Pseudoscience and Hypermedicalization

Pseudoscience and Hypermedicalization:

An Argument Against Burnout

By

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To my grandchildren

Matias, Julio, Clara, Diana and Clarice

If I were to suggest that between the Earth and Mars there is a china teapot revolving about the sun in an elliptical orbit, nobody would be able to disprove my assertion provided I were careful to add that the teapot is too small to be revealed even by our most powerful telescopes. But if I were to go on to say that, since my assertion cannot be disproved, it is intolerable presumption on the part of human reason to doubt it, I should rightly be thought to be talking nonsense. If, however, the existence of such a teapot were affirmed in ancient books, taught as the sacred truth every Sunday, and instilled into the minds of children at school, hesitation to believe in its existence would become a mark of eccentricity and entitle the doubter to the attentions of the psychiatrist in an enlightened age or of the Inquisitor in an earlier time. It is customary to suppose that, if a belief is widespread, there must be something reasonable about it. I do not think this view can be held by anyone who has studied history. (Russell, B. 1952, 547–8)

—Bertrand Russell and his “heavenly china teapot”

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FOREWORD

Estevam Vaz de Lima invites us to reflect on a highly relevant topic today: "Burnout: the disease that does not exist". The title, already provocative in itself, succinctly epitomizes the very crux of the issue that the book addresses: questioning the existence of one of the various 'manufactured' diseases currently available on the market.

To get an idea of the importance of this type of questioning, the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association covered 106 mental illnesses or disorders in its first version in 1952. The third version, released in 1980, covered 265 disorders, and the fifth version of 2013 covered no less than 355 mental disorders! Much has been debated about what happened to this classification system for mental disorders. Although new diseases may have been described as a result of the development of science, many people are questioning what seems to be a manual with the addition of many 'invented' diseases.

Allen Frances of Duke University, one of the contributors to earlier versions of this manual, writes in his text "Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life":

> The array of options for psychiatric diagnosis and treatment has proliferated along with all the other excessive consumer choices that characterize modern life. (Frances, 2014, p. 228)
>
> You should give the same care to starting a treatment as you would to buying a car or a house or selecting your friends or a spouse. (ibid, p. 228).

And emphatically stresses:

> The DSM-5 fiasco has had one positive impact–alerting the press and public to the importance of getting psychiatric diagnosis right and the dangers of getting it wrong. (ibid, p. 226)

Although what is called burnout has not been included in the latest version of the DSM or the ICD/WHO, at least not as a diagnostic entity, Estevam's text illustrates the mechanisms involved in creating these non-existent diseases and some of the risks arising from such inventions.

Through 14 topics covering different aspects of this trajectory, we are led to conclude that burnout has several elements of a manufactured disease.

Starting from the founding article on the notion of burnout (Freudenberger, 1974), Estevam highlights the informality of the theme and the absence of concerns with systematization, describing it sometimes as a concept, sometimes as a feeling, and finally as an occupational risk. It confuses the individual's subjective experiences (symptoms) with objectively observable phenomena (signs).

To further complicate the issue, burnout scholars started to base the diagnosis on using a specific questionnaire, the MBI. The questions of the latter refer to three dimensions of the phenomenon: emotional exhaustion, depersonalization, and professional accomplishment. It turns out that the criterion for grouping the questions was statistical. That is, they were grouped according to the frequency with which such questions appear related. However, the essential thing was missing: the criterion of comparison. What is the gold standard of reference that validates these groups of questions that make up the questionnaire? Ultimately, what is the questionnaire measuring? Thus, the diagnosis of burnout is based on responses to a questionnaire whose validity has never been established.

