CARING AND ITS IMPOSSIBILITIES

A Lacanian perspective

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This paper examines the problematic question of caregiving from a Freudian and Lacanian perspective. We analyse how both general and professional caring attempts to negate or reduce the sexual and destructive tendencies of the subject. Yet, as Freud indicates, the act of caregiving itself evokes these tendencies, thereby causing certain subjective difficulties. We show how, from a Lacanian perspective, the problem revolves additionally around the carer's own polymorph perverse enjoyment (‘jouissance’). Caring paradoxically evokes one's own tendency to enjoy at the expense of the other, especially in cases when the other is experienced as radically different from the self. Such jouissance is not only morally unacceptable but, from a Lacanian standpoint, it fundamentally destroys the narcissistic basis of the caregiver's identity. In such cases, doing good might itself be considered an attempt by the subject to defend against this problematic enjoyment. Finally we suggest that professional burnout can be understood as an effect of the subjective paradox caused by caregiving. Through illustrations provided by clinical vignettes, we show how the core burnout symptoms of emotional exhaustion, depersonalisation and reduced personal accomplishment are the result of a withdrawal from one's own cruelty.

**Introduction**

Social scientists observe that the rate of burnout in the caregiving professions is substantial (cf. Schaufeli and Enzman, 1998), representing a clinically significant problem (Schaufeli *et al.*, 2001). Schaufeli *et al.* suggest that a number of different factors contribute to this problem. These include the leadership style in the organisation, the personal characteristics of the caregiver, societal factors, etc. Similarly, in psychoanalytic circles, professional burnout is discussed, but psychoanalytic models concerning the nature of burnout are relatively scarce.
(e.g. Berger, 2000; Cooper, 1986; Fischer, 1983; Freudenberger and Richelson, 1980; Garden, 1995; Grosch and Olsen, 1994; Horner, 1993; Osofsky, 1996; Smith and Steindler, 1983; Vanheule, 2001a).

In this paper we will suggest that, psychoanalytically speaking, professional caregiving is inherently problematic. Hence a psychoanalytic perspective can give us insight into the difficulties and paradoxes attending the question of professional caregiving, and may provide a model from which we can better understand the professional withdrawal from work known as burnout. We will approach these problems from both Freudian and Lacanian theoretical perspectives. First, we will discuss the question of loving one's neighbour and its attendant problematic consequences. Next, we will relate this to the mechanisms of professional burnout in the caregiving professions. Finally, we will discuss these mechanisms through reference to a clinical vignette. Our core claim is that caring causes a subjective conflict in the caregiver, because it evokes desires and tendencies that are irreconcilable with his or her best intentions. The way in which the caregiving subject deals with this conflict determines the likelihood of his or her withdrawal from work through burnout.

**The Problems Inherent in Altruism: Eros versus Thanathos**

Throughout his oeuvre, Freud is critical both of the idea that man possesses an altruistic love for one's neighbour and of the ensuing ideal of caring for others it entails. Freud highlights the universally sexual nature of this ideal and indicates the subjective problems that it causes once aggression comes into play. Sexual and aggressive tensions are highly tabooed in care.

In his ‘Observations on transference love,’ Freud (1958) comments critically on *furor sanandi* or the passion for curing people. Denouncing this kind of fanaticism, he contrasts it with the analyst's ethical attitude of abstinence. Freud claims that, from both an ethical and a therapeutic point of view, the analyst must maintain his or her distance from the love the treatment elicits in an analysand. He (1958, pp. 160-161) states that the analyst must know that a “patient's falling in love is induced by the analytic situation and is not attributed to the charms of his own person”. This love is, rather, a consequence of transference, which the analyst must beware of in his/her own reactions elicited by the patient's love. Freud thus puts a different aspect on caring. Before Freud, Nietzsche already indicated that altruism implies an attempt to dominate the suffering other. For Nietzsche, a so-called ‘Wille zu Macht’ inflects people's best intentions. What Freud adds to this is a
sexual dimension. The question we must ask, then, is how the caregiver deals with this dimension. Does he/she concede to the patient's transference love or not? Clearly Freud prefers the latter as the ethically more responsible option, which is represented for him in the idea of abstinence. Conceding to the transference love, on the other hand, implies the choice to enjoy the attributed position. In this case, caring becomes a passion.

From a cultural perspective, Freud condemns the socially valorised approach to caregiving implied in the idea of altruism. But more importantly for our purposes is his questioning of the nature of that altruism by indicating its sexual origin. A general rule that Freud (1961, p. 103) puts forward concerning this kind of relation is that the aim-inhibited love, expressed in kindness, masks ‘fully sensual love’. Freud states that, in man's unconscious, aim-inhibited love is nothing but fully sensual love.

Discussing the (aim-inhibited) love of one's neighbour Lacan affirms this hidden dimension of sexuality in caring, and adds something to this side of things that usually remains veiled:¹ at the level of a passionate caregiver's ego, sexuality in caring is totally negated.

