

BURNOUT

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Who are we, why have we chosen a vocational profession, what prompts us to undertake work even to our own physical and mental detriment.

In this presentation I am going to develop the proposition that as small infants we cathect our primary objects – mother and father, and that the nature of these cathexes determines, molds and fixates our drives and defences so that we are locked into a particular way of being, living and relating. Further, that we perform these relationships even seemingly to our own detriment as people.

Freud's first significant publication was "Studies on Hysteria" in 1893. In this he developed his initial ideas on the unconscious, fantasy, defensive conflict and repression, identification and transference. In this paper he had developed the technique to remove hysterical paralysis (essentially abreaction) thinking at first that this was all these was to the elimination of mental problems. In 1905, in his three essays on the "Theory of Sexuality", he introduced the term *trieb* and along with it the distinction between source, object and aim. The Freudian concept of instinct emerges in the course of the description of human sexuality. Basing himself notably on the study of the perversions and of the modes of infantile sexuality, Freud contests the so-called popular view that assigns to the sexual instinct a specific aim and object and localizes it in the excitation and operation of the genital apparatus. He shows how on the contrary the object is variable, contingent and only chosen in its definitive form as in consequence of the vicissitudes of the subject's history. He shows too how aims are many and fragmented and closely dependent on somatic sources which are themselves manifold and capable of acquiring and retaining a predominant role for the subject; the component instincts only become subordinate to the genital zone and are integrated into the achievement of coitus at the end of a complex evolution which biological maturation alone does not guarantee.

The final element that Freud introduced in connection with the idea of the instinct was that of pressure conceived of as a quantitative economic factor, “a demand made upon the mind for work.” It is in the “Instincts and the Vicissitudes”, 1915, that Freud brings together these four aspects – pressure, source, object, aim and proposes an overall definition of the instinct.

So to paraphrase Freud we have an instinct that under pressure of expression has an aim and an object to give expression to that inner demand. In 1928 Wilhelm Reich published a paper on character analysis. He described the differentiation in character analysis between an analysis of a symptom neurosis and analysis of a character neurosis, pointing out that the symptom neurosis was often much more accessible, caused upset and distress in the patient and there was an essence of dystonic to the patient’s mode and form of behaviour, whereas the character neurosis was not felt by the patient as dysfunctional nor did it cause obvious distress and that that sense was more syntonic to the whole character of the person. He made the point that the foundation of character analysis was laid when Freud sponsored the cardinal change in analytical technique which consisted in denoting as the most important task of analysis the overcoming of resistances in place of the direct interpretation of the patient’s symptoms. Further, he states “as we review our clinical experience the necessity becomes clear for distinguishing from among the various resistances which we encounter in the course of treating our patients a particular group of these, a group which may be termed character resistances. These acquire their specific imprint not from their content but from the patient’s individual mode of behaviour. So what he is stating here is that he notices that his patients are not having their behaviour formed and shaped by particular symptoms which are obvious but by particular character, if you like to call it, behaviours, which from a therapist’s point of view are pathological. He later further develops his theme showing that the so-called symptom neurosis is really the expression of an underlying character neurosis and the character neurotic resistances. He brings up what I think is a very interesting statement, and that is about insight. He states, “Deficient insight is by no means an absolutely reliable characteristic. It is nevertheless an important sign in character neurosis.” In other words the patient’s behaviour, although to an outside person is obviously seriously amiss the

patients themselves do not find anything amiss themselves, and of course this is going to lead on to the further development of our discussion this evening. Further, he states, "The subject may perhaps complain of his shyness or timidity but he does not feel ill on this account. It is only when the characterological shyness rises to the pitch of pathological blushing or the obsessive orderliness to a compulsive ceremonial, i.e. when the neurotic character undergoes exacerbation to the point of the development of symptoms that its subject feels ill, or again, to develop the theme we are discussing, it is only to the point where work develops to such a point that there is a breakdown does the subject himself or herself realize that something is wrong. He further develops his ideas. "The neurotic character traits in their totality manifest themselves in analysis as a compact defense mechanism against our therapeutic efforts." Analytic exploration of the origin and development of this characterological armour shows that it also has definite economic function, namely, it serves on the one hand as a protection against stimuli from the outer world and on the other hand, as a means of retaining mastery over the libidinal impulses constantly welling from the id by using up libidinal and sadistic energies in neurotic reaction formations, compensations, and so on. In the processes which underlie the forming and maintaining of this armour anxiety is constantly being bound in the same way, for example, according to Freud's description, "anxiety, is bound in compulsive symptoms". But since the means which the neurotic character makes use of to bind anxiety, as for example reaction formations, pre-genital gratifications have no permanence, the excessive anxiety or the dammed up libido sooner or later breaks through and there then arise symptoms indicative of the struggle of the ego to maintain control over this excess. Thus the symptom is explicable from the economic standpoint, also as expression of an exacerbation of the neurotic character. Since in its economic function as a protecting armour the neurotic character has established a certain equilibrium even though a neurotic one, analysis signifies a danger to this equilibrium. It is from this narcissistic, protective apparatus of the ego accordingly whence proceed the resistances which give to the analysis of the individual case its particular stamp. But if the attitude, the behaviour and the reaction pattern of the patient represent the analysable and alterable resultant of his total development there then exists the possibility of evolving therefrom a technique of character analysis.