Shamefully, this questionnaire, used in almost all surveys, is not in the public domain but is copyrighted and can only be used provided it is paid for. How can establishing a diagnosis be related to making a profit? Consider that scientific knowledge, a heritage of humanity, is instead the prerogative of a paid diagnostic tool not available to an open scientific discussion. In that case, burnout becomes nothing more than a manufactured disease with the probable intention of becoming a profitable business. Furthermore, the burnout phenomenon is intertwined with several mental disorders. This result is because it is based on questions that use distorted concepts from Psychopathology. They misinterpret some basic concepts on which the science that systematized the investigation of psychic phenomena is based. This psychiatric phenomenology provides us with the semiological elements for the proper diagnosis of a mental disorder. Some authors on burnout recognize that there are no specific symptoms since it covers more than 130 different symptoms (Schaufeli & Enzmann, 1998). Faced with such nonspecific symptoms, it is inevitable that burnout is confused with more than two dozen psychiatric diagnoses.

A tautological problem also arises when we verify that the diagnosis of burnout is based on responses to a questionnaire developed inductively by

factor analysis of a set of arbitrarily grouped questions. The question can even be asked - if the original questions were different, could this statistical procedure have originated another questionnaire, different from this one, which would also pertain to the same diagnosis of burnout!? Questionnaires are instruments that supposedly can assess the existence of a particular construct (a pattern of behavior, a type of personality, or a specific clinical condition). To be considered adequate, these questionnaires will have to undergo studies to verify their validity, with different types of validation studies for an instrument.

Predictive validity is the degree to which a measure can predict an outcome successfully. For example, the validity of classifying men into type A or B behavior patterns depends on how well this classification predicts the onset of coronary heart disease (Shekelle et al., 1985). Criterion validity (or convergent) is the degree to which a given measure can approximate other standardized measures of that same construct. Thus, an individual's responses regarding stress will be valid if there is an agreement with their family members' responses, with a psychiatric diagnosis, or with the measurement of catecholamines in the urine.

Face (or content) validity refers to a subjective judgment of whether that questionnaire makes sense and appears to be a reasonable approach to the examined issue. For example, quality of life measures are essential in several studies but involve a high degree of subjectivity. Consequently, their validity will depend on common sense and how much they represent constructs widely acceptable to most researchers (Hulley & Cummings, 1988).

Although questionnaires to measure burnout have not shown a predictive capacity, nor can they be compared with another reference standard (where a psychiatric diagnosis of burnout, if any, would be the gold standard), they could still be of some use if they have proven to have reasonable face validity. Unfortunately, this is not the case since there is no common sense that recognizes its validity, in addition to not measuring acceptable constructs by most professionals in the mental health field, as Estevam has made evident in this text.

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PART I

INTRODUCTION

> *Burnout is a metaphor disguised as a diagnosis. It suffers from two confusions: the particular with the general, and the clinical with the vernacular. Jill Lepore* (Lepore, 2021)

First

First, it is necessary to clarify that this text does not question that individuals can become ill under specific working conditions. As a psychiatrist, I deal every day with the growing problem of work-related mental disorders (WRMDs) and with people who succumb to aggression, excess, neglect, disqualification, indifference, coldness, rudeness of all kinds and degrees, resulting in various forms of mental disorders and their respective diagnoses.

Therefore, the suffering of people who received this "diagnosis" is not being questioned when analysing burnout. The problems are different, and there are many of them.

New disease?

Burnout has been described, in general terms, as a result of intense dedication to a given project, frustration in achieving the proposed goals, and a consequent state of exhaustion that befalls the individual. According to the creator of the notion,

> A Burn-Out 'is someone in a state of fatigue or frustration brought about by devotion to a cause, way of life, or a relationship that failed to produce the expected reward' (Freudenberger & Richelson, 1980, p. 13)

I was first introduced to the notion many years ago when it was brought to my attention by a patient, a partner of an events company in the area of business and legislation, a CD where "burnout" was one of the symposium themes that she had organized. I remember that some doubts occurred to me at the time–some symptoms affected my specialty, and it was a condition, in short, that I had never heard of, suggesting a topic of Organizational Psychology with nothing to do with Medicine.

