p.525). Maintaining this image is costly in the face of burnout.

For the participants in the current study, being able to deal with the reality of their situation with a supportive other, usually but not always a clinical supervisor, paved the way towards a more balanced perspective on both themselves and their work. Inskipp and Proctor (1993) compare the process of supervision with the process of dusting down the coalminers as they come out from the mines, so that they can be free from the deleterious effects of the day's toil. If the pernicious effects of the work of psychotherapy are not exorcised, and well-being is not restored, it is possible that they could traverse the boundary to home life, and be channelled in an unhelpful way. When the burden of therapeutic work accumulates, it can make the process of continuing to work in a meaningful, safe and helpful way impossible. Inskipp and Proctor's Functional model (1993) can be an effective framework by which to process challenging aspects of psychotherapeutic work. It focuses on taking care of the client-facing aspects of supervision, but it also allows for the welfare of the supervisee.

5.3.3 Maintaining Balance

Having reconciled themselves to the reality of the phenomenon of burnout and risked being transparent to another supportive individual, the participants in this study became active in their own lives in terms of making constructive and practical changes to their practices. This aspect of restoration is addressed in the subordinate theme of *changing the changeables: "to me, 'No' is a sentence now".* These included prioritising themselves and their own needs over the demands of work and their clients. Hammond et al. (2018) refer to this as being significant to the process of the participants in their study overcoming

burnout. They suggest that “psychologists may feel sub-servant [sic] to the needs of their clients which could directly have an impact on the health of the therapist” (p. 10). To change this may have proved a challenge to the “self-sacrifice” schema referred to earlier in this chapter.

Carl Rogers referenced his own difficulties with maintaining the balance between self-care and other-care: “I have always been better at caring for and looking after others than I have in caring for myself. But in these later years, I made progress” (1995, p. 80). Perhaps self-care is a skill that is acquired with time and experience. For the participants of this study, part of the rebalancing process required an ongoing self-monitoring of their inner dialogue, their energy levels and their enthusiasm for the work. This continuing introspection is a core feature in much of the literature related to burnout prevention (Barnett et al., 2007; Norcross, 2000; Skovholt et al., 2001).

While the majority of the literature on burnout speaks to the return to wellness as a “recovery” (Maslach & Leiter, 2015; Turnbull & Rhodes, 2019), for the participants in the current study, “recovery” seemed too absolute a term to apply to their experience. All of the participants in this study returned to private practice, although most spoke of diversifying their practice by reducing client-facing work, doing more group work while reducing individual work or taking some teaching and training roles. Many spoke of repeated episodes or cycles of burnout being part of their experience. They continue to remain alert to the signs of burnout. The findings of this study provide novel insight that indicate the vulnerability of psychotherapists to recurring experiences of cycles of burnout.

5.4 Strengths and Limitations of the Current Study

The aim of this study was to present rich and thick descriptions of the phenomenon of burnout as experienced by private practitioners and interpreted by the researcher. As noted in earlier chapters, the majority of studies carried out on burnout to date were quantitative

in nature and have yielded some contradictory results. Theories and definitions surrounding burnout and explaining the phenomenon through a variety of lenses and frameworks are plentiful. There has, however, been a dearth of qualitative studies carried out on the experience of burnout, although there does seem to be an increased interest in such studies more recently (Engebretsen & Bjorbækmo, 2019a; 2019b; 2020; Hammond et al., 2018; Turnbull & Rhodes, 2019). These studies have added to the understanding of the lived experiences of burnout with resonances with the findings of the current study. There are some differences, however, such as the idiographic and in-depth focus of the current study, the working context of the participants and the interpretive lens of the researcher, which arises through the use of IPA. This current study adds to a small but rich body of qualitative literature. In this study, an analytic focus was taken in relation to in-depth, semi-structured interviews with experiential experts. The findings of this study present to the reader a new perspective of this phenomenon, and expand the research to date on burnout by giving voice to this population of practitioners, previously unheard in the qualitative literature on burnout.

A significant strength of this study was both the participants' capacity for insight on the phenomenon of burnout and their ability and willingness to express it, leading to the articulation of the experience of burnout through evocative language and phrases and "gems" (Smith & Eatough, 2019, p. 164) such as "trying to save the world….. and a world that needs saving.." and "beat myself into mentally being present" allowing the researcher insight into their experience of burnout. This was possibly due to the reflective ability of many psychotherapists, given their profession and their training. It was apparent that the participants had considered the topic and came prepared not just to recall the experience, but to participate in the in-depth interview and make meaning from their experiences. It was evident across the interviews that the subject matter was important to them. The capacity of the participants to engage with the lived experience of burnout while wrestling

and struggling with aspects which they had not verbalised before resulted in data that was rich and thick. It is likely that elements of this process were facilitated by the fact that the researcher herself is a practising psychotherapist, and thus was able to allow space for the participants to express themselves without interruption or expectation. Trusting the process is a practice familiar to many psychotherapists and maintaining confidence and optimism while not knowing how a narrative will unfold is a useful approach for interviewing participants, which added to the robustness and integrity of the data collection process.

The methodology used to carry out this study added to the strength of its findings. IPA allowed for a suitable balance between flexibility and structure for the novice researcher, with an abundance of resources to which the researcher could resort in times of uncertainty. The researcher attended a variety of courses and IPA groups, and she partook in online forums dedicated to IPA. Accessibility to the developers of the methodology lent welcome confidence to the application of the method. IPA, however, is not without its critics and recognised limitations. It has been questioned whether IPA is a "good phenomenology" (Van Manen, 2017, p. 775) methodology, and it has been referred to as "Interpretative Psychological Analysis" (van Manen, 2018, p. 1959). It is acknowledged that IPA is an "experiential psychological approach" (Eatough & Smith, 2017, p. 206) and that the researchers who use IPA are generally not philosophers. One of the epistemological underpinnings of IPA is phenomenology, and it is a defining characteristic of an IPA study. It would seem that an IPA study can incorporate both psychology and phenomenology as characteristics.

A considerable strength of this study lies in its auditability. A single trackable Excel file was created which contained each line of each transcript and a line-by-line descriptive, linguistic and conceptual analysis, with separate columns for emerging themes and other associated thoughts, images and ideas. This file also contained a separate

narrative summary sheet for each participant, (example in Appendix G) and thematic development of each interview (example in Appendix H). This file, or extracts from it, was used to communicate, and discuss the progression of the analysis process between the academic supervisors of this study and the researcher. In addition, this file served a significant function in containing and securing all the data in one location. Examples of extracts from this file are contained in Appendices E & F.

The academic supervision of this current study adds to its robustness. The researcher attended regular academic supervision throughout the research process. Assumptions and biases were challenged, and as thematic analysis progressed, it became apparent that IPA, as applied to this study, was enhanced by a variety of perspectives, enthusiastic discussions and interpretations. Academic supervisors, along with a fellow doctoral candidate, also conducted regular audits of the coding process, offering notes and opinions on the interpretations made by the researcher and alternative possibilities to deepen the interpretation. These were bolstered by discussions with colleagues and a presentation at an IPA master class.

A recognised limitation of this particular methodology is that it can only offer theoretical transferability, given the small sample size. This study does not claim to represent all private practitioners who have experienced burnout, but rather offers an in-depth analysis of the experience of eight participants. This offers a deeper understanding of the phenomenon, which may be transferable to other individuals in other working contexts. A further possible limitation of this study is that it did not explore the experience of participants who experienced burnout and who did not return to private practice or who changed career entirely. Interestingly, this is also a noted limitation in Turnbull and Rhodes's (2019) qualitative study of burnout among psychologists. A potential reason for

this may lie in the recruitment method adopted for the current study, in that individuals who have left the field may choose not to remain accredited with either IACP or IAHIP.

