



Failure in Health: Burnout as an Intuitive Competence for Setting Health-Conducive Personal Boundaries

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Words and Other Focussing Measures Produce Reality

Our experience is determined by the meaning we attribute to it—nothing IS simply what it IS. That is why it makes more sense to consider how concepts act as frameworks or filters for the attribution of meaning than to merely assess their “reality content”.

From a hypnosystemic perspective, quite in line with the insights of neurobiology (autopoiesis, Maturana & Varela) any human reality is formed in autonomous inner self-organisation, largely at an involuntary and unconscious level. (Maturana & Varela, 1980) In this sense there “failure” as an objective phenomenon does not exist. In fact, “observers” of these phenomena subjectively describe, define and assess behaviour and other experience-related processes as “failure” and draw certain conclusions from them. This creates an effective reality. If the client perceives this as a “problem”, this presupposes that there is a discrepancy between his/her conscious descriptions, definitions, assessments etc. and his/her involuntary actions and reactions, which emerge from within on their own accord, and which go in an opposite direction not desired consciously. So “failure” as a problem is always an expression of inner conflicts between the conscious and the involuntary. Conscious thinking will then define the involuntary reactions as deficient, as incompetent, often even as pathological.

So how can “failure” affect individuals and their social environments? Of these effects, which are considered relatively desirable and which more or less incidental? What are the contexts in which it could make sense to strive for these effects? How could we bring about the desired effects at a lower cost?

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For example, I could see my collaboration in this article as a kind of invitation to fail. I could ask myself: “Who am I to believe that I have anything to say in this field. Can I even keep up with such competent co-authors?” etc. The short-term effect of such thoughts could lead to a fear of failure. In order to avoid this fear, I might considerably increase my readiness to perform. I might enhance my intellectual preparedness, read even more literature on the subject, collect even more quotes, try to further refine my language—all of which are strategies to diminish my fear, at least for the moment, and to reduce the probability that it will recur, but cost a relatively high price: namely the tendency to overwork and the feeling of “having to appear to be something” which “is not me”.

Concepts Shape Relationships with Experience

The way we relate to our perceptions determines how we perceive our relationship with what we call reality. This linkage must be thought of as a closed causal ring (circle): At a higher level of emergence, the interactions between the elements of our perceptions (represented through our senses of sight, hearing, touch, taste, smell) produce patterns, which we experience as concepts, meanings and assessments, but also as emotional and physical effects. The concepts in turn operate as attractors that sort and restrict the complexity of perceptions. *“Be what you would seem to be—or, if you’d like it put more simply—Never imagine yourself not to be otherwise than what it might appear to others that what you were or might have been was not otherwise than what you had been would have appeared to them to be otherwise!”* (Lewis, 1996, p. 89)

To what kind of self-relationship does the notion of failure invite us? The reality construct “failure” entails an invitation to deny the social context of one’s own behaviour: *“This turns failure into an individual threat scenario:”* (Kunert, 2016, p. 3). For the context itself, i.e. the social system to which the “failure” relates, this means an offer of relief: *“At the same time social systems rid themselves of their collective guilt that way and at the same time reduce the complexity by blocking out the conditions, simplifying causalities and projecting mishap onto an individual. Thus, the members of an organisation regain their control illusion, which enables them to act again.”* (Kunert, 2016, p. 8).

The system which desires me to write this article could pretend that it is my individual “fault” if I don’t, without having to ask about the ways in which the system may have contributed to this behaviour (e.g. setting overly tight deadlines, providing insufficient options for reducing the workload, formulating overly broad job descriptions, etc.).

But what makes this notion attractive for an individual? The fear of failure permits individuals to activate performance reserves, i.e. has the effect of enhancing performance over the short-term, as any “procrastinator” can confirm.

I could use the missing of deadlines for submitting this article to help myself overcome internal and external obstacles and push myself to peak performance, albeit at the high cost of subjecting myself to pressure.