Later, however, I began to hear more and more about "burnout" as an illness or syndrome arising from certain individual characteristics in their interaction with work. There is currently no course, seminar, or lecture on work-related mental disorders (WRMDs) in which burnout does not appear in profusion as a disease, in addition to thousands of researches, papers, books, blogs, and publications in the lay press.

In the literature, we find alarming statements, such as:

> In a study by a team belonging to the WHO, burnout was considered as one of the main diseases of Europeans and Americans, along with diabetes and cardiovascular diseases. (Trigo, 2007, p. 5).

Herbert Freudenberger was the great initial promoter of the notion of burnout, which became naturalized in the language of laypeople and professionals. Later, Christina Maslach developed the MBI–Maslach Burnout Inventory–a questionnaire used in more than ninety percent of current research and based on statistical tools. Burnout came to be considered a disease and gained a status rooted in many people's ideas, to the point that its questioning caused surprise, as if it were something obvious and indisputable.

However, clashing with the path of obviousness, it is a surprisingly unsustainable notion as a clinical entity. Dozens of arguments show the inconsistency of this notion as a disease, illness, sickness, pathology, or syndrome, according to the terminology used by the authors in the field. If burnout is a disease, it is necessary to have a set of signs and symptoms that make it possible to establish a diagnosis clearly and safely and to make differential diagnoses with other diseases or syndromes. It's impossible in the case of burnout. That's what we'll be discussing in this book.

State of confusion

One of the difficulties I encountered in preparing this critical study was to organize the large number of weaknesses, inconsistencies, contradictions and even absurdities involving the alleged illness, in such a way that the best analogy I can think of is with a big of tangled mess, full of knots: you see the all tangle, but it is not possible to realize how the knots are intertwined. Some problems lead to more problems, highlighting the ***state of confusion*** we face in a comprehensive investigation. Paradoxically, it is this condition that perpetuates burnout as a befuddling notion. This opinion is shared by other authors, such as Heinemann & Heinemann:

> …current burnout research uncritically reproduces the blurry idea of burnout again and again, and in doing so, just reinforces it. (Heinemann & Heinemann, 2017, p. 9)

Thus, the "epistemological status" or "scientific condition" of burnout is that ***state of confusion*** to which I refer. It makes it difficult, if not impossible, to deal with all the problems involved. This book is an attempt to address some of them.

Finally...

The text I present is a critical analysis and the product of several years of research and reflections. I try to use clear and accessible language, but without failing to support my arguments in consolidated concepts and available bibliography, when the terminology may become a little more specialized. For example, I use some concepts from Medicine and Psychiatry that I try to clarify in auxiliary notes to facilitate reading for those unfamiliar with the issue of mental disorders and with matters on this field. Finally, I ask professionals in the field to critically read the arguments I present and scrutinize them from their take on burnout.

CHAPTER 1

SO… HE GOT BURNED OUT, RIGHT?!?

The brief and picturesque story I report ended up seeming like a lucky break to start talking about burnout, as it provided curious bridges between an informal conversation between two people today and three statements - one of them published 30 years earlier by Herbert Freudenberger, another, an almost identical sentence published about 9 years later by Schaufeli, and, still, the conclusion of an article by the psychiatrist Richard Friedman, published in 2019 in The New York Times

So I was on a flight, reviewing some notes about burnout, when I ended up chatting with two guys in the seats next to mine. After exchanging some pleasantries, one of them, catching sight of my notes, asked me what my profession was. I replied that I was a psychiatrist, to which he added:

- Oh, that's cool!... And do you study burnout?

- Yes, I do...

- So, what about burnout?

- It doesn't exist...

And he, obviously very surprised:

- What?? It doesn't exist?!?!

- Yes... as a disease, as a clinical entity, it is unsubstantiated, it doesn't exist...

A bit incredulous, he decided to give an example:

- But looka here... We have a friend who is very shy, very quiet and withdrawn... He went to a party once, took some drugs and freaked out... He began to hear voices and to think that he was being chased... He had to go to the psychiatrist and then had to take medicine... His life turned into a mess, he had to stop working for three months. So... he got burned out,

right??