As a psychotherapist herself, the researcher considered at length the ethical issues related to being an "insider researcher" (Costley et al., 2010, p. 1), given that she works as a psychotherapist exclusively in private practice herself. It is believed that this actually worked as a strength in this study, in that it allowed the researcher to adopt an insider's perspective, offering an in-depth understanding of the nature of psychotherapeutic work and the complexities of being in private practice. A reflexive interview, ongoing academic supervision, journaling and peer consultation facilitated the researcher in maintaining a perspective whereby both hermeneutics of empathy and hermeneutics of suspicion could co-exist (Eatough & Smith, 2008; Langdridge, 2004). Regarding the impact of the researcher and the participants being peer psychotherapists, it is possible that some insights were withheld for the very reasons outlined in the current study, such as an underlying fear of being exposed or judged in some way. However, from the rich data collected in this study, it appears that the participants had confidence in both the researcher and the research process to protect their identities and respect their perceptions of their experiences.

5.5 Implications and Recommendations for Practitioners, Supervisors and Training

The aim of this study was to gain an in-depth understanding of experiences of burnout as understood and made sense of by eight psychotherapists working exclusively in private practice. This section will discuss the implications and recommendations for various stakeholders as derived from this study; practitioners, supervisors and training institutions.

5.5.1 Implications and Recommendations for Practitioners

This study highlights the deleterious effect that an experience of burnout can have on an individual practitioner, threatening their sense of professional identity and leaving them overwhelmed, withdrawing from support in a bid to mitigate shame. This, alongside the physical toll taken on the participants, their difficulties in recognising what was happening to them and their pathways to rebalancing, provide a framework for practitioners to begin to identify how burnout can be experienced. There is the hope that, by reading this study, and increased awareness of burnout in the field of psychotherapy as a result of this study, burned-out private practitioners may feel that their experience is understood and normalised rather than shamed and marginalised.

As outlined throughout this study, burnout is associated with several physical ailments and conditions. This study raises awareness of how significantly an experience of burnout can impinge upon an individual's health and wellbeing. The findings of this study emphasise the importance of attending to physical self-care and remaining mindful of the somatic cost that working with client material can take. Of course, self-care is not just confined to the realm of the physical. The findings of this study suggest that practitioners should remain vigilant to their inner monologue, to exercise self-compassion and remain realistic as to their human limitations and avoid comparing themselves to an idealised inner psychotherapist.

As clinicians who practise in a private setting, it seems it is important to establish a network of peers and a robust trustworthy clinical supervisory relationship where practitioners can be frank and honest regarding vulnerabilities, fears, worries and flaws, as well as celebrating strengths, skills and resilience. Objective, supportive and transparent supervision would appear to be critical to maintaining a healthy perspective on work and a balanced, compassionate disposition towards oneself. This support could also facilitate the

healthy exploration of what it may be costing an individual physically, emotionally and psychologically to work as a private practitioner.

From this study's findings, the following recommendations are made for practitioners:

5.5.1.1 Recommendations for Practitioners

1. Attend appropriate training which explicitly outlines the many manifestations and profiles of burnout and how to respond accordingly.
2. Use reflective practice to attend to inner monologue, remaining vigilant for criticism and unrealistic expectations of oneself and seek appropriate support.
3. Prioritise physical well-being as an integral part of being a psychotherapist, remaining mindful of the physical cost of working with client material.
4. Establish a trustworthy network of peers and colleagues, where open dialogue and safe exploration of experience are central.
5. Maintain effective and robust clinical supervisory practice, attending to what is being said and not said, proactively discussing the possibility of burnout, considering personal and contextual risk factors for same. Request that clinical supervisors give time and attention to this area with the permission of the practitioner.
6. Schedule regular breaks throughout the working day and plan for sufficient annual leave throughout the year.
7. Recognise that maintaining effective boundaries is critical to effective practice and may be protective against burnout.

5.5.2 Implications and Recommendations for Supervisors

As outlined earlier, the importance of quality, effective clinical supervision to the private practitioner cannot be underestimated. For many of the participants in this study, clinical supervision was the one place where they could ethically discuss client work and their felt sense of how their work was impacting upon them, although this disclosure did not occur immediately. A recommendation of this study is for supervisors to deliberately dedicate time to the restorative function of supervision.

Some of the participants of this study expressed a desire to have more directive intervention from their supervisors as to what they may not be disclosing in supervision. In contrast, others felt that direct intervention might have caused them to further retreat out of fear of exposure. Perhaps, at the contracting stage of the supervisory relationship, an open conversation as to how concern about a supervisee's well-being will be handled would help guide the restorative function. This study's findings are important to inform clinical supervisors so that they can better recognise the signs of burnout and how they may manifest in a supervisee. A recommendation from this study is for supervisors to be responsible for creating a non-shaming, respectful and trusting relationship with their supervisees and normalise the vulnerability that can be evoked by psychotherapeutic work, which may lead to burnout if left unchecked.

5.5.2.1 Recommendations for Supervisors

1. Consider that burnout may be a phenomenon experienced by supervisees at some point in their career and use the supervisory contract to discuss how this may be handled.
2. Recognise the value and importance of the restorative function of supervision for the supervisee

3. It is the supervisor's responsibility to create a non-shaming, collaborative relationship with the supervisee to increase the likelihood of supervisees disclosing burnout.
4. Learn to recognise the signs of burnout, both subtle and overt. The objective role of supervisor may facilitate recognition of burnout manifesting in the supervisee before they are aware of it themselves.
5. Use supervision and the supervisory relationship to model the human side of the profession, including acknowledgement of clinical mistakes and vulnerability, to mitigate being idealised by the supervisee.

5.5.3 Implications and Recommendations for Training

This study raises the importance of being prepared for the professional hazards of psychotherapeutic work. It recommends that this preparation should begin at the core training level. Courses which address the specific phenomenon of burnout as an integral part of continuing professional development should be made available for clinicians at every stage of the career life span. This will serve to normalise and destigmatise the phenomenon of burnout.

Alongside care for the client, it is recommended that trainee psychotherapists examine, and be guided in, the challenging aspects of the profession and consider how they would balance their own well-being in the case of feeling overwhelmed. Self-care needs to be as strongly emphasised in training as other-care, to ensure long and healthy careers. Trainees should be advised as to how to recognise and address the specific phenomenon of burnout. The findings of this study indicate the importance of trainees attending to their expectations and internalised standards, how they inhabit the role of the caregiver and what they bring to that work from their personal history.

Given that many psychotherapists maintain some level of private practice, it is also recommended that trainees be advised as to the specific risks and responsibilities related to private practice. Trainees should consider resources they may need and practices such as, but not limited to, pacing the scheduling of their work, taking regular breaks, diversifying client presentation type, and maintaining time boundaries.

5.5.3.1 Recommendations for Training

1. Prepare trainee psychotherapists from the outset regarding the potential hazards of burnout and how to recognise and address it.
2. Attend to the specific training of supervisors on how burnout can manifest and how to encourage transparency around supervisee vulnerability.
3. Ongoing offerings of continuous professional training emphasising the importance of self-care, boundaries and self-monitoring for burnout.
4. Tailored training for those in private practice on self-care while self-employed.
5. Specific attention should be given to highlighting the caretaking and caregiving role of psychotherapists, and toll that this can take on the individual.

5.6 Future Research

This study offers the reader an in-depth analysis of the participants' experiences of burnout and raises some exciting avenues to pursue in future burnout research. Given that all of the participants of this study returned to private practice, a question remains as to the experience of those who do not return to private practice or who changed profession as a result of burnout. An IPA study which could elucidate the experiences of this group of individuals would add to the body of knowledge around burnout to explore the point where a return to work is not viable or in the best interest of the practitioner. A second aspect of this phenomenon worth exploring could be clinical supervisors' experiences of the burned-out supervisee. This could add another dimension to our understanding of burnout, by

elucidating the supervisor's perspective of the burned-out practitioner. A further area for exploration may be a consideration of the use and efficacy of supervision, specifically for private practising psychotherapists, given that they select their own supervisor and the experience of supervision of the participants in this current study was mixed. Lastly, an exciting opportunity lies in researching the potential link between dysponesis and the exhaustion component of burnout. This could be explored using instruments which report biofeedback, inform practitioners as to covert muscle tension and the impact on physical health and well-being.

