Chapter 12
Prevention and Communication: A Most Effective Tailored Treatment Strategies for Burnout

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12.1 Introduction

Burnout is steadily causing more and more damage to the national economy in Germany. Calculations by the Federal Statistical Office indicate that, by way of example, the cost of illness caused by stress, burnout, and mental illness in 2006 amounted to 26.7 billion Euros (Statistisches Bundesamt 2009) Compared with the first survey in 2002, this figure is higher by 3.3 billion Euros, the steepest increase of all types of illness in that period. Surveys show that occupational safety experts believe that the most significant source of mental stress is the workplace (Berufsgenossenschaften and BKK Bundesverband 2004). According to the Centre of Disease Management at the Munich University of Applied Sciences, the loss of productivity due to mental disorders suffered by German companies every year ranges between 8 and 20 billion Euros (Centrum für Disease Management 2010).

Individuals as well as companies might save money if targeted steps were taken to prevent burnout. The Mental Health Atlas of the World Health Organization (WHO) for 2011 shows that on a global scale, less than two US dollars per person per year are being invested in mental health.

At the same time, the demand for highly qualified professionals and managers is rising. It is they who enable innovation and economic growth in the first place. The ongoing demographic change makes it increasingly hard to meet this demand, and

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some EU countries try to cope with that problem, partially at least, by increasing the retirement age. This presupposes, however, that people retain their ability to work and productivity until late in life.

Yet a glance at a general analysis of reports by the German health insurers clearly shows that we cannot take this for granted for many people: while disorders of the musculoskeletal and respiratory systems occupied top ranks in former reports, mental illnesses top the list today, having almost doubled compared with 1990. What is more, the number of working hours lost by organizations through mental disorders is disproportionately great. It is impossible to predict the extent to which the persons concerned may regain their stability and their capability to perform at work on a constant basis.

Burnout is more of a syndrome, hard to diagnose and distinguish from other disorders: it has several levels of manifestation. For this reason, the following contribution will first address the concepts of health and prevention and take a closer look at the subject of stress, stress being "closely related" to burnout.

Following this, the communication aspect will be given closer attention, for it is from this holistic understanding that action strategies for burnout may be derived.

12.2 Prevention

Since the 1990s, a marked change has been emerging in health research. Taking place at various levels, it has triggered a profound transformation in the discipline.

After a widespread debate about the WHO's concept of health, a broader interpretation of health is increasingly gaining ground in theory as well as in practice. Highlighting the physiological, mental, and social aspects of health, the WHO places stress on the well-being of individuals and their ability to experience health subjectively. This interpretation clearly goes beyond the borders that were set by the exclusive consideration of physiological aspects in former times (WHO 1991).

Moreover, it is increasingly granted that health has a dynamic and processual aspect. In his salutogenic concept, Antonovsky (1997) abandoned the dichotomy between health and illness for a continuum of health and illness. Antonovsky assumes that there is a constant struggle between salutogenic and pathogenic forces ranging between the poles of health and illness. If we adopt this basic idea, the key question is this: how can a person become more healthy and less ill? This basic salutogenic concept becomes even clearer when we compare it to downhill skiing. The question is, "how to render the track less dangerous and turn people into excellent skiers at the same time" (Antonovsky 1993, p. 11).

In other words, the earlier we influence the individual as well as his or her environment, the greater will be the effect of this influence on the dynamic, processual course of health. Consequently, prevention plays a pivotal part in the early treatment of burnout.

The term prevention describes steps designed to prevent or delay the onset of a disease or, where this is not possible, to mitigate its consequences.

We distinguish among primary prevention, secondary prevention, and tertiary prevention (Caplan 1964):

Because it starts before the onset of a disorder, the first type of prevention addresses a group of people who are free from symptoms of illness. The classical methods employed in this target group include inoculations as well as counseling about nutrition and coping with stress. Consequently, it focuses on stabilizing or strengthening existing resources.