- No, he didn't, I answered.

- Well, what happened then???

- It seems that what "happened" was a drug-induced acute psychosis..., I said, in a playful tone.

As the chat continued, I commented that, in my opinion, the term can be used that way, informally, but that there is no a *clinical entity* that can be called burnout and so the trip continued...

Exactly thirty years earlier, Freudenberger, considered the one who started to use the notion in the 1960s, said the following:

> The rapidity with which the term and the concept of burnout have been incorporated into the daily argot of our society is astonishing. During the last five to eight years, burnout has become a buzz word used to convey a great number of personal and social problems. (Freudenberger, 1989, p.1)

and also in the same paper:

> We need to be careful that we do not place so many concepts under burnout that it becomes meaningless. (ibid, p.3)

Nine years later, Schaufeli, the main theorist of burnout, makes considerations ending with a sentence almost identical to Freudenberger's:

> Myriad possible burnout symptoms and definitions exist. […] the concept can easily be expanded to mean anything, so that there is the danger that in the end it does not mean anything at all. (Schaufeli, W.B. & Enzmann, D., 1998 p. 19).

After another 21 years, the psychiatrist Richard Friedman publishes in the "Opinion" section of the New York Times:

> If almost everyone suffers from burnout, then no one does, and the concept loses all credibility. (Friedman, 2019)

PART II

CHAPTER 2

HOW IT ALL STARTED... (A LITTLE OF HISTORY)

Freudenberger

"Burnout" was a slang used in the 1960s by heavy drug users to refer to the extreme state that some reached. It then started to be used spontaneously in American free clinics by the volunteers, themselves, to refer to the experience of some of them, who succumbed to the working conditions and demands of the clientele. The free clinics were places that provided assistance to drug users, marginalized and underprivileged people that had, in addition to drug problems, venereal diseases, abscesses and general medical problems, as reported by Freudenberger in the paper "Free Clinic: what they are and how do you start one". (Freudenberger, 1971).

Freudenberger came from a Jewish family in Frankfurt. He had an idyllic childhood in the countryside until the rise of Nazism, when, at age 12, his world collapsed, and he went through dramatic experiences, involving fear, risk of life, running away and living with strangers. He emigrated to the US, eventually graduating from NYU with a psychology degree. Then, he dedicated himself to training as a psychoanalyst and was analyzed by Theodor Reik. He played a very important role in the development of the free clinic movement and his work and dedication were recognized through several awards he received throughout his life. (Freudenberger, 1993) Freudenberger, himself, seemed to recognize that the suffering experienced in childhood became a galvanizing inspiration for his humanitarian concerns:

> I wanted to do something to help them; perhaps because I had been a child in Nazi Germany and had survived only by a miracle and a support network that included many strangers. (Freudenberger & Richelson, 1980, p. XVIII)

Schaufeli, Leiter, and Maslach, three of the most important authors in the field, report the initial period of burnout in "Burnout: 35 years of research

and practice" this way:

> The success of the burnout metaphor reflects the concept's origins in general discourse. People used the term to describe an experience before scientific psychology identified it as a phenomenon worthy of study. Freudenberger (1974) borrowed the term from the illicit drug scene where it colloquially referred to the devastating effect of chronic drug abuse. He used the term to describe the gradual emotional depletion, loss of motivation, and reduced commitment among volunteers of the St Mark's Free Clinic in New York's East Village that he observed as a consulting psychiatrist. Such free clinics for drug addicts and homeless people had grown out of the counter-movement against the establishment. Not unimportantly, Freudenberger himself fell victim to burnout twice, which increased his credibility in spreading the message of burnout. His writings on the subject were strongly autobiographical and his impact is illustrated by the fact that in 1999, he received The Gold Medal Award for Life Achievement in the Practice of Psychology at the APA[1] Convention in Boston. (Schaufeli, Leiter & Maslach, 2009, p. 205).[2]

Freudenberger did not attribute himself to having started to use the term, but rather to a spontaneous creation of his working group and thus wrote in the first lines of what would come to be considered the founding paper on burnout:

> Some years ago, a few of us who had been working intensively in the free clinic movement began to talk of a concept which we referred to as "burnout". (Freudenberger, 1974).

