
COUNSELLOR BURNOUT

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ABSTRACT

Burnout has been known as "job stress", "battle fatigue", "mental breakdown", or "premature aging." All dimensions of our being can manifest burnout, be it psychological or physiological. This paper explores the problem of burnout, which is common in the counselling profession. Physical signs and psychological symptoms can be debilitating to counsellors. The writer presents various theories, which seek to explain the characteristics, causes, consequences, and coping strategies relating to burnout. Three major causes of acute burnout are role conflict, role ambiguity and role overload. Counsellors also experience guilt when their clients commit suicide. Although this research is focused on the concerns of counsellors, the contents and suggestions can be generalized to any practitioner in the human services profession. The ways to reduce burnout include reducing counselling load, implementing a proper referral system, including humour in counselling and so forth. Other strategies are also discussed. Relaxation techniques such as progressive muscle relaxation and guided imagery in music can help when we encounter the early signs of stress. The road to recovery starts with trying to make feelings about our life more explicit and to define some areas and dimensions of life that need renewed energy or redefined commitment. A daily anti-burnout exercise incorporating music therapy is presented in the appendix for the enjoyment of all readers. The key to avoiding burnout is "balance": the word that healthy people live by.

INTRODUCTION

Consider this personal testimony: "I have been a counsellor for almost three decades. I got into the field because I thought it was a noble profession and I had the right characteristics and values that would make me a good counsellor. I served the government sector and various voluntary organisations before venturing into private practice. After years of having a very lucrative income, I decided to lecture at a public university. I wasn't too pleased with that decision but somehow I could not cope with the intense pressures of running my own 'business'. Actually, I had reached a point of saturation when the thought of helping people was not enough to motivate me to be an effective counsellor. I was heading nowhere and somehow I felt I was doing a disservice to my clients. Even as I taught future counsellors-to-be, I felt a sense of guilt - a sense of insecurity. It was as if I was a hypocrite preaching the ideals of counselling but uncertain if I ever did make a difference in the lives of those who came my way. I woke up one day unable to return to my position at the university. I guess that was the end of my life as a counsellor. I was born to be a caring counsellor and confidante to the troubled but right now I am full of doubts and regrets; I am the most unfortunate one. It's over, my career as a counsellor."

The preceding paragraph illustrates a tragic state of alienation common in the human service profession, burnout. Dr. Herbert Freudenberger, the psychologist who coined this cliché, defined burnout as "a state of fatigue brought about by a devotion to a cause, a way of life, or a relationship

that failed to produce the expected reward" (Mechelan, 1997). In other words, "burnout is a problem born of good intentions . . . it happens when people try to reach unrealistic goals and end up depleting their energy and losing touch with themselves and others" (Gehmeyr, 1997).

Researcher Ayala Pines, who helped develop the first well-validated burnout inventory, explains it as a "sense of distress, discontent, and failure in the quest for ideals" and "a state of physical, emotional, and mental exhaustion, that typically occurs as a result of long-term involvement with people in situations that are emotionally demanding" (cited in Farber, 1983). Thus, all dimensions of our being can manifest burnout, be it psychological or physiological.

According to Watkins (1983), burnout is a "pervasive, all-encompassing phenomenon that arises from the unique interactions of an individual's personality with the work environment". In this definition, we find the two main factors that are in conflict are the service provider's personal characteristics (internal) and the external circumstances.

Burnout has been said to be an extreme reaction to stress but is not the same as stress. As a counsellor, not being able to cope with stress will lead to negative self-concept, negative job attitudes, and loss of concern and feelings for clients (Pines and Maslach, 1978). However, stress is not the only reason that contributes to burnout. Even when the needs of clients and job demands are adequately met, boredom may

surface and this would eventually lead to burnout. Freudenberger (1974) describes this as "routinization" of the job, which makes the work lacking in challenge and motivation.

Perhaps another way to describe burnout is that it is a "disease of overcommitment" (Freudenberger and Richelson, 1980). Maslach (1976) takes that further by explaining that burnout is a "dehumanising process, emphasising the loss of concern and empathy in previously caring workers". Therefore, some theorists believe that burnout is not something that strikes without warning like an unexpected earthquake but involves a process that takes a unique path for each person. It is a process, not a final destination.