Finding out subsequently that this effort has failed may make it highly unlikely that a similar effort (a more-of-the-same strategy) will be repeated. But it may also well be that just because of the assessment as “failure” someone will shape his/her self-perception and the appraisal of the situation (which is normally involuntary rather than unconscious) such that this makes a repetition even more likely—with increasing frustration and self-reinforcing dynamics. “*He (the sociologist René John) describes failure as a significant restriction of one’s own possibilities to act.*” (Kunert, 2016, p. 13). This restriction of the possibilities to act may be wanted—both by the social environment and by the individual.

I could delay submitting this article so long that it would no longer be published. This would protect me rather well from similar enquiries in the future—at the high cost of a stigmatisation that would also severely reduce my choices of participating in desirable future projects of a similar kind. My client system could also deliberately create conditions that would make it almost impossible for me to “achieve my objective”, in order to prevent my participation in future projects, if—for whatever reasons—this promised any benefits, but openly communicating this would at the same time be disadvantageous.

Favourably Shaping a Relationship with Experience

Heinz von Foerster’s ethical imperative “*Act always so as to increase the number of choices!*” (von Förster, 1973, p. 49) is based not least on the dynamics of living systems, which preserve themselves only through the flow of energy and informational coherence. This means that a strategy such as the one outlined above is “unethical” vis-à-vis one’s self because it impairs its own growth in favour of short-term relief.

But with systematic support (e.g. psychotherapy, coaching) hypnosystemic concepts (“problem-trance reconstruction”) can, for example, always be used to show that the involuntary processes consciously perceived as a problem become understandable as an expression of valuable, but contrary value systems and objectives. “Failure” can then be seen as valuable feedback, e.g., on somebody’s

orientation by objectives which make excessive perfectionist demands on the person and could not be achieved with the competences available (destruction of self-effectiveness), and/or that somebody does not see the aspired objectives as being harmonious and sensible at an involuntary and often hitherto unconscious level and blocks them, which is, however, not consciously experienced as a competence, but as “failure”. It can then be shown that something in the person is in refusal, but out of the associated perspectives of this side of the person this is in a competent and harmonious manner for his/her values. The massive inner struggle which is usually triggered by this often weakens the person so badly in the synergy of his/her strengths that this may result in complete exhaustion with the definition of “burn-out”. Burnout can typically be seen as an expression of such situations.

Why Burnout?

Using a notion such as “burnout” has a relationship-shaping impact on the space between the individual and his/her social system. In the hypnosystemic approach, every “symptom” is regarded as a high-cost attempt to find a solution. Decoding the need relationships in this attempt to find a solution makes it possible to find ways of satisfying the same needs at a lower cost, i.e. of helping to increase the possible choices within the meaning of the ethical imperative.

Writing an article this way, I could construct a reality which could later be described as “burnout”, particularly if I had previously made great efforts over a lengthy period of time to cope with projects by relying on the effects of the given meaning of “fear of failure” and at some point failed to meet the requirements of a very large project in the sense of “failure”. This would have the benefit of enabling me to move around in performance spheres which, for whatever reasons, I would not be able to enter feeling relaxed and to leave again without being aware of the responsibility for this decision. The price would be the non-sustainability of my own performance, organic reactions to overload, the functionalisation of my private environment for regeneration and the feeling of not being free in organising my life.

This is how a client system could construct a reality which could later be described as “burnout”,—particularly if a high degree of appreciation was offered for relatively little effort over an extended period of time, in order to switch at some point to a threat scenario for relatively great efforts. The benefit for the system would be, for example, obtaining great performance without having to offer commensurate appreciation and being able to hire the next generation of the willing to perform after “burning out” their current resources. The price would be: not developing the potentials of those involved and having a system lacking sustainable success.

The prices that have to be paid by the individual and social systems result in the insight that the attempts to find solutions are not sustainable. This demonstrates that—strictly speaking—conflicting interests always exist only briefly.

Burnout as a Contribution to Overcoming the Effects of the “Failure” Construct

So “burnout”, seen as a reality-building concept, presupposes “fear of failure” in the genesis and “failure” in the escalation of the crisis. So what fails, if it is not the individual who “produces” the failure? So what fails, if it is not the social system which “produces” the failure?

“Burnout” has its effects mainly on the interactions between individuals and their environment. “Burnout” is behaviour in the form of communication. When words fail, communication turns into action. “Burnout” acts on the level of the individual’s organism following a failure of verbal communication. The communication effects which one can strive to bring about vary from one case to another, just as do the reasons that may have made verbal communication appear to be no longer possible.

