

The Burn Out - Syndrome

*Developing emotional competence –
 marking off harm*

4th Pan-Asia Pacific Conference of Mental Health
 Symposium of the German-Chinese Academy of Psychotherapy GCAP
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Case example I

60 year old school-teacher

- Since two years repeated infections of respiratory and sinusal system. Medical treatment with antibiotics and herbal medicine
- Since six months at home, unable to do homework or go to the super-market. High level of anxiety of doing failures at school, extremely affected by the noise of the pupils, very nervous, often desperated about her future, because she likes her job very much
- Since she is at home, emotions and physical status even get worse , she suffers from „bad dreams, since I saw that movie on TV with the screaming russians“!
- Background: her mother never showed emotions to her, always told her to be busy. And so she did, being a good girl. But the movie on TV stimulated hidden memories of sexual traumatisatation in her early childhood, being with her mother as she was raped by russian soldiers

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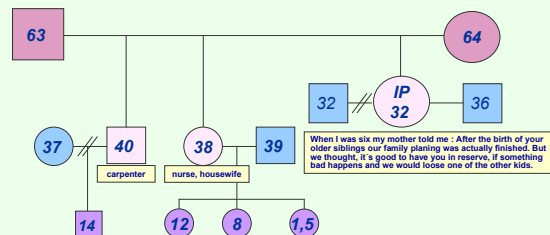
Case example II

32 year old dentist

- Since two years she has diarrhoea, stomachache, is scared to go to her work, feels deeply exhausted, mad and angry, suffers from insomnia, feels increasingly depressed and useless. She complains a significant lack of concentration, decision-making power and awareness and has 'a memory like a sieve'. She indicates to have little social contacts, but a new partner since one year. Before, she was married for 4 years with a worker, 'in order to hide that I am an academic'! She never argued with him
- Although she passed her university exam with excellent grades, she is full of self-doubts, has low confidence in herself and is constantly suspect of making mistakes in her job. She took over the consulting room from her father 18 months ago, but the parents still work with her part-time every day
- At the age of six she was badly notified from her mother, concerning to her identity. She has little contact to her older siblings, who live close by. Brother says: I could tell you so much, but it ain't make sense anyway

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Genogram of the patient



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Burn Out – Syndrome

.. describes a profound syndrome of being considerably exhausted. The consequences lead to significant disadvantages for the concerned persons, because they affect the efficiency and the quality of life in a massive scale.

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But:
The International Classification of Diagnosis ICD 10 does not list the diagnosis Burn Out – Syndrome

This fact has a strong impact to the takeover of cost when treating these patients in the health care system:

Health insurance companies do not accept the diagnosis of a Burn-Out Syndrome, so we have to switch to diagnosis like:

Neurasthenia (ICD 10 F 48) or Depression (F 32, F 33)

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High-risk occupational groups for burn out - syndrome

Mainly people with high economical or social responsibility and high demands on their work, behavior or efficiency.

Like:

Managers, providers and members of the health care system, policemen, teachers, politicians

But also:

Workers, secretaries, students etc.

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Reasons for burn out

Complex structure of reasons, in which internal and external factors are participated equally

External factors

Bad blows, social strain, stressful changes and overloading situations

Internal factors

Getting along with demands, aims of life, contentment of life, selfconfidence and conflict ability

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Reasons for burn out

External factors

Bad blows, social strain, stressful changes and overloading situations

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External risc-factors for burn out - syndrome

- ↳ Chronic overstretch by repeated experiences of loss or blows of fate (e.g. death or severe illness of nearby persons)
- ↳ Accidents with dramatic course
- ↳ Repeated emotional stress (e.g. experiences of violence or facing traumatic stress situations)
- ↳ Helplessness and the feeling of being lost or of being at someone's mercy
- ↳ Mobbing, professional degrade, frustration of justified wishes of social promotion, unsoluble conflicts in the working context

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External risc-factors for burn out - syndrome II

- ↳ Lack of attention to changes in family life circle (e.g. birth or moving out of children)
- ↳ Insurmountable economical difficulties, imminent loss of job or threatening bankruptcy
- ↳ Loss of social appreciation and respect
- ↳ Social change (e.g. when moving) with the need of building up a new network of friends, colleagues and neighbours)
- ↳ Crisis in partnership, separation or divorce

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Reasons for burn out

Internal factors

Getting along with demands, aims of life, contentment of life, selfconfidence and conflict ability

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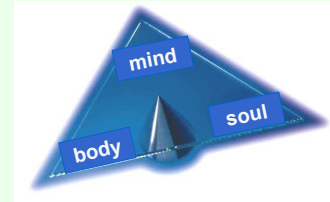
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Internal risc-factors for burn out - syndrome

- ↳ Discrepancy between the real abilities of power and the expectation of one's own ideal of self-efficacy (hamster-wheel effect)
- ↳ Unability of keeping social help and support from others ('pull yourself together!' or 'don't show weakness!')
- ↳ Refuse against hidden emotions like doubts, anxieties or agressions ('I work, so I am!' or 'only softies have emotions!')
- ↳ Compensating low self-confidence by high professional or personal engagement ('I want to experience myself as strong, active and important!')

