Received: 1 May 2019 | Accepted: 30 August 2019

DOI: 10.1111/jep.13288

ORIGINAL PAPER

WILEY Journal of Evaluation in Clinical Practice
International Journal of Public Health Policy and Health Services Research

Burned out or "just" depressed? An existential phenomenological exploration of burnout

Karin Mohn Engebretsen BSc, MSc[1] | Wenche Schrøder Bjorbækmo PhD[1,2]

[1] Department of Interdisciplinary Health Sciences, Institute of Health and Society, Medical Faculty, University of Oslo, Oslo, Norway

[2] Department of Physiotherapy, Faculty of Health Sciences, Oslo Metropolitan University, Oslo, Norway

Correspondence
Karin Mohn Engebretsen, Department of Interdisciplinary Health Sciences, Institute of Health and Society, Faculty of Medicine, University of Oslo, Oslo Norway.
Email: kme@interdevelop.no; karin.mohn.engebretsen@studmed.uio.no

Abstract

Rationale, aim, and objective: An increasing number of patients are on sick leave from work due to fatigue- and pain-related symptoms that could indicate burnout. The aetiology is unknown, and recently, it has been considered whether burnout should be a distinct medical diagnosis or "just" a form of depression. Little attention has been given to these individuals' experiences. Therefore, we conducted a phenomenological study to explore burnout from a first person perspective. The aim of the study was to obtain a deeper understanding of burnout as phenomenon.

Theoretical perspective and method: We are inspired by Merleau-Ponty's phenomenological approach and gestalt theory. The phenomenological focus is to attend to the embodied consciousness of the lived experience of being human. An interpretative phenomenological analysis (IPA) was chosen to uncover how the interviewees made meaning of their situation. Six individuals who had been on sick leave at 50% to 100% for at least 3 months due to fatigue- and pain-related symptoms were interviewed.

Results: Four narrative phases mirroring burnout as a temporal sequence stood out: achievement, pressure, psychosomatic collapse, and personal meaning and reorientation. We identified several interruptions to contact, which seemed to boost the interviewees' ability to continue striving beyond their limits. The results of this study contribute to a deeper understanding of how complex factors might influence individual vulnerability and lead to a fatigue reaction.

Conclusion: The findings indicate that lack of recognition of the interviewees' illness may have affected the healing process. When understanding burnout as an intersubjective, lived, contextual, and temporal experience, it is important to take the implications of such factors into consideration for both medical theory and clinical practice. On the basis of our findings, we argue that reducing burnout to a form of depression will neither solve the problem of its unknown aetiology nor provide for meaningful individual health care.

KEYWORDS

diagnosis, epistemology, evidence-based medicine, health policy, person-centred medicine, philosophy of medicine

1 | INTRODUCTION

An increasing number of individuals in the industrialized society of today experience long-term absenteeism from work due to fatigue- and pain-related symptoms that could indicate burnout. Burnout can be defined as a work-related chronic stress syndrome. It is a generic name for a state of physical fatigue, emotional exhaustion, and cognitive weariness, due to prolonged exposure to unavoidable stressors.[1] The aetiology of burnout is unknown, and it is often categorized as a medically unexplained syndrome. Burnout has received considerable attention from both scientists and clinicians, as well as from society in general for almost half a century.[2]

Most of the empirical research on the syndrome is conducted within a social-psychological framework where burnout is understood to relate to an individual's capacity to meet society's expectations about personal achievement.[3] There is a commonly felt "anticipation to achieve" in today's society. Failing to achieve what is "expected" within the social and cultural context of today can lead to feelings of distress and can influence the personal sense of self.[4] The relationship between expectations and the sense of self is supported by an extensive study by Hallstein,[5] wherein "scripts" such as "I am my achievements" are assumed to explain how motivation to achieve might result in absorbing commitment to work. Scripts can be seen as sets of ordering rules that provide for control of our social interactions.[6] Another study also highlights how absorbing commitment to achieve can influence the process leading to exhaustion.[7] This study showed that the participants ignored their stress symptoms and worked harder despite increasing illness.

