

An antidote to despair: *Narrative therapy and burnout*

Matt Selman

At the AFT national conference held in London, 2013 with the theme *"Hope and resilience in hard times"*, I was sitting in a lecture hall at Imperial College listening to the presenter discuss the pressures of working as a family therapist and experiences of burnout; around me there was much nodding in agreement. During my time at the conference, my lived experience was far from burnout and the time at the conference was enriching and rewarding. The richness of the experience, which will relate to practice explored later in this writing, was linked with attending Imperial College as an undergraduate to study physics. I stayed in my old halls of residence and, on wandering past the physics department, I reflected on what my 18-year-old self would have said of the path I followed: switching to psychology, learning circus skills, being a professional street performer, doing stand-up comedy, training as clinical psychologist and family therapist – I was sure it would have been positive if maybe a little unexpected. I also enjoyed a sense of amusement that, in the middle of a leading centre of scientific enquiry, I was delivering a workshop on power, based on postmodern ideas using improvisational theatre exercises. There were also many episodes of reconnecting and talking of past adventures as I used the visit to meet with friends from juggling whom I had not seen for years, catch up with my closest friend from Imperial studies and see my double-act partner and his family from days as street performer at Covent Garden – again there had been too much time without contact. I was also studying complexity theory (see Santa Fe Institute, 2020 for a great introduction) which had connected systems ideas with science, so there was a richness in my experience across life and work, as I played with incorporating ideas from improvisation into my therapeutic practice and teaching.

So fast forward a couple of years and work slowly became more and more consuming. Pressures from multiple

areas crept up on me; studying lots, but feeling like I knew nothing and in desperation, looking around at what other career options there might be. I am perhaps stating the obvious, but awareness that stress, which is affecting your mental health, is not helped by being a mental health professional and neither is recognising associated relational difficulties, when being a systemic practitioner. They easily become a figurative stick to beat yourself down further. How can you help others when *"you're a failure"*, *"you can't think"*, *"don't even think about helping them with the state of your own relationships"*, *"you know nothing"* (the reader can add their own, I'm sure). Eventually – probably having waited too long – I took sick leave from work which helped, but did not prevent the later return of stress. During this time off I came across ideas from narrative therapy that resonated, and that later I was drawn to share when I saw this focused issue of *Context* looking for contributions. The book *Narratives of Therapists' Lives* by Michael White (1997) opens with:

I believe that most readers would be familiar with the extent to which experiences of demoralisation, fatigue and exhaustion are commonly expressed in the culture of psychotherapy. Here, I am referring to the experiences not of persons who consult therapists, but of therapists themselves. Many therapists speak openly about their sense of despair, and a considerable number 'dropout,' suffering from what is often called burnout. Yet others all too frequently find themselves struggling with a painful sense of a lack of direction in their work, often feeling that, despite their best efforts, they are only marking time and just managing to keep their head above water while they do (p.v.).

I believe that, 23 years after this was published, readers of *Context* will be familiar with the description set out. In this respect, I consider White's work to continue to be of high contemporary relevance when thinking of problematic

grand narratives from within our professions. Due to his untimely death in 2008, we cannot know what he would have made of the relentless attack on the caring professions through austerity measures, including unprecedented cutbacks in all public sector services since 2010 in the UK. These measures in themselves lead, in my view, to high risk of staff stress, burnout and sickness as we 'do more with less' and absorb work pressure, trying to keep our heads above water and protect our vulnerable clients as best we can. I wonder what comments White might be making about this current state of affairs?

For those seeking more than anecdotal evidence, the British Psychological Society and New Savoy staff wellbeing survey for 2015 found that 46 per cent of psychological professionals reported depression and 49.5 per cent reported feeling they were a failure. Furthermore, one quarter considered they had a long-term, chronic condition and 70 per cent said they were finding their job stressful (Barnett, 2016, cited in British Psychological Society, 2017). Add to this a systematic review of burnout in psychotherapists that found from a pooled sample of 8808 psychotherapists, 52% reported moderate levels of burnout (Simionato & Simpson, 2018). So, while it is easy to feel alone, and certainly a trick my own burnout has played, we are not alone and actually far from the exception.