THE WARNING SIGNS AND SYMPTOMS OF BURNOUT

Burnout is not a new buzzword or an emerging trend of the nineties. It has been around for a long time, having been known as "job stress", "battle fatigue", "mental breakdown", or "premature aging" (Mechelen, 1997). We may think that only Type A personalities and workaholics experience burnout. However, people who work 40 hours a week and do not take their work home can also succumb to burnout if they spread themselves too thin outside the workplace.

Perhaps the counsellor is on several committees of voluntary organisations, or has to come home to attend to kids and toddlers.

Table 1. Warning signs of Burnout (adapted from Anon., 1997)

PHYSICAL	EMOTIONAL	BEHAVIOURAL
Clammy hands	Anxiety	Blaming others/clients
Diarrhea	Depression	Frequent crying
Dry mouth	Fear	Irritability
Eating disorders	Frustration	Short attention span
Halitosis (bad breath)	Grief	Overactivity
Upper back pain	Isolation	Negative/pessimistic attitude
Heart palpitations	Sense of powerless	Short temper
Stiff neck or shoulders	Sense of worthlessness	High risk behaviour

Therefore, while a job might not be particularly stressful, burnout may begin when a job with ordinary stress is combined with the stress of caring for a paralysed parent at home. The warning signs of burnout are shown in Table 1, as adapted from www.nurseweek.com (1997).

Physical signs are usually mistaken for pathological or physiological malfunctions but in cases of burnout, it is often psychosomatic in nature. Symptoms such as constant headaches, insomnia, or changes in eating habits and susceptibility to illness are not uncommon. Psychological symptoms such as reduced self-esteem and cognitive rigidity, distance and detachment from clients and a feeling of helplessness or of losing control may be debilitating for counsellors.

Singaporean counselling psychotherapist Anthony Yeo lists the signs and symptoms of burnout as follows:

1. Difficulty in decision making, both major and minor
2. Excessive day-dreaming or fantasising about "getting away from it all"
3. Extensive use of medication (for headaches and other ailments)
4. Failure of thoughts while speaking or writing
5. Excessive worrying about all things
6. Sudden outbursts of temper and hostility
7. Forgetfulness regarding appointments, deadlines, and dates
8. Frequent spells of brooding and feelings of inadequacy
9. Reversal of usual behaviour (sudden changes in mannerisms)

To detect burn-out, the counselling practitioner should look for the following signs and symptoms (adapted from Yeo, 1993).

1. Detachment: clients are treated as "cases" and "patients"; there is a general lack of

concern and noninvolvement; counsellor spends less time on clients but more on paperwork and administrative duties; counsellor is happy when clients miss their scheduled appointments.

2. Feeling burdened: counsellor feels too responsible for client; in this case there is lack of detachment; frequent dreaming, thinking, and worrying about client's condition and stories; counsellor has a deep sense of ownership over client, 'it is my case' syndrome.
3. Becoming impatient and angry: counsellor is irritable with clients for not doing assigned tasks or being uncooperative; expresses anger with colleagues and family members; the counsellor feels that clients are "hopeless cases" and have to be "tolerated" and he or she has no choice but to work with them.
4. Constantly giving advice: counsellor dishes out advice instead of spending time building rapport; focus on getting personal views across quickly and strongly; counsellor might end up debating with the client.
5. Being emotionally affected: ends up feeling depressed by client's emotional problems because of unfinished business including cases of transference and counter transference.
6. Lack of creativity and innovation: counsellor is comfortable with routine; discouragement and feelings of inadequacy arise as a result of doing the same things the same way; not tapping inner potential and available resources.

MENTAL ASPECTS OF BURNOUT

The phenomenon of burnout can be conceptualised from different theoretical perspectives. From the viewpoint of person centered theory, we see the incongruence between reality and ideal. The counsellor who experiences burnout has a hard time accepting the fact that

some clients progress at a slow pace or do not benefit much from regular counselling.

Having a positive view of human nature, a humanist would believe that any person can come out of the burnout state if the individual looks deep into his or her personal being and bridges the gap between ideal and reality. If we take Abraham Maslow's hierarchy of needs model, we can hypothesize that most counsellors who experience burnout have not reached the upper levels of self-actualisation or transcendental (spiritual) enlightenment.