Secondary prevention begins in the early stage of a previously contracted disease in which no sign of ill health is present. Its objective is to keep a disease from developing more serious symptoms or even becoming chronic. This type of prevention addresses people who are free of subjective complaints and were made aware of their state of ill health only by programs, health checks that they incidentally attended at e.g. conferences, or similar measures. In many cases of burnout, there are minute signs at various levels that are kept from penetrating into the client's consciousness by compensation or denial and can only be brought to his or her attention by close questioning, giving them an entirely new face.

The objective of tertiary prevention is to keep a manifest disease from causing consequential damage or, alternatively, to prevent relapses, which largely overlaps with the objectives of rehabilitation. As described at the beginning, rehabilitation after a manifest burnout syndrome is a very long and drawn-out process whose ultimate success is very difficult to predict. Moreover, as the signs often manifest at various levels it must be treated on an interdisciplinary basis to be truly successful.

12.3 Subjective Health: Burnout

When people are not admitted after a complete collapse, but turn up in a practice at an earlier time, we frequently hear that such clients were given feedback about certain peculiarities by friends, spouses, children, or other members of their circle, which set their subjective assessment mechanisms in motion in the first place. This clearly illustrates the significance of subjective and objective health and the difference between them in burnout as well as in other disorders.

To arrive at a realistic judgment of an individual's health, it must be assessed subjectively (by the individual) as well as objectively (by third parties). According to Gunzelmann, subjective assessments depend on individual values, motives, and health concepts (Gunzelmann et al. 2000). Individual assessments are based on four concepts of health:

1. Health as the absence of illness
2. Health as a reservoir of strength and energy
3. Health as functional performance capability
4. Health as the balance between physical and mental well-being (BMFSFJ 2001)

Self-assessments, i.e., subjective evaluations of one's own mental and physical health, are largely guided by biographical experiences and personal interpretations. On the one hand, therefore, the meaning of health differs from one person to another, while on the other hand, subjective judgments about one's own state of health (Borchelt 1996) may differ even if the underlying objective data are the same. A study on correlative connections has shown that subjective assessments of health are less closely connected to the objective state of health diagnosed by a physician (Lehr 1997). More will be said about assistance and care dependence later on (Künemund 2000).

12.4 Emotion and Health

Next to subjective assessments of health, emotions are of crucial importance, although, as in the old conundrum about the hen and the egg, we cannot say whether emotions such as insecurity or fear may cause subjective assessments to worsen, or worse subjective assessments of one's own state of health entail negative emotions. Still, there is indeed no basic dispute about emotions and health being connected (Ilmarinen and Tempel 2002).

There is a large number of studies investigating the effects of emotions at the physiological or behavioral level (e.g., Seligmann 1979; Wortman and Brehm 1975).

Because of restructuring measures, fixed-term employment contracts, and maximum expectations of flexibility with respect to places of work and working hours that are frequently met with in today's working world, many employees are afraid that they might lose their job. This sometimes chronic anxiety markedly increases the risk of cardiac infarction, as Siegrist documented as early as 1991 in a study on the subject (Siegrist 1991; Ilmarinen and Tempel 2002). Moreover, other chronic anxieties may also increase that risk in persons of identical physiological condition (Harych 1995; Ilmarinen and Tempel 2002).

Next to the fear of losing one's job, the following chronic anxieties also play an important part in today's working world (Harych 1995; Ilmarinen and Tempel 2002):

1. Irregular and/or reduced wage payments
2. Loss of status (e.g., through unemployment)
3. Abolition of perquisites
4. Increased requirements regarding mobility
5. Increased pressure to perform because of tighter time standards
6. Changes in vocational qualification requirements

In principle, fears do not represent a threat to human salutogenic development, provided that people believe that their cognitive, physical, mental, or social resources enable them to cope with the situation and influence it actively. Fears negatively influence the motivation to act constructively in finding alternative solutions or in reinforcing the existing skills. Intrinsic motivation can be a factor enabling employees to break through the negative cycle (ten Brummelhuis et al. 2011).