Recently, some researchers have addressed whether burnout should be considered a distinct medical diagnosis or a form of depression.[8-10] Bianchi et al[2] suggested that public health policies should focus on what they hold as the core aspect of burnout, namely, depression. Further, they argue that the inclusion of burnout as a separate category in future disorder classifications is unwarranted. How burnout should be understood and categorized can be seen as a matter of ontology and aetiology. The values implicit in the biomedical paradigm motivate statistical and experimental designs, and inherent ontological assumptions are mirrored in how research is conducted and how data are assessed.[11] Research on medically unexplained conditions has pointed to several ontological and epistemological limitations related to understanding these syndromes properly.[12] Similarly, the biomedical approach mainly adopted in evidence-based medicine leads to illness being defined exclusively in terms of objective, quantifiable data, as states of diseases measured according to objective time.[13]

Little attention has been given to these individuals' experiences of suffering from burnout. As with other medically unexplained syndromes, there is a tendency to assume a narrow perspective to focus on problems related to either psyche or soma as pathologies located within the patient.[14] However, a medically unexplained syndrome could be seen as an adequate response to a subjective experience of the encounter with a demanding life situation.[15] As a psychotherapist and before that as an organizational consultant for corporate business, the first author has met an increasing number of individuals over the last 25 years who experience themselves as burned out. This fact has triggered her interest to explore the phenomenon further. The aim of the resulting study was to obtain a deeper understanding of the phenomena related to the experience of burnout.

In the remainder of this introductory section, we will discuss an alternative approach via existential phenomenology and gestalt theory that can provide for a deeper understanding of burnout. Then, we present and discuss the findings, which are summarized in the last section.

2 | THEORETICAL PERSPECTIVE

We are inspired by the philosopher Maurice Merleau-Ponty and his phenomenological approach, which especially emphasizes our bodily existence.[16] The phenomenological focus is to attend to the embodied consciousness of the lived experience of being human. The lifeworld[16] is phenomenologically both relational and personal in that the person and the world coexist. In this coexistence, we both direct ourselves towards the world, our actual environment, as well as being directed by the world, the situation, and context we at any time inhabit.[16]

Gestalt theory embraces Merleau-Ponty's holistic view of the human being, conceptualized as existing in continuing interplay in the "organism-environment field."[17,18] The organism-environment field is defined as a systematic web of relationships, which Yontef describes as a totality of mutually influencing forces that together form a unified interactive whole.[18] Out of this intersubjective field, "figures" emerge. The configuration of a figure against a ground displays the meaning, and the meaning is achieved only through relations in the field. Thus, the relationship between the ground of the field and the figures that emerge is what gives meaning to the whole.[18] Burnout is lived in the context of family and society. In burnout, one figure that is immediately present and stands out from the ground is the perception of fatigue. The symptoms are located in embodied, intersubjective relations with others and are experiences that is perceived by the person who lives through this condition.[16] In contrast, when feeling well, our sensation of the body is part of the background.

To perceive and be aware of an emerging figure is the act of contact.[16,18] Thus, perception is the realization of my access to the world via my perceiving and interrelational body.[18] Further to Merleau-Ponty, "perception is inseparable from the consciousness it has or rather is of reaching the thing itself."[16 (p. 374)] Within the interconnection between the person and the phenomenal field, the person may become aware of sensations of fatigue and "live through" the experience. According to Merleau-Ponty, "living through" means that I allow my bodily self to be effected by the situation.[16] In a "healthy" contact process, the awareness of the sensations of fatigue evolves into consciousness. These sensations are in turn mediated, preserved, and integrated.[17] On the other hand, the contact process might be interrupted by a lack of awareness by a suspension of reality by withdrawing my bodily self from the situation. Absorbed in thoughts, I am no longer in a world of space and time because "the world is not what I think but what I live through."[16 (op.cit., p. xvii)]

3 | METHOD

3.1 | Participants

The inclusion criteria were individuals with symptoms of fatigue- and pain-related diseases, who were on sick leave of 50% to 100% for at least 3 months prior to the interview. The first author contacted some of her colleagues and asked if they knew of potential participants for the project. Six individuals (four women and two men) contacted her by phone to participate. They were between 35 and 50 years old. Four of them were married or cohabitants, one was single, and one lived with a teenager. The interviewees represented different work situations such as information technology (IT), sales, private health care, psychiatry, and production. The educational level among the participants was relatively high, and four of them held management positions. Two of them had experienced burnout previously. One had been on sick leave at 100% for 2 years, two for 1 year at 100%, and one for 1 year at 20% to 50%. The remaining two had been on sick leave for 3 years; one of them at 100%, and the other at 50% to 100%. The names given for the participants below are pseudonyms.