The rational emotive therapist would think of burnout as a consequence of irrational thoughts. Such thoughts could be:

1. "The client must love and adore me or else..."
2. "I must be a completely competent, adequate, and an all knowing counsellor"
3. "The client's problem is also my problem"
4. "I must make a significant difference in my client's life..."
5. "There is only one way of counselling my clients"

Taking the A-B-C personality model, a rational emotive therapist (RET) would regard burnout not as a manifestation of activating events such as job stress or low pay but the consequence of an irrational belief system of the counsellor.

What would Sigmund Freud have said about burnout? Perhaps his classic book "On Narcissism: An Introduction" (1914), touches on the subject without using the jargonised word of burnout. Could an imbalance in the psychic metadimensions of id, ego, and superego bring about burnout? Could it be a magnetic force of the death instinct that draws counsellors into treating clients with a negative, cynical, and frustrated attitude? What is the driving force for the counsellor who stays on, and does not give up regardless of counselling stress, but works even more fervently?

This could be tied to the basic law of the

Pleasure Principle, which seems to be inoperative that a counsellor does not seek to reduce his condition of displeasure (Fisher, in Farber, 1983). The symptoms of burnout, from a psychodynamic viewpoint, can be seen as the result of the ego defense mechanisms working at full swing and a product of "negative grandiosity" or a devaluation of the self (Ibid.). Such blocks to self growth include projection, regression, denial, rationalisation, compensation, displacement, and isolation.

From Erickson's psychosocial stages, burnout can be seen as an interaction of the unsettled aspects of adult developmental crises, which is aptly labelled "the isolation-stagnation-despair and disgust syndrome" (Harrison, in Farber, 1983). In addition, Heifetz and Bersani suggests that "the [counsellor] provider's growth as a growth promoter is valued along with the client growth per se" (Farber, 1983). In this regard, counsellors who tend to measure their success within the parameter of the client's progress will be good candidates for burnout.

TYPES AND CAUSES OF BURNOUT

Different researchers and laypeople have different interpretations of the overused word we refer to as burnout. We find that academicians tend to be more conservative and are guilty of "underinclusion" while popular culture tends to view it as something very normal (that is, all of us are burned out sometimes) and are guilty of misuse or "over-inclusion." Some researchers have come up with continuum models and categories. Just as there is a distinction among second and third degree burns, there are three types of burnout as conceptualised by Farber (2000). Table 2 shows that Type I burn-out applies to individuals who are totally exhausted by stress. Individuals who face stress but continue to persevere in their work come under Type II and III burn-out. Concomitantly, there are three major causes of burnout as summarised by Gehmeyr (1997).

Table 2. Types of burnout according to Farber (2000)

Type	Description
I. "Wearout"	The individual gives up, feeling exhausted in confronting stress
II. "Classic" burnout	The individual works increasingly hard in the face of stress
III. "Underchallenged"	The individual is faced not with excessive degrees of stress per se (overload), but rather with monotonous and unchallenging work conditions

Table 3. Causes of Burnout according to Gehmeyr (1997)

Causes	Description
Role conflict	A person who has conflicting responsibilities will begin to feel pulled in many directions and will try to do everything equally well without setting priorities. The result will be the feelings of fatigue or exhaustion associated with burnout.
Role ambiguity	The individual does not know what is expected of him. He knows he is expected to be a good career person but is not quite sure how to accomplish this because he has no role model or guidelines to follow. The result is that he never feels that he has accomplished anything worthwhile.
Role overload	The individual cannot say no and keeps taking on more responsibility than he can handle until he slowly burns out.

So, what are the specific factors that lead counsellors to the path of burnout? Is there a certain type of personality that predetermines a person to this emotional quicksand? A few research studies indicate that the level of the burnout syndrome is related to work experience, culture and dimensions of personality like extroversion, neuroticism, temperament and "locus of control". We all know that not every human being is suited for a counselling career and not everyone would choose counselling if they had other job options and opportunities.

In the case of Malaysian public universities, there might be a common notion that counselling courses are common sense subjects or that counselling programs are more lax in entry requirements. People might think that as long as they have a desire to "help" people, they could take the challenge of counselling as a lifelong commitment. They underestimate the demands of counselling and perhaps are too concerned over tangible rewards. Perhaps they adopt and

practice theories and techniques that are not congruent with their personality or philosophy of life. Therefore, a counsellor should question his or her personal belief in ontology, epistemology and axiology of human existence.

