Psychologists are being challenged by burnout. This article aims to normalize the secondary traumatization and collective and individual burnout that so many of us are trying to mitigate. Trauma, unconscious dynamics, and burnout may be unavoidable as we live in the disruption and disorientation of political, social, and pandemic upheaval. We can, however, find ways to acknowledge them, begin to understand, and move through them with some measure of hope and resilience.

In January and February 2022, we asked seven psychologists and students what was most difficult for them professionally about the last two years. Three are in private practice, three at clinics and one at a university.

They were of different ages, ethnicities, abilities, genders and sexual orientations.

- “The loss of boundary that my parallel process with patients invited into each therapy session yielding shifts in intimacy and transference work.”
- “No colleagues to grab during a break and run something by or just share a knowing smile.”
- “Knowing when to turn people away. It was flattering to feel full, help others, and increase revenue, but at a certain point I couldn’t take on anymore! My body knew; my mind knew.”
- “Colleagues encouraging each other to vacate sublets while leaseholders were being significantly financially impacted.”
- “Shepherding clients with pre-existing medical issues through deep confusion and immense fear, through a computer screen.”
- “The surprising increase in workload and the inability to turn to the self-care activities that dissipated due to the pandemic that used to help keep me calm and balanced.”
- “Even though one part of me is honored when my services are requested, I’m still paying. The professional me craves limitlessness while the human me has to choose projects and clients that will benefit us the most in the end. Not easy!”
- “Feeling perplexed by thinking I would have all this additional time and energy without a commute and wondering where that “extra” time and energy went.”
- “Not having control over my exploding caseload due to my work setting.”

Secondary trauma can occur when helping others with the same traumas that we, ourselves, are attempting to survive. The last few years have been an unrelenting experience of trauma for most of us, and for some identity groups the collective and individual trauma has been decades long. Unaddressed transference, untreated trauma, and unassuaged compassion fatigue will yield a much more severe state, experienced as burnout. Burnout can lead us to functioning ineffectively, or even detrimentally for our clients and students, as well as ourselves. “Burnout is considered to be a syndrome involving three dimensions, mutually influenced by contextual and individual variables: emotional exhaustion, depersonalization, and lack of personal accomplishment” (Maslach & Goldberg, 1998).

Ortiz-Fune, Kanter & Arias (2020) interviewed 269 mental health professionals, 84% psychologists, working in a Span-
ish Public Health System. They note that many professionals utilize experiential avoidance to cope. They suggest that an experiential avoidance response in the context of continuous contact with human suffering may backfire, increasing emotional exhaustion. Avoidance may manifest as a depersonalization of interpersonal interactions resulting in an overall decrease in experiences of personal accomplishment.

A further dynamic that seems prescient to our collective burnout is the loss of the familiar. Revelatory to our experience of unrecognizable shifts and changes in our society and loss of the familiar is the concept of liminal space. Blanchfield (2021) notes “the word ‘liminal’ comes from the Latin word ‘limen,’ which means threshold...To be in a liminal space means to be on the precipice of something new but not quite there yet. Being in a liminal space can be incredibly uncomfortable for most people. Brains crave homeostasis and predictability, and liminal space is everything but.” (p.1). The loss of predictability has been universal the last several years, making our work confusing at best, overwhelming and burning us out at worst.

To alleviate burnout, we must highlight and engage resilience. Robertson et al. (2016) meta-analysis of 13 studies on resilience finds agreement on a common definition as a positive adaptation to adversity. They described health professional resilience as “multifaceted, combining personal traits alongside personal, social, and workplace features.” Additionally, they noted that social resources, physical activity, and outside interests had positive influences on resilience.

