

# From burnout to the art of living

As a coach you probably, on a regular basis, meet people suffering from a burnout or on the verge of a burnout. Although burnout seems to be a societal problem requiring societal attention, individual coaching can achieve a lot for these clients. However, you may have noticed that you can't always just jump in there and start using your usual working method, simply because clients are too tired for intrapsychological work. This article describes how to establish when you can start working with intrapsychological methods.

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There are slightly divergent opinions in the Netherlands when it comes to what happens to our bodies when we experience a burnout. One view groups a burnout with psychological complaints characterised by emotional exhaustion, a feeling of alienation and reduced competence (Taris et al., 2013). Treatment therefore largely focuses on improving the client's coping style and reducing somatisation.

Another view sees a burnout as a physical exhaustion response of the body and mind to the long-term depletion of the body's reserves (Sapolsky, 2004; Feltz-Cornelis, 2014). In this case, treatment focuses on learning to stop the depletion and finding its cause

Both views emphasise different factors (emotional versus physical exhaustion) and both point to a different cause (lack of a good coping style versus lack of knowledge and skills about how to recharge). In a nutshell, for one view a burnout is all in the head, while in the other, it's all in the body. This article is based on the assumption that a burnout is caused by the depletion of body's reserves, leading to psychological consequences. The depletion may be related to an inadequate coping style, but this does not necessarily have to be the case.

# Types

We distinguish between two types of burnouts. To the outside world, the first does not appear to be a burnout, because the sufferer becomes hyperactive as high cortisol levels lead to nervousness and

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anxiety. The body is continuously on high alert due to a disrupted autonomic nervous system. In addition, a lack of energy means that the cerebral cortex (where information is received, processed and interpreted) receives less fuel. The sufferer's concentration is therefore poor and their behaviour is less effective than usual. Furthermore, various physical, emotional, cognitive or behavioural complaints may arise. People with this kind of burnout need to slow down because they have insufficient energy and are insufficiently effective (revised LESA [National Primary Care Collaboration Agreement] guideline, 2011).

With the other type of burnout, cortisol levels are 'flat'; exhaustion is complete, the batteries are empty. These people do not need to slow down, because they are almost incapable of doing anything at all (Keijsers, Van Minnen & Hoogduin, 2004).

The revised LESA [National Primary Care Collaboration Agreement] guideline, (2011) recommends that both types of clients report sick to allow their disrupted stress hormone balance to be restored at home, and to allow their batteries to (learn how to) recharge until an adequate level of physical, emotional, cognitive and behavioural resilience has been reached to resume work.

# Intake

To be able to do intrapsychological work as a coach, in our experience, the client must be sufficiently resilient. It is important that resilience levels are properly estimated during the intake before you start your work. We estimate resilience by assessing the amount of energy the client still has: how full or empty is their battery? This estimate can be made in two ways: on a practical, structured level, and on an energetic level.

Practical and structured

The energetic approach in practice. A man in his mid-forties approached us with a question about dealing with conflicts and leadership styles. There were a lot of changes happening at his work and he had some interpersonal problems. When we talked about them I noticed that I started to feel heavier and heavier. I checked with the client how he felt when talking about the problems. He said that it cost him a lot of energy. When I thought about possible interventions and subjects of discussion, the feeling of heaviness intensified even more. I advised him to take at least a month's rest. This coincided with the holiday period, it was almost summer, and he breathed a sigh of relief. Two months later he had sufficiently recovered to resume the coaching. He did not have a burnout but had been on the edge.

Prior to the intake interview, question lists are used which specifically serve to estimate the degree of burnout. To this end we use the Four-dimensional Complaints List [4DKL], the Beverly Potter burnout question list translated by Carien Karsten, and the Need to restore question list. We furthermore use sub-questions from the Work Experience and Assessment Question List, Van Veldhoven & Meijman, 1994, the Cognitive Functioning question list from the CSR Centrum and the Utrecht General Burnout Scale [UBOS-A].

The results indicate a degree of burnout, which may be qualified during the intake by comparing the answers with standards, following from which a picture is produced for somatisation, stress responses, possible depression or fear-responses, degree of exhaustion, distance to work, the degree of feeling competent and types of complaints. This gives an initial impression of the extent of the burnout and whether there are any interfering psychological complaints such as an anxiety disorder or depression.

Conducting interviews on types of complaints in cognitive, physical, emotional and behavioural areas provides lots of information. Characteristics for burnout are combinations of these characteristics:

- cognitive characteristics: poor concentration, loss of ability to absorb information, experiencing everything as 'too much' making mistakes, reduced memory, defeatism and worry;
- emotional characteristics: all emotions are stronger than the person is used to. They may experience despair, powerlessness or be distraught, sad, anxious and suffer from feelings of quilt:
- physical characteristics: severe fatigue, serious unrest, poor sleep, pain complaints, e.g. back, stomach, head and neck, high blood pressure and hyper-sensitivity to sound;
- behavioural characteristics: nothing gets done, limited professional and social effectiveness, reacting differently than usual.