The other major reason is the work environment or organisational system. In public schools, the counsellor has a whole lot of never-ending tasks and commitments besides giving counselling and guidance to students. Some school counsellors have to teach classes, do relief work, do student assessments, handle discipline problems, mediate between parents and school, conduct motivational workshops and camps, attend all sorts of outstation conferences and seminars, look for resources and do administrative duties. Very often counsellors are placed in cramped rooms at non-strategic places.

It is also not unusual for those working for welfare and related community agencies to be overwhelmed with heavy caseloads. Besides lack of supporting staff, there is often a lack of

qualified or certified counsellors, as evident in this country. Since most organisations that provide counselling services are funded by donations and limited public funds, most counsellors are overworked and underpaid. Furthermore, in Asia, mental health or human welfare is not on the high priority list of national budgets and there are hardly any insurance policies that pay for counselling services.

Since many organisations cater to a wide gamut of clients, screening is seldom carried out to match and channel clients to appropriate counsellors. Therefore, there might be counsellors who graduated from a programme that focused on career guidance ending up doing family therapy. In other words, there is a lack of specialists, and counsellors end up as "jack of all trades and master of none" for they take on the roles of secretary, office boy, telephonist, purchasing officer, legal assistant, and teacher, besides being counsellors.

The lack of knowledge and skills can be a major source of stress as this can lead to feelings of inadequacy and frustration when there is little progress, or the same clients keep coming back for answers. In addition, counsellors, like medical social workers, are placed in settings where clients are frequently in transition and there is little follow up as their stay in the institution is often brief. Some are torn between the need to offer counselling to clients and the task of preparing to discharge them (Yeo, 1993).

Dealing with loss can be particularly stressful and counsellors who are unable to accept the loss of clients can fall into the valley of burnout. Counsellors may feel extreme guilt when their clients commit suicide. Death is no stranger to counsellors who work with hospices, the geriatric population and clients with AIDS. Although we know that death is a natural part of our existence, it takes a lot of courage to develop a positive attitude toward dying and death. Counsellors who are not comfortable with

issues about death should consider working in a different environment.

The other factors that nourish a fertile soil for burnout are ineffective case management, lack of support from supervisors and upper level management committees, inadequate staff development programs and staff welfare policy (Ibid.), and of course, the endless nightmare of bureaucracy and paperwork. Many work in situations and settings that are not conducive for good mental health while others work for months or even years without leave or vacations. Counsellors, like all human beings have the right to a balanced life - a right to social life and adequate rest.

PREVENTION OF BURNOUT

Effective time management skills can prevent a counsellor from being caught in the web of burnout. Therefore, it is vital for a counsellor to be a good planner and organiser. Having a neat desk, an efficient filing system and making use of the latest in computer technology can help save a lot of time. Calendars, priority lists, answering machines and personal buzz pagers are also good time management aids. Even putting a clock on the wall of the counselling room can help. This does not mean one needs to be rigid or keep looking at the clock to signal to the client, "Time's up!"

How a counsellor writes progress notes must be taken into consideration. The rule should be: KISS (Keep It Short and Simple). One need not be longwinded to be accurate. Flowery sentences, repeating client's name throughout the notes or using unnecessary prepositions should be avoided.

Some counsellors tend to spend too much time on their face-to-face sessions. This usually happens when counsellors do not convey the time frame clearly to the client. Perhaps there is lack of focus during the session or the counsellor wishes to tackle too many issues in one session. Long sessions are not only tiring but also

emotionally draining as the counsellor needs to be a good and patient listener. Seeing one client right after another in a row could be just as exhausting. Such marathons can be avoided if counsellors encourage clients to make appointments unless there are emergencies that need immediate attention.

If a counsellor has too many clients to handle, group counselling should be made an option. Some counsellors may not be in favour of group counselling because of crowd phobia, lack of leadership skills, or perception of group counselling as less effective. This is usually the case when counsellors are not adequately trained in facilitating group therapy.

A proper referral system can also save the counsellor a lot of time. When clients are referred by different agencies, it is a good practice to transfer or duplicate essential documents with due consideration for confidentiality. This will save a lot of time from repeating assessments or asking clients too many questions during the initial interview.