From the foregoing you can see that I have been trying to show that early cathexis of the object shapes and determines the aim and expression, the instinct - drive. In the late 1920's Melanie Klein arrived in the United Kingdom and joined the British Psychoanalytical Society. She began developing her ideas about early infantile development, bringing forward the notions of the paranoid schizoid position followed then by the depressive position where the child has negotiated relationship to the whole object. She brought in the idea of reparation. This was where the subject seeks to repair the effects of his destructive fantasies on his loved object. This mechanism is associated with depressive anxiety and guilt; the fantasied reparation of the external and internal maternal object is said to permit the overcoming of the depressive position by guaranteeing the ego a stable identification with a beneficial object. The notion reparation specifically has the same sense as to repair something as well as to make a reparation to someone. The idea of reparation is part of the conception of early infantile sadism which finds expression in fantasies of destruction, fragmentation, devouring, etc. Reparation is linked essentially with the depressive position which coincides with the establishment of a relation to the whole object. It is in response to the anxiety and guilt intrinsic to this position that a child attempts to maintain or restore the wholeness of the mother's body. Various fantasies represent this endeavour to repair the disaster created through the ego-sadism preserving the mother's body from the attacks of bad objects, putting the dispersed bits of it back together again bringing what has been killed back to life. By thus restoring its wholeness to the loved object and negating all the evil that has been done the child is said to be assured of possession of authority good and stable object whose introjection will strengthen his ego. Fantasies of recreation therefore play a structuring role in ego development.

To the extent that their operation is defective, mechanisms of reparation may come to resemble, sometimes, manic defences (feeling of omnipotence) and sometimes obsessional ones (compulsive repetition of reparatory acts). Successful reparation according to Klein implies a victory of the life instincts over the death instincts. One of the consequences of Klein's arrival in the U.K. and her theories was an increasingly

acrimonious relation with Anna Freud who felt she was putting too great an emphasis on early development and particularly her theory of unconscious fantasy. This led to a series of discussions and a theoretical split in the British Psychoanalytical Association into three groups, the Kleinians, i.e. those who followed Klein, the Freudians, i.e. those who followed Anna Freud, and a third group, the Independents who saw value in the theories of both groups but did not want to be bound by either of them. They had mainly been followers of Klein but felt her theories neglected the early mother-child interaction. These early founders were amongst others, Winnicott, Heiman, Milner and Balint. They developed theories which came to be known as Object Relations. They put great emphasis on this early interaction and showed how it laid down a formation of the adult character and structure. In 1948, Winnicott presented a paper which I think is seminal to the proposition I am putting forth tonight. The title of the paper was "Reparation in Respect of Mother's Organized Defence Against Depression". The concept of the depressive position is generally accepted as a valuable one for use in actual analytic work as well in the attempt to describe the progress of normal emotion development. In the analyses that we do we can reach the guilt and its relation to aggressive and destructive impulses and ideas, and we can watch the urge to make reparation appear as the patient becomes able to account for, tolerate and hold the guilt feeling. There are other roots of creativeness but reparation provides an important link between the creative impulse and the life the patient leads. The attainment of a capacity for making reparation in respect of personal guilt is one of the most important steps in the development of the healthy human being and we now wonder how we did analytic work before we consciously made use of this simple truth.

Clinically, however, we meet with a false reparation which is not specifically related to the patient's own guilt and it is to this that I wish to refer. This false reparation appears through the patient's identification with the mother and the dominating factor is not the patient's own guilt but the mother's organized defence against depression and unconscious guilt. Winnicott illustrates this idea with a case from his work in the outpatient department in child psychiatry.

One type of child I remember well from the beginning.