According to Freud the problem of aggression and destructiveness is even more troubling for the caregiving attitude. Commenting on people's general interrelations, he states that the optimistic portrayal of mankind implied in the central dictum of charity - “Thou shalt love thy neighbour as thyself” (Du sollst den Nächsten lieben wie dich selbst) - negates our own and our neighbour's aggressive nature. Freud himself characterises this neighbour as someone with selfish motives who enjoys dominating the other² and who could possibly harm me. These stubborn characteristics fundamentally contradict the best intentions one can have regarding the desire to help the other. Freud (1961) goes further and states that people, as such, have a strong aggressive tendency. Consequently, the caregiver, too, is endowed with aggression. He or she is equally selfish and wants to harm and exploit the other. Such aggressive inclinations contradict the humanitarian ideals one might have. Nevertheless it is a force that - according to Freud - we can detect in ourselves. The realisation of this drive would produce a strong narcissistic satisfaction, but would also disturb our well-meant relation with others.

Thus, not only sexuality but also aggression is generally denied and defended against in acts of charity. Freud mocks how “little children do not like it” when there is talk of the inborn human inclination to ‘badness’, to aggressiveness and destructiveness, and so to cruelty as well” (Freud, 1961, p. 120). People have problems with the conflict due to an ambivalence in their relation to others. As a consequence,
the denied aggression is introjected, and directed towards the ego.

There it is taken over by a portion of the ego, which sets itself over against the rest of the ego as super-ego, and which now, in the form of ‘conscience’, is ready to put into action against the ego the same harsh aggressiveness that the ego would have liked to satisfy upon other, extraneous individuals. (Freud, 1961, p. 123)

By way of a 180 degree turn, external destructiveness is transformed into an internal destructiveness that manifests itself in the super-ego's confronting the ego with the fact that the adopted ideals are beyond him. What we see in this destructiveness are the drive-impulses of the id. For Freud, the origin of this transformation lies in the fear of losing the other's love. The super-ego condemns certain actions as ‘bad’, since their performance would result in a loss of love. But by taking the perspective of the other on board, an individual succeeds in abandoning the narcissistically satisfying aggressive tendency and at adopting the moral law of loving one's neighbour.

Like Freud, Lacan (1986; 1992) discusses the troubled relation between aggressiveness and the love of one's neighbour. He broadens the discussion by linking these up with his concept ‘jouissance’.

According to Lacan, on the one hand we wish to do our neighbour good. This in itself is not troubling. It is nevertheless noteworthy that, in doing the good, we tend to interpret and give content to what we think the other wants. Lacan observes how, in wanting the good for my neighbour, “I imagine their difficulties and their sufferings in the mirror of my own … what I want is the good of others in the image of my own” (Lacan, 1992, p. 187). People tend to interpret what the other wants by assuming a similarity between themselves and the other; ‘what the other wants is what I would want if I were in his/her case’. This assumption is a typical imaginary supposition. We suppose we know what the other wants before this other could ever have indicated what he/she desires. “We are, in fact, at one with everything that depends on the image of the other as our fellow man, on the similarity we have to our ego and to everything that situates us in the imaginary register” (Lacan, 1992, p. 196). Lacan illustrates this through the story involving the 4th-century Christian, Saint Martin, who, as an officer in the army, once ripped up his cape to share it with a beggar. Lacan draws attention to the way Saint Martin shared his cape with the ragged beggar by imagining what this distressed other wanted. Lacan stresses how the need that Saint Martin believed himself to be observing is an interpretation that could just as easily be wrong. Consequently, “perhaps over and above that need to be clothed, he was begging for something else, namely, that Saint Martin either kill or fuck
him” (Lacan, 1992, p. 186). People's interpretations of what the other wants typically neglect the subjective voice of he/she who is in a perceived state of need.

This kind of imaginary supposition is similarly typically reflected in caregivers' rescue-fantasies, which are nothing but scenarios concerning how others can gloriously be rescued by oneself, the rescuer. As such, these fantasies reflect what Freud calls ‘furor sanandi’. The Latin term ‘furor’ designates the three stages of sacred madness. It refers indeed to the passion of the lover, but also to the poet's enthusiasm and the trance of the prophetess (cf. Vereecken, 1986). In the state of ‘furor’ one is a hero, a warrior who is related to a greater good. A rescue-fantasy is an imaginary mental scenario of how a caregiver's help can save someone else. A rescue-fantasy implies a relation between a fantasised imaginary other (someone in need, who I think will be better off with me) and a caregiver's ego. Structurally, this fantasy enables the caregiver to define his or her ideal ego. From a Lacanian point of view, the ideal ego is an idealised image of oneself which the ego strives to resemble. It is an image of the ego as a whole, reflecting unity and certainty (cf. Lacan who defines the ideal ego as the “successful version of oneself” and “an ideal image the subject identifies with”; 1998, p. 288, my translation). People tend to use intersubjective relations so that they will know how others consider them and that their desired self-image will be reflected in the interaction. In this case the social relation is used in an imaginary way, i.e. to obtain a reflection of the impression they want to make.

Lacan (1994) explains this tendency by stating that it is essentially through others that a subject imagines and constitutes him/herself as ideal and tries to find an “opportunity for an essential integration” (p. 159). Lacan (1963) adds that the sense of dignity associated with a profession nevertheless always masks a fundamental misery and impotence. It is as if the glory of the professional ethos reflected, for example, in rescue-fantasies, is in inverse proportion to the actual constraints the exercise of the profession implies. In other words: the grandiosity of fantasy is used as escape route from the degree of impotence one is confronted with.