3.2 | Datageneration and analysis

An existential phenomenological method was chosen because this approach is especially relevant when the aim is to explore burnout as an intersubjective, lived, contextual, and temporal phenomenon.[19,20] Semistructured interviews were chosen to uncover how the participants made meaning of their situation.[19,20] The first author conducted the interviews and transcribed the audio-recorded interviews verbatim. During the interviews, the intention was to give full attention to the whole spectrum of themes, events, and emotions related to the interviewees' experience. We used interpretative phenomenological analysis (IPA) as described by Linda Finlay.[19] Due to its interpretative engagement with the data and a move away from the search for essence, IPA is simultaneously inductive and deductive. The method consists of several steps. The transcription of the audio-taped interviews verbatim is an important part of the process of getting closer to the data. Then, reading and rereading the text are part of the first step, commenting on particular sections of the transcript. In this process, emerging meaning units were coded manually and listed under descriptive themes. The second step was to identify main themes and subthemes and search for potential patterns of meaning related to the experience of burnout in each of the transcripts. The third step was to explore patterns of meaning related to the phenomenon that was experienced similarly and differently across the transcripts. A general meaning structure of the interviewees' experiences of burnout was developed. In the fourth step, the theoretical interpretation inspired by Merleau-Ponty's[16] embodied consciousness of being human gave meaning to the interviewees' narratives. In addition, the idea of interruptions to contact as described by gestalt theory was applied to understand mechanisms that might maintain the interviewees' frustrated strivings beyond their bodily limits. The phenomenological research approach emphasizes the individual lifeworld; however, as a method that contributes to explore human phenomena, it can be recognized as valid for human beings in general.

3.3 | Ethical considerations

Prior to the interviews, both verbal and written information about the study were given in separate meetings, and written informed consent was obtained from each of the participants. They were given a copy of their transcript and had the opportunity to read and amend the transcript. All data were made anonymous and stored in a secure manner according to the ethical principles stated by Derby University (UK) and the European Association for Psychotherapy (EAP). In designing the study, the participants' vulnerable situation, being on long-term sick leave, was given a special consideration. Clear boundaries were set, based on a written informed consent about the context of the research project, the research process, and how the findings would be reported. We acknowledged that the research process could cause painful awareness of their situation, and consequently, each participant was informed about the opportunity to come in for a debriefing session after the interview if they experienced excessive emotions as a response to what was brought up during the interview. However, this situation did not occur.

4 | FINDINGS

Through the analytical work, four temporal themes emerged, which described various aspects of the interviewees' experiences. These were "achievement," "pressure," "psychosomatic collapse," and "personal meaning and reorientation." To illuminate these themes, we will present selected excerpts from the empirical material, followed by our reflections and analysis.

4.1 | Achievement phase

This phase is distinguished by high levels of energy spent achieving their individual goals. All the interviewees seemed dedicated to the work they were doing.

Ann My career has meant everything to me. I have fulfilled myself and confirmed that I am worthy.

They all perceived themselves as resourceful individuals, enthusiastic, and positive. Moreover, they were willing to do even more than others seemed to expect of them.

Lill To contribute has always been a part of the work culture, and in particular, it has been an expectation for the managers. So first I was at the office for longer than I should have been, then I went home and tried to be a mother for a minimum of time, putting in a maximum of quality. When the kids were put to bed in the evenings I went back to do some more work.

Common focal points among the interviewees were their experience of being "intoxicated" by their work. Working seems to be at the forefront of priority for everything in their lives. Both their family lives and their own basic needs seemed to be pushed into the background.

Gro It starts as an intoxication, and then it becomes so much fun that you don't manage to say no. I also worked late. I took on another project in the evenings and graduated at the same time.

4.2 | Pressure phase

The interviewees described how they experienced the period just before they became ill where they became more consciously aware of not being able to cope with their work situation.

Jon You are supposed to be working. You sit looking at the PC and don't manage to open letters, unable to turn on the machine, unable to do anything, and you know that the work just piles up. I did not do my job. I understood that later. It became too much.

Some of the interviewees experienced traumatic events related to members in their close family before they became ill, such as separation, illness, and/or death.

Kari We nearly lost our son. Then my father-in-law lapsed into coma when he had surgery.

Three of them also described episodes at work that were difficult to deal with, which affected the enthusiasm and dedication they previously had experienced related to their work.