Some counsellors feel it is a taboo to crack jokes during counselling sessions, failing to realise that laughter is indeed the best medicine for both client and counsellor. Padus (1992) concludes that humour relieves tension, breaks negative thought patterns, puts our problems in perspective, and creates an environment for healing. Of course, jokes must be done in good taste and at appropriate times. In discussing the effectiveness of using humour in counselling, Benjamin (1981) gives the following tips.

1. Strive for spontaneous, not artificial humour – something very natural, not contrived
2. Sarcasm, ridicule, or cynicism must be avoided
3. A light touch of humour which stems from empathic listening and which reflects a positive outlook in life, is most appropriate
4. Sometimes spontaneously laughing with the client may ease tension

5. It may well consist of nothing more than a raised eyebrow or a gesture

Why put on a fierce Freudian face just to prove we are dead serious about “curing” our clients? A silent smile once in a while can be therapeutic to the client as well as the counsellor. When counsellors are faced with a crisis themselves, they should learn how to laugh at themselves and at the situation. Having a bright sunny outlook towards life is a natural anti-burnout preventive measure.

Maintaining a professional relationship with a client is not only ethical but also logical when discussing burnout. Receiving gifts, going out for lunch, corresponding by mail and calling our clients at their homes may seem trivial but may lead to certain complications. We have to keep in mind that our relationship with particular clients do not become addictive or lead to co-dependence. We should regularly ask ourselves, whose needs are to be met, who is the counsellor and who is the client. Unless we are clear of our boundaries, we are inviting trouble for both parties. It is good to explain to the clients the importance of keeping a professional distance without sacrificing our level of genuineness and unconditional positive regard.

Constantly dealing with reluctant clients can do much harm to a counsellor's morale. Comments such as “I wouldn't be here if ...,” “I was forced to come,” “I've been through this counselling crap before,” or “Do I look as though I'm mentally ill?” are not uncommon lines in referral cases from courts or detention centres and discipline cases in schools. The counsellor who has to deal with hostility, silence, or other manifestations of unwillingness may self-indoctrinate:

“My client is not co-operating. He's rejecting me. He doesn't like me. There must be something wrong with me. I'm doing everything I can to establish rapport and be warm and accepting,

but he's not buying it. He can't relate to me. I'm probably not the right kind of person."
(Dyer & Vriend, 1988, p. 98).

Such burnout victims are counsellors who have not been adequately exposed to handling involuntary clients. Undergraduate counselling training in laboratory situations are usually limited to willing clients, most of whom are fellow counselling students. Perhaps a whole course on counselling reluctant clients should be included in the counselling curricula as Carl Rogers himself, in his book "Counselling and Psychotherapy", saw the client's wish for help as an important factor in successful therapy (quoted in Dyer & Vriend, 1988).

COUNTER TRANSFERENCE

Brammer (1985) explores the issue of countertransference in relation to burnout:

"The important question is not whether countertransference occurs, but what helpers (counsellors) can do about it. If they view these behaviours as signals of unresolved difficulties in their own lives, they can take care of the matter by discussing this possibility briefly with the helpees (clients), so that at least the problem resides more in the helper than in their relationship. This honesty should help to resolve some emotional difficulties in the present relationship" (p. 37).

The golden commandment of the counsellor should be, "Counsellor, know thyself!" Becoming aware of our personal issues can contribute to success and satisfaction as a counsellor. Meier and Davis (1993) suggest several questions that can help us probe our personal issues:

1. How did I decide to be a counsellor? Because friends and family sought my shoulder to cry on or because I was once a client and decided to follow the footsteps of counsellors who helped me. Do I want to be a rescuer or a facilitator? The reasons for becoming a

counsellor may affect how I counsel and to a certain extent, how easily will I fall to burnout.