This child is particularly delightful and often

talented above the average. If a girl, she is sure to be attractively dressed and clean. The point about her is her vivacity which immediately contributes to something to one's mood so that one feels lighter. One is not surprised to learn that she is a dancer or to find that she draws and paints and writes poetry. She may write a poem or two while waiting her turn to see me. When she draws me a picture I know there will be gay colours and interesting detail, and the figures will have a certain sprightliness, seemingly to be alive, moving there may be a strong humorous element also The mother brings the child because at home she is irritable, moody, at times defiant or frankly depressed.

He quotes another child who said to him, "Please doctor, mother complains of a pain in my stomach" and this drew his attention to the part the mother played in the boy's illness. Further," Watching many of these cases continuously over periods of ten or even twenty years I have been able to see that the depression of the child can be the mother's depression in reflection. The child uses the mother's depression as an escape from his or her own. This provides a false restitution and reparation in relation to the mother and this hampers the development of a personal restitution capacity because the restitution does not relate to the child's own guilt sense. It will be seen that these children in extreme cases of a task which can never be accomplished. The task is first to deal with mother's mood. If they succeed in the immediate task they do no more than succeed in creating an atmosphere in which they can start on their own lives. It can be readily understood that this situation can be exploited by the individual as a flight from that acceptance of personal responsibility which is an essential part of individual development." He focuses on the therapy relationship between therapist and patient. "It is legitimate to demand of me that if I claim to describe the fantasy of my patients, I know that patients at times do produce the

sort of things they feel I like getting. This is the more true the more my expectations are unconscious. A patient recently was quite convinced that I liked anal material and of course produced plenty for my benefit. It was some time before this came into the open and before he reached his own true anal feeling. In the same way patients produce and also hide fantasy related to the inner world because they feel a need to relieve, my supposed, depression, or to make it worse. In the transference a parental depression has been revived. I must be able to recognize this. When I claim to be truly objective about ideas that patients have made about their insides and about the contending of good and bad objects, or forces within, I must be able to distinguish between that which is produced for me and that which is truly personal to the patient.”

Those of you who work with children know of the dynamics of the school-phobic child. Here the child is dealing with a seriously depressed mother. Their normal reparative drive is blocked and they become frantic that the only way to save mother from their aggression causing her depression is to not leave the home and stay and care for her. A young mother came to me, suicidally depressed, she had two small children. Occasionally when totally exhausted she would bring one or other, or both to a session. She continually complained of the eldest being boisterous, noisy and very difficult. One day she brought this child to a session. While the mother lay on the couch, totally exhausted, this nine year sang, danced and did acrobatics in an attempt to liven the mother and awaken her from her depression. Some years later the mother’s mood is now considerably lighter and she is feeling much better and back at work. However the little girl, now five years on, is chronically depressed because her own reparative urges were not able to be expressed and occasionally she is school-phobic.

So the proposition that I propose is now a bit clearer. The depressive position as developed by Klein needs to be resolved by reparation for the fantasied attacks on the mother. Where this is blocked, as described by Winnicott, then a never ending task is set up, i.e., an attempt at reparation through psychic and/or physical effort.

Alice Miller, in her paper titled, "The Drama of the Gifted Child and the Psychoanalyst Narcissistic Disturbance", in 1979, took a somewhat different approach, though the overall reasoning was much the same, i.e. a non-adequately responsive mother being at the root case of the disturbance. "Quite often we are concerned here with gifted patients who had been praised and admired for their talents and their achievements. Almost all of these analysands had been dry in the first year and many had assisted skillfully at the age of one and a half to five in the care of younger siblings. According to prevalent opinion these people, the pride of their parents, should have had a strong and stable self-assurance but exactly the opposite is the case in everything they undertake they do well and even excellently. They are admired and envied. They are successful whenever it is of importance to them but all to no avail. Behind all this lurks depression, feelings of emptiness, self-alienation and lack of meaning in their existence. As soon as the drug of grandiosity fails, as soon as they are not on top, not definitely the super-star, or when they suddenly get the feeling they have failed to live up to one of their self-ideals. Then they are plagued by anxiety or deep feelings of guilt and shame. What are the reasons for this kind of narcissistic disturbance in these gifted people?" She then goes on to describe different things and I will quote some more from her paper:

The child has a primary need to be seen, noticed and taken seriously as being that which it is at any given time, and as the hub of its own activity. In contradistinction to drive wishes we are here dealing with a need which whose narcissistic but nevertheless equally legitimate and its fulfillment is essential for the development of healthy a self-esteem. Naturally this search can never succeed fully since it is related to a situation which has passed irrevocably, namely to the time when self was first being formed. Nevertheless a person with this unsatisfied and unconscious (because repressed) need is compelled to attempt its fulfillment by substitute means. There was a mother who at the core was emotionally insecure and who depended for her narcissistic equilibrium on a particular type of behaviour or mode of being in the child. This insecurity could well remain hidden from the child and from everyone else behind a hard, authoritarian and even totalitarian façade. There existed an amazing ability on the child's part intuitively, that is unconsciously, to perceive and respond to this need of the mother or of both parents, i.e to

take on the role which had been unconsciously assigned to him. This role secured love for the child, i.e. narcissistic cathexis by his parents. He could sense that he was needed and this gave his life a guarantee of existence. This ability is then extended and perfected. Later these children not only become mothers,(confidants, comforters, advisors, supporters)of their own mothers but also take over the responsibility for their siblings and eventually develop a special sensitivity to unconscious signals of the needs of others. No wonder that they often choose the psychoanalytic profession later on. Who else without this previous history would muster sufficient interest to spend the whole day trying to discover what is happening in the other person's unconscious. But the development and perfecting of this differentiated sensorium, which once assisted the child surviving and now enables the adult to pursue his strange profession, also contains the roots of his narcissistic disturbance.

HER SUMMARY

In order to develop a true self, the child needs in the first weeks and months of his life his mother's appropriate emotional response, mirroring and respect. These narcissistic aspects have to be distinguished from the drive wishes. Only the mother's appropriate responses make it possible for the child to experience his feelings as belonging to his own self. If the child does not get the right narcissistic response he will continue to search for narcissistic supplies for the rest of his life. The most suitable objects for this would be his own children initially who are completely at his disposal. Specially gifted children who are sensitive, alert and have antennae will quickly learn to adapt to the narcissistic needs of their parents. Their behaviour will then give the mother all the mirroring, consideration, and admiration which she had missed as a child herself. The result will be that in spite of excellent performance the child's own true self cannot develop. All this leads to narcissistic vulnerability and to new attempts in the adult to find at last an available mother in his own child, partner, or if he becomes a psychoanalyst, his patient.

CLINICAL EXAMPLE

I wish now to give some clinical material from a patient who, though not in a vocational profession, nevertheless had burnout by doing things for others. She presented to me some four years ago. Then, 46, she was dressed in a business attire, strode confidently upstairs to my office, sat in the chair opposite me, smiled politely and burst into tears. "Life sucks", she said. "I can't make this out. I never cried with X", her therapist, who she had been with for nineteen years. "In fact, I never cry." The history she gave in the session was that she lived common-law with a man her age for the last seven years. She has a son of 12 by her since divorced husband. She had a good job, house, etc., telling me she had a very happy childhood. She had been born out of wedlock, mother becoming pregnant in a part of Canada which was far from her own home. Her mother concealed her birth from her family until she was six months of age and then later marrying another person, not her biological father, and having two more children with him. When the patient was about three years of age mother developed severe depression which required frequent admissions to Brockville for months at a time lasting until she was approximately 12 or 13. The family would go occasionally on week-ends to visit mother. Father had a blue collar occupation with low pay and was away most of the time earning money and social services provided a home-worker who was often drunk and had multiple boyfriends in the house. She said at this time that schooling was fun and uneventful. She left school unsure what she wanted to do, did waitressing in a bar, worked as a secretary, etc. and did various courses without any great success. She then took computer training and entered the high tech world as a manager. She had numerous boyfriends who she had lived with but never longer than two years. The first year was great and exciting. After that she would quickly get fed up and bored and within a year she had left, much later telling me it was always her leaving, leaving her own apartment which was fully furnished, saying I don't know how much furniture and kitchen gear I bought, but it was a lot. She eventually met and married in her early 20's to someone who was emotionally very abusive. She had her first child with him, who died in utero at term, and who she carried for a further two weeks before extraction. Typically she showed no emotion about this, telling me at this time. Finally she had another child with him and left him when this

child, a boy, was four years old, refusing all financial help although he was very well off. She started from scratch living in a basement apartment, with no money, no qualifications or anything and working her way up. She sought therapy nineteen years ago because her hands were shaking so badly she could not work. She very quickly entered four times a week analysis and information that came out was that her childhood had in fact been horrifying. She had grown up in a very poor part of Ottawa. One of their family friends had been an alcoholic and drowned in the canal, another had a brother who was murdered and left in a sack at a community center. She often had been hungry and without adequate clothing summer or winter, not having enough bedclothes at night. When her mother was at home she was often lying in bed crying, and the patient, if she had 25 cents would go and buy her something to cheer her up.