Ann I experienced being stabbed in my back. I felt really sad about that. Extremely disappointed. It really got to me.

All the interviewees described an increase in their perceived level of distress.

David For a period before I became ill, I often experienced being angry. I had a lot of aggression, frustration and uncontrolled fury.

They started to question their own capacity and the level of support available, but they were still driven by an obligation to carry on.

Lill I worked twenty-four hours a day and knew that I was tired, but it was so interesting. I wondered, however, if it cost more than it was worth. I wondered if I was able to make it.

According to their experiential descriptions, their attempts to meet their own expectation "I should be able to accomplish" seemed to have failed. In spite of this fact, they continuously pursued the strivings and made efforts to cope, because inactivity and being unable to do as much as they did before evoked fear.

David I ran away from myself by jogging. This used to be a safety valve for me. I was so drained that I wasn't able to think through my problems. When I ran, they were gone. This was when I had more energy. Perhaps I avoided to catch hold of myself. Now I don't have the energy to run anymore.

4.3 | Psychosomatic collapse phase

Slowly, the consequences of their life situation resulted in perceptions of lost control and powerlessness, increased fears of appearing weak and worthless, and the development of a more permanent somatic exhaustion.

Jon I was going to attend a meeting. Then I don't remember anything more. I passed out and woke up in the hospital with 30 heartbeats per minute. There was no reaction. It was just as if the brain was disconnected.

In this phase, they became more consciously aware of bodily sensations and limitations. This awareness seemingly caused raised levels of fear, which heightened their perception of being helpless and vulnerable.

Gro I was depressed because I was losing my identity. I used to be an active person. Who am I now when I cannot be that person?

The interviewees described their experience of burnout as being physically and mentally exhausted. In addition, they had several bodily symptoms, which persisted and fluctuated in intensity over several months. They described losing control over their lives feeling guilty, frustrated, and angry towards themselves. Feeling guilt and frustration seems to be an appropriate emotional reaction to the situation. The

anger turned towards themselves however is more subtle. This is what three of the interviewees said:

Gro I felt very guilty. Gruesome. I judged myself to rack and ruin because I was so drained.

David I don't have the energy to be anything else than what I am—pretty disgusting.

Lill I worked myself to death and felt that I was worthless. I felt that I was unable to cope. I was unable to make decisions, and I felt angry with myself. I didn't want to accept that I was not able to keep on going. I yelled at myself, saying, don't be foolish! I felt completely drained.

Family roles and relationships were threatened due to their inability to interact with significant others as they once did.

Jon I think you have to do something with the genes to accept being 100% taken care of by your wife. It was hard.

One of the problems they all described was how difficult it was to relate to the illness and to accept and justify that they were ill. As Ann mentioned earlier, her career has confirmed that she is worthy. Might accepting that they were unable to perform be related to the opposite feeling—being unworthy?

Gro I realized that I was in a sense ill in the same way as if I had broken a leg. However, it wasn't the leg that was broken. It took some time to accept that.

Some of the participants explicitly mentioned not feeling taken seriously.

Jon I finally managed to get through in the system and got an opportunity to speak to a psychologist. After the five consultations they had given me, I was told that this was not a problem. I could just carry on, take some painkillers, keep on exercising and then start working again.

4.4 | Personal meaning and reorientation phase

All the interviewees had clearly reflected much on why they became ill and how to recover. Such reflection might represent the beginning of a gradual reorientation.

David I can see a pattern. It is clearly related to my way of being and my way of being treated. I can see that I am just about to take the wrong step again.

Two of the interviewees have previously experienced being burned out. They seemed, however, not to have learned how to avoid being ill from burnout.

Kari I committed myself to more assignments at work and let myself be fascinated by it. I pulled myself beyond my bodily limits. It all went well for some time during this interval between the first and second time I burned myself out.

The individual processing of their situation has contributed to varying degrees of how they experience themselves. This is how Ann puts it.

Ann I am not quite happy about being a new one. I have kind of not yet become. Call it a foetus. I am not completed as a new one. I just am.

5 | DISCUSSION

The four temporal phases of burning out show that the interviewees went through a process, from functioning well in society to becoming unable to master their life situation. Due to several circumstances, the pressure they experienced raised their level of distress. The findings indicate a lack of concern for taking care of themselves, ignoring the sensations of illness. Merleau-Ponty[16] identifies perception and awareness as the act of contact. Thus, when we consciously engage with a phenomenon, we are in contact with our real, emerging world. In this section, we will discuss how the dynamics of contact in the intersubjective field might have affected the participants' existence as bodily subjects.