Narrative thinking on burnout and despair

Michael White acknowledges the role of institutions and service delivery models play in contributing to therapists' burnout and despair. Certainly, I have been witness to institutions where bullying was brushed aside, where in the context of 'efficiency drives' and 'more for less' the pressures on clinicians build with growing caseloads. Colleagues with limits on session numbers mean they know that the support needed cannot be

provided, while for others there is often a culture of push for discharge, based on when an outcome measure drops to a target rather than being based on shared clinical progress. This doesn't require a psychology degree to notice the negative impact. The narrative position holds these influences but adds (and is the focus in the book) on another source of despair, fatigue and burnout for psychotherapists. This comes from how therapeutic practices are generally conceived of, the relational practices that structure the interaction between therapists and the persons who consult them, and the practices of the self of the therapist that structure the therapist's management of their own identity.

In essence, White sets out the application of narrative practices to the profession of psychotherapy for both understanding and as antidote to the despair. I shall not set out narrative therapy approaches, but rather direct those not so familiar with narrative therapy to Alice Morgan's excellent introduction (Morgan, 2000).

White argues that once we enter a professional discipline we undergo a shift in what counts as legitimate knowledge. We encounter highly specialised and formal knowledge that, in the case of psychotherapy, provides a way of understanding and analysing people's lives and the ways to bring about change. These formalised systems often hold the objective truth of this universal knowledge, and in the process local or lay knowledge is dismissed. (I'm conscious writing here for *Context* where the postmodern constructionist turn in systemic theory has concepts of 'non-expert' and 'not knowing' stances, but for many the work contexts such as NHS or private insurance based work hold a pathology-driven medical diagnostic approach and wider expertise and 'truth' that exists in the wider system). I am sure many NHS based readers will relate to struggles around the 'right' service for 'high functioning' people with a diagnosis of autistic spectrum condition experiencing mental distress as they are bounced between services – for not having a diagnosable mental health issue but not suitable for learning disability due to the level of IQ and adaptive functioning – and associated expertise, politics and agendas that are so far from the needs of the person.



Performing in Covent Garden (circa 1994): Jim Woodcock (left) and Matt Selman (right). Photo © Lucy Browne.

An accompanying shift as we enter the culture of a professional discipline is what makes up the relationships that are seen as significant and that are privileged concerning our work practices. These significant relationships are set out as the membership of one's life. A metaphor White uses in consulting is the 'club of our lives' where memberships may be added to, suspended, have special privileges etc, determined by us (although it can feel for people like their control has been limited). With a shift to a culture of psychotherapy, there is a shift as to what counts as the significant membership of our lives within areas of professional conduct. Here the membership of a person's life will consist of others who have succeeded in meeting the eligibility requirements of these disciplines through universities, professional associations, clubs, committees, boards and so on. White notes how we can easily fall into – under dominant more knowledgeable colleagues – a sense of 'never knowing enough'. For the latter, I can glance over at my bookshelf full of systemic books, many of which are only partially read (and some not at all!) with a sense of 'I should!' and realisation what the untold story is, I hope the knowledge will slip in through osmosis.

The outcome of all these shifts is that therapists can come to hold 'thin'

descriptions of their work and their lives – understandings that lack the depth of possibilities beyond the constraints of what the professional discipline allows as a self-story. An important note is that the recognition that certain 'local knowledges' are often dismissed or disregarded, and in bringing these forward, is not to raise them to be more important or valued than the professions (there are of course many 'local knowledges' that could be raised as dangerous or excluding in their own right).