Using the fear of a cardiac infarction as an example, Berger (2004) clearly demonstrates the various levels at which anxiety may express itself. At the emotional level, there may be feelings of helplessness, fear, or the feeling of being at the mercy of circumstances. At the physical level, fear may express itself by sweating, shortness of breath, shaking, or tachycardia. At the behavioral level, activities like taking medication or behaving evasively can be observed. At the cognitive level, people may have thoughts like "I am going to faint" or "I am losing control."

This example of an anxiety response at various levels of influence may be transferred to a wide range of situations. Things become problematic when one situation that has not been coped with brings forth the next, setting off a chain reaction that can have a lasting negative influence on a person's self-image. For people to regain their autonomy, self-responsibility, satisfaction, and confidence in their own resources and options to influence matters, it is imperative to initiate the requisite steps in time. Frequently, an experience of anxiety like the one sketched out above is reinforced by prejudices in the social environment, one of them being the preconceived opinion that there can be no improvement in the plasticity of experience and behavior in old age, or that there is a greater danger of cardiovascular illness. The overcoming of the prejudices and the focus on preventive steps may constitute a major contribution toward improving health (Radebold 1998; Helmchen and Kanowski 2000; Heuft et al. 2000).

12.5 Stress and Burnout

According to Selye (1936, 1977), "stress is an unspecific reaction of the body to requirements of any kind."

> Stress burdens, disturbs, and threatens the organism in a manner which, if it becomes too intense, may overtax its mental and/or physical capacities to adapt. (Vester 1976)

These generally accepted definitions of stress do not answer the question why people exposed to identical objectively measurable stresses differ so widely in their perception of stress.

One possible explanation for this heterogeneity was offered by Lazarus. According to him, the subjective perception of stress depends on appraisals made by the person who is in a stressful situation. These appraisals are made in phases that follow one another in time (primary and secondary appraisal), ultimately ending in a judgment about the extent to which the person, in his or her opinion, has or does not have the psychological, physiological or cognitive resources or strategies needed to cope with the situation (Lazarus 1974).

It is of crucial importance that these appraisals are not made entirely consciously, and that the outcome of a stressful situation, whether positive or negative, basically influences the appraisal and management of subsequent stressful situations.

This concept of stress was expanded later on with a focus on situation control (Lazarus and Folkmann 1987). Subjective appraisals are guided by the following four criteria:

1. Expectation of a requirement
2. The standard of quality by which one's own reaction is assessed
3. Confidence in one's own abilities and resources
4. Assessment of the risk on the basis on one's personal value pattern

Fundamentally, these questions and assessments are based on questions people ask themselves about their own personality, the extent to which they accept and recognize themselves as complying with their own personal standards and values, and the extent to which this is reflected by their environment. Like a self-fulfilling prophecy, a subjective feeling of worthlessness, weakness or declining performance may take root psycho-physiologically, causing a manifest negative self-image that leads to defects in the performance of actions and is ultimately confirmed by critical feedback from the environment.

In a stress test, Schulz (1982) found marked differences between subjects who had rated themselves as robust before the experiment and others who characteristically appraised failures in a manner that stabilized their self-esteem.

During the study, less robust persons made more mistakes, reporting anxiety, insecurity, and dissatisfaction, attributing poor performance to lack of concentration on their part, and even showing more irregular physiological reactions than the reference group.

How to arrive at a differential diagnosis of stress and burnout has been a highly controversial question. However, one crucial distinctive feature appears to be the extent to which the psycho-physical condition and the personality of the individual has been penetrated by experiences of inadequacy that threaten his or her self-esteem, with a potential effect on a variety of symptomatic levels.

> Frequently, burnout does not arise from stress per se but from unmediated stress—being under stress without a way out, a buffer, or a support system at your disposal (…). (Farber 1983, p. 14)

Often, burnout syndrome occurs in people who are generally regarded as masterful, strong, self-confident, and also very successful. This outside view is a blessing as well as a curse; a blessing inasmuch as positive and appreciative feedback may act as a motive force by satisfying a desire for recognition and appreciation, and its euphorizing effect may gloss over signs of excessive strain. It may become a curse when persons come under pressure not to admit to weaknesses, difficulties, and problems because they overrate the danger of losing their environment's acceptance and appreciation if they are forthright.