So, environmentally, all was in place for the characterological formation described by Winnicott and Miller. Her adult behaviour was such that she revealed nothing of herself to anyone because to do so would make her dependent on others and have her elaborate self-care structure threatened (my construction – she had no insight of this at all until it came out in her analysis, i.e. after reconstruction and interpretation). She has a friend in Toronto who she has known since the age of 4. On a visit about two years ago this friend wanted to go clubbing. My patient said, No. Didn't she know her. Didn't she know she was no longer interested in that. Her friend wrote and said she knew nothing about her. Really, she was a total mystery. She had never revealed anything of herself whatsoever. She continually does caring things for the family, friends, neighbours, although she has not the time or energy. About a year ago when looking after a neighbour's house she went and sat with her cat because she did not want the cat to feel lonely although she was frantically busy herself. The first year in analysis, although four times a week, she was barely on the couch more than ten minutes in that whole time. She would lie down then in about twenty or thirty seconds would literally spring off the couch and stand looking at me, talking. She was terrified of being dependent on me or reliant. She now usually sits up six or seven times but always has her head turned to me, and keeps me under very intense gaze just in case I go to sleep or goof off. Once when I blinked a bit longer because of something in my eye, she was sure I was bored with her. She always tries to be the good

patient telling me things which she thinks I will find helpful or useful in her analysis. If I am downstairs and she walks up to the office before me she immediately calls out, "Dr. E. Dr. E. I am up here", because she wants to spare me looking for her. She finds it very difficult in the transference to express rage or anger with me. The closest she came was on a Monday, saying, "This is unfair. You are not my father, brother or lover and I just feel you are not in this, i.e. psychic pain. She has no life of her own, just a series of tasks for other people. Typically the two following incidents describe her behaviour. She came home with a car full of groceries. Her partner was in the basement watching TV. She began unloading the car, getting angrier and angrier until she started crying and shouting at him. He looked puzzled and asked, "Why didn't you ask me to help you?" She got very angry with her son for not helping at home. He looked puzzled and said, "But you never asked. You always want to do everything yourself." Until this year she had never had more than a week's holiday in one year. Her relaxation and enjoyment consists of getting up at 6am on a Sunday, making herself some tea and reading in bed for twenty minutes. She finds it impossible to relax or be spontaneous. In fact, she has no life of her own. The ties to the three most important people in her life, including mother, have been dictated by her tie to her mother. She can never please her mother. She was always trying to be a good girl for her. She has bought her parents a condo, re-decorated it herself and although she has a reasonable income it is not overly high. She can never meet the mother's demands on her. There is always an underlying hostility in her mother towards her. I have reconstructed this for her, saying that when she arrived she was certainly unwanted by the mother, she was hid from the family and the mother has treated her always in a resentful manner as being the person who destroyed her life. The mother comes and cleans the house every two weeks and always manages to smash something of importance, etc. In her two important romantic relationships, her ex-husband and present partner, she has come to realize that her dysfunction guided her in her choices. Her husband was openly abusive to her and she was always trying to placate and please him. On her very first visit to his house she saw an expensive antique chair completely smashed. Although understanding what it meant she thought she could change him. In her present partner, when she first started going out with him, she found that he had no furniture or possessions of any kind whatsoever and had to give him enough furniture for his own

apartment, even though he was earning a very large salary, considerably more than hers. His abuse has been total financial irresponsibility and serious debts. Again she thought that through her love she could change his behaviour.

Occasionally when things became too much for her but not so much recently, she will shout and scream, burst into tears and run to her bedroom. Her anger and rage is focused on herself in her own smoking and we have discussed this as a chronic suicide.

I have presented this clinical vignette to show how the theories of Winnicott appear in our lives and that when these experiences occur in early life the person is geared to an endless task of false restitution with a sense of emptiness, loneliness and a high chance of burnout. In closing I want to quote a tale from Alice Miller's paper.

THE STORY

Once upon a time there was a child who had a golden brain. His parents only discovered this by chance when he injured his head, and gold instead of blood flowed out. They then began to look after him carefully and would not let him play with other children for fear of being robbed. When the boy was grown up and wanted to go out into the world his mother said, "We have done so much for you we ought to be able to share your wealth." Then the son took a large piece of gold out of his brain and gave it to his mother. He lived in great style with a friend who however robbed him one night and ran away. After that the man resolved to guard his secret, and to go out to work because his reserves were visibly dwindling. One day he fell in love with a beautiful girl who loved him too but not more than the beautiful clothes which he gave her so lavishly. He married her and was happy but after two years she died and he spent the rest of his wealth on her funeral, which had to be splendid. Once as he was creeping through the streets, weak, poor and unhappy, he saw a beautiful little pair of boots which would just have done for his wife. He forgot she was dead, perhaps because his emptied brain no longer worked and entered the shop to

buy the boots but in that very moment he fell and the shopkeeper saw a dead man lying on the ground.