On a general level we propose to define a benefactor as someone to whom the image of another in a state of lack appeals (which is expressed, for example, through a demand), and who interprets this state of lack in terms of need. The potential carer creates an image of the other and concludes that, compared to himself, the other is needy. He feels, in addition, attracted by the idea of compensating this observed need, as if a complementary relation between the good he's willing to give and the other's lack exists. The example of Saint Martin shows that the latter's compassion and his projecting of himself into the beggar's
situation actually silences the beggar. A universal concept of the good is imposed at the level of the subjective voice of the one in penury (‘the object I consider as good is indeed good for the other’). What Lacan makes clear is that the other's subjective voice, in its essence, radically concerns something totally different from the good offered, namely, something that concerns the subject as a bodily and sexual being. So, what Saint Martin really covers with his cloak is the kernel of the beggar's subjectivity. By interpreting the other's lack as a need, the latter's lack gets arrogantly materialised and his desire becomes obscured (for the distinction between need, demand and desire: see *Lacan, 1998*).

The trouble begins when the other doesn't go along with the caregiver's best intentions, when he/she doesn't remain in the mental scenario the caregiver wants to impose on their social relation (imagine the beggar refusing the offered half of Saint Martin's cloak). In this case, the other appears as recalcitrant and strange in relation to the goodwill-hunting caregiver. The imaginary altruistic relation implies a relation of power (cf. *Lacan, 1992*). By giving the deprived the good I dispose of, I confirm my own wealth. So, if I give others my wise advice I narcissistically confirm the superiority of my own wisdom. Within the same line, the other's refusal of my good wounds my narcissism and disturbs the relation of power I aimed to install via my good advice. It is predictable that the insulted and scolded benefactor will feel inclined to restore the disturbed balance of power.

In terms of Lacan's first seminars, the other in this case appears as ‘real’. The other is real to the extent that he/she appears different from me; as someone who can deceive me and can lie to me as he/she doesn't resemble the view I have of him/her (Lacan, 1988, p. 244). It indicates the other-ness of the other. Here the concept of the real indicates a dimension of unreasonableness, strangeness and unpredictability that people can experience in their contacts with others (cf. *Grotstein, 1995*: “The Real is un-Imagineable and un-Symbolizable. It just is!”). We experience the other as real, to the extent that he/she is someone beyond comprehension.

A benefactor, confronted with the other's other-ness, will easily interpret this other-ness as *unruliness*. The other who interferes with the benefactor's best intentions is seen as disturbing and aggressive. This attribution of meaning to the situation, along with the construction of an image of another, reveals the *imaginary* character of the interaction. This imaginary interpretation will elicit a parallel aggressiveness: “aggressivity is provoked in a subject when the other subject, through which the first subject believed or enjoyed, does something which disturbs the functioning of this transference” (Zizek, 1997, p. 113). For
Lacan, this kind of aggressivity (i.e. an intention toward aggression) is unavoidable. Such tensions can be observed “in a relation involving the most Samaritan of aid” (Lacan, 1977, p. 6).

Through this confrontation with the other's other-ness, the do-gooder begins to wonder what the other wants from him or her. This confrontation with the other's other-ness disturbs one's own fantasy as to what the other needs. It destabilises a caregiver's established preconceptions about caring, as reflected in his or her rescue-fantasies. The confrontation thus disrupts the routine structuring of the caregiver's world. Since the other doesn't want the good the philanthropist offers, the latter will get suspicious. The philanthropist gets the impression that the other is someone of bad-will who has evil intentions toward the caregiver; in such cases, one believes one has become an object of the other's enjoyment. According to Julien (1995, p. 58) this elicits hate, and one's hate appeals to one's own jouissance, to the ‘fundamental evil’ and the ‘unfathomable aggressivity’ that oneself desires (Lacan, 1992, p. 186).

Already in his seventh seminar, Lacan names the essence of the other's other-ness, his/her jouissance. The concept of ‘jouissance’ (sometimes translated as ‘enjoyment’) is one Lacan used frequently, but never sharply defined. The concept was introduced in the early 1950s and evolved throughout Lacan's work, changing its meaning relatively (cf. Miller, 1999). By Lacan's seventh seminar - the period we are focusing our discussion on - it indicates a polymorph perverse enjoyment beyond (‘jenseits’) the moral distinction between good and evil. It is a concept aligned with Freud's ideas on radical mal-adjusted nature of the drive. The drive doesn't ‘know’ anything about what is good and bad; it just strives for satisfaction. Jouissance indicates man's excitement in acting out his drives, regardless of the existing law. In his seventh seminar Lacan (1992) links it to the kind of enjoyment the primal father in Freud's myth ‘Totem and Taboo’ is familiar with. By its lawless and polymorph perverse nature, jouissance is to be distinguished from pleasure and lust. Jouissance can coincide with feelings of lust (i.e. to the degree that it is civilised), but with feelings of displeasure, suffering or disgust as well. Jouissance always moves the subject intimately, and the latter is attached to it in a paradoxical way. Like Freud's ideas regarding evil, Lacan attributes this jouissance to both benefactor and neighbour. According to Lacan, the other's jouissance is fundamentally problematic; “my neighbor's jouissance, his harmful, malignant jouissance, is that which poses a problem for my love” (Lacan, 1992, p. 187).