5.7 Conclusion

The current study aimed to gain an understanding of psychotherapists' lived experiences of burnout while working solely in private practice. This has been evidenced throughout the findings of this study. This study advances the body of literature on burnout by meeting the specific objectives as laid out. Rich examples are given, which capture the lived personal experience of burnout and illuminate the meaning that private-practitioner psychotherapists associate with such an experience. Thick descriptions were detailed of the supports therapists used to manage the experience of burnout while working in private practice, and voice was given to the way in which the burnout experience impacted their sense of themselves as psychotherapists.

The participants of this study explored their experiences of burnout to express the meaning they took from the phenomenon. They questioned what such an experience meant in terms of their professional identity and their physical and emotional limitations, and they expressed the difficulties they faced in regaining their balance. The experiences of burnout as recollected by the participants indicate an uncomfortable shifting in professional identity, leading the participants to fundamentally question themselves and their capacity to do their jobs. All of this was experienced while being overwhelmed by work and

consumed by shame. This led the participants to question whether they should be involved in the profession at all, wondering, "*Maybe I don't have what it takes?",* expressing the lived experience of the component of inefficacy.

The participants of this study emphasised the significance of the meaning of the physical pain and discomfort that accompanied their experiences of burnout. *The Embodiment of Burnout: "constantly running on red"*, illustrates the contradictory drive to keep going while the energy to sustain the effort is depleting. A significant finding of this study is the meaning the participants took from this aspect of the experience of burnout. For them, it was the painful, embodied experience of burnout which demanded recognition and attention. Through taking respite to attend to their physical well-being, the participants could remove work from the equation and begin to explore the toll that being a private practitioner was taking. The participants used this time to reflect upon the cost that they were paying in order to work. There is a sense that this cost cumulated over time until they physically had nothing left in reserve. It is possible that through biofeedback and consideration of the theories of dysponesis, that this could be monitored and addressed earlier in the development of burnout. This has significance for practitioners, supervisors and psychotherapeutic training, as the participants in this study were in significant pain and under considerable stress before action was taken. As a community, we must acknowledge that the practice of psychotherapy can be hazardous to the health of its practitioners, and to offer preventative guidance through training and make available non-judgemental supports through supervision and CPD to those who feel that burnout is or may be an issue for them.

A further significant finding of this study is that, for these participants, there did not seem to be a single discrete recovery process; it was more of a rebalancing of the scales which needs ongoing attention. This required a process of *becoming rebalanced – "being real"* whereby the participants were honest with themselves and could reconcile with

themselves that their work was adversely affecting them in an unsustainable way. In order to restore balance, clinical supervision and peer support were required. The participants could access a normalising, compassionate, non-shaming voice which could challenge their own critical, demanding inner voices. Self-care rather than other-care became prioritised, and consequently, a more self-considered way of working was established. Maintaining this perspective has remained central to their self-monitoring and vigilance of burnout in the aftermath of their experience.

5.8 Concluding Reflective Thoughts

The shift in thinking from writing up the findings chapter to wrestling with the discussion chapter was a challenging one. Moving from focusing on the idiographic experiences of the participants and cross-case analysis in the current study to positioning those experiences respectfully, authentically, and reflectively was certainly an iterative process. As a researcher, I had to prioritise the aspects of the studies that were key to the findings, rather than pursuing pet theories. Extensive discussions with academic supervisors and a peer academic group facilitated this process, and their objectivity was invaluable in helping me to maintain perspective. This section of the study did allow for a broader reading of the literature, and I found it particularly enjoyable to draw a link with the theory of dysponesis (Whatmore & Kohli, 1968). This felt like a novel way of exploring the exhaustion component of burnout, and one which I would be interested in pursuing in future research.

As I approach the end of this study, there is a sense of sincere gratitude to the participants of this study, combined with the hope that the work of this project implies a recognition that their experiences matter. There are possibilities for further projects which may arise from this study, and the experiences of the participants may serve to help protect others from a similar experience or to support and normalise the experience for others. Throughout this research study, I have internalised the voices of the participants, as they

guided me to slow down, recognise my limitations, prioritise my self-care and rebalance my perspective. It may be the case that slowing the pace has empowered me to stay the course and remain mindful of my own wellbeing throughout the course of this study.

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Appendix A: Recruitment Flyer/Advertisement

We are studying the experience of **Burnout** among **Private Practitioner Psychotherapists**

Are you an accredited counsellor or psychotherapist? Have you experienced overwhelming exhaustion, feelings of cynicism and inefficacy from the job while working exclusively in private practice?

Your experience is important to us and we are inviting you to participate in a research study. We want to better understand how burnout happens to private practitioners so that we learn how to improve training and supports available to psychotherapists.

We are looking for participants who meet the following criteria:

- Accredited counsellor or psychotherapist
- An experience of burnout while working exclusively in private practice
- Experienced burnout at least 2 years ago but not more than 5 years ago
- You feel you are sufficiently recovered to be able to speak about your burnout experience
- Willing to participate in an interview lasting 45mins – 1 hour

For further information please contact: **Stephanie Finan** (MIACP), Doctoral Candidate in Psychotherapy at Dublin City University, at: Stephanie.finan5@mail.dcu.ie or **Tel:** 085 7439971

Appendix B: Plain Language Statement

Plain Language Statement

I. Introduction to the Research Study

The study in which you are being invited to participate has the working title of 'The Experience of Burnout among Psychotherapists working Exclusively in Private Practice. It is being conducted by Stephanie Finan, as part of a Doctorate in Counselling and Psychotherapy. Stephanie is a student in the School of Nursing and Human Sciences in Dublin City University and this study will be supervised throughout by Dr Aisling McMahon and Dr Siobhan Russell.

Research Title: The Experience of Burnout among Psychotherapists working in Private Practice.

Research Question: How do psychotherapists who have experienced burnout while working in private practice make sense of that experience?"

Researchers: Stephanie Finan Stephanie.finan5@mail.dcu.ie Phone Number: 085 7439971
Dr. Aisling McMahon aisling.mcmahon@dcu.ie Dr. Siobhan Russell siobhan.russell@dcu.ie

Burnout: What it is…. An experience in response to chronic job stressors. "The three key dimensions of this response are; an overwhelming exhaustion, feelings of cynicism and detachment from the job" (Maslach & Leiter, 2016, p. 103).

Burnout: What it is not…. - Only one of these 3 dimensions - A psychological disease or clinical deficit - Diagnosed by a cut off score, as it is an experience - A synonym for other problems such as boredom, lack of creativity, workaholism

Why is this study being done? Much of the qualitative literature to date explores the experience of burnout in an organisational context, where clinicians are working predominantly with traumatised clients. In Ireland, private practitioners make up the largest grouping amongst psychotherapists and it is likely that their burnout experience while working in relative isolation, with more diverse client groups, is different.

This study aims to explore burnout as experienced by psychotherapists working in private practice with a view to contributing to burnout knowledge and helping inform supervisors, therapists and psychotherapy training courses as to the experience of the phenomenon so that it can be recognised, managed and perhaps, prevented. If you have had a recent experience of burnout at least two years ago, but not more than five years ago, while working exclusively in private practice you are invited to take to take part in this study.

II. What does participation in this research study involve?

If you agree to take part you will be invited to take part in an in-depth, semi-structured interview focused on your experience of burnout while working in private practice. The interviews will last approximately one hour and will take place at a time and in office space convenient to you. The questions asked will focus on your experience of burnout while working in private practice. You will be asked to sign a consent form.

III. What are the risks of taking part?

There is a risk that you may get distressed through discussion of your burnout experience throughout the interview process. You will be encouraged to discuss this with the researcher at the time of interview, so that resources such as supervision or personal therapy can be engaged. It is also advised that you discuss participation in this study with your supervisor prior to interview.

IV. What are the benefits of taking part?

While no direct benefits are anticipated, indirect benefits may include having an opportunity to discuss what it was really like to experience burnout while working in private practice to a genuinely interested researcher. In-depth interviews offer the opportunity to give voice to an experience, such as burnout, which may not have been previously expressed or heard. Research shows that this can have a therapeutic effect, even without deliberate therapeutic intervention. A summary report of the findings of this study will be made available to you upon request. The hoped-for outcome is that this study will contribute to knowledge of burnout and help inform supervisors, psychotherapists and psychotherapy training programmes as to the experience of the phenomenon, so that it can be recognised, managed or perhaps, prevented.