We return to our interviewees with the question of what they did to help mitigate the challenges they were describing:

- “Local hiking, parks, beach, photography, deepened intimacy with spouse, social media community engagement. Remote conference attendance.”
- “Colleague support individually; my consult group; professional care-giver support group; anti-racism committee work. Walks with family, friends. Praying for those with COVID and those treating them.”
- “Starting a waitlist. Being intentional about saying no to additional clients. Re-tooled my schedule to allow for family time and dinners together.”
- “Staying connected with a community of psychologists.”
- “I combined friends and family time with being present in the outdoors, and we indulged in more activities that fed our minds and bodies.”

The mission of CARE (Colleague Awareness Resources and Education) is to support the wellness and resilience of California’s diverse professional psychology community.
Franjić et al. (2021) found that resilience is positively related to the quality of life and self-esteem in healthcare workers of a COVID-19 hospital. They further found a statistically significant higher resilience in healthcare workers who felt adequately prepared for work. Similarly, Lee et al. (2014) noted that the mediation of the association between traumatic stress and PTSD symptoms via perceived stress was moderated by individual resilience.

Ortiz-Fune et al. (2020) suggest that individual proficiencies like psychological flexibility, capacity for awareness of self and others, talking about one’s vulnerable feelings and asking for what one needs, while providing safety, validation, and what others have asked may be important for maintaining a sense of personal accomplishment and mitigating burnout when working in environments characterized by high levels of contact with human suffering. Further, Lee (2019) suggests that perceptions of social support can operate as a resilience factor in buffering the effects of trauma on PTSD symptoms.

This supports the authors’ belief that methods to minimize and mitigate burnout and compassion fatigue include both personal and communal care. We need to attend to our individual mental and physical wellness in whatever form our culture, personality and individual circumstances benefit or require. We must also attend to communal well-being by supporting fellow psychologists, students, and human beings in community, honoring that each person’s experiences and coping mechanisms may differ greatly from one another. We must be mindful of our implicit biases and minimize and ameliorate microaggressions in communicating while attending to our transference and countertransference activations. We have to better prepare our students to navigate the stressors of our profession. Finally, honoring the special difficulty that our current atmosphere of cultural change and devastating communal loss the dual the pandemics have wrought is essential.

To this end, the authors offer hope within the frame of liminal space. Feldman and Cornis (2022) identify hope as a perception of what is possible “even in the face of staggering resistance.” Feldman and Kravetz (2014) note that “grounded hope,” hope that is established in reality, allows a “forward looking spirit,” even while acknowledging the difficult and traumatic. In naming the upheaval we can begin to acknowledge the loss of the familiar, our norms, even those we are glad to see changed. Even in the celebration of the new, grief can coexist. Seeing through a lens of grounded hope, liminal space, embraced as the transitional space between the loss of the familiar and the discovery of the new can offer a way of
making meaning that brings understanding and purpose.

We find ourselves in a marked transitional space throughout the COVID-19 pandemic and accompanying political and social upheaval. We all remain in liminal space between what our lives were like before and what they are becoming. Depending on our perspective and how we hold it, this transitional space can be a major stressor, an opening to a different, more hopeful future, or some combination of both. Through this huge arc of transition, we can entertain a concept of journey, even adventure.

We can make space for ourselves and our colleagues, to grieve and heal. We can then choose to look up, expand our lens with hope while keeping our feet firmly planted in our painful, at times overwhelming reality. We can, with courage and humility, honor both the amazing gifts that our profession offers and the inevitable stressors that accompany both our work and our lived experience as compassionate humans. We can ask ourselves and our colleagues, “how can I best support you?” We can invite new experiences, perspectives, and ways of making meaning. We can ease, even alleviate our burnout by integrating resilience, hope, and awareness with self and communal care while moving through the liminal, individually and communally.

More information about CARE and complete references for this article can be found at www.cpapsych.org – select The California Psychologist from the Professional Resources menu.

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Dr. Mark Kamena is a co-founder, volunteer lead clinician and the director of research for the first responder support network, residential treatment programs for first responders.

Dr. Casey O. Stewart is a police, forensic, and organizational consulting psychologist. He received the 2009 APA research award for his study on the validity of the CPI in predicting police applicant suitability.

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