The narrative practices used to counter these thin descriptions are illustrated through transcripts of White working with therapists. Here he uses 're-membering' practices where psychotherapists are able to reclaim and privilege the significant historical and local associations of their lives and explore the possibilities of the incorporation of other people into their lives and their work through their revision of the 'club of their life'. He will follow this with the use a definitional ceremony such as outsider-witness practice, where significant others bear witness to the preferred narrative. There is also the practice of inviting people to become supporters through membership of the 'club of one's life'.

Connecting with the ideas of thick stories of practice, White describes his

experiences of storytelling to his little sister and explores, when looking at his clinical practice, that – while the influences of textbook are present – and joy in meeting with caregivers and children and his practices may have been helped, they are not found in here and would not be found in child development theory. He offers, too, the richness of experience from each meeting with a child and caregiver.

I relate here to the idea of richness of practice where, as described during the opening to this piece, my sense of self has multiple stories and work was one where local knowledge and practice was brought in to complement my training. In practice, engaging with children and adults has similarly been influenced and draws upon times of running circus workshops, play, juggling, improvising and other practices of theatre and drama. What I reflect on is how as burnout ‘snuck’ its way in, and the narrow sphere of work for me became more and more a focus, creativity, humour and wider experience for other important areas of my life became suppressed. Exhaustion meant engagement in wider activities diminished and a thin work-focused view of my ‘self’ dominated in which I was lacking and had doubts of needing to do it “better” or “properly”.

Practices and antidotes

Practically there is the challenge for those readers who may find burnout, despair or similar problems entering their lives. Certainly, reading about the influence of the thin stories emerging from professional disciplines can bring a self-reflective position that may invite re-engagement with practices that may be helpful. But alongside knowing this, I still went on to experience further episodes of work burnout and depression. But accessing therapeutic consultations can be hampered by access and/or financial constraints we may face.

Following a recent episode, I offer a question: is a narrative (or systemic) self-help a possibility or an oxymoron? In relationally-based approaches the idea of someone acting alone to change

might be seen as placing the problem in themselves! However, there are also the opportunities to actively engage with externalising difficulties, develop preferred narratives, and initiate actions of re-membering the ‘club of one’s life’. In this latter sense, Denborough (2014) offers a practice-oriented approach (the introduction offers relational ideas of doing exercises jointly or sharing through forums as well as individually). In working through this myself, even the opening chapter made a difference as it introduces the ‘tree of life’ exercise; one I have used in contexts of adult learning-disability services and also in children and young people’s early help services. Returning to this as a means of remembering and connecting with values was really helpful. I highly recommend the book as both practical and an easy read and would suggest there’s a benefit, even for those who are not so impacted by the effects of burnout in their lives, through connecting to richer relational connections.

Reflections

The current work ethos in the caring professions and the public sector, together with the risk of developing a ‘thin’ profession-based sense of self, can often lead to problems of stress and burnout gaining a hold on practitioners. For me, this invites us to make changes in our practices ... remembering that you are never the problem; the problem is the problem. After my most recent episode, the benefits of engaging with narrative practices and claiming back my life through connecting again with others, has been important. Personally, a change for me has been sharing how burnout and depression has taken hold at times in my life; this as a stand against the self-isolating and self-shaming that these experiences often bring for a practicing clinician. I have also engaged in narrative-focused sessions to further thicken and develop a preferred narrative around work and life.

I hope that for you, the reader, this acts as a reminder of how work practices can invite stress and in turn, lead us to feeling

incapable and alone; and to state that you are not alone and to invite you to connect with members of your club, add new memberships or take a stand knowing, if not directly, many will have experienced their own version of this through oppressive work practices both from within our professions and increasingly outside, through cost cutting attacks on our profession, and consequently increasingly strained working cultures.

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Matt Selman is a senior lecturer in children and young people’s mental health and wellbeing at Northumbria University. During the Covid-19, he discovered the joy of Zoom-based clowning classes and ate far too many peanut M & Ms.
Email: m.a.selman@northumbria.ac.uk