It should be noted however, that the interview is not intended to act as, or take the place of, a therapy session.

V. How will my confidentiality be protected?

The interview will be recorded on audio tape and then transcribed onto the principal researcher's (Stephanie Finan) laptop. All identifying and socio-demographic information will be removed from the data, and participant names will be replaced by a pseudonym. The original data will only be available to Stephanie.

Confidentiality, however, is subject to the following limitations:

1. The researcher must adhere to legislation, therefore, should you disclose there is a child protection issue Children First Act (2015) will be adhered to.

2. The sample size for this study is small, and while every effort will be made to remove all identifying information, it is possible that you may remain recognisable. It is also my intention to use direct quotes from participants, which will be used in the study write-up and presentations. This is especially important, as a hoped-for outcome of this study is to disseminate the findings through psychotherapy journals and conferences.

3. As a member of the Irish Association for Counselling and Psychotherapy, I am bound by the code of ethics of the association specifically section 2.2 Self-Care: "Provide consultation and assistance when warranted with colleagues showing signs of professional impairment and intervene as appropriate to prevent imminent harm to clients. As such, if I become aware throughout the interview process of unethical practice, you will be informed and I will take advice from the IACP and academic supervisors.

VI. How will my interview data be used and disposed of?

All digital and hard copies of data collected will be irrevocably destroyed five years after the completion of the study. All data will be collected processed and stored in compliance with the principles of GDPR (2016) regulations. The completed dissertation will be available through Doras, the online research repository in DCU Library. Results will also be disseminated through published

articles in psychotherapy journals such as “Inside Out” and “The Journal of Mental Health”, and through presentations at relevant conferences such as the “Well-Med Conference”. A summary report will be made available to you upon request.

VII. Do I have the right to withdraw from this study?

You are free to withdraw from this study at any point in time up to the point of data analysis without a need for explanation.

VIII. Any other relevant information

It might be relevant for you to know that the principal researcher is also a working psychotherapist. It is possible that the we may meet in other working contexts in the future.

If participants have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000 or rec@dcu.ie

Appendix C: Informed Consent Form

DUBLIN CITY UNIVERSITY

Informed Consent Form

I. Research Study Title

The study in which you are being invited to participate has the working title of 'The Experience of Burnout among Psychotherapists working Exclusively in Private Practice: It is being conducted by Stephanie Finan, as part of Doctorate in Counselling and Psychotherapy. Stephanie is a student in the School of Nursing and Human Sciences in DCU and this study will be supervised throughout by Dr Aisling McMahon and Dr Siobhan Russell.

II. Clarification of the purpose of the research

The purpose of this study is to explore burnout as experienced by psychotherapists working in private practice with a view to contributing to burnout knowledge and helping inform supervisors and therapists as to the experience of the phenomenon so that it can be recognised, managed and perhaps, prevented.

III. Confirmation of particular requirements as highlighted in the Plain Language Statement

Participant – please complete the following (Circle Yes or No for each question)

I…… voluntarily agree to participate in this study Yes/No I have read the Plain Language Statement (or had it read to me) Yes/No I understand the information provided Yes/No I have had an opportunity to ask questions and discuss this study Yes/No I have received satisfactory answers to all my questions Yes/No I am aware that my interview will be audiotaped Yes/No I have been advised to discuss participation with my clinical supervisor Yes/No

IV. Confirmation that involvement in the Research Study is voluntary

I understand that I can withdraw from the study up to the point of data analysis Yes/No

V. Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations I understand that anonymized direct quotations will be used in the write-up and at conferences Yes/No I understand the limitations of confidentiality in line with regulatory and ethical guidelines Yes/No I understand that signed consent forms and original recordings will be retained In the researcher's possession in a secure location for 5 years following the completion of the study Yes/No

VII. Signature: I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project

Participants Signature:

Name in Block Capitals:

Researcher:

Date:

Appendix D: Interview Schedule

Demographic Questions (At time of experience of Burnout):

Age

Gender

Number of years in practice as a psychotherapist

Number of years in private practice

Average number of hours per week working in private practice

Range of work

Current marital status Highest Level of education achieved Current Employment status Career prior to psychotherapy if any

Qualitative Questions

1. What does burnout mean to you?

2. Describe your experience of that period of your life.

Prompt: How was it different from other times during your working career?

3. Describe a stand-out experience or a particular situation when you knew you were burned out? Prompt: Tell me about a metaphor you might have for this experience? Tell me about a day in the life during this time

4. How do you feel that this experience of burnout affected you personally at the time? Prompt: Describe a stand-out recollection that you have of how burnout affected your personal life?

5. How do you feel that this experience affected you professionally at the time? Prompt: How do you feel it affected your client work?

6. What, if anything. do you feel could have helped at that time? Prompts: Can you describe anything that helped at the time?

7. How has this experience shaped how you see yourself as a psychotherapist, if at all? Prompt: Describe any way in which this experience changed the way you approach your job or to your self-perception as a psychotherapist?

8. Tell me anything else you would like to add to describe your experience of burnout?

Appendix E: Excerpt of Transcript Analysis from Setanta's Interview

Raw Data	Descriptive Note	Linguistic Note	Conceptual Note	Emerging Themes
P5: Yeah because ehm to talk without making meaning would be giving away the fakeness that "Aw sure, he doesn't know what he's talking about" Cos it's a knowing, it's the intellectualising, it's the verbalising, it's the processing, knowing in the head while not being able to communicate it, it's the absence of being able to yeah, it's like a thing, it's like a thing in the my profession of psychotherapy that ehm **I am worthy of support once I can ask properly. Once I can be clear, if I am unclear and asking for support, feels wrong.** So when something like this happens, when burnout happened I'm left with… ohhh.. (becomes emotional).. I'm vulnerable, I don't often fold my arms across my chest like that, ehm… **I don't ask or support unless I can ask clearly and I don't know where that is coming from… it's coming from me! Pause so it's a rigorous expectation….**	P5 describes how important it is to be able to articulate his experience as a means to be able to access support. To be seen as unclear means that he is incompetent. The fear is revealing this and being seen as real and vulnerable.	giving away the fakeness'. Absence of being able to communicate Profession Conditionally worthy I am vulnerable	P5 is clearly making sense of his experience as he recollects it. A strong sense of conditional access to support. If he can ask clearly he is worthy… but in burnout nothing is clear therefore he is not worthy. A stong sense of elevated expectations of self.	Compromised self worth Comparing Being a professional Burnout: nothing is clear Elevated expectations of self Vulnerability
S: P5 you referred to a fear of being found out, could you tell me more about that..				

P5: Yeah yeah (pause).. I'm thinking of the words… but my silence now is what it would have sounded like and (pause) I'm thinking that because I search for words right now and it's the the unspoken ehm need for support, hiding the need for support, **not even in awareness the unspoken becoming unspeakable…**	P5 describes using silence as a masking measure. He speaks of the unspoken, unarticulatable needs	Silence Search for words unspoken x 2 Hiding Unspoken becoming unspeakable	A poetic description of using silence as a masking measure. Silence reveals nothing. And the longer he is silent the more difficult it is to speak.	silence masks vulnerability
S: And when it's not in awareness, in this burnout experience, what is that like? Do you know something is happening?				
P5: Oh yeah aware of detachment and aware of performing caring in a way like being addicted to caring but so that nobody will notice that I need care and that's eh, that's the trap.	P5 speaks of being aware of detaching and "'performing". Overcompensating so that no-one will notice. This is a core part of the problem	Aware of detachment Performing Addicted to caring so that nobody will notice trap	There is a sense of the vicious cycle of burnout. Aware that something is wrong but overcompensaing at work to conceal the problem.	Performance Concealing Overcompensating Trapped
S: Can you give me an example of a day in the life of what it would have been like during this period				

P5: Pause…I remember somebody rang me to see would I take another client and I said I would in the middle of this... I feel cheated now because words like overwhelm feel hollow to me because the experience is beyond the length of the word it is beyond the beyond the understanding…	P5 recollects a specific incident where he agreed to take on a client while he was feeling overwhelmed. He then reflects that overwhelm doesn't begin to describe the experience	Cheated…overwhelm seems hollow experience is beyond x3	Saying yes Words fail to communicate the intensity of the burnout experience	Overcompensating Difficulty in articulating - words fail
S: Quality?				
P5: Quality of presence. Just there I couldn't think of it and I'm glad that you didn't interrupt that that because delving into the past experience and I am in it, and reexperiencing the.. it again	P5 is reexperiencing the feeling of being burned out		P5 seems to have trouble remembering how he has expressed things throughout the interview	
S: Here and now?				
P5: Here and now which includes not being able to think of words				
S: So how you are now is a replication of how you were then?				