From the beginning, "burnout" had a strong appeal as a lay term and popular notion. Schaufeli and Enzmann comment on this aspect:

> Typically, the first publications on burnout were anecdotal and appeared in journals, magazines, and periodicals, not only for professionals such as teachers, social workers, nurses, physicians, and managers, but also for pharmacists, fire-fighters and librarians. Stimulated by these publications, public interest grew enormously and burnout became a hot topic. In further

[1] APA–American Psychological Association

[2] Maslach & Schaufeli and Schaufeli & Enzmann reiterate, in addition to the above quote, that Freudenberger was a psychiatrist: "As a psychiatrist, Freudenberger was employed by an alternative health care agency." (Maslach & Schaufeli, 1993, p. 2); "However, the American psychiatrist Herbert Freudenberger is generally considered the creator of the burnout syndrome." (Schaufeli & Enzmann, 1998, p.2). Freudenberger was not a psychiatrist, but attributing this condition to him could suggest that burnout has its bases within the field of knowledge of Medicine and Psychopathology, which is far from being true.

> popularizing the subject, the mass media played a crucial, albeit debatable, role. That is, burnout ended up as the buzzword or catchphrase of the late 70s and early 80s. (Schaufeli & Enzmann, 1998, p.6)

When addressing the future of the notion at the end of their book, in a chapter entitled “Quo Vadis?”, the same authors predict:

> Burnout has a strong public appeal and this is likely to remain the case in the years to come. (Schaufeli & Enzmann, 1998, p.185)

In the beginning, burnout was attributed to two or three professions that involved care activities and direct contact with people. However, Freudenberger had already associated it with countless situations and circumstances, some of which were unusual, as we will see throughout the book. The range of use expanded to include other care professions and later to professions that involved contact with people, but were not care related, then to professions where contact and dealing with people were minimal and, finally, to general conditions of life unrelated to work.

CHAPTER 3

FREUDENBERGER'S BURNOUT
THE 1974 PAPER

Considered the founding paper of the notion of burnout, and given its importance, "Staff Burn-Out" deserves a closer look.

Freudenberger's texts are informal, with no concerns with systematization or Medical Semiology.[3] Some aspects could be considered mere details; others, not so much. In this paper, Freudenberger initially refers to burnout as a "concept":

> …they began to talk about a concept they referred to as burnout… (Freudenberger, 1974, p. 159)

then as a feeling:

> Having experienced this feeling state of burn-out myself… (ibid)

and at the end of the paragraph as "occupational risk":

> …this serious occupational hazard. (ibid).

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[3] The concept of Medical Semiology is important in this discussion and will appear sometimes in the text. It is a discipline related to the study of the signs and symptoms of an illness. Symptoms are the patient's subjective complaints and signs are the objective elements that the physician can observe. If someone complains, for example, of a sore throat (symptom), the professional will examine this region. If he only sees redness (sign), will direct his clinical reasoning in a certain direction. If he notices the presence of yellow dots at the back of the throat (sign), he will think in another hypothesis, etc. The set of signs and symptoms will allow the doctor to make a clinical reasoning and reach a diagnostic hypothesis of a disease. This procedure takes place within the field that we call Medical Semiology and its realization is literally impossible in the case of burnout, as we will see. In Psychiatry, clinical reasoning is based on the patient's complaints (symptoms) and on the examination of a set of about 12 psychic functions (signs), which are composed in a complex way in different mental disorders.

Thus, in a few lines, burnout is sometimes mentioned as a concept, sometimes as a feeling, sometimes as an occupational risk. It is not possible to consider burnout a disease and occupational risk at the same time, as they are mutually excludent. Occupational risk refers to a potential harm to the worker's health and not the harm itself. There is also an evident confusion between the subjective experiences of burned out individuals (symptoms) and objectively observable phenomena (signs).