2. What emotions am I comfortable with? Do I allow my client to express intense rage or grief? Are there feelings that I avoid, feelings that may steer my clients away from me? Or am I so desensitized from years of counselling that I find it hard to empathize? Am I comfortable with discussing issues on sexuality including sexual deviance?
3. What amount of progress is acceptable? When a client drops out or terminates the counselling relationship prematurely, will it be a blow to my confidence?
4. How will I deal with my client's feelings for me? How will I feel if a client perceives me as attractive, wise, or racist? What if the client asks me out for a date?
5. On the other hand, how do I handle my feelings toward my clients? Is it alright to feel sexually attracted to a client? What will I do with that feeling?
6. Can I be flexible, accepting and gentle even when clients are defensive and aggressive?
7. Am I hiding behind testing (assessments, inventories, indicators)? Do I realize that tests are tools that are imperfect and may only be useful some of the time? Can tests take the place of the counselling process?
8. Do I consult other counsellors or the professional association when I enter the gray areas of confidentiality, privacy, and client's rights, all of which have considerable potential for ambiguity and risk?

THE ROAD TO RECOVERY

Being out of touch with ourselves, our true feelings and commitments, is a major contributor to burnout. The following questions developed by Dr. Dennis Jaffe and Cynthia Scott (1984) offers a chance for self-reflection. In their book "From Burnout to Balance", they both point out that the road to recovery starts with clarifying one's

feelings about life by asking the following questions:

1. What are my current concerns and worries?
2. What are the greatest pressures on me right now? When do I feel it? What must I do about it?
3. What is changing my life?
4. What are the major values or goals that I would like to achieve in my life?
5. What are the most important payoffs or rewards that I am looking for in my life?
6. What intense, gratifying, and deeply meaningful experiences have I had in my life? What sorts of peak experiences would I like to have in the future?
7. What are the major constraints or limits that I experience in my life right now that make it difficult to achieve the rewards, goals, and experiences I seek?
8. What are the major obstacles to getting what I want out of life? (Divide them into obstacles that lie inside you and those which are external. Think of some of the ways you can change or diminish the force of these obstacles.)
9. What are the things I do well? List them.
10. What are the things that I do poorly? Would I like to improve my ability in these areas or stop doing these things?
11. What would I like to stop doing?
12. What would I like to start doing or learn to do?
13. What are the central goals in my life right now? What were my goals five years ago? What do I project will be my goals five years from now?
14. Which of the things that I do regularly do I expect to do less often in the following years? What new things do I expect to have to do, or want to do?
15. What is the most important change or crisis that I expect to face in the next decade?
16. What is the most important choice I will have to make in the next few years?
17. Which domain of my life (work, family, friends, self) is the central one right now? In the next five years which domains do I expect to become more and less important in my life?
18. What ideal futures can I anticipate? (Imagine what you would like to be doing, and who or what kind of people you would like to be doing things with.)
19. Imagine at some time in the future you have just died. Write an obituary as the person in your life closest to you might write it. What do you expect you will be remembered for? What sort of achievements do you expect to have?

STRATEGIES TO AVOID BURNOUT

Corey (1982) suggests various strategies for counsellors to avoid slipping into the burnout syndrome:

1. Finding other interests besides work: leisure, hobbies, sports, and entertainment.
2. Thinking of ways to bring variety into work: maximizing use of imagination and creativity.
3. Taking the initiative to start new projects that have personal meaning and not waiting for the system to sanction this initiative.
4. Promoting good health through proper diet, adequate sleep, exercise, meditation and prayer.
5. Developing social relationships that are characterised by mutuality of giving and receiving.
6. Learning how to ask for what one wants, though not always expecting to get it, and learning to deal with not always getting what is asked for.
7. Learning to work for intrinsic rather than extrinsic rewards (self-validation as opposed to validation by others).
8. Seeking new experiences through travel, attending classes or workshops for

- continuing education and professional renewal.
9. Taking the time to evaluate the meaningfulness of one's projects to determine where professional investment and time will continue to be spent profitably.
 10. Avoiding assuming the burden of responsibility of others.
 11. Exchanging jobs with a colleague for a short period or asking a colleague to join forces in a common work project.
 12. Forming a support group with colleagues to openly share feelings of frustration and to find better ways of approaching the reality of certain job situations.
 13. Getting involved in a professional counselling association.

Walsh (1997) implies that we should question ourselves whether we suffer from the *kiasu* syndrome (comparing self with others, trying to get far ahead of others), the buffet syndrome (wanting everything), and the loss of face syndrome. Relaxation techniques such as progressive muscle relaxation or guided imagery in music can help when we encounter the early signs of stress.