P5: yyyyeah. Pause. In a sense because ehm **I have capacity now that I didn't have then and I am able to verbalise now and there was zero then. Except the word "yes" if I was asked to take on another client.**	He is now able to articulate his experience in contrast to how he was then. He feels he had no words but "yes" to more work	I have capacity now - zero then Only word was Yes	Incapacity to articulate the experience is part of the experience. Recovery brings words. A sense of overcompensating at the time	Incapacity to articulate the experience is part of the experience. Overcompensating
S: So in the middle of this you get a call to take on another client and you say "yes"				
P5: Yes				
S: What was that like for you at the time?				
P5: I am swallowing, if I was not swallowing what would I be saying? **Shame yeah (Sigh) Shame I am processing the word shame so I may as well just say it. It is out of a… to hide my shame…**	P5 reflects on the powerful experience of shame connected to his burnout experience and his desire to hide this	Shame x 4	This section speaks to the intense sense of shame connected to the expeience of burnout	Shame Difficulty in articulating
S: Saying "yes" so that you don't have to say "no"?				

P5: Mmm **to say "no" would mean I am not able, I am not able… that wasn't that wasn't on the horizon**. That wasn't in my… my way to respond was to hide my vulnerability and to take on more work (gulping) and sighing… instead of saying "no". Ehm I think the experience if I pare that down is not knowing. Yeah and instead of staying with the uncertainty I am now reaching for theory so that I can make sense for you and your.. this recording so that it would seem as if I know something ehm no actually.. I'm starting off with the word "no" again… it's a retroflection of … it's giving to the environment what I want for myself giving away caring obsessively rather than catching that and saying " oh I need to replenish, I need to get support for myself", the absence of that so..	P5 reflects that declining to take on clients who be an admission of incapacity and that was not his response. His reponse was to conceal his vulnerability by taking on work. He found himself giving caring "obsessively" rather than acknowledging his vulnerability	To say no would mean I am not able. Repond: hide my vulnerability, take on more work Giving away caring obsessively. Absence of " I need to replenish"	This can give an insight into the difficulty Pt's have in saying "no" to work. Taking on more work conceals burnout. It gives an impression of capacity and resiliance, but is rather a mask to "caring obsessively"	Concealing vulnerability Non reciprocal caring
S: Giving it away obsessively…				

P5: Well that's a word… **I was going to say addictively**… well it's a response to how I was then in my environment that **instead of reaching out for care and allowing care in I would give care. It's like the meaning of being a warrior. But never being vulnerable. Protect everybody but don't ever dare to be vulnerable cos then you're not a good warrior. Provider of care. Cu Culainn that I used to emulate when I was a young boy, to be like Cu Culainn and don't ever seek care… to the death. And I mean that literally as the symbol in our place most revered in Ireland for how to be worthy of being Irish man was the GPO and there is a statue of Cu Culainn in there. The story there… "live up to the story there" is the message I got as a boy of being so fierce even when you're so vulnerable and wounded that you don't pretend to be vulnerable… you… I feel like crying now (and does) it's very sad**	P5 considers his choice of words to describe his way of bring at the time oof b/o. He found himself giving care to others rather than accepting support. Accepting support would have been a sign of vulnerability. He uses the example of the Irish hero Cu Culainn which was used as a representation of Irish manhood in his childhood. Be fierce even when you feel vulnerable. This evokes observable intense emotion in P5		P5 articulates how he was primed from an early age to prioritise the needs of others above his own… irrespective of the consequences to himself. He uses the example of the legendary Irish hero, an epic warrior to illustrate the lengths he as an Irish man "should" go to to conceal his vulnerability	Concealing vulnerability Non reciprocal caring Hero Warrior
S: It is very sad. It is very sad, really tough				

P5: The origin of how …. **I, yeah, took that on be …be that tough that when you're vulnerable eh to be still fierce and to pretend… it's a brilliant symbol of exactly this what we're talking about ehm… and still carry the sword even though you can't stand and tie yourself onto a tree if you can't stand (lots of emotion) so that the enemy will be still afraid of you until after you… until you're dead. And then when you're dead the enemy will only dare to come near you when a raven lands on your shoulder (deep sighing) So yeah underneath…. Beliefs… are beliefs that are embedded and ingested that are yeah…..**	P5 continues with the simile with Cu Culainn. His belief system requires that he deny his vulnerability and continue to be seen to be fierce until after your death.	P5 is still observably emotional I took that on be that tough that when you're vulnerable be fierce. pretend carry the sword even though you can't stand tie yourself onto a tree if you can't stand then when you're dead the enemy will only dare to come near you when a raven lands on your shoulder beliefs that are embedded and ingested	The simile with Cu Culainn continues. P5 poetically points to the underlying beliefs instilled in him from childhood, to carry on not matter what. To be seen to be invulnerable, indefatiguable resilient.	Indefatigueable Pretence Concealing vulnerability Heroes Core Beliefs
S: Tell me about the enemy				

P5: **Oh my vulnerability used to be the enemy when.., yeah that… destroy the enemy… destroy the vulnerability… not just hide your vulnerability but.. so hence the self destruction and the self shaming….that verb which is kind of a rigourous cycle of destruction it's a … of self… not just function.. yeah how this is … ahhh and still able to present as a flowery person when the client walks in with a sense of "oh here's somebody vulnerable, ah at last I'll be able to function again it's like being with a vulnerable client is like a relief, you know able to actually function without harming the client you know but able to not.. not addressing, not even aware that ….** I remember asking someone… (starts to cry) where are **beliefs held in the body** and his answer to me was well that was a very good question ahh but **my answer is that it is in the marrow of the biggest bones, like the femur and in there, in there at a cellular level to even sigh preconception**… hmmm that's a metaphor for preconceived ideas in DNA not to ehm sigh… **yeah to live without any awareness of your vulnerability was the prescription was the preconception was the bone marrow out of which comes the drive out of which comes life**.. yeah that fits. Ehm so in other words, **the origin of burnout wasn't accessible to me. My understanding I couldn't access understanding then which made even better advice to hide it even more. And the sort of question that a supervisor could ask is is there something that you would tell… "will you tell me all that you've**	P5 continues with the metaphor of vulnerability as the enemy and therefore needs to be destroyed. As vulnerability is part of the self, part of the self needs to be destroyed and shame emerges as a consequence. There is however the capicity to suppress this in the in the face of clients' vulnerability. P5 suggests that this is a process that happened out of his awareness at the time. In fact he sees that to be out of awareness of his vulnerability is key to concealing burnout. He recommends that	P5 continues to be observably emotional, processing as he is talking Vulnerability as the enemy Destroy the enemy. Self-destruction, self-shaming Burnout = rigourous cycle of destruction function with vulnerable client Relief Beliefs held at a cellular level Burnout origin = not accessible. Hide ie even more Supervision: "What is it that you wont tell me" "Giving energy away in a desert it is like water ehmm sigh it would be a good idea to give it to your horse but not to your client"	Vulnerability as the enemy of resilience and therefore must be destroyed. Vulnerability is part of self therefore part of self must be destroyed through self shame. Is lack of awareness key in sustaining burnout? Concealing vulnerabilty prevents accessing support. this could/ should be addressed in supervision. Limited energy is further depleted by continuing to work with clients.	Loss of function and loss of self Shame Overcompensating Pretence Vulnerability as the enemy Self destruction Concealing vulnerability as key in burnout Depletion of energy Belief system supports burnout

come to tell me? So … what is it that you *won't* tell me" (laughs) as an opening for a session of supervision so that to encourage, to give drive of a….of course then **seeing clients and being flowery is giving energy away that is so… in a desert it is like water ehmm sigh it would be a good idea to give it to your horse but not to your client cos you're not going to get it again, so you'll be even more empty than…. So no not able to access without the sense of self. Not able to access the functioning of self because go back to the start again not able to access self.. giving away as a misunderstanding of how to cope**	this could be addressed in supervision by the supervisor initiating a discussion on what is being withheld in supervision. he furthers that coping by continuing work with clients depletes dwindling energy which exacerbates burnout			