5.1 | The act of contact during the transition from the achievement phase to the pressure phase

All the interviewees were dedicated to achieving their personal goals, and they were apparently successful and proud of themselves before they became ill. Although they seemed to be strong and self-confident, some of them expressed concerns about not being good enough. At some point, during the achievement phase, the interviewees perceived distress caused by a mixture of work overload and lack of support. Traumatic events related to their family lives or colleagues contributed to raise their level of distress, leading to an inability to cope with their situation. The experiential descriptions presented in the findings revealed some semiconscious expectations and values acting as “introjects.” These semiconscious expectations and values can be understood as accepted personal habits that are acquired without full awareness of their meaning and purpose.[18,21] This finding might shed light on how absorbing commitment to achieve might be fuelled by a toxic introject of not being “good enough.” To counteract this introject, the participants were driven by an obligation to carry on. Unhealthy or dysfunctional contact might involve chronic states of too much or too little contact with the environment. Absorbing commitment can be understood as too little contact causing a rupture in the fluid flow of contact. In gestalt theory terms, this interruption to contact is termed “egotism” and can be understood as the participants' unconscious attempts to bring an end to their uncontrollable life situation.[22]

Thunman[4] also refers to how important it was to her interviewees to perform well and that the identification with their jobs became their identity as human beings as well. This finding is in line with Hallstein's research,[10,23] where he refers to scripts such as "I am my achievements" that he assumed motivated an absorbing commitment to work. Moreover, he claims that the questioning and loss of these scripts gradually confirmed a negative self-image. Identity is undeniably part of sociality, and identity links the self to others and is developed in and through interactions with others. Related to the meaning of "selfhood," one of the parameters described by Merleau-Ponty,[16] the feeling of powerlessness, might be a feature of the psychological situation for the interviewees. They tried to establish the most effective balance between their bodily weakness and expectations of the social world. When they were no longer able to meet the conventions of the group and say "yes!" to fit in,[16] a negative self-esteem was confirmed. This finding highlights the lifeworld as phenomenologically both relational and personal in that the interviewees directed their behaviour towards what was expected, both within and outside themselves.

During the achievement phase, there also seemed to be a disruption in the awareness and flow of contact between "self" and "other." This interruption might have prevented the interviewees from being consciously aware of feeling overwhelmed by the inability to cope with their perceived demands. In turn, this interruption to contact might have resulted in a lack of concern for taking care of themselves. During the pressure phase, they became more consciously aware of being exhausted. Although they felt ill, they continuously made efforts to cope. This finding supports Jingrot and Rosberg's[7] finding that their participants ignored the stress symptoms and worked harder despite increasing illness.

They continued their frustrated strivings and deflected from their situation. One of the interviewees used to run before he became ill, to avoid being consciously aware of the problem, and to postpone dealing with it. This finding can be seen as a normal human ability, which allows us to put off dealing with an emotional situation until we feel able to address it.[24] As Merleau-Ponty puts it, "Each time I experience a sensation I feel it concerns not my own being, the one for which I make decisions, but another self, which has already sided with the world."[16 (p. 115)] Thus, both egotism and deflection, understood as interruptions to contact, contributed to the interviewees' ability to adjust creatively to their situation during the achievement phase. When mentally occupied, we may habitually interrupt bodily sensations and desensitize our bodily needs.

5.2 | The act of contact during the transition from the pressure phase to the psychosomatic collapse phase

During the pressure phase, the interviewees experienced having committed to demands that began to feel like a pressure. In addition, the perceived lack of recognition and disbelief from their communities also triggered an existential anxiety and feelings of shame. The association between shame and inferiority might become particularly amplified in the context of our achievement-oriented society, because the human being exists in a continuous interplay with the intersubjective field.[16,18] This is in line with Thunman's[4] suggestion that individuals suffering from burnout might be the victims of our achievement-oriented society.