Eventually, if nothing else works, it would not be wrong for the burnout counsellor to seek professional help from fellow counsellors, stress management specialists, psychologists or psychiatrists. A drastic option would be to consider changing careers. If one does not get the satisfaction from a job, why must we kid ourselves and make it a lifelong drag? It is unfair to do further harm to our client's well-being with our negative feelings and attitudes. Another option would be to take more administrative or teaching duties instead of dealing with clients directly if we have strong leadership qualities. Some might even consider doing counselling part-time instead of full-time, and find another occupation to fill up the remaining hours.

CONCLUSION

In short, one can conclude that the key to avoiding counsellor burnout is *balance*: the word that healthy people live by. Prayer, as well as involvement in religious activities can provide physical, emotional, social and spiritual support when we feel the need to rekindle the light of our inner candle.

Appendix A: Anti-Burnout Music Relaxation Script

Get yourself into a comfortable position. You may sit on a chair or lie on your bed. Remove your watch and dim the lights. You are about to begin the muscle relaxation procedure. Take a deep breath and hold for 4 seconds.... now let go.

Concentrate on the muscles of your feet....tighten those muscles, curl up your toes and point your feet away from you...hold for 3 seconds....now let go.....relax

Let's move up to the muscles of your legs....tense the muscles around your thighs for 3 seconds.....now all at once....relax (pause)

Think of the muscles on your back and behind...tighten the muscles...more.....now relax (pause)

Now imagine as if someone is pushing against your stomach.....feel the muscles contract.....relax.....it feels good

Move up to the muscles around your chest and upper back.....for three seconds grip those muscles.....and then let go

Focus on your hand.....point your fingers away from each other and as far as you can stretch.....3....2....1.....relax

Now move up to your forearm....think of your

biceps and triceps.....tighten those muscles.....relax all at once [pause]

The muscles around your neck is a major source of tension.....tense those muscles and move your shoulders up towards your ears.....slowly.....now let go

Tighten your jaw.....harder.....feel the muscles around your face wrinkle up.....now relax.....feel the difference

Lastly with your eyes closed.....move your eyeballs far up, down, left, right.....one more time.....up, down, left, right.....good.....tense the muscles around your forehead.....now relax [pause]

Your entire body is now in a state of relaxation.

It is now time for you to concentrate on your breathing. Take slow deep breaths. Every time you breathe in, think of absorbing pure oxygen from the environment....hold that breath....now let go....and as you slowly let go, think of expelling impurities and toxins from your body.

Breathe in and think of a sound "oooo".....hold.....breath out....think of the sound "shhhh".....continue breathing in slowly.....hold for a while.....release the breath slowly.....yes.....oooooooo.....hold.....shhhhhh.

Do that for a few moments.

(Suggested music for relaxation: soothing classical or new age music without lyrics, preferably those with 60 beats per minute or slower e.g. Pachelbel's Canon in D)

Now that you are in a state of relaxation, let the music enhance the relaxation response.

With your eyes still closed, think of a crystal ball

on top of your forehead. Within that crystal ball is pure water from a cool spring.....imagine the water is slowly seeping out and flowing down your head.....down your neck.....flowing to your chest.....down till the tips of your fingers.....relaxing your stomach.....flowing down your thighs.....imagine the pure water flowing down your legs to your toes.....(pause)

Your entire body is now refreshed with pure spring water.....you feel light.....and clean

Now listen to the music.....let the music bring you to a beautiful place.....let the music paint a picture in your mind.....a pleasant scene by a tranquil environment.....

At this place, the sun is shining.....you hear the birds sing.....you feel the breeze.....you are at peace with yourself and your surroundings. Let the music bring you to a dream state.....think pleasant thoughts.....it is calm.....the picture in your mind becomes clearer.....just lie there and relax.....let the music be your guide.....(5 minute silence)

In a few moments, I'm going to count down from number 10 to number 1.....with each number I count, your picture or scene will slowly fade away.....with each number I count you will slowly bring yourself back to this room.....and when I reach open.....you may open your eyes.....

10.....9.....8 come back.....7.....6.....5 scene fading away.....4.....3 almost back to this room.....2.....1.....open your eyes....wake up.....stretch your legs and wriggle your fingers.....you feel totally

relaxed and refreshed.....carry this sense of peace throughout the day

Do this often and your will be able to cope better with stress and prevent burnout.

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