Appendix F: Excerpt of Transcript Analysis from Robin's Interview

Raw Data	Descriptive - What did they tell me	Linguistic - How did they tell me	Conceptual - What do I make of it	Emerging Themes
S: we were talking about you know that moment when you realised things have to change…				
P2: Yeah it was that moment… it was that it was more… **it wasn't so much about "oh my God this has happened now" "oh now I have to look at this and change" it is more about "right yeah that's just that one little piece over like that, that is the limit you know" and it's like that thing about boundaries okay… "you can come there, you can come there, you're okay there, you're fine there, but actually hang on you just put a finger over it and now you put a foot over it that's not okay… I can't.." and that that thing " I can't carry this" and I actually had been carrying it because I think I'm big and strong and actually you know in some ways I am, but actually it just yeah. But yeah, and even if I hadn't both practices at the time I would have left anyway, because it was too much, and I did blame myself actually ehm, and that kind of gave me… that stressed me… I blamed myself because I thought I should have been able to figure out another way of doing this work that wouldn't have included me putting myself in danger by myself**, if you know what I mean because, ehm, the **way it worked it was in the homes that my clients were living in and it probably was too close and in fact there were a number of different elements attached to it but anyway**…yeah so…	P2 describes the nature of realisation that she was burned out not as a singular event but as a series of boundary tests and challenges that let to a situation that left her overwhelmed and underresourced. She explicitly acknowledges that she blamed herself, and felt that she should have been able to design a strategy of working which meant that she could carry on	P2 is describing the experience as in real time. She has begun to disclose the boundary challenges in vague terms	There is a resignation that what she was doing was unsustainable but also an expectation that she should've been able to carry on.	Lack of safety. Resignation that she has to keep herself safe. Strong sense of self criticism and self-blame If you keep pushing to the edge eventually you find the edge

S: So, you were saying you blamed yourself…				
P2: yeah I did… because **I thought the thing to do here… because nobody quite…. because it had never been done before in this place so nobody knew quite how to do it and what to do so I tried (various configurations) I figured out that the best thing to do was to try to develop the relationships differently and take it out of the sort of systemic kind of model of clinical, kind of you know thing, so, so I set up I set up in a room in a house which actually did work, it did work… it was kind of terrifying as well you know**? But, but, but so you know that's that piece about working differently trying to get your mind and your psychological and emotional self and physical self actually to the other work and I think it probably worked pretty well for the clients but who knows? **People did eventually come in but it was sort of it was anathema to all the training and all the experience that I had had up until there, so I felt that I didn't have the courage… you know I had the courage to do that… but I didn't have the courage to stay with it.** Do you know so I thought ouh…	P2 describes the way in which she worked in the centre, which ran contrary to the training which she had. She conveys a desire to set up a model that lent itself to the client-base but may have challenged the structured approach in which she was trained and how she had previously worked. She remarks that it worked but then rebukes herself heavily for not having had what she perceives as the courage to see it through	The language is strong in this section and conveys how important this project was to the participant and the personal investment which she had in it. The pride which she shows in "it did work" is matched by the sense of defeat in "I didn't have the courage to stay with it"	A sense of personal success and failure. This section shows the maverick in P2. Going against the grain, rebelling against the system to create a solution tailor made for a client group who have very little. There is a sense of her personal investment, which may have been tempered by her training and experience and seems to lend itself to more relaxed boundaries which may have suited the clients very well but left P2 at great personal	Success and Failure. Going against the system Personal cost and investment Self criticism courage to stay/ courage to leave?

			risk. P2 conveys a disappointment in herself that she didn't stick with it, even though she has just related the huge personal toll it took on her	
S: what's that feeling?				

P2: **Argh it's kind of like I just felt it in my stomach actually, just there just kind of oh.. do you know depletion or something a real drop in energy just happened to me**, ehm eh sad I suppose, I felt sad. And I do still when I think of that I feel sad, but then, that's the whole taking on society thing isn't it? That's the boundary thing that used to just mesh in with everything else for me you know so I'd be angry with the government, angry with the powers that be, angry with society… **there is a lot of anger now that I'm talking about this… not just sadness, there is a lot of anger as well and I think actually now that I think of it, that that was part of the cynicism that happened. Ehm you know… you know with my work.. ehm it was part of that was "angery"… we all have it very nicely don't we here in Crowntown thank you very much (shouts) it's so unfair, just so unfair…**	In real time on reflecting on her experience, P2 relates the emotional impact that it still has upon her. As she speaks about it her energy drops and sadness emerges, this is replaced by externalised anger at society that this disparity, of which she is a part, exists. She attributes her cynicism towards her "more middle-class" clients to this lack of fairness.	P2 processes the physical lack of energy, identifies that she is sad and then externalises her pain as anger. She shouts at the end as if to vent her fury	I have a sense of P2's frustrated desire to change the world here. Her awareness of the unfairness of the system compounds her cynicism in working with clients whom she views are less affected by it	Heroes and Villains Frustrated by the system
S: I'm.. I'm wondering do you have a session or moment in mind where you were aware for want a better word in your more middle-class practice where that might have leaked out? Or an example or..				
P2: **Well, I will tell you what would leak out with me, is my own anxiety. And that was part of the problem I wasn't as well able hold my anxiety in abeyance** so that if anybody was anxious, and for some reason I had built a clientele, and clients were sent to me for anxiety (laughs)…I don't think I was able I think I… so if a client was anxious and I remember the two clients that I had this evening were both climbing the walls both of them one in particular, the first one with anxiety and **I wasn't able or not as well able, to hold the boundaries it would be a good 20 minutes into the session before I would actually be able to be present**	P2 describes her difficulty to contain her anxiety. She notes the irony, that at the time a number of clients were being referred to her for issues with anxiety. She describes not being able to think and also having difficulty with being present	For the first time in the interview, P2 acknowledges the intensity of the issues that were presenting at her "other" practice "climbing the walls".	P2 recognises the toll that was affecting her work in her "other" practice where clients were presenting in with significant anxiety. I have a sense of her white knuckling it and	White knuckling. Heroes and Villains

			hoping that no-one will notice	
S: And what that would have looked like not holding the boundaries or being present in that 20 minutes?				
P2: I would have… and oh god this is an awful thing to say… I don't think this happened that much but it did definitely happen… at a certain point of burnout for a few weeks maybe a month ehm and also because **I was working in the evening I was there in the practice on my own you know so being there in that kind of empty space in my own and not having…. That would never happen now because I have these colleagues and there's a lot of us here, and it's a very different kind of thing, but then I was on my own, it was winter, coming back in the cold, putting on the heater, feeling really anxious and letting my clients in, I remember feeling my heart racing and trying to know calm myself, ehm trying to throw it off, trying to let it go and finding huge difficulty because usually even if I am stressed, there is something going on outside or there is something going on here, a stressful thing here, like trying to marry the business..being a partner in a practice, and the client work you know, but ehm yeah so just being on my own was very difficult, because I have no one to kind of bounce off do you know? I had no kind of collegial support that was part of it as well and I was**	P2 Describes the experience of burnout as lonely, cold, feeling the physical manifestations of anxiety and trying to shake it off but feeling very anxious. She tempers this by clarifying that the support that she has around her now mitigates that stress but this highlights the lack of support which she experienced at the time	"Oh God this is an awful thing to say" conveys a sense of shame of what she experienced or how she experienced it. Reference to b/o rather that stress. Bouncing back and forth between then and now. Emphasis of loneliness and importance of colleagues	I have a sense of P2 in distress but also in denial. Tyring to shake it off rather than work it out. This also conveys the aspect of burnout in people who have high expectations of themselves to be resilient. The loneliness and lack of support available to her at the time is particularly poignant and	Shaking it off Coldness of burnout loneliness and the importance of support