Next, Freudenberger seems to be referring to a disease, apparently adding epidemiological information at the end:

> The Burn-Out manifests itself in many different symptomatic ways which vary in symptom and degree from person to person. It usually occurs about one year after someone has begun working in an institution, because it is just about at that point that a number of factors begin to come into play. (ibid p. 160)

In the following sentence, he attributes the emergence of burnout to an external precipitating factor - the loss of the leader's charisma:

> One of the chief preludes to Burn-Out seems to be the loss of charisma of the leader, and the let-down of the clinic with this disappointment. This writer believes that we too often expect, because it was one person or a few people who started the clinic, that they are almost super-people. As they begin to disappoint us, we bad rap them and the result, unless it is stopped is a psychic damage to the whole clinic. (ibid p.160)

Can the loss of charisma of a leader be considered an etiological factor for burnout? As we will see later, Freudenberger glimpses a considerable multiplicity of etiological factors for this supposed disease, which range from psychodynamic aspects, objective life circumstances, to the conditions of American society at the time.

The paper as a whole evolves with the free use of specialized terminology, with comments, observations and perceptions by the author, leaving the reader with the impression that it is more a free description than the proposition of a concept or an effort to systematize knowledge about a new disease that is believed to have discovered.

Despite the informality and liberality with which it was written, it must be considered that it was just the beginning of the effort to characterize a possible disease. We will see how this effort had developed over time with the emergence of other authors.

CHAPTER 4

BURNOUT, A DISEASE ONLY FOR EXTRAORDINARY PEOPLE

In the book published in 1980 (Freudenberger & Richelson, 1980), the burnout approach is made through case reports; interspersed with comments and impressions, with sociological, psychological, cultural, economic biases, advices, suggestions, personal values and autobiographical aspects all giving a glimpse of what is usually called a "philosophy of life". The text is important because we can understand the profile of individuals who develop burnout, according to the author. Freudenberger's "burned outs" are considered extraordinary people.

Adjectives and attributes such as *charismatic, dynamic, determined, idealistic, perfectionist, impatient, shrewd, dedicated, committed, prone to high aspirations, with leadership talents, powerful, intensely focused and invincible, performers of superhuman tasks* appear countless times throughout the texts. There seems to be strong cultural influence here.

"Charisma" and *"super-people"* appear right at the beginning of the 1974 article. (Freudenberger, 1974, p.160) In this case, he refers to the group's leader and leaves a doubt as to whether it would be an autobiographical reference to the burnout he experienced. However, throughout the published texts there are numerous passages about the extraordinary characteristics of burnout candidates, as in his 1980 book. Let's see:

> Not every personality is susceptible to Burn-Out. It would be virtually impossible for the underachiever to get into that state. Or the happy-go-lucky individual with fairly modest aspirations. Burn-Out is pretty much limited to dynamic, charismatic, goal-oriented men and women or to determined idealists who want their marriage to be the best, their work records to be outstanding, their children to shine, their community to be better. (Freudenberger & Richelson, 1980, p.20)

In "False Cures II", the chapter begins as follows:

> This is a good place to stop for a moment to remind ourselves of our composite portrait of a Burn-Out candidate. We said that he is charismatic, energetic, impatient, and given to high standards, throwing himself into whatever he does with all his might, expecting it to provide rewards commensurate with the effort spent. We also said that the times we live in conspire against those among us who have high expectations. (Freudenberger & Richelson, 1980, p.103)

And yet:

> The Burn-Out personality thrives with intensity. Often, his life is set up so that he lurches from crisis to crisis, because he functions best under pressure. As the new crisis arises, it girds for action. His adrenaline starts to flow; his senses come to life. He feels alert, powerful, acutely tuned and unconquerable. Usually, his feelings haven't deceived him. Under crisis conditions, he can work incredible hours and accomplish superhuman tasks. (Freudenberger & Richelson, 1980, p.104)