It has already pointed out that subjective assessments of health always result in part from a person's own biography, and that stressful situations experienced earlier always greatly influence the assessment and mediation of later stressful situations. This is the learning process based on experience in the continuous reflection of the circumstances in relation to the abilities, emotions and reactions of oneself

(Bruggmann 2000). When persons have previously had positive experiences in which they were able to use their resources successfully they will approach subsequent stressful situations with great self-confidence and assurance. When experiences have been negative (the problem was not solved or the external appraisal was negative), it is of crucial importance whether failures are attributed to external factors or internal factors, such as a lack of intellectual capability.

In extreme cases, linking failures to a lack or dearth of available capabilities or resources may lead to a flattening of all emotional connotations—a general mood characterized by dejectedness, irritability, fear, and listlessness—and may even cause a feeling of inner emptiness closely related to feeling hopeless, lonely, isolated, and apathetic.

If a perceived lack of autonomy is added to this mood, meaning that emotional changes are negatively reinforced by the experience of helplessness, this self-reinforcing process will end in burnout. Thus, the condition is the result of a slow process of development characterized by permanent stress and energy expenditure (Freudenberger and North 1992).

The individual steps of this process, frequently subdivided into 12 phases (e.g., Freudenberger and North 1992), may be roughly outlined as follows.

First, people encounter situations with which in their own view they cannot cope, conforming to their own standards. They attempt to expend yet more energy in meeting these standards. If more energy is expended, energy resources cannot be fully "recharged." Next, any activities not related to the job are displaced and downgraded because they are regarded as less important. As people focus more and more on fulfilling the high standards they have set themselves, they fall into a state of tenseness that may result in intolerance and irritability. Gradually, inner unrest and a lack of orientation appear but do not cause behavioral changes that are perceivable from outside. Then comes the turning point, and perceptible changes manifest themselves: the persons concerned may show withdrawal tendencies, behave cynically, or show other behavioral patterns that completely surprise their environment.

The key problem at this stage is that the persons concerned are no longer able to sense their own needs and cannot communicate them in consequence. Added to this are many and varied signs of exhaustion at the emotional, physical, and even cognitive level. This development may peak in total exhaustion with the destruction of the self-esteem and loss of control (Burisch 2010).

All in all, there are two sources for the development of burnout that were already apparent in the previously cited example of a downhill skier.

One is the individual level, which is affected by great expectations of oneself, lack of influence, a great desire to meet the requirements of the environment, and a host of other criteria. The second source is the environment, characterized by unrealistic expectations, nontransparency, lack of participation, insufficient freedom of action, ambivalence, value conflicts, and poor justice (Maslach and Leiter 1997, p. 38).

These two sources are mutually dependent and must be considered holistically. In our skiing example, prevention means selecting a suitable track and preparing it so as to avoid as many sources of danger as possible or at least mark them properly.

Conversely, skiers need warm-up exercises and a certain level of training. Moreover, they must be certain that mistakes are permitted and even desirable for their further development, and that the track always provides a variety of perspectives as well as a safe, benevolent ground.

The interactions among health, subjective health, stress, and burnout described earlier on clearly document the relevance and necessity of making an interdisciplinary effort to develop a precise and differentiated analytical method that has been lacking so far.

As the symptom levels of the burnout syndrome may differ widely between individuals, the success of any steps taken crucially depends on the precision of the analysis and diagnosis. Like no other clinical picture, burnout calls for an interdisciplinary approach to diagnosis as well as to the resultant therapy. Only in this way can justice be done to the manifestation and individual pathogenesis of the various symptoms.

As described above, burnout in extreme cases will cause clients to cut themselves off completely, feeling profoundly that they are helpless, empty inside, and not strong enough to change the situation.