The interviewees described a disruption in the roles that connect "self" with "other." Previously, they contributed well both to their family life and to society. Our study revealed how family roles and relationships were threatened due to their inability to interact with significant others as they once did. Experienced agency also shifted during the transition from powerfulness to powerlessness that marked the psychosomatic collapse phase. The interviewees described feeling guilt, frustration, and self-directed aggression for being a burden to their families and to society. As stated by Gro, she judged herself "to wrack and ruin," which demonstrates how introjection and "projection" operate simultaneously, resulting in retroflection or the punishment of the self. Here, projection can be seen as an attitude, which actually belongs to her own personality but is not experienced as such. Instead, it is attributed to persons in the environment.[17] Once Gro had projected her negative judgement she was making of herself (the introject) onto people in the environment, so that it seemed to her as though they were making the judgements, she could regard herself as a victim. This finding is in accordance with how such interruptions to contact might cause a shame reaction.[18] Shame is a severe rupture in the social field of belonging that shifts the emotional state from its functional organizing range to its dysfunctional, disorganizing extreme.[25] This rupture clearly illustrates how shame inhibits the individual from being able to take in support from others.

All the interviewees reported feeling worthless and angry towards themselves, which we argue can be interpreted as episodes of narcissistic depression. This finding describes self-hating depression, which is characterized by shame about the self and is distinctly different from depression caused by grief due to a loss.[26] Our study provides support for understanding burnout as an antecedent rather than a consequence of depressive symptoms and thus supports the findings in Ahola and Hakanen's study.[8] Thus, the option of considering burnout as a form of depression[9210] is not in line with the findings in this study.

The way the participants previously experienced themselves as being in the world felt altered and obstructed. This finding seems to be in line with Gingrot and Rosberg's findings[7] where the gradual detachment in their participants was interpreted as a process of losing one's homelikeness. Our participants' strivings seemed to have triggered perceptions of lost control and powerlessness along with several physical symptoms. When healthy, we can experience a familiarity with our lifeworld that is easily taken for granted. Merleau-Ponty speaks of our habitual body, which we sense is in habitual when we become ill.[16] On the basis of Heidegger's work,[27] Svenaeus[28] has developed an understanding of the essence of illness, which he refers to as unhomelike being in the world. Similarly, when the participants became ill, their bodies felt alien to them, influenced by processes beyond their control.

During the psychosomatic collapse phase, the interviewees became increasingly aware of their bodily sensations and symptoms of illness. Their physical symptoms became a "figure" against the background

they knew: "One's own body is the third term, always tacitly understood, in the figure-background structure, and every figure stands out against the double horizon of external and bodily space."[16 (p. 101)] Despite this fact, they still made efforts to cope, because inactivity due to the inability to perform as before evoked fear. This finding illustrates the act of contact where symptoms that are located in the participants' embodied, intersubjective relations with others emerge as experiences of burnout.[16]

In order to avoid being consciously aware of the evoked fear of appearing weak and worthless, there seemed to be a total "desensitization" of the interviewees' own bodily needs during the transition from the pressure to the psychosomatic collapse phase. This response prevented them from being able to sense, be aware, and mobilize energy to make contact to satisfy their basic needs. This interruption to contact might explain how the interviewees were able to ignore their bodily needs over a long period of stress. Desensitization can be understood as a response when sensations from the body such as pain or discomfort are ignored and information from the environment is also blocked out.[24] This "blocking out" can be seen as similar to how Merleau-Ponty[16] describes how the contact process might be interrupted by lack of awareness by a suspension of reality by withdrawing the bodily self from the situation. This brings the focus of the discussion to how the interviewees were put face to face with themselves. Previously, they were able to run away from themselves in several creative ways, such as deflecting the awareness of their own needs. When experiencing the psychosomatic collapse, the illness prevented them, however, from being able to flee. Thus, the inability to "live through" the experience of alienation from their lifeworld and interacting with significant others as they once did raised existential anxiety.[27] This confrontation can however open new ways of accepting the "new" lifeworld, as we will address below.

