

Interview With Charles R. Figley: Burnout in Families and Implications for the Profession

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Charles R. Figley is a psychologist, a family therapist, and a professor in the School of Social Work at Florida State University (FSU) where he has taught since June 1989. He is founder and director of the FSU Traumatology Institute (formerly the Psychosocial Stress Research and Development Program). The institute provides staff support

for the Green Cross Projects, which he cofounded following the Oklahoma City bombing in 1995. He is formerly a professor of family therapy and psychology at Purdue University (1974-1989). Figley received two graduate degrees from Pennsylvania State University and an undergraduate degree from the University of Hawaii, all in the area of human development. Figley has written more than 150 scholarly works including 14 books, most of which focus on stress.

Figley's work in the area of family stress includes the following books: *Stress and the Family, Volume I: Coping With Normative Transitions* (Brunner/Mazel, 1983), *Stress and the Family, Volume II: Coping with Catastrophe* (Brunner/Mazel, 1983), *Helping Traumatized Families* (Jossey-Bass, 1989), *Treating Stress in Families* (Brunner/Mazel, 1989), and *Burnout in Families* (CRC Press, 1997).

Figley's many studies focus on political and other types of celebrity family stress and how families cope with the invasion of privacy and other sources of stress. Among other things, he organized a task force to help the U.S. State Department and the families of those who were or currently are held hostage.

Peeples: Dr. Figley, thank you for taking time to participate in this interview. I, as well as our readers, look forward to learning more about you and your work in the area of traumatology. I have read your most recent work, *Burnout in Families: The Systemic Costs of Caring* and found it interesting and thought-provoking. More recently, I read your article in *The Family Digest*

titled "Burnout in Families" (1999). I was struck by the notion that a majority of couples whose marriages ended in divorce actually felt their marriage suffered from burnout. Burnout at the workplace is an issue we often hear discussed but not burnout in the home. How did you first become interested in what you believe to be family burnout?

Figley: Thanks for the opportunity to share my perspective with my colleagues. My interest started long ago, actually, when I was first studying combat-related stress disorder. I interviewed my first vets in their homes. I ended up interviewing, unofficially, the wives, parents, and sometimes children of these vets. Many of them suggested that they were living the war indirectly through the emotional responses of their veteran family member.

Indeed, early in 1982 in an invited presentation at Texas Tech University, I first discussed this phenomenon that I initially called secondary victimization. My interest emerged again after my book in 1995 that focused on secondary traumatic stress reactions and disorders among those of us who work with traumatized people. I called the phenomenon "compassion fatigue burnout." I made the judgment call to limit compassion fatigue burnout to professionals and to use systemic or family burnout for interpersonal relationships because I believe that it includes, but is not limited to, either traumatic stress or compassion.

Ronna Jevne and Donna Reilly Williams recently wrote a wonderful book titled *When Dreams Don't Work: Professional Caregivers and Burnout* (1998). Here the authors suggest that we start with a set of dreams or expectations for our work and when those dreams are not realized and are replaced with unrewarding and stressful experience, it ends in burnout. This happened with married partners, with parents, and with children, too.

Peeples: So when individuals merge together forming an intimate relationship each comes with his or her own set of dreams and expectations. When those dreams and

expectations are replaced with unrewarding and stressful experiences, the marriage can suffer and ultimately end as a result of burnout?

Figley: Yes. This most often happens rather gradually over several years. As with workplace burnout, family burnout is the result of efforts to correct or tolerate a bad situation.

My book, *Helping Traumatized Families* (1989), discussed the role of burnout in families in some degree of detail. Indeed, the book starts with a case report of parents who were called to school to discuss their teenage daughter's suicide ideation. It turned out that it was due in part to her father's symptoms of war-related PTSD (post-traumatic stress disorder) she and her family had suffered through for years. She, in a way, was acting as the active symptoms of her family's burnout.

For the past 8 years, we have been studying the phenomenon of secondary traumatic stress. However, it is only recently that we have begun to reconceptualize family presentation at our MFT (marriage and family therapy) clinic as symptoms of burnout. It is useful to call on the best measures and the most empirically validated axioms in the burnout literature and apply them to family relationships and family member morale. Moreover, if we are on to something, we would expect that methods of preventing and treating burnout in the work world may have utility with the family system and other intimate systems.

Peebles: Would you share with us what it is you are "on to" in your most recent work that relates to family systems?