The confrontation with the other's other-ness places the lack of the social bond to the fore; a dimension of disharmony, or ‘non-rapport’
(sic. Lacan) co-existent with jouissance (Miller, 1999). Along this way a corner of the veil that used to hide the evil the benefactor desires for his/her neighbour is raised. This is problematic, since the desire for one's neighbour's evil was avoided precisely through neighbour-love. One's destructive drives towards those one cares for are difficult to bear. Most troubling, is that beyond the imaginary dialectics of aggressiveness and suspicion, the benefactor is confronted with his/her own jouissance, hidden behind his or her best intentions. “Freud's use of the good can be summed up in the notion that it keeps us a long way from our jouissance” (Lacan, 1992, p. 185). So, jouissance is a dimension of other-ness and strangeness, both inside the benefactor and the neighbour. It is an unknown and uncanny dimension that the ego would rather know nothing about.

For a benefactor, the problem posed by the other's jouissance is broader than the problem met with when confronted with behaviour that is fundamentally different from what one expected. For the other's body as such, is problematic. It is problematic because its working and pulsing nature by definition escapes one's control. The Real-ness of the body is disturbing. This is obvious in cases where one is confronted with death and physical disintegration, but what Lacan indicates is that the other's body is fundamentally peculiar to oneself. The ‘logic’ the body obeys is different from, and often contradictory to, the logic of one's intentions (Lacan, 1986). It obeys laws that are different from one's plans and conceptions.

What these two confrontations with jouissance (via the other's unruliness and the working of other's body) have in common is that first of all they place the caregiver in a position of relative impotence. In each case, the process contradicts the caregiver's ideas regarding how things should run, but he or she is unable to influence the course of things. Things just don't run the way one would want them to. In both cases the Freudian drive (in both caregiver and other) is the central troubling factor. In Lacanian terms the disturbing aspect is the other's jouissance or ‘being’ (Verhaeghe, 2001), which constitutes the Real in the intersubjective situation. The other, in both cases, appears as a being that escapes how I imagine people to function or ought to function. This confronts the caregiver with his or her own dimension of unruliness, and hence with the drive and a dimension of unimagined being within him/herself.

Whereas Freud described the fear of losing the other's love as the motor for the withdrawal from aggressiveness, Lacan accentuates its origin in the imaginary identification between subject and other. But for both Lacan and Freud, this withdrawal feeds the internalised cruelty of the super-ego.
Lacan distinguishes two forms of identification: imaginary identification and symbolic identification. Here we will focus on imaginary identification. Imaginary or narcissistic identification is the process through which one adopts a self-image based upon the image of the other (cf. Lacan, 1977, pp. 1-7 and 16-25). In this case, the image of the other is treated as if it were an object which is considered attractive to the extent that it reflects an image of completeness back towards the subject. The object is first exalted, only then to reflect back to the subject an idealised image of its ego. In other words, considering the image of the other as its own mirror image, the subject in this way obtains a self-image. Through introjecting the image of the other, a person acquires a subjective consistency and the integration of its original disarray. For Lacan (1977, p. 19), this identification results in a truly ‘erotic’ and passionate relation to the image that one considers one's own.

Let us return to the question of why this kind of identification enables us to withdraw from our enjoyment at the expense of the other, since really complying with one's tendency to enjoy (at the expense of) the other would of course destroy the other. ‘We retreat from what? From assaulting the image of the other, because it was the image on which we were formed as an ego’ (Lacan, 1992, p. 195). By inflicting my jouissance onto the other, I would destroy the image I have of him/her. Naturally, this is highly problematic since I base(d) my self-image on the image of the other, by treating it as a mirror image. So, if I decide to destroy my neighbour I would consequently destabilise my own narcissistic self-image. This is a consequence one can't but be afraid of, since it would annihilate the narcissistic consistency acquired via imaginary identification. A subject ultimately recoils from enacting his or her aggression in order to avoid self-damage.

Lacan claims that the desire to do good is a barrier, an arrest that restrains the subject from complying with its inclination to jouissance and radical abuse. As such he considers doing-the-good as “a phony science” (Lacan, 1992, p. 218) since it veils our radical evil. Altruism is “the pretext by means of which I can avoid taking up the problem of the evil I desire, and that my neighbour desires also” (Lacan, 1992, p. 187). According to Lacan, our best intentions are nothing but a defence against the dimension of the unadjusted drive that disturbs us from within. Excluded, this dimension gets replaced by the function of caring. This exclusion meanwhile sexualises the excluded dimension (cf. Lacan, 1994, p. 155, for the link between prohibition and sexualisation). Like all psychic defences, this defence inevitably fails. Consequently, the intention to do good is always ambiguous and contaminated with polymorph perverse tendencies. People defend against this contaminating dimension in order to maintain their subjective consistency. All
manifestations of it will elicit the experience that something obscene was manifested. Reaction-formation (e.g. a flight into doing-the-good) can be one strategy to deal with it. In this case, the intention to do good will take on magnified and frenetic proportions and become a passion: the passion to do good (cf. Freud, 1958). Hence passionate or excessive attachments to doing good reflect the subject's jouissance.7

Elaborating Lacan's line of reasoning, we conclude that the feeling of charity towards a sufferer is largely an attempt to restore the injured image of the other. Another person's unruliness is troubling since it disturbs my familiar image of the other and this has profound effects on my own feeling of unity. An other who behaves strangely destabilises my subjective consistency. Not only is this troubling, it is the reason that the other has to remain in the image of my own. By enforcing the other to remain within the image of my own, I attempt to impose my image on people. Passionate caring is an effort to make the other resemble the mirror image I have in mind, such that he/she resembles me. Lacan (1977, p. 22) expresses this idea when he describes how “the passionate desire peculiar to man to impress his image in reality is the obscure basis of the rational mediations of the will”. By healing another's wound, by suturing the other's lack, a benefactor attempts to confirm his or her own narcissistic self-image. Man's altruism reflects his _amour-propre_ (Lacan, 1986). Consequently, healing another's wounds or excesses is an attractive strategy to heal one's own narcissistic injuries. Dealing with other's problems can be an appealing activity for those who unconsciously want to restore a problem of their own, without having to approach it directly.