working in the evenings was the other thing… s**o I would say for me anxiousness**			contrasts with her working context now	
S: and that 20 minutes would it be trying to process that?				
P2: it would be just kind of not being present, and being distracted, and trying to push out and still kind of thinking about what I had experienced sometimes with other clients, but more what I had just come from, probably the working environment, although some clients would have caused a lot of stress ordinarily. **So, I kind of have to nearly, have to nearly beat myself… mentally beat myself into being present and ordinarily, like I said, whatever is going on outside, I'm actually pretty good at boundaries. But at that time I found it really, really, hard and god knows it's very hard to know what kind of effect you have on your clients.** Because clients kept coming. So I don't know so I have no idea what their experience might have been of my therapy, but **my experience of myself was that I wasn't I wasn't myself, I don't think I was myself**	P2 describes what she would experience in her distraction. She speaks of trying to process her working environment and having to work excessively hard to remain present which she generally does not have to do. She also begins to wonder what kind of effect she had on her clients, but finds it difficult to identify with herself at the time	Very strong and violent language used here. Having to "mentally beat herself into being present" conveys the deep level of distress which this participant was experiencing at the time. On reflection it is like she doesn't even recognise herself	While P2 has spoken at length about the issues and personal danger she was in at the centre, it appears that she is reflecting that her distress was most apparent to her in her other practice. It is like she was safe to be anxious there. She seems to have to be	Heroes and Villains Self harm When Helping Hurts Loss of identity The Importance of Working Environment

			extraordinarily tough on herself...it sounds like self-harm	
S: Who were you?				
P2: **I don't think I was myself I don't know who I was. Who would I have been? I think I had to act, if I can put it that way, I had to act a little bit more I think, I acted being okay and being present if you know what I mean. And that could have gone alright I don't know… but not for me, not for me.**	P2 describes a distance between who she *is* and who she *was* at the time of the phenomenon. She describes acting as if she were okay, but that was not satisfactory for her	Tone conveys a sense of sadness and loss. Emphasis on "Acted"	P2 bridges the gap between the therapist she wanted to be and who she was in burnout by acting okay. This seems unacceptable to her	Acting as if. Loss of self. Sense of pretence Sense of inadequacy
S: I wonder have your image or a metaphor that you are acting being you… it's nearly like trying to be you…				
Pause				

P2: I think it kind of… it just keeps on coming into my mind… probably because I said at the beginning… it's just that sense of , but I don't know if it's anything to do with what you're asking me… but it's just that kind of trying to bridge something…trying to bridge the gap maybe trying to bridge the gap in myself and not being able to hold those boundaries? I don't know but the, the, the metaphor that comes to mind is just.. I don't even know if it is a metaphor.. it's just kind of.. **the collision of two worlds, and trying, and me trying to straddle both, and kind of being in the middle, not one place the other, so being pulled pulled back, and kind of maybe… maybe being at sea you know? Maybe being a little at se…a maybe the bridge is over the sea? (laughing) and I'm afraid falling in… I don't know**	P2 describes a metaphor for her experience of burnout as being a bridge trying to bridge a gap within herself but also between 2 worlds and she is trying to straddle the sea between both. She speaks of being afraid to fall into the sea	Tone is slow and reflective. Reference to being "at sea"	Huge sense of P2's responsibility to straddle 2 worlds and manage her own inner world. A sense of her being "at sea" neither here nor there and trying to be both while afraid of collapsing altogether	Unrealistic sense Responsibilty. Expectaction of self Fear of not living up to expectation Sense of inadequacy. Sense of enormity Being pulled
S: that's really evocative				
P**2: No wonder I was so chronically burning out…**	In real time P2 recognised the enormity of what she was trying to do	Mentions b/o again		
S: You know where you said you had two different supervisors at the time				
P2: for a short period of time				
S: and you were saying that your supervisor over there was wondering how you can cope with it all…				
P2: yeah				

S: Was your supervisor here (indicating the other) concerned?				
P2: both supervisors actually were in private practice so they… one supervisor wasn't able to see me enough given all the work, so I straddled the two for a little… there was a few months when I was working with both, and they knew that, and that was okay. One had a little bit more experience in that kind of domaine than the other. The more middle-class one she was very, funny enough, always, always, incredibly encouraging of me in the work and always very supportive and ehm, she just thought I was great. And so you know.. and in another kind of way she was not always very helpful in lots of ways, not always so helpful you know, when you need a little bit more rigour and that was interesting… so she would have been concerned from time to time you know? but the other one who I didn't know that well.. ehm… was well she could see things because I dealt with her exclusively with the other private clients you know? So I wasn't bringing the same clients to both supervisors so you know what I mean…	P2 describes her supervisory experience with 2 supervisors and her rationale for this. P2 describes that even though her supervisor was encouraging and supportive, that this was not always helpful, what she actually needed was more rigour. While her supervisor expressed concern, she doesn't seem to have done anything about it. Neither supervisor had the full picture of what was going on for this therapist	Uses "straddled" again… self, worlds and now supervision. Repetition of "always" and tone is complementary and appreciative, but it is apparent that this not what the therapist needed at the time	Sense of splitting again in P2. Noone has the full picture. Not obfuscation but not transparent. Sense of being a fraud "She just thought I was great" but I have a sense that the participant did not think she was great herself. It is as if the acting continues in supervision.	Acting as if. Loss of self. Inner conflict Sense of pretence Sense of inadequacy. Supervision as supportive but not helpful
S: would one of them then more aware				

P2: Yes, yes there would have been things that I told one and not the other. One supervisor would have been aware in more general terms but not in terms of the details because they were separate. So I never discussed client work they were separate from the two with the two of them so **the other supervisor I suppose would have been more aware of what I was going through and she pulled me up quite a lot on ethics and rigour, you know? Rightly, as it happened, ehm, and she was more all inclined "why are you putting yourself into the danger?"** so, she was quite strong on all of that and you know, she was right. Initially, you know I be kind of **like "I'm perfectly fine and happy doing this why is she making such a big deal out of this" (laughing) I know intellectually, but in another way I was kind of like, almost dismissing her kind of, you know, about me burning out you know, and taking on more than my capacity to deal with I think. That's part of the burnout thing where there is more demand than you have the capacity as a human being to give you know and there is that dividing line and knowing that is really important so…** when I told her that things were going to change she was delighted she said it was absolutely the right decision to go but she was amazed that I actually lasted that long	P2 continues to describe her supervisory experience which appears to be different with each supervisor. Each supervisor supervised different aspect of her work with one seeming to be more aware of P2's personal safety in the work. Although P2 acknowledges that she dismissed her concerns. P2 gives another definition of burnout, when demand exceeds resources. She also alludes to the idea that there are different levels of acceptance of the reality of burnout	The tone in which P2 realtes her dismissal of her supervisor using the dialogue as she would have expressed it at the time conveys a sense of naivety (Polly-Anna), of denial a sense of lack of awareness of the danger she is in even when it is being pointed out. Her tone in giving her definition of burnout is more sanguine and adult.	Innocence vs Experience. P2 brings to life the lived experience of denial of burnout that exacerbates the issue. Even when it is pointed out by a supervisor, her own expectation of herself to cope leads, maybe even lack of insight into her vulnerability leads her to dismiss the warnings. The supervisor in question was not even fully appraised of the danger that this participant was in.	Danger. Denial Sense of omnipetence?? Levels of knowing
S: What was it like for you to tell her?				