Using the term “burnout” brings the context relation blocked out by the term “failure” back into the interaction between the individual and the system. By “accepting” the “diagnosis” of burnout we communicate to the system that our “failure” has system-related causes. This basically opens up the possibility of finding new forms of interaction at the cost of giving up verbal communication, which is often wrongly experienced as a denial of relatedness in general.

So what would be the effect if we were to use “burnout” experience in both the individual and the system as a mnemonic aid to invent new cooperative ways of communicating with each other verbally in such a way as to say what had hitherto seemed unsayable? Even if we use the same term, the effects we hope to bring about and the price to be paid for them could vary extremely widely, depending on whether they are expressed by the internal or the external system. In the search for ethical solutions, however, the possibility of finding cooperative solutions that help to increase the number of choices for both systems will always arise and thus open up ways of overcoming the effects of the of “failure” construct.

This is where clinical work will come in: inviting individuals in their inner systems to engage in new forms of inner cooperative communication and thus empowering them to offer new forms of verbal communication in their environments as well. These may be of a cooperative or distancing (protecting inner cooperation) type, depending on the readiness of the environmental system. So it is not a matter of “treating patients”, but of inviting individuals to extend their choices in their attempts to find solutions.

Burnout as a Competence?

Burnout can be seen as a kind of rescue competence in which the involuntary self-regulation of the organism assumes responsibility for the essential process of setting boundaries, but unfortunately at a very high price. Burnout may function as a competence in the sense of an effective way to achieve particular objectives. For example,

- as an intensive and effective feedback process generated by an intuitive inner knowledge of what is missing for a healthy and satisfying way of life
- as an indication of value systems, visionary capabilities, of loyalty, a readiness to assume responsibility, a readiness to commit etc.
- as an involuntary—rather than deliberate—boundary-setting mechanism and as an effective intuitive defence against overload (both internal and external)
- as a helpful “warning light” when there is a danger of repeated overload tendencies
- as an important indication that conditions in the context in which burnout phenomena develop (e.g. in an organisation) should be changed.

However, the intense inner struggle and the functions of the organism listed above usually do not manifest themselves in a verbally or cognitively understandable form, but tend to be expressed via physical and emotional feedback (e.g. in feelings of dejection, listlessness, bitterness, tension, or in physical symptoms such as headaches). But since at this stage the organism is usually still seen—as it were—as a machine which has to work, these phenomena are by no means first and foremost experienced or assessed as a competence in the habitual mindset of those who are affected, but as an expression of weakness and failure. The reaction this triggers only aggravates the problem.

Burnout: The Intuitive Competence of Setting Health-Conducive and Meaningful Personal Boundaries

The major increase in cases of burnout syndrome will serve as a starting point to set forth some considerations that may prove useful (from a hypnosystemic perspective) in helping to build and maintain a healthy and fulfilling life balance, even in the sometimes extremely complex and challenging contexts that most people experience in our “post-modern” era (at least in Western, late-capitalist societies).

“Along the analytical categories of flexibilisation, dissolution of boundaries and subjectivisation occupational sociology has identified a fundamental change in the structure of work for some time now. This can be seen not only as a change in the ‘external’ relationship between companies and employees, but also and mainly as a transformation in the relationship between the worker and his/her own labour—with profound consequences for the work and lives of employees. Flexible working hours and company structures, increasing mobility requirements, increasingly project-organised and output-

oriented work processes—in particular, but by no means exclusively, in the service industry—mean that the potential and requirements for autonomy and self-control rise, while ‘time, task-related and social pressure on employees’ (Voss & Weiss, 2013) is stepped up in parallel.” (Graefle, 2015).