To sum up, we can state that according to Lacan and Freud the nature of the love directed towards one's neighbour via altruism and charity is ambiguous. On one hand, the aim-inhibited love is truly eroticised, while on the other, it masks the destructiveness and jouissance inherent in the relation between the benefactor and beneficiary. These dimensions are (normally) hidden and imply a central problem for the benefactor's ego: he/she can't stand them. In response, destructiveness is hidden and introjected. This interiorisation coincides with the harshness of the super-ego.

**What about Caregiving Professions?**

Freud's and Lacan's comments regarding neighbour-love and altruism are directed towards a general attitude rather than professional caregiving. We suggest the same mechanisms especially apply to professional caregiving (cf. Ansermet and Sorrentino, 1991; De Soria, 1996).8
People engaged in the helping professions are often driven by strong and sometimes idealised ideas about charity. Many start their jobs with a rescue-fantasy, wanting to remedy other’s problems. What appeals to them is the lack they perceive in the person needing help which they long to suture in one way or another. The ideal of caregiving is thus an ego ideal for most caregivers. It has a strong narcissistic value (cf. Grosch and Olsen, 1994) and is rooted in the personal oedipal history (cf. Freud, 1957; Ferenczi, 1955).

But in the reality of caring, professionals are often confronted with so-called ‘difficult’ clientele that contradict this ideal. Their clients, especially those who stay in institutions because of a severe pathology, often cause problems that offend professionals’ best intentions and their ideas on how problems should be solved (e.g. due to specific object relatedness and a peculiar position in transference). As we indicated above, in such cases a strong appeal is made to caregivers' jouissance, destructiveness and/or sexuality. Since the everyday love of one's neighbour already causes subjective contradictions, we can assume that the contradictions caused in those who are engaged in professional care are manifold. Consequently, working in health-care professions tends to elicit strong ambivalence conflicts. Caregivers who are wrapped up in rescue-fantasies will experience this as especially problematic. After all, the more grotesque one's ideas on caring are, the more shocking the other's other-ness will be and the more ambivalent and contradictory one's own impulses will be.

**Professional Burnout**

We hypothesise that the problem generally known as professional burnout is connected with this contradiction. Burnout seems to be an effect of the ego's refusal to face and tolerate ambivalent impulses.

Maslach and Jackson, the two psychologists who introduced the concept of burnout in the academic world, define it as “a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind” (Maslach and Jackson, 1986, p. 1). This definition is widely accepted (Schaufeli and Enzman, 1998). According to this definition, burnout has three underlying dimensions. Emotional exhaustion is a dysphoric feeling of being used up and tired of working. Depersonalisation is understood to mean the attitude whereby one tends to withdraw from contacts with clients and addresses others in an impersonal way. Reduced personal accomplishment indicates that one feels less competent than before and that one has failed. We believe these three dimensions of subjective complaints are linked with the
mechanisms described. We will first discuss the theoretical elements of burnout-dynamics and then illustrate these briefly with a clinical vignette drawn from a research-project on burnout.\textsuperscript{10}

As we saw, for Freud and Lacan the harshness of the super-ego becomes stimulated by an attempted renunciation of one's own destructiveness.

The effect of instinctual renunciation on the conscience then is that every piece of aggression whose satisfaction the subject gives up is taken over by the super-ego and increases the latter's aggressiveness (against the ego). (Freud, 1961, p. 128)

Following our line of reasoning that a strong appeal is made to caregiving professionals' destructiveness and jouissance and the observation that these tendencies are usually defended against, we assume that the harshness of the super-ego will indeed be stimulated. In this case, successful caring will become a bounden duty that one almost cannot but fall to neglect. Feelings of incompetence and failure are to be expected as a consequence of this denial and the resulting severity of the super-ego (cf. \textit{reduced personal accomplishment} in the definition of burnout). After all, the main thing the super-ego does is to confront the ego aggressively with the fact that the ego-ideal is not attained. Note here that a similar mechanism is at work in what Freud calls melancholia. The self-denigration prominent in this disorder too, is nothing but internalised aggression: “self-reproaches are reproaches against a loved object which have been shifted away from it on to the patient's own ego … Their complaints are really ‘plaints’ in the old sense of the word” (Freud, 1963, p. 248). In this, precisely the aggressive elements are turned into a sense of guilt (Freud, 1961, p. 139).