Consequently, prevention must begin far earlier, including sensitization to and feedback about characteristics that are changing in the direction of a burnout. One of the most effective measures to prevent isolation with its perpetually self-confirming negative appraisal pattern is communication.

12.6 Communication

Communication, one of the important means of preventing burnout, is effective in all three areas of prevention. In primary prevention, it serves to avoid burnout; in secondary prevention, it serves to heal and prevent the deterioration of symptoms; and in tertiary prevention, it assists in the reintegration of patients into their working life and the prophylaxis of burnout.

As every human being differs from others especially in terms of genetic makeup, upbringing, personality, education, and socialization, communication is first of all a means of making people aware of these differences in pathogenesis and development. Communication acts at three different levels: communication with oneself, interaction with a communication partner, and reflection on the communication process. In a meta-analysis of 84 burnout studies, Klink et al. found that the efficacy of various stress management strategies differs: cognitive-behavioral strategies are more effective than multi-modal interventions and relaxation methods (Van der Klink et al. 2001).

Communication may intervene at the point where people form a cognitive structure of their experiences and emotions. This cognitive structure enables people threatened by burnout to understand their experiences better, to reflect upon them, and to re-interpret them. Confusing or anxiety-inducing experiences can be translated into an anxiety-free orderly context (Zech and Rimé 2005).

Empirical studies document that the mental and physical health of the subjects examined was indeed improved by this empathic communication. Further results of this positive influence include a decline in the frequency of recurrent thoughts, and increasingly positive emotions toward past experiences. Participants in the study who disclosed their emotions in an indifferent context frequently reported feelings of desperation and increased stress (Lepore et al. 2004).

In the context of work, Maslach and Jackson (1984) describe the burnout syndrome as the consequence of permanent stress and imbalances between work and resources. Emotional exhaustion, depersonalization, and reduced personal performance are three dimensions which they regard as relevant parameters, with emotional exhaustion being seen as the core dimension of burnout.

The effective treatment for burnout is timely and consistent prevention (Bergner 2010). Maslach and Goldberg, who do not regard burnout as an exclusively individual problem, develop solution approaches that are initiated at the individual as well as the institutional level (Maslach and Goldberg 1998, p. 72). To differentiate between the multitude of different strategies available to prevent and treat the burnout syndrome, it makes sense to distinguish between approaches that focus on the individual and concepts that relate to organizations (Schmidt 2011).

Methods that focus on the individual enable people to use their individual and social resources to become more resistant to stress and thus reduce the risk of burnout. Organization-related concepts are aimed at improving the working conditions in an organization and minimizing external stressors and/or promoting social support.

Understood broadly, therefore, prevention means reducing the stress that is having an impact on the persons concerned. The prevention methods employed differ according to the stress-related background theory, the level of intervention, the management players, and the openness and reasonableness of the individual, with communication forming the most important link.

12.6.1 Burnout in Companies/Organizational Context

Companies should employ tailored anti-burnout strategies to secure the profitability of the organization and the health of its workforce. “Workplaces are under the influence of powerful economic, political, and social forces which generate an atmosphere that has never been as susceptible to burnout as it is today’ (Maslach and Leiter 2001, p. 26).

The objective is to alert the members of an organization to the need to prevent burnout, while establishing the development of health-promoting conditions within it. According to Bauer et al., supervision groups that are moderated by psychotherapists and include an external coach for employees and their superiors are most effective in preventing burnout syndromes in a company (Bauer et al. 2003, p. 213).

Every year, companies in Austria, Germany, Switzerland, and elsewhere invest tens of billions in corporate communications, and the sums keep growing

(Zerfaß 2007, p. 21). The communication system is now an important division in a company. The "European Communication Monitor 2011" shows that the most important disciplines in communication management, corporate communications, and internal communications are expanding steadily.

As far as the use of communication methods as a strategy of prevention is concerned, executives are the most important players and multipliers in an organization because of their daily contact with their subordinates. Moreover, specific communication issues arise in conjunction with processes of change and in difficult situations (Schick 2010, p. 137). The most important skill in interpersonal communication is to use face-to-face communication authentically and effectively. The original type of communication is still the most comprehensive. According to Mast, personal talks constitute the most effective form of communication. Because of the immediate feedback among participants, they fulfill the functions of information, interaction, interpretation, and control (Mast 2000, pp. 106–107.).