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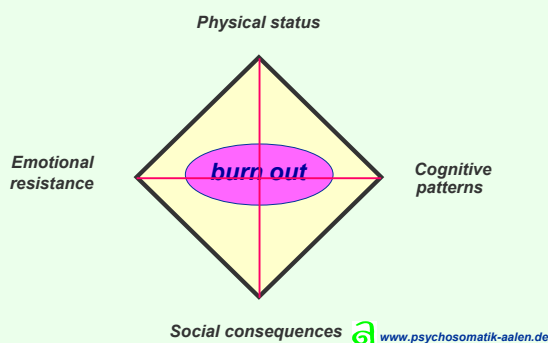
Consequences of Burn Out



The internal balance is strongly disturbed

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Multilevel changes at burn out - syndrome



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Physical and psychosomatic consequences of burn out - syndrome

- Hypertension or hypotension, cardiac problems (tachy- or bradycardia, arrhythmic heart pulsation, thorakal tightness), tinnitus
- Fatigue and little fitness on regular strain, insomnia, irregular sleep-rhythms, muscle pain by high muscular tension
- Vegetative excitation (e.g. vertigo, itching, change of sweat or shivering without physical reasons, digestive problems, eating disorders)

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Physical and psychosomatic consequences of burn out – syndrome II

- ↳ Problems of sexual arousal and function (lack of libido, erectile dysfunction, premature ejaculation)
- ↳ High risc of alcohol or drug abuse (incl. medications)
- ↳ Immunological problems (tendency of infections)

Somatic and psychosomatic consequences of burn out - syndrome are often not correctly diagnosed and lead to mistreatment

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Emotional consequences of burn out - syndrome

Experiences of loss

- Loss of enthusiasm, meaning and joy of life
- Loss of self-control and one's own initiative
- Lack of optimism, selfconfidence and powerful attitude

Fears and anxieties

- High state and trait anxiety of bad action and failure
- Panic attacks with or without reasons
- Anxiety of future and in relationships
- High scales of self-criticism, self-accusation, and doubts

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Emotional consequences of burn out – syndrome II

Reduced emotional resistance

- Being depressed, resigned and hopeless
- Predomination of pessimistic feelings and concerns
- High risk of autoaggressive emotions and emotional lability
- Being nervous, worried and restless
- Inability to make difficult or emotional loading decisions

These emotional consequences can lead to social retreat, loss of conflict-ability, increasing mistrust and social isolation

Cognitive and mental consequences of burn out - syndrome

Experiences of loss

- Loss of safety in action and of the ability to think in alternatives
- Loss of creativity, fantasy, mental energy and engagement

Feeling insecure

- Inability of successful planing and crisis-management
- Inability to keep one's distance
- Increase of negative thinking (being a looser, being uncourageous and cowardly, etc.)

Cognitive and mental consequences of burn out – syndrome II

Reduced mental capacity

- Restriction of thinking (so called 'tunnel view')
- Lack of concentration, awareness and mental notes (esp. short time memory system)
- Strong tendency of brooding about failures
- Tear-off of thinking, circular thinking

The described changes may lead to efficiency failure, loss of perspectives, visions and core competences

Social consequences of burn out - syndrome

- Illness-determined long time absence from work
- Jumps into hasty decisions caused by reduced resistance
- Reduced ability of prevailing with constantly avoiding confrontations
- Loss of circumspection and authenticity
- Deep and vitally important relationship crisis

In worst case situations, a grave imbalance of the mind-body-soul-triangle can lead to suicide !

Mad ways that do not help



Mad ways that do not help

- Stimulant medication (to make good showings)
- Alcohol, drugs, pills (to restrain the vegetative system)
- Fight against thought-blockade (readiness for high-risc behavior, risky speculations, gambling passion)
- Compensating frustrated emotional requirements by beeing unfaithful
- Fokussing to only one of the three levels (magic formula: „positive thinking!“)
- Flight from reality to esotericism, or into the world of mystified expectations of healing and magic thinking

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How do we treat patients in psychosomatic medicine?

Multimodal approach of treatment

- Connection and balance of verbal and nonverbal elements in therapy to treat mind, body and emotions
- Interdisciplinary team, consisting of :
 - Physicians (subspecialized in somatic medicine and/or in psychotherapy)
 - Psychologists (behavior and systemic therapist)
 - Art-, music- and body-psychotherapists (systemic therapists)
 - Psychosomatic nurses
 - Physiotherapists
- Combination of somatic medicine , naturopathy and different types of psychotherapy

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Single-Session Therapy
 psychotherapeutic single-talks (psychodynamic, behavioral, or systemic oriented)
 art-, music- or body-psychotherapy in single sessions
 nurse's single-talks
 homöopathie and acupuncture

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Verbal Group-Therapy
 psychodynamic-, and psychoeducative-groups
 roleplay-, psychodrama- or sculpturing-group
 relaxation training groups (Jacobson) and Qi Gong

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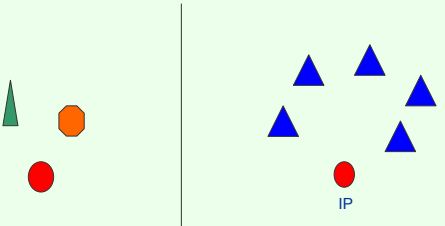
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Nonverbal Group-Therapy
art-, music- or body-psychotherapy in small groups




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Family Systems Therapy



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Thank you for your attention!

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