In \textit{depersonalisation} or the physical and/or mental retreat from contacts with patients, a person renounces doing what he or she used to value or still consciously values. From a Freudian point of view we can qualify this kind of withdrawal as \textit{inhibition} (cf. Freud, 1959; Vanheule, 2001b). Freud defines the main origin of inhibitions as the avoidance of sexual and hostile impulses. A person renounces an activity since the execution of it would express impulses one wants to escape from. Inhibition is a strategy to avoid the psycho-neurotic conflict that would be evoked by non-inhibited activity. The conflict concerned is a conflict between two inner tendencies: on the one hand we have a tendency within the ego (e.g. the desire to do good) and on the other hand a contradicting impulse (e.g. the desire to ill-treat the other). The subject chooses to shun this conflict and limits the associated ego-function. This self-imposed limitation consequently serves as an indication of the underlying conflict one wants to avoid. Depersonalization can be
understood as an effect of inhibition, whereby a professional withdraws from being confronted with his/her evil tendencies towards clients. Lacan did not link Freudian inhibition to the withdrawal from caring, but he indicates similar mechanisms:

The resistance to the commandment ‘Thou shalt love thy neighbour as thyself’ and the resistance that is exercised to prevent his access to jouissance are one and the same thing … I retreat from loving my neighbour as myself because there is something on the horizon, that is engaged in some form of intolerable cruelty. In that sense, to love one's neighbour may be the cruellest of choices. (Lacan, 1992, p. 194)

If the activity of caring is contaminated with cruelty, caring as such will most probably be inhibited. We find the same mechanisms apply to the influence of sexuality. If sexual arousal enters too, much in one's aim-inhibited love, this love regains its sensual dimension and will contaminate caring too. Inhibition is to be expected if the ego can't stand this ambiguity.

Emotional exhaustion can be understood as the energetic consequence of the two other mechanisms. On the one hand, continually subjected to the ever-increasing commands of the super-ego, one gets used up, since it is inevitable that, despite one's best efforts, the ideal will never be accomplished. This may result in the feeling of powerlessness and usher in an attitude of resignation. On the other hand, exhaustion may be expected as a consequence of suppressing contradicting tendencies via inhibition. According to Freud, suppressing affects that are incompatible with the ego exhausts the ego. In this case the ego “loses so much of the energy at its disposal that it has to cut down the expenditure of it at many points at once” (Freud, 1959, p. 90).

Continuous defence consumes psychic energy.

Similar exhaustion is to be expected as a result of the radical contraction of an ego ideal resulting in the loss of this ideal (e.g. the ideal of caring: Vanheule, 2001a). According to Freud such a loss will result in the work of mourning that absorbs the ego: “all libido shall be withdrawn from its attachments” (Freud, 1963, p. 244). This work of mourning also exhausts a person since much of the available psychic energy is consumed. Following this line of reasoning it is no wonder that, once a work of mourning has been concluded, one may lose interest in the activities first linked up to the ideal (e.g. professional caregiving). After all, once one's ideal is lost, nothing any longer binds a person to the activity implied.

Let us now turn to the clinical vignette.

Tom, 29 years old, is a social worker, working in a ward for mentally
disabled adults with a psychiatric disorder. Tom describes himself as burnt out along the three dimensions of burnout described by Maslach and Jackson. During the interview he appears nervous and anxious and has difficulties in verbalising. At the end of the interview he seemed as though he wanted to throw off his yoke and literally run away from us. While interviewing, we focused on the problems he experienced in his job. Whereas he first shied away from talking about possible problems and glossed over negative aspects in relation to clients, toward the end he was more willing to talk. As a consequence his story is rather contradictory. At first he says: “I thought about quitting my job, not because of the guys (his word for clients he now works with), but because of the team … In my work with the guys everything goes very well. I have the feeling I'm rather objective in relation to them … Now I think I will go on with them. A lot of my colleagues left the job and others just work in a routine … but I go on”. But another dimension gradually showed through: “We have a lot of problems at the ward. We can't really affect the guys and that makes everything difficult. At last you resign and you think that it's not that easy to change that guy, … Eh, at last you start working in a routine and that gives me a bad feeling … Although it once was a challenge for me … For a long time we had a guy at the ward and we agreed we would intervene if he became aggressive, we said we won't let it happen! But he is so persuasive and so creative that we had the feeling we couldn't win … Some colleagues had to leave the ward because they couldn't stand the aggression. Then you start thinking, never mind … You don't have the energy and the courage anymore … You can't persist in staying optimistic and you start feeling insecure. Then I think, I'm wrong, I did it wrong and you feel unsure … That's hard to stand … The way you look at yourself. You start doubting … Some of our guys are really strange. I know their behaviour is so-called stereotypical, you know the explanations, but at last … I tried to empathise with them … At last you don't even try anymore. They are just bothering, nothing but strange. That gives me stress … Then I think, what are we doing over here … They are a different kind of people. There's no common ground between you and them anymore and that's strange, indeed. As they're only different, yes, that's strange … We want to change them but we can't. That's frustrating, that's powerlessness … I sometimes think we are all wrong over here, what we do is erroneous. But in fact, it is the guys that are pulling the strings.” After our request for an illustration and his statement that it was difficult to give examples of difficulties, Tom describes the following situation. “Eh, … We have a manic-depressive youngster at the ward and it really drives you crazy. He
continuously has periods of heavy laughing, turning into periods of heavy walking around and not laughing anymore … It's the same story over and over again. At last you resign trying to change it. I'm not manic-depressive, I don't understand him … There are moments that you think, boy don't fool with me, don't you even try to … But then again, you get fed up with it if you try to change him. You try to force the matter. Most often attempts to change his behaviour end up in the isolation cell, for him. He gets aggressive. Then you start thinking, I'm wrong, I tried to change him but it went from bad to worse. Now he's in the isolation cell and he's wounded … That troubles me”.