External factors, such as workplace conditions, have their own significance and should be reviewed to assess their damage potential, for "persons who suffer burnout from their work may also be seen as barometers sensitive to societal conditions: those who display 'healthy' reactions to 'sick' conditions" (Rösing 2003).

Another essential aspect of burnout prevention is providing support for managers in developing a more differentiated self-perception. In a second step, the quality of self-perception affects the reliability with which others are perceived. The more executives are aware of their own self and the effects of their communication and are able to perceive both, the more qualified they will be to assess their subordinates correctly and save them from burnout. Senge et al. describe how self-responsibility forms a basis for conscious decisions, which enables executives to arrive at responsible decisions for themselves and for their employees (Senge et al. 2005, p. 14).

12.6.2 Communication and the Symptoms of Burnout

An important element in the prevention of burnout by communication is to analyze comprehensively any potential symptoms of burnout that may be present, manifesting themselves at the emotional, social, intellectual, or physical level.

Emotional symptoms include, among others, diminished emotional robustness, reduced empathy, impatience, intolerance, high irritability, frustration, anxieties, depressive reactions, feelings of helplessness and powerlessness, and even thoughts of running away or committing suicide.

The social effects of burnout may express themselves in avoiding personal and professional contacts, lack of attention, more frequent absences from work, difficulties in dealing with conflicts, withdrawal, and marital and familial problems.

Intellectual signs and symptoms include, for example, diminished concentration and/or productivity, inability to cope, difficulties in arriving at decisions, and loss of flexibility or initiative. Among others, the physical symptoms of burnout include

insomnia, exhaustion, cramps, hypo-immunity, gastro-intestinal complaints, nervous irritation, high blood pressure, and defective libido (Burisch 2010).

This multitude of different burnout effects must be analyzed and viewed in a holistic context. Such an analysis will identify symptoms as competent feedback loops indicating a defect. Symptoms are useful in determining the need for and specificity of the requisite interventions. In concrete terms, this means initiating involuntary processes of a helpful kind.

What is so special about unconscious, involuntary processes that produce undesirable results? More powerful than voluntary processes, they generate an automatic suction effect. Voluntary and conscious reactions should work in tandem with involuntary and unconscious reactions in an optimized process of cooperation. The things that stress people form part of their loyalty value system, which in turn forms part of their identity. Nothing should be left out; instead, all subsectors should be integrated. Unconscious and involuntary processes should be translated and adapted to existing values and needs. In constructivism, no objective truth exists, meaning that everyone internalizes experiences on the basis of their selective perception, appraising them after the stress has been processed. It is, therefore, all the more important to find out what one's own truth is through communication and feedback (Schmidt 2011).

The following questions may be helpful in this context:

1. Which of your own needs have been neglected?
2. Which of your abilities remain underdeveloped?
3. What objectives are unrealistic?
4. Which tenets of faith and which thinking patterns are dysfunctional?
5. Which environmental conditions are a burden?
6. What information is still missing?
7. What can be changed at the best possible cost–benefit ratio?
8. How can I regain a part of my freedom/autonomy?
9. Which incongruencies should I resolve?

The way in which individuals answer these questions clearly shows that anyone may be hit by burnout. The first thing one should be aware of is that burnout may hit many people: excessive commitment may always lead to exhaustion. The second thing you should be clear about is your occupation, the question being what intrinsic motivation as a motivation that comes from inside an individual prompted you in your choice of a job. In a third step, your self-assessment should be modified so as to correct any excessive demands with regard to your intellectual capability, mental stability that describes either a level of cognitive or emotional well-being, physical robustness, partnership, family, job environment, etc.

To prevent burnout, care should be taken to live a healthy life, including sufficient sleep, physical activity, healthy nutrition, moderation in the consumption of alcohol, etc., relaxation techniques, hobbies, and cultivating relationships.