Figley: Among other things, we have found that there is a systemic consequence to all traumatic experiences. We are not sure of the causes and consequences, as with most systemic phenomenon. The symptoms include, but are not limited to, those identified in the *DSM-IV* under PTSD. Among other things, there must be at least one family member who has experienced a highly stressful and frightening event that, when recalled, results in distress. Efforts to suppress the memories are either helped or hindered by family members.

As a result of our finding and the growing number of graduate students interested in the phenomenon, we established a traumatology practicum at the Center for Marriage and Family Therapy alongside our more traditional family therapy practice. Moreover, we have begun to reconceptualize family presentations at our MFT clinic as symptoms of burnout. Again, it is useful to utilize the best measures and the most empirically validated axioms in the burnout literature and then apply them to family relationships and family member morale.

Peebles: From what you've shared, I can see the importance of having a clear understanding of "burnout axioms" when assessing family burnout. Would you elaborate on these for us?

Figley: These are found throughout my book. Among the more significant are (a) the lower the level of satisfaction derived from a family member and the higher the level of distress caused by that member, the higher the

probability of family burnout; (b) the longer the period of time the family's routine is disrupted by a distressed family member, causing systemic tension, the higher the probability of family burnout; and (c) the greater the change between family member expectations for quality family life and perceived quality of family life due to the distress of a family member, the higher the probability of family burnout.

Peebles: And then based on these axioms, what are some of the best measures you are currently developing to assess family burnout? And which of those would you recommend to practitioners?

Figley: We are developing some excellent measures for helping practitioners deal with their secondary traumatic stress reactions. One measure, the Compassion Fatigue/Satisfaction Scale, codeveloped with Beth Stamm at Dartmouth College of Medicine, is available on the web. Another, the Florida Secondary Traumatic Stress Scale, is still under development. We hope to have systemic versions of both available by the end of the year.

One measure I would recommend is the Pines Couple Burnout Measure and Questionnaire (Pines, 1996). As with our compassion fatigue measure, this measure is self-administered and self-scored. Any measures of marital and family satisfaction and adjustment can be conceptualized as a degree of burnout.

Peebles: These sound like several extremely beneficial measures for helping practitioners and clients assess burnout. What specific factors are these instruments based on?

Figley: This is the least developed area in this new subfield. I am confident, however, that the model I describe in my book that leads to compassion fatigue is important and a parallel set of instruments could be developed. Among other things, it suggests that there is a cost to caring. The residual, systemic distress from caring can be reduced by (a) a sense of satisfaction as a family member that you are appreciated and a success and satisfying basic needs of other family members, and (b) differentiation, a la Bowen. Moreover, it is critical that we resolve those unresolved conflicts in our interpersonal lives so that they do not unduly affect our current family relationships. We need to take breaks from distressing family members from time to time without feeling guilt. And, finally, we need to manage family crises effectively so that they do not inadvertently cause unwanted second-order change. We have found that this reconceptualization is helpful to our clients because it is more restorative in nature. Just as burnout at work is a combination of factors that play a role over an extended period of time, so is family burnout.

Peebles: What specific factors are you finding that play a role in family burnout?

Figley: Nearly every workplace factor associated with burnout is worth investigation when applied to the family context. In Freudenberger's (1980, p. 286) early

work, he posed the following questions that I transformed into a family context:

“1. Do you feel yourself under pressure to succeed all the time?”

As a wife, do you feel yourself under pressure by your husband (wife/father/mother/older sibling) to succeed all the time?

“2. Do you need to generate excitement again and again to keep from feeling bored?”

Do you find, as a couple, that you need to generate excitement again and again to keep from being bored in your marriage?

“3. Is one area of your life disproportionately important to you?”

Is one area of your married life disproportionately important to you as a couple (e.g., sex, parenting, companionship)?

“10. Are your goals unclear, shifting back and forth between long-range and immediate?”

Do you find that your goals as a family keep shifting back and forth between long range and immediate?

In other words, the more we investigate the factors that lead to being burned out at work, we find the same thing in our own intimate relationships. It is, I am sure, one of the reasons why some teens can't wait to leave home and parents can't wait, either.

Peoples: It sounds to me like you are definitely “on to” something. Would you share with us how those methods of treating and preventing burnout in work apply to treating family systems and other intimate systems?