Concerning his desire to have another job he says: “I thought about working as a nurse on a normal ward, where the clients give you the information you need to help them and talk normally. Here they don't. A vital link is missing … At a normal ward you can ask them questions about what they are doing. That should be enough to understand them, to empathise with them … I suppose the contacts will be more normal, they are more recognisable human beings”.

In the vignette we notice the super-ego is at work in self-reproaches and self-doubt (e.g. for having tried to change clients and having failed, and for his own routine in working) (cf. reduced personal accomplishment). His difficulties in ‘admitting’ negative aspects in his relation with clients too, indicate a moral rigor. Withdrawal from contacts is evident in his description of the job as a routine and in his renouncing the attempt to influence clients (cf. depersonalisation). Inhibition more generally appears during the interview as Tom has problems with verbalising and giving examples. Exhaustion is reflected in his description of the job as stressing and in the feeling he has no energy and courage anymore. He tends to his work in a disengaged way, like in a routine.

Notice that all the interactions with clients he described begin from an idea of changing them, that is, of modelling clients along his own ideas. He wants them to fit into his conception of how humans are and how help can be given. Aggressiveness towards clients is difficult to admit and is only indicated indirectly. It seems he wants to run away from it and this attitude is repeated during the interview. He has difficulties talking about negative aspects in relation to his clients and at the end of the interview he literally flees from us. Aggressiveness nevertheless seems to influence his attitude in his work. For example, he has the impression that clients are taking advantage of him (cf. his idea that the clients are pulling the strings and that the manic-depressive client is fooling him). This position seems to bother him and
stimulates him to intervene harshly himself (cf. his idea he would ‘force’ the matter, that they shouldn't fool him, that he couldn't win). This interaction ends in a situation of violence he tells almost nothing about (cf. his remark that the manic-depressive client was wounded). It is indirectly signalled, in the way he introduces his interventions. It is remarkable that all of his attempts to make contact with clients or to change clients end up with the idea that they are radically different from him. He can't empathise and blames this failure as the reason why he retreats from caring. We notice that his insisting ideas about being able to change clients are constantly retracted. By abdicating and retreating from true interaction, he seems to avoid the question of whether his clients are ‘really human’ like him. He prefers to cling to his ideas about the possibility of changing clients and, like any good neurotic, fantasises about working with an easier population that would fit better with his conceptions.

Conclusion

In this paper we situated burnout as a subjective reaction to the ambivalence evoked by professional caregiving itself. Caring confronts the caregiver with psychic antitheses, since an appeal is made simultaneously to sexuality, destructiveness and jouissance. Because they are incompatible with the ideal of caring, these are tendencies the caregiver shuns away from and defends against. This defence results in conflicts between ego and super-ego, inhibition and exhaustion. We found these three mechanisms to explain the three core burnout symptoms: feelings of reduced personal accomplishment, depersonalisation and emotional exhaustion.

This paper focused on the function of caring in the basic relation between subject and other. We concentrated on the mechanisms within the primal relation all professional caring is based on. The way professional caregivers deal with the basic conflict discussed undoubtedly determines the functioning of professional organisations and caregiving institutions. We believe that the avoidance of both imaginary conflict and the inherent impotence all caregivers are confronted with, not only results in difficulty at the level of the primal caregiving relation, but that it will be reflected and repeated in the broader organisational context as well.

Based on the mechanisms described, we conclude that intervention, such as psychoanalytic supervision, should concentrate on the ego's experience of antithesis (e.g. the conflicting experience of aggression). Antithesis should be recognised, verbalised and worked through so
that it is no longer automatically defended against. This implies that supervisors should break through people's spontaneous tendency to avoid the taboo of aggression and sexuality and the tendency to disown these dimensions. As in psychoanalysis proper, professionals should be stimulated to say what's on their mind and to go into incidents they experience as compromising. In this way, the conflicting nature of contradiction may be diminished to the extent that it no longer seeks expression via subjective complaints. Intervention should focus on the symbolic roots upon which the imaginary caregiving relation is based (i.e. the caregiver's own oedipal history) and on the real impotence in relation to which it functions as a defence.

Notes

1 For example, in his seventh seminar he links sexuality to the acts of two extremely self-sacrificing women; Angela de Folignio and Mary Alacoque. Angela de Folignio is a thirteenth-century Italian mystic who drunk the water she first washed the feet of leprosy sufferers in. Mary Alacoque is a seventeenth-century mystic who ate the vomit of a sick man. Lacan (1992) erroneously says she ate the sick man's excrement (cf. De Kesel, 2001). Concerning their apparently unselshish acts Lacan stresses that "the erotic side of things remains veiled" (Lacan, 1992, p. 188).