Hypnosystemic Strategies for Optimal Self-Regulation

Meta-Balance as an Ambivalence Competence

Nevertheless, the considerations presented here need not be discouraging. They can also be used as valuable indications of how health may be promoted in a fulfilling way in the social and organisational contexts described. In such contexts it is almost inevitable for us to keep activating networks of stress experience, guilt feelings, fear, anger, despair, impotence, disappointment and bitterness from our involuntary repertoire of experience, however balanced our basic attitude may be. Popular instruction manuals on how to find an optimal “work-life balance”, how to simplify life etc. tend to create even more pressure with their promises that this balance will be achieved permanently, if only the advice given is followed closely enough. After reading such publications, we may see losing that balance from time to time as a personal failure, even though this is something nobody can avoid completely in the long run. Therefore, it is important to be equipped with strategies for repeated reorientation, which can effectively reactivate the experience networks associated with a fulfilling way of life.

We perceive the external stimuli and inner impulses that activate stress networks unconsciously, so achieving an optimum life balance may not mean being in an ideal state of mind all the time. Such an expectation would only result in yet another perfectionist, unrealistic objective, which is precisely what causes pressure and the feeling of inadequacy to which it is supposed to provide an alternative. It is, therefore, more helpful to strive for a “meta-balance”, i.e. a balance between “being in balance” and “losing balance” and vacillating between these two states, if only because our inner values, needs and objectives are highly contradictory (e.g. wanting to be completely independent and free and at the same time able to rely on very safe relationships and attachments etc.).

Harmonious Unhappiness

Accordingly, if instead of submitting to the pressure “to be happy” propagated increasingly by the media, we will experience ourselves and our values as much more harmonious if we allow ourselves to be sad, frustrated, even outright unhappy in certain contexts.

In certain circumstances, we do not actually want to feel good. For example, when I was invited to speak in South Africa and provided with comfortable accommodation in a 5-star resort I did not want to feel happy driving through the townships of Cape Town; and I certainly don’t want to feel good when I see the refugee camps in Greece on television. My “feeling bad”, however, is not something

I would perceive as a weakness in these situations, but rather as a process required to mobilize myself in order to do what I can to help within the limited scope I have. Experiencing ourselves as unhappy may be seen and used as an expression of inner wisdom, but also as a competence. In these instances, undesirable experience processes should not be treated as a “problem”, but as a helpful reminder of the task of reorientating ourselves towards a never-ending multivalence management (multivalence as opposed to ambivalence, to describe being pulled in more than two directions).

Building Empathetic Regulation Positions

If we already experience ourselves in a process perceived as fulfilling, we need not do anything but can just allow ourselves to be carried along by it, let things happen (which is also the typical basic attitude in any trance experience). If, however, we experience ourselves as being under massive stress, under a lot of pressure etc., our “stress networks” will “fire” with enormous involuntary power. In many cases it will then not be sufficient for us just to refocus on the desirable networks (e.g. with “miracle questions”), because the stress networks will still be firing involuntarily and will initially be faster and more powerful. Therefore, we should first build a supporting, empathetic relationship with our own stress experience rather than fighting it. In hypnosystemics “side models” (similar to “ego state” concepts) are used for this. These are based on the discrepancy that arises between involuntary reaction and intentional aspiration when problems are experienced, i.e. the total experience system becomes split. In the inner dialogues that occur during this process we identify at one moment with the overloaded stressed side, and then at the next moment with “inner drives”, causing us to tell ourselves “Don’t be silly, you just have to. . .” etc.

By changing the description pattern from the usual “I have or experience stress” (identifying with what is described), e.g. to “one side of me is experiencing massive stress and another side of me has always been fighting it, these are two sides of me, not as a complete person. . .”, a meta-observer position is reactivated (which is already part of the stored involuntary repertoire). This is associated with an attitude of distance and hence greater protection. It now deliberately becomes networked with using all our senses to project ourselves into a state in which we experience ourselves as able to act and as capable of empathy, i.e. by deliberately modelling our body coordination, gestures, the way we hold our head and the direction in which we look as well as our facial expression, to match the state associated with such experiences. We then activate our breathing accordingly and use specific gestures to activate our ability to set boundaries (“palm paradigm”, see embodiment research, e.g. Storch, Cantieni, Hüther, & Tschacher, 2006, Storch & Tschacher, 2015). It will also be highly effective to imagine a boundary protecting this space, e.g. as an energy envelope or a protective air bubble, which simultaneously takes into account the need for protection and the need for contact with the outside world (“related individuation” as proposed by Stierlin, 2005).