5.3 | The act of contact during the transition from the psychosomatic collapse phase to the meaning and reorientation phase

The interviewees expressed concerns about being unable to justify their sensation of illness. The lack of societal recognition of their condition might have seriously affected the process of contextualizing the illness and the ability to acknowledge the situation as it was. Two of the interviewees however seemed to have started to reorient themselves by accepting the sensation of fatigue and gradually started "living through" the experience. As previously pointed out in the first section, in a healthy contact process, the awareness of the fatigue sensations can evolve into consciousness that in turn is mediated, preserved, and integrated.[17] On the other hand, the contact process might be interrupted by lack of awareness by a suspension of reality by withdrawing the bodily self from the situation. According to Merleau-Ponty,[16] living through means that I allow my bodily self to be affected by the situation. This might be what Ann experienced when stating that she was not quite happy about being a new one. Thus, letting herself be affected by the process was seemingly experienced as demanding. Empowered to being able to "live through" the situation as it is and overcoming feelings of shame might facilitate personal growth. This is in line with the paradoxical theory of change[29] where change seems to occur paradoxically when one fully becomes what one is, rather than trying to be what one is not. This might be related to what Ann says, "I am not completed as a new one. I just am." What she describes here might be understood as accepting the unfolding of herself as a "new" person. As she points out, this person is not complete yet, and in the process, she seems able to stay in contact with what she experiences here and now. Obviously, the interviewees struggled to establish a "new" lifeworld and to avoid pushing themselves beyond their bodily limits. To be able to contextualize the illness and take care of their basic needs seemed to be of utmost importance for rehabilitation.

6 | CONCLUDING REMARKS

By attending to the interviewees' subjective experience of burnout, meaning was explored.

During the transition from functioning well in society to becoming unable to master their life situation, complex contextual factors seemed to influence individual vulnerability. Thus, burnout might be understood as an intersubjective, lived, contextual, and temporal phenomenon. We discussed the findings in the context of existential phenomenology and gestalt theory. When living through burnout, the interviewees tried to establish the most effective balance between their bodily weakness and expectations of the social world. We identified several interruptions to contact, which seemed to boost their ability to continue their frustrated strivings. These interruptions to contact can be understood as creative adjustments in a survival process. Thus, the study contributes to a deeper understanding of how complex factors influence individual vulnerability that can lead to a fatigue reaction. Moreover, when no longer able to perform and meet the conventions of the society, experienced agency shifted, and a negative self-esteem was confirmed. Our personal identity is developed in and through interactions with others. When feeling unsupported by their communities, the interviewees struggled to justify their own sensations of illness. Therefore, the feeling of powerlessness experienced by the interviewees might be a feature of their psychological situation.

Although the interviewees mentioned some episodes of feeling depressed, they did not see themselves as depressed, rather frustrated and angry. Thus, based on the findings in this study, we question the view of Bianchi et al[2] that the focus of public health policies should just consider what they hold to be the depressive core in burnout. Research has shown that burnout and depression have similar symptoms as pointed out in this study. However, results gained in previous research have shown substantial differences—for instance, related to inflammation biomarkers.[30] Additionally, there also seems to be differences on a physiological level, associated with hypothalamic-pituitary-adrenal (HPA) axis functioning.[31] Thus, more research that explores burnout as a phenomenon is warranted.

Finally, the findings indicate that a lack of recognition of their illness may seriously have affected the healing process. Few studies

have focussed on how clinical encounters might influence the return to work process experienced by the sufferers themselves. Therefore, further research seems warranted to provide more knowledge related to the needs of these individuals. Recognizing subjective health complaints at an early stage and supporting the awareness of basic, human needs, might hinder early symptoms of burnout from developing into a chronic condition.

ACKNOWLEDGEMENT

We acknowledge Samantha Copeland for her attentive advice on final revisions.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

FUNDING INFORMATION

The authors received no financial support for the research and/or authorship of this article.