2 Cf. Freud:
He seems not to have the least trace of love for me and shows me not the slightest consideration. If it will do him any good he has no hesitation in injuring me, nor does he ask himself whether the amount of advantage he gains bears any proportion to the extent of the harm he does to me. Indeed, he need not even obtain an advantage; if he can satisfy any sort of desire by it, he thinks nothing of jeering at me, insulting me, slandering me and showing his superior power; and the more secure he feels and the more helpless I am, the more certainly I can expect him to behave like this to me. (1961, p. 110)

And:
their neighbour is for them not only a potential helper or sexual object, but also someone who tempts them to satisfy their aggressiveness on him, to exploit his capacity for work without compensation, to use him sexually without his consent, to seize his possessions, to humiliate him, to cause him pain, to torture and kill him. (1961, p. 111)

3 The cartoon Popeye is a typical illustration on how a rescue-fantasy is organised. First something evil happens out of the rescuer's sight.
Usually, Bluto is kidnapping Popeye's girlfriend Olive Oyl. Then our hero hears her cry for help and comes to action. As Popeye first starts fighting Bluto it always seems that he will taste defeat. Evil Bluto seems to be much stronger. But then good-hearted Popeye eats a tin of spinach to pep him up and gains magical powers. He invariably beats Bluto and rescues his girlfriend. The problems Popeye first experienced in beating Bluto magnify the final victory. In short, this cartoon always shows how Popeye is able to enact his rescue-fantasy. The same kind of omnipotence can be found in caregivers' rescue-fantasies. The main difference between cartoons and rescue-fantasies, nevertheless, is that in reality caregivers tend to suppose that they don't need spinach; that they have magic enough to enact their rescue-fantasies. At the level of fantasy people think their goodwill and efforts suffice to rescue others and to gain others' appreciation for saving them (parallel to Olive Oyl's admiration of Popeye).

4 People differ in the degree to which they worry about their own ego and the perceived gap between ego and ideal ego. Those who are highly concerned tend to worry and to fantasise about how others consider them (‘How do others see me?’ ‘Who do they think I am’).

5 Jouissance, e.g. finds its expression in people's symptoms. People suffer their symptoms, want to get rid of them but nevertheless remain fixated to them. The bond between subject and symptom expresses jouissance.

6 In developing this line of reasoning, neither Lacan nor Freud refer to Stekel, who earlier on developed similar ideas by stating that in choosing for a pious, caring of pedagogical profession, people flee from their own criminal and sadistic impulses (cf. Stekel, 1910 in: Nunberg and Federn, 1974, meeting 117).

7 The fundament of this line of reasoning can be found quite early in Lacan's work. In 1948 he stated: “do we not point out the aggressive motives that lie behind in all so-called philanthropic activity?” (Lacan, 1977, p. 13) and in 1949: “we place no trust in altruistic feeling, we who lay bare the aggressivity that underlies the activity of the philanthropist, the idealist, the pedagogue, and even the reformer” (Lacan, 1977, p. 7).

8 Comparing the ideas discussed with the findings of Lacanian analysts working in and/or studying caregiving institutions, we conclude that the same mechanisms apply. Table 1 refers to passages in Ansermet and Sorrentino (1991) and De Soria (1996) that validate the theoretical ideas formulated from a clinical point of view.
Table 1

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Confirming source</th>
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<tbody>
<tr>
<td>One’s own destructiveness and drive-ridden nature are denied</td>
<td>Ansermet and Sorrentino, 7, 16, 18, 36; De Soria, 33, 225</td>
</tr>
<tr>
<td>Disturbed patients have a disturbing influence and this is generally denied</td>
<td>Ansermet and Sorrentino 11, 17; De Soria, 34-35, 40, 225</td>
</tr>
<tr>
<td>Sexuality is denied</td>
<td>Ansermet and Sorrentino 12, 28</td>
</tr>
<tr>
<td>Denial of the first three dimensions results in subjective defensive</td>
<td>Ansermet and Sorrentino 20, 42; De Soria, 225 Ansermet and Sorrentino, 8; De</td>
</tr>
<tr>
<td>measures, such as Furor Sanandi</td>
<td>Soria, 9, 10, 28, 51, 99, 222, 225</td>
</tr>
<tr>
<td>This denial results in a harsh super-ego</td>
<td>Ansermet and Sorrentino 37</td>
</tr>
<tr>
<td>Caregivers aim at repairing, driven by an ideal to realise a situation</td>
<td>Ansermet and Sorrentino 9, 27, 28, 44; De Soria, 28, 87, 159, 225</td>
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<td>of subjective completeness for the clients</td>
<td></td>
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<tr>
<td>Furor Sanandi has narcissistic roots</td>
<td>Ansermet and Sorrentino 43; De Soria, 87, 225</td>
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9 Depersonalization defined by researchers on burnout differs from the     |
more common psychiatric definition as estrangement from self and other.  |

10 Based on a screening on burnout in a population of 1317 professionals  |
in care for mentally handicapped persons and youth care (with the Maslach |
Burnout Inventory), we selected those 15 professionals who had the highest |
burnout score and those 15 who had the lowest score. We had a clinical     |
research interview for 2 hours with each of them. The raw interview-material |
was analysed via methods for qualitative research (cf. Miles and Huberman, |
1994).

References

Anthropos.

disenchantment and burnout among career woman lawyers’, Journal of Clinical |
Psychology, 56: 665-673.

Cooper, A. M. (1986) ‘Some limitations on therapeutic effectiveness: the    |
“Burnout Syndrome” in psychoanalysts’, Psychoanalytic Quarterly, 55: 576-598. [→]