Freudenberger also attributes the same extraordinary characteristics to young delinquents he met. Due to exceptional qualities, they soon became gang leaders and developed burnout as a result of this fate:

> Some of the youngsters I treated had all the ingredients of our Burn-Out types. They were charismatic, with the quality of leadership characteristics, who quickly placed them at the heads of gangs, but which, in different circumstances could just easily have catapulted them into the political spotlight. They were energetic, they had goals. Unfortunately, the routes available to them were one-way streets to Burn-Out, and they embarked on their journeys so early, it was generally impossible to rechannel them. (Freudenberger & Richelson, 1980, p.196)

CHAPTER 5

ETIOLOGICAL MULTIPLICITY

Freudenberger also sees a considerable multiplicity of etiological factors for burnout.

The very concept he proposes encompasses many facets that the phenomenon could acquire:

> A Burn-Out is 'someone in a state of fatigue or frustration brought about by devotion to a cause, way of life or a relationship that failed to produce the expected reward.' (Freudenberger & Richelson, 1980, p. 13)

Freudenberger regarded burnout as being manifested under numerous conditions or associated with psychological aspects of "burned out" individuals. He understands the development of burnout as sometimes being due to psychodynamic factors, sometimes external factors, making no distinction between the phenomenon and interpretation of the phenomenon. Both biases can be detected in several of his case reports, such as the ones below.

Denial of failure

In "Denial of Failure" Freudenberger refers to a patient named George.

> In George, we see a specific instance of the fear of failure and the circumstances that led him first to denial and then to burn out. (ibid p. p. 77)

In the previous item in the chapter, entitled "For God's sake, don't be like…" he reports the pressure that George suffered from his mother not to be like his father, who was a failure**.** In describing the "Denial of Failure", Freudenberger also criticizes modern society, in search of sociocultural and economic factors that would explain burnout:

> [...] failure is a widespread fear in our world today, and in almost all cases, the way we live has a lot to do with promoting it. It used to be, if you were going through hard times, that someone in the family would take you in or at least "tide you over". The neighborhood grocer would extend you credit.

> Now we've become so spread out that our families are often hundreds of miles away, and our friendly corner grocery store has metamorphosed into the impersonal supermarket. (ibid. p. 75).

Freudenberger also considers the following psychodynamic mechanism as an etiological factor for burnout:

Denial of age

> Wherever you go these days, you almost cannot turn around without bumping into someone who's denying getting older. The fifty-year-old swinger with a twenty-year-old on his arm has become a cliché. So have the face-lift and the breast-lift and the tummy-tuck. It is as if everyone is trying to be twenty-six again. Well, let's face it, nobody loves the prospect of getting old (except those, as the saying goes, consider the alternative!), but some of us are so pathologically afraid of it, we burn ourselves out in a vain attempt to ward of both the real end the anticipated effects of aging.[…] As a man gets into his late forties and fifties, he sees younger, more ambitious people moving up on the corporate ladder, and he panics. 'Maybe', he thinks, 'they'll be able to do more than I can. Maybe they'll have newer, fresher viewpoints. Maybe they're here to replace me'. He begins to work harder than he worked when he was younger, often putting a Burn-Out into motion by stretching himself beyond his capacity. Note that these fears are unjustified. On the contrary they're directed reflections of the values of our society. (ibid p.78)

Denial of fear

On page 75, Freudenberger presents the case of people who had been oppressed and humiliated in childhood and who adopted risky behaviors to prove that they are neither cowards nor sissies and end up developing burnout.

Denial of death

> Many people go so overboard in their denial of death that this becomes their vehicle for burning themselves out. (ibid. p. 82)

Denial of feelings

On page 67, we are faced with the denial of feelings as a source of burnout, illustrated with "Martha's story". Martha came to Freudenberger for therapy as a very cold and emotionless person. She was experiencing a marital