From this position associated with the experience of protection, security, ability to act and a liberating experience of space we can now direct our empathy to the “side suffering from stress” and translate the stress reaction as important information, as competent feedback on what is missing at this point in time and what is needed to be able to regain a fulfilling balance. After all, the stress reaction is an expression of the feeling that important needs are not being met. The reaction usually triggered spontaneously in our culture of wanting to fight, avoid, deny, or ignore the symptoms will only aggravate the problem, because it will not remedy the deficit but tend even to compound it. This puts even more pressure on the “suffering sides” of ourselves, because it expects them to change, while they are currently experiencing themselves as powerless, helpless and in need of support.

Utilising Symptoms as Competent “Ambassadors of Valuable Needs”

A loving, supporting relationship with our own “suffering sides” can be built, e. g. by imagining these needy sides as real human beings with needs. The suffering sides with which we have—in a way—confused (identified/associated) ourselves while experiencing stress will then turn out to be either considerably younger (age regression) or much older (age progression) than our real selves. They will often experience the situation as an overwhelming flood, as an oppressive mountain etc. In fact, these sides will react in a highly appropriate manner to these unconsciously experienced contexts, for here involuntary experience—in a manner similar to what happens in dreams—will transpose inner images literally into psycho-physiological phenomena. Our suffering sides live—as it were—“in a different, very oppressive world of great distress” and need help. This help can be modelled in the imagination, like supporting someone in need of help in real life. This also means that our suffering sides need not change anything, i.e. they are allowed to continue reacting by suffering for the time being, because only if they are “picked up” in this very state and accepted lovingly will this be experienced as the kind of support they have always longed for. Thus, even very intensive stress reactions can still be utilised as a great chance to finally fulfil these desires. This in itself will create a greater inner independence from the external stimuli which have always caused stress.

It may initially seem paradoxical not to want to change the very burdensome phenomena, when we desperately want to change. But the very attempt to change them deliberately and to take action “against them” is a particularly problem-stabilising component of the problem processes. It will make a very helpful difference to change them.

Focus on Inner Harmony

In order to be able to act in an optimal way in complex situations when we are faced with many, often contradictory, expectations, we continually have to make choices, because we cannot meet all of them all the time; yet in our own inner dialogue or

multilogue all the various expectations and tasks are—as it were—shouting for exclusive and immediate consideration.

In order to be able to set priorities constructively in these difficult circumstances we need a set of inner criteria to allow us to make choices and decisions. In our experience, in many counselling processes focussing on the experience of inner harmony, i.e. on “somatic markers” (Damasio, 1997), has proven to be particularly successful. This means felt knowledge, something akin to what is called “felt sense” in focusing, i.e. an intuitive feedback experience gained from an unconscious intuitive knowledge of what we experience as harmony or disharmony. This manifests itself via the emotions, often as a “gut feeling”, i.e. via non-verbal perceptions that are often not readily understandable or classifiable cognitively. Such feedback is often denigrated in our culture if it cannot be substantiated rationally. But neurobiology shows that it constitutes a particularly important form of competence that is indispensable if we are to be able to consider a person’s (partly unconscious) values and needs in a more holistic approach and to make constructive decisions (Damasio, 1997). These experiences are part of our inherent intuitive knowledge. As a valuable form of feedback competence they can guide us in making decisions and can help us to achieve inner peace and calm, confidence and faith and can thereby reduce the complexity very successfully.

“Squash Point” Strategy

Hypnosystemic methods can show us that everything we experience is unconsciously represented spatially in the “unconscious inner experience space”. When we experience pressure, this is a result of instinctively narrowing our “control space”, to such an extent that we unconsciously allow expectations and tasks to get so close to us that we experience them as if they were real physical phenomena that can literally exert pressure on us. If pressure is experienced, something must be pressing. This is the point when an “ego process” is activated, which is linked with an increasing perception of overload, ineptitude, impotence. To resolve such situations relaxation techniques such as autogenic training are not sufficient, for the desire to tackle pending tasks and expectations and to be successful remains.

It will be helpful, however, to change “the organisation of our inner space” in an optimum way in our imagination [as in system sculptures, line-ups or system choreographies (Weber, Schmidt, & Simon, 2004)]. To do this, an optimum control position is first modelled using the associated body coordination (see 1.). Once we are well connected with this, all relevant effective forces (tasks, expectations, but also “driving forces”) will be relocated outside the protective boundary of the “control space”. In analogy to a game of squash, in which there is a place in the rectangular court from which all points in the room can be reached from an optimum distance (I call it the “squash point”), these forces are positioned so that they are all at an optimum distance. The perception feedback (somatic markers) of the organism (see 3.) is used for orientation to determine where this position will be. In the same way, a supporting place is sought for the side which was so under pressure before

(the “impotence ego”), which is normally near the “control ego” within the protected space. Given that we will still want to cope with and organise tasks, it now becomes possible for us to model (again using the somatic markers) which of the tasks etc. should be “served” first and for how long, always going back to the “squash point” again, when the somatic markers (to which we should always pay attention) signal that we have spent long enough at the place just selected for the moment. Thus, several demands can be met in sequence, allowing us to devote ourselves intensively to a specific task at any one time without losing sight of the others altogether. This could be called “diachronic multitasking”. This makes multitasking possible as a fulfilling flow experience, while the usual way of wanting to do several things at the same time can make us feel inundated and exhausted with increased ADHD tendencies in the long run.

“Problem Solution Exercise or Problem Solution Tai Chi” with Utilisation of Stress Triggers and Stress Reactions

Since the old problem patterns may still be virulent (Hebb’s rule), it is now high time to use body coordination interventions to expand the chances of sustained effectiveness. Our experience with various intervention strategies to break burdensome involuntary reaction patterns and activate health-conducive networks have shown that body-oriented (ideomotor) interventions are some of the most effective measures. These can always be activated deliberately and have the effect of intensive priming (attractor effect), whatever the state of mind may be at a particular time, but very effectively involve the desired involuntary networks (see Fig. 1).

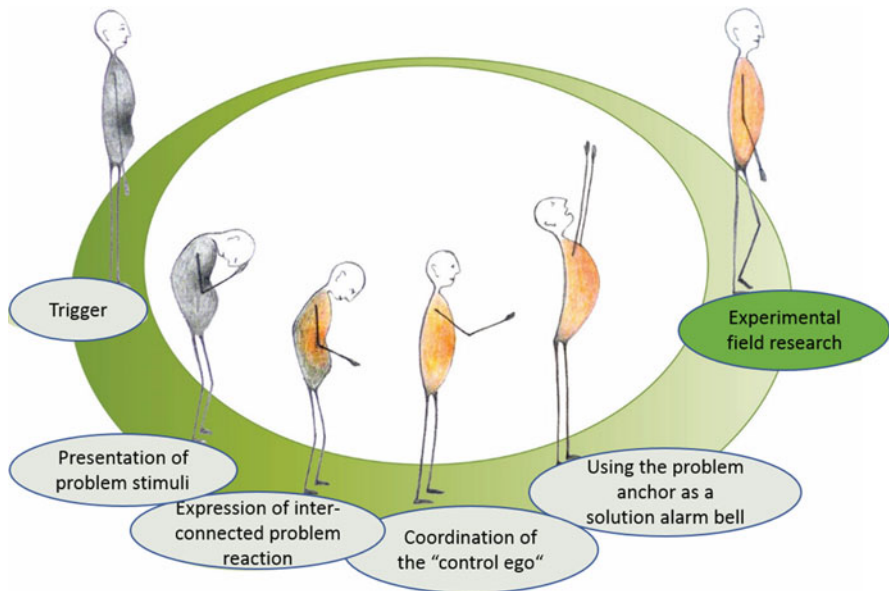


Fig. 1 Problem solution exercise or problem solution Tai Chi

1. For this purpose, clients are invited to express the old problem pattern again in an intentionally exaggerated, stylised, slow-motion version. This can be reinforced by adding a matching onomatopoeic expression for the problem experience (“from silent movie to talking picture”) (some clients are reluctant to do this, which should, of course, be respected).
2. Now typical stimuli (triggers) which have always invited the client to show a problem