Take note of how long these complaints last: if three or more of these complaints are present for longer than half a year, there may be a burnout, especially if there is a high level of exhaustion or fatigue. Besides question lists and intake questions which focus on the client's complaints we

# Working energetically

As a coach, we can also use ourselves as an instrument to detect a burnout. This is based on the assumption that in principle, we as humans are the same deep down and it is possible to contact and pass on information to each other 'energetically'. We call this energetic coordination 'resonance' (Stamboliev, 2012). Resonance is a generic, human principle that is found in the language we use. Expressions like 'she's such a warm person' or 'I don't warm to her' indicate our perception of this energy.

Lots of people are sensitive to energy by nature, but may be unaware of this. Teaching people to make conscious use of their sensitivity makes you a better instrument as coach. If you know yourself well enough as coach and avoid countertransference, carefully listening to yourself can provide you with information about your client. This may take place in silence in advance, but also during the course of the session.

People perceive the world in different ways and it is important to get to know your own strengths and to develop your own resonance style.

Our initial major goal for burnout recovery is to restore energy levels and then to 'keep the battery charged'

You may notice, for instance, that you feel physically tired when your client is talking.

examine important preconditions and influential factors on the body's depletion. These may include illness and use of medicine, alcohol and coffee consumption, eating habits, and the person's current condition. You should also ask about screen time (watching TV, using computers and smartphones) as frequent use can trigger the stress system and disrupt sleep. It is also important that blood levels (e.g. iron, thyroid function) are checked by the GP.

Alternatively, you may see an image, a fallen tree for example, or hear tiredness in the client's voice. These kinds of reactions may function as a warning sign, and indicate that the client has a burnout. As coach, you can verify the signs through the practical and structured approach.

### Resonance

In the course of time we have learned to take these signs seriously. There are different forms of resonance, firstly through the body and secondly by invoking subpersonalities.

# Body

The body-oriented approach is related to Gendlin's focusing (1988). Breathing calmly, you direct your attention to your body and wait for a reaction. The reaction may come in the form of a thought, an image, a word... after the reaction has occurred you focus on your body and how it is responding to what you have perceived. You may go back and forth a few times between what you perceive and your reaction to what you perceive, until you have a stable point of reference. You may ask your whole body for a reaction, or you may ask specific parts of your body: what is happening, for example, in your belly, chest or head?

## Subpersonalities

Voice Dialogue is based on the idea that subpersonalities can be approached separately. Each subpersonality has its own will, thoughts and feelings, and its own voice (Stone & Stone, 1989; 1991; 1993). After sufficient training you will be familiar with a few and able to invoke them in yourself intentionally. Your internal controller could, for instance, be able to feel how the controller in the client is doing. Your vulnerable child may feel how the client's vulnerable child is, and your strength may be able to gauge your client's strength levels.

# Restoration

We see that when the coaching starts, clients with burnout are often distraught and emotional unstable due to their exhaustion. They need guidance with coping with their illness on a daily basis and staying home from work. Besides their exhaustion levels, this is the reason that intrapsychological work often doesn't work or that questions about the work

and the client's condition disrupt the process.

Our initial major goal in burnout recovery is to restore energy levels and subsequently to keep the client's batteries charged. To restore energy levels, we start by teaching people about the stress and restore systems and explaining how to recharge and how they become depleted in the first place. Furthermore, we examine whether the client's daily life has enough restore-moments.

To help their stability, we offer clients a number of rules for life, like taking time to relax after using energy, restricting screen-time, winding down as night-time approaches, doing pleasurable things in the daytime of h a short-term duration and allowing lots of restmoments.

To conserve the energy acquired, we teach clients to recognise the signs that indicate that they need to recharge, and to recognise those things that drain more energy than they give.

These signs occur in four stages: 1.

Healthy stage, 2. Risk stage, 3. Chronic stress stage, 4. Exhaustion, or in other words burnout (Van den Burgh & Reijnen, 2007). For each stage, the coach may examine what signs the client has or is aware of having themselves.

These may occur at a physical level, but also at a cognitive, emotional and behavioural level. The coach works experientially by having the client move from one stage to the next and indicating the signs present at each stage. You help the client identify these signs in the course of their day so that they can act accordingly and avoid the exhaustion stage.

Only then do we help the client identify the causes of stress and to cope with the pitfalls and challenges within their scope of action. They need to learn to take the amount of energy in their internal battery into account and identify the societal signs in the background. It is only in this guidance stage that intrapsychological work is introduced. The point of all the above is to discover the art of living: how can your client learn to enjoy life again and to lead life according to their full potential?

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