Figley: There are programs that work with both the individual worker and the work unit's interpersonal relationships that are associated with clearly identifying worker expectations at the beginning of the job, now, and midway between the two, and what factors in the job are critical to future job satisfaction. These are the most applicable to family burnout. Family members are urged to articulate their expectations, how they have evolved over time, and what is needed for their expectations to be more satisfied in the future. The challenge, of course, is working with family members to discuss and solve their interpersonal conflicts. Yet, this is what most marriage and family counseling is about. Indeed, I am convinced that marriage and family counselors (MFCs) could play a larger role in the assessment, treatment, and prevention of workplace burnout.

Peoples: Meaning that issues surrounding workplace burnout ultimately start with issues stemming from possible burnout at home or vice versa?

Figley: I agree completely. If MFCs can become change agents at home, one systemic context, they can do the same in another interpersonal context . . . at work.

Peoples: In what ways do you see MFCs contributing to the assessment and treatment of workplace burnout? And are these ways applicable in treating family burnout?

Figley: MFCs are experienced in systems work. Though the workplace is not a family, many characteristics are the same. Therefore, I could see MFCs working as consultants with business or the public sector to assess worker morale and how the initial motives for working in the setting have changed over time—particularly when things were working out best; and how work satisfaction, similar to marital or family satisfaction, is a function of structural factors that may not change versus interpersonal and social factors that can. Using their best tools as counselors, MFCs can identify and assist work groups in identifying and repairing strains in relationships and to build teamwork.

We are finding that all those assessment and treatment approaches associated with defining, quantifying, and enhancing distress from living within a family have important applications in the work setting. In my next book, *Systemic Traumatology and Brief Treatments*, chapters focus on the application of 10 different family systems treatment approaches. I emphasize in the introduction how easy it would be to apply these to other (e.g., work) interpersonal systems.

Peoples: I can see a strong need for MFCs in the world of business and industry to assist individuals and families who are experiencing burnout. What are you finding with regard to MFC training that can lend itself to preparing counselors to work with families and individuals experiencing compassion fatigue and/or family burnout?

Figley: We are talking about several issues simultaneously. First is how MFCs are prepared to help others with their secondary traumatic stress reactions. Second is the critical part; it involves two factors, which appear to be critical in limiting this residual stress from helping others: (a) separation (physically and emotionally) from the distress of the one being helped, and (b) satisfaction for the work involved in helping. The lower the residual compassion stress the lower the probability of developing compassion fatigue burnout. Two factors appear to increase the likelihood. Those are prolonged exposure (to the suffering) and traumatic memories (of unresolved and processed experiences).

If our model is correct, it has important implications for educators of MFCs and MFCs themselves once they begin working with families. It suggests that you “need a life” apart from helping the suffering, utilizing various strategies (e.g., boundaries). It also suggests that MFCs must continually renew one's sense of satisfaction for the work (e.g., through supervision, reading *The Family Journal*, mutual support/supervision groups). I would love to hear from readers about what they think about this.

Peoples: Would you elaborate on these issues more, and the model of which you speak?

Figley: I address both issues in my book on compassion fatigue (Figley, 1995). A more recent model, first introduced in the book, helps elaborate what I mean. The first three factors, which are empathic ability, empathic

concern, and exposure to the client, predict the quality of the empathic response (something that everyone agrees is critical to the quality of interpersonal effectiveness) and the social competence of professional helpers, volunteers, and social supporters. However, there is a price to pay for providing such a response. It requires us to be vulnerable to the emotions of the one we intend to help. Being empathic can take an emotional toll and is represented, at the very least, by compassion stress. However, the focus can be either clinical or personal material.

Peeples: You mean that MFCs are vulnerable to a similar form of burnout found in families?

Figley: Yes, and the focus can be either clinical or personal material.

Peeples: What recommendations can you make to MFC programs with regard to education and training?

Figley: Much more stress on cohort cohesion through outside activities. For example, each year our students and some of the hardier faculty go on an outward-bound weekend. There, we spend time playing together and, more important, in organized activities that require team building. The major emphasis, however, is for each class to come together in mutual support. These bonds last throughout graduate school and throughout an entire career.

Peeples: I hear you describing a process of forming cohesion among MFCs in training similar to what practitioners implement when working with families?

Figley: Yes, working as a team. Though our students are not our clients, they will function more effectively as a

team, but the result is greater mutual support. We want our trainees to know each other so well and the trust of each other so great that they can turn to each other in times of need.

Peeples: So by having MFC-in-training experience attachments, trust and support among each other, their awareness of systemic stress and burnout is increased, which would enable them to work with families more effectively.

Figley: Yes.

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