P2: it was great like in one way, I felt great about making that decision, because I knew it was the right decision and there was no way around it for me. Inner, inner, inner me did for sometime… but knowing it was the right decision… felt sad and… **not that I felt like a failure I didn't feel "oh I failed" I just felt "ach if only I could have stayed the pace longer" you know? The courage wasn't in doing the work the courage was staying with the work and I felt that I had let my clients down… because I had gone to such lengths to try and make a relationship with them and then I just disappeared… which is probably what everyone else in their lives does for them.. to them.. so I had a hard time reconciling to myself that I was part of a whole societal piece of people who let them down who inveigle them in, and kind of seduce them in, and promise them something to help them and then say, "well actually, you know, I'm going to take care of myself now" as I go home to my lovely house in Crowntown and have a nice glass of wine with my lovely husband and you know I felt guilt.**	P2 describes the process of coming to the decision to stop working in the way in which she was. She speaks of knowing it was the right descision but also feeling sad and that she had let her clients down replicating a pattern that has already manifested in their lives. Luring them in, only to let them down. She speaks of her sense of guilt at her perceived abandonment them to take care of herself	This section starts out very optimistic in tone. Repetition of "great". But that changes entirely as P2 describes her inner world. The depth of emotion sadness, loss, guilt, shame is apparent in real time. There is a sense of the endurance of these feelings	There is a sense of depth of conflict. When good things go wrong. According to P2, all the good intention and work that went into establishing something useful and restorative for her clients ended up replicating a pattern of promise and disappointment.	Heroes and villains. Promise and disappointment. Prioritising self over others. Guilt Cycle - loss sadness Enduring Shame Social guilt

Appendix G: Bernie's Narrative Summary

In her account of burnout, Bernie describes a repeated process where she would find herself multi-tasking on a variety of types of work at various sites. This is common among private practitioners where direct client work is not always reliable enough to make an income, so they contract for other kinds of work, as is the case with this participant. She describes the context where she became burned out; while "the catalyst" for burnout may be in work that is not client facing, it manifests most obviously in client work. Bernie describes the physical manifestations of burnout, such as having significantly reduced energy, sleeping less, "uncontrollable tiredness" and being certain that there must be something physically wrong with her, her thyroid or her hormones for example. Bernie describes that it would have been easier to understand and address what was happening to her if it had been a physical illness. Throughout the interview Bernie refers repeatedly to the "Emotional Exhaustion" component of burnout and seems to find it easier to identify than the other components.

Behaviourally, Bernie describes withdrawing from friends, her world becoming smaller, she stopped doing activities in life which gave her joy, she cancelled work and found herself with nothing else on her mind and nothing else to talk about other than work. In response to burnout, Bernie found herself working harder and harder, possibly in an effort to quieten the angst she was feeling that she was not adequate to the job, not a "good enough therapist".

Emotionally, as identified, Bernie disclosed feeling a considerable sense of inadequacy. This was compounded by shame and guilt and this is expressed repeatedly throughout the interview. Bernie also expresses the terror that she will be exposed, that her clients will see her exhaustion when she is working, that her friends or colleagues will ask her how she is and that she will "break", "crack" or "crumble". In order to manage this fear, Bernie seems to have processed the experience at the time, by masking what was happening from her colleagues, her clients, her friends and ultimately from herself. She describes this as "self-deceit".

The masking of burnout is a really interesting aspect of this interview. It raises the question for me regarding coping mechanism, maintaining resilience and protective factor vs masking factor. The "games" this participant played to conceal the fact that she was struggling varied in nature from attending innumerable training courses, sticking to safe topics in supervision, telling people (herself included) "I'm grand" and putting on a brave face. It is conceivable that Bernie was too anxious to confront the phenomenon of burnout within herself and was "terrified" of being identified as having a "nervous breakdown" or being an "unsafe therapist".

Bernie describes the relentless nature of burnout using a variety of evocative metaphors; "like there is a runner there is something running in me and it's like 'I'll push you and you'll keep going and I'll push you and you keep going'", "it was just it was like being in a fog because I was aware and aware in it" "it's like working on no breath or you know when you get fear and you don't realise that you're holding your breath till someone reminds you to breathe, and then you breathe and you're like "right" and then you realise you weren't breathing" among others. She describes the intense vulnerability and fragility she felt and uses the phrase that she was "hanging on by her fingernails" and that she was "on the verge all the time." Her description of the experience of burnout brings to life the shame and self-criticism she internalised at the time. It is conceivable that her self-judgement compounded her emotional exhaustion and her desire to place distance between herself and her work through cancellations.

Bernie's expression of inefficacy is evident throughout her account of burnout. She describes the investment in training and in accreditation and then being rocked by the possibility that this career

may not be for her “I can’t say I don’t like it”. There is a sense both that she is trapped in a job about which she was uncertain and that she is unconfident in her adequacy to deliver it effectively. In the interview she speaks of psychotherapy as being “valuable” and “meaningful” work. This is somehow negated by her “delight” when a client cancels and she doesn’t have to face the possibility that the inner resources are insufficient to meet the demand required of her to deliver the work. There is a gap between her expectation of herself to perform and the energy available to her.

In her account, while she is now able to view her experience with compassion, Bernie seems to take entire ownership of her burnout experience. The interview is peppered with, possibly unconscious, allusions to her own accountability such as “allowing myself to get lost” she calls it “a self-perpetuating cycle” that “the only person who can take you out of it is you” and while this may serve to empower her to be able to identify and address burnout, my sense of Bernie is that there is an over-riding sense of self-criticism and shame that she experienced burnout at all. Throughout the account Bernie refers to shame repeatedly. She recounts an experience with a client where she was “terrified” that she may have drifted to sleep for a “nano-second”. Bernie describes herself repeatedly as “cringing” when she thinks of this session.

Bernie describes burnout as affecting both the professional and the personal. It “straddles both”. She speaks of the personal toll that burnout took on her. The self-judgement and criticism, not having time for herself, friends or family, feelings of shame, the sense of stress, overwhelm and responsibility. She felt that she did not have a place to discuss this in her professional supports such as personal therapy, as it predominantly involved her professional life nor did she disclose it in supervision as she felt it was a personal issue. I wondered in the interview if the idea of acknowledging burnout within supervision or therapy might have felt like a threatening prospect as she may have worried that her fear that she was “not a good enough therapist” would be confirmed by another.

Bernie describes in depth the distress and loneliness she experienced when she was burned out, however, when asked how it shaped how she sees herself she identified that it empowered her to be able to “own the experience”. She shares her experience with trainees to prepare them for professional hazards in psychotherapy. The core of burnout for Bernie seems to me to be an experience of shame. Through the account it appears that the antidote to this experience for Bernie is being able to compassionately honour it.

Appendix H: Superordinate and Subordinate Theme Development for Petra

Superordinate Theme:	Being Alone in an Onerous Job
Subordinate themes:	Loneliness - Being alone/ Being unsupported
	Being in an insecure job
	A sense of the significance of the job
Superordinate Theme:	Embodiment of Burnout / Bodies never lie
Subordinate Themes:	Being sick of it
	Being worn down/out
	Being Burdened
Superordinate Theme:	Being Lost
Subordinate Themes:	Being out of control/ Being powerless/ Being in the unknown/ Being afraid
	Faking it/Being a fraud
	Loss of self / Being invisible
	Being inadequate/Falling short/ Inefficacy
Superordinate Theme:	The Road Back
Subordinate Themes:	Turning Points / Tipping points - Becoming Aware
	Being honest - Being vulnerable
	Being relieved / Being free from burden/ obligation
	Prioritising Self
	Recovery / Being in transition/ Resourcing self / Being seen

Appendix I: Ethical Approval

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University

DCU

Ms Stephanie Finan
School of Nursing and Human Sciences

10th August 2018

REC Reference: **DCUREC/2018/128**

Proposal Title: **The Experience of Burnout among Psychotherapists working in Private Practice – A Phenomenological Study**

Applicant(s): **Stephanie Finan, Dr Aisling McMahon, Dr Siobhan Russell**

Dear Stephanie,

Further to expedited review, the DCU Research Ethics Committee approves this research proposal.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

Donal O Gorman

Dr Dónal O'Gorman
Chairperson
DCU Research Ethics Committee

DCU
Research & Innovation

Taighde & Nuálaíocht Tacaíocht
Ollscoil Chathair Bhaile Átha Cliath,
Baile Átha Cliath, Éire

Research & Innovation Support
Dublin City University
Dublin 9, Ireland

T +353 1 700 8000
F +353 1 700 8002
E research@dcu.ie
www.dcu.ie