ORCID

Karin Mohn Engebretsen https://orcid.org/0000-0001-9723-3473

REFERENCES

1. Maslach C, Schaufeli W, Leiter M. Job burnout. *Annu Rev Psychol*. 2001;52(1):397-422.
2. Bianchi R, Schonfeld I, Laurent E. Is it time to consider the "burnout syndrome" a distinct ilness? *Front Public Health*. 2015;3:158.
3. Hakanen JJ, Schaufeli WB. Do burnout and work engagement predict depressive symptoms and life satisfaction? A three-wave seven-year prospective study. *J Affect Disord*. 2012;141(2-3):415-424.
4. Thunman E. Burnout as a social pathology of self-realization. *Dist: Scandinavian J Social Theory*. 2012;13(1):43-60.
5. Hallsten L. Burnout: en studie kring anpassnings- och utvecklingsprocesser i en byråkrati. (Burnout: A study on adaptive- and developmental processes in a bureaucracy) *LAMI*, *Länsarbetsnämden*. 1985; Stockholms län.
6. Abelson RP. Script processing in attitude formation and decision making. In: S CJ WPJ, ed. *Cognition and Social Behaviour*. Hillsdale: NJ: Erlbaum; 1976.
7. Jingrot M, Rosberg S. Gradual loss of homelikeness in exhaustion disorder. *Qual Health Res*. 2008;18(11):1511-1523.
8. Ahola K, Hakanen J. Burnout and health. In: Leiter M, Bakker A, Maslach C, eds. *Burnout at Work. A Psychological Perspective*. London & N.Y.: Taylor & Francis Group; 2014.
9. Bianchi R, Schonfeld I, Laurent E. Is burnout a depressive disorder? A re-examination with special focus on atypical depression. *Int J Stress Manag*. 2014;1(4):307-324.
10. Hallsten L. A framework. In: Chaufeli W, Maslacch C, Marek T, eds. *Professional Burnout. Recent Developments in Theory and Research*. USA: Taylor & Francis; 1993:95-112.
11. Kelly MP, Heath I, Howick J, Greenhalgh T. The importance of values in evidence-based medicine. *BMC Med Ethics*. 2015;16(1):69.
12. Cartwright N. What are randomised controlled trials good for? *Philos Stud*. 2010;147(1):59-70.
13. Toombs SK. The temporality of illness: four levels of experience. *Theor Med*. 1990;11(3):227-241.
14. Eriksen TE, Kerry R, Mumford S, Lie SAN, Anjum R. At the borders of medical reasoning: aetiological and ontological challenges of medically unexplained symptoms. *Philos Ethics Humanit Med*. 2013;8(11):1-11.
15. Eriksen T, Kirkengen A, Vetlesen A. The medically unexplained revisited. *Med Health Care Philos*. 2012;16:587-600.
16. Merleau-Ponty M. *Phenomenology of Perception*. London, NY: Routledge; 1945/2003.
17. Perls F, Hefferline R, Goodman P. Gestalt therapy, excitement and growth in the human personality. 1951/1998.
18. Yontef G. *Awareness Dialogue & Process: Essays on Gestalt Therapy*. Highland NY 12528-0990: The Gestalt Journal Press; 1993.
19. Finlay L. Phenomenology for Therapists: Researching the Lived World. UK2011.
20. van Manen M. *Phenomenology of Practice*. USA: Left Coast Press Inc.; 2014.
21. Perls L. *Living at the Boundary*. Highland NY 12528: The gestalt journal; 1992.
22. Crocker S. *A Well Lived Life: Essays in Gestalt Therapy*. Cambridge, MA: GICPress; Cleveland Ohio: Gestalt Institute of Cleveland; 1999.
23. Hallsten L. *Burnout in a Swedish bureaucracy: some data and a model*. Helsinki, Finland: The NIVA Course on Occupational Stress and Staff Burnout Among Human Service Personnel; 1986.
24. Clarckson P. *Gestalt Counselling in Action*. London, Thousands Oaks, New Dehli: SAGE Publications Ltd.; 1989.
25. Weeler G. Shame and belonging. *Int Gestalt J*. 2002;25(2):95-120.
26. Greenberg E. Undoing the shame spiral. *British Gestalt J*. 2010;19(2):46-51.
27. Heidegger M. *Being and Time*. N.Y. USA: State University of New York Press, Albany; 1953/2010.
28. Svenaeus F. Illness as unhomelike being-in-the-world: Heidegger and the phenomenology of medicine. *Med Health Care Philos*. 2011;14(3):333-343.
29. Beisser A. A paradoxical theory of change. In: Fagan J, Shepherd IL, eds. *Gestalt Therapy Now: Theory, Techniques, Applications*. Middelsex, England: Penguin Books; 1970:88-92.
30. Toker S, Shirom A, Shapira I, Berliner S, Melamed S. The association between burnout, depression, anxiety, and inflammation biomarkers: C-reactive protein and fibrinogen in men and women. *J Occup Health Psychol*. 2005;10(4):344-362.
31. Pruessner JC, Hellhammer DH, Kirschbaum C. Burnout, perceived stress, and cortisol responses to awakening. *Psychosom Med*. 1999;61(2):197-204.

How to cite this article: Engebretsen KM, Bjorbækmo WS. Burned out or "just" depressed? An existential phenomenological exploration of burnout. *J Eval Clin Pract*. 2019;1–8. https://doi.org/10.1111/jep.13288