Any development of self-regulation is predicated on self-observation (Kanfer et al. 2000; Bandura 1991). The starting point is to break with automated routines by focusing on a behavior that is to be influenced. This behavior is registered in the context of

a situation, and observations are compared with internal standards and personal objectives. Such self-observation serves two purposes, self-diagnosis and self-motivation. Systematic self-observation yields important information about one's own personality and its impact, thus enabling people to control their own behavior better (Bandura 1991). Self-motivation is brought about by setting yourself goals that are increasingly difficult to attain while keeping your own actions under close observation (Bandura and Cervone 1983). In addition to these aspects, communication of self-efficacy can buffer and promote self-actualization (Emold et al. 2011).

People who understand their role in this way become "scientists for their own cause," although they can never gain more than a subjective image of objective reality. Thus, continuous critical reviews acquire outstanding importance in the identification of burnout (Bortz and Döring 2002).

12.6.3 Coaching to Support Communication

One of the universally valid rules of behavior in the prevention of burnout is this: "Lessen overload and increase training in communication and management skills" (Bedell and Lennox 1997). In this context, coaching may be used as an interdisciplinary process of counseling (meta-communication featuring derived communication strategies that exert their influence at all three of the levels described before). In his study to examine the efficacy of client-centered coaching, Künzli (2005) describes the following effects that may be attributed to the use of coaching:

1. Managers feel relieved.
2. They develop fresh perspectives.
3. Their reflection, communication, and leadership competence improves.
4. Managers act more effectively.

Management coaching is beneficial to individual managers and supports the prophylaxis of burnout. However, there is no theoretical material or empirical research to document this.

Person-centered coaching (Joseph 2006, p. 47) originated from the founder of conversation psychotherapy and client-centered counseling, the American professor of psychology, Carl Rogers. In different cases and studies, he demonstrated that his principles of congruence, acceptance, and empathy on the part of the counselor are a prerequisite for the success of various forms of counseling. This client-centered approach is far more effective than other methods and techniques used to initiate processes of change. Characteristically, the process mobilizes cognition away from rigid valuations toward spontaneous feelings and experiences. Change crucially depends on individual self-updates (Rogers 2008, p. 74 onward).

Corporate coaching promotes a variety of changes in professional life, the objective being to adapt the development of managers to the characteristic features of a company and enhance their responsibility for themselves and their tasks at the same time. As it affects people's personalities as a whole, the influence of coaching

extends to the professional as well as the private environment. Positive effects may include, for example, stress relief and changes in the conduct of relationships or in communication (Wirkner 2006, p. 78).

Although it was assumed for a long time that emotions are an item to be neglected in a company, several studies have confirmed that, if employees feel positive emotions toward their company, absences will be reduced to a minimum, efficiency at work will increase, the collaboration of teams will improve, and lasting customer relations will benefit (Straumann and Zimmermann-Lotz 2006, pp. 144–145).

To quote an example from Germany, the second Marburg study of coaching showed that it is indeed a suitable method for supporting individual needs and mixed issues and levels (Marburger Coaching Studie 2011). Accordingly, coaching appears suitable for preventing burnout by individual as well as institutional solution approaches.

Consequently, the two pillars of burnout prophylaxis are individual self-responsibility and organizational health management. For their part, organizations need to create a corporate culture that permits talking frankly about requirements and capability limits.

12.7 Outlook

Investing in prevention pays: companies that invest in the individual mental health of their employees receive a positive return on investment (ROI). A climate needs to be created in which it is possible to communicate about burnout without any stigmatization.

Competence in communication should be established early in life because it may contribute a great deal toward prevention. Coaching may serve to build and enhance such cognitive competences.

Following the example of reputable cancer centers that already exist, burnout centers might be set up that integrate preventive, medical, psycho-educational, and communicative aspects.

The conclusion is an urgent appeal to address the previously described disturbances in the communication of burnout clients, analyze them, and develop the requisite steps on an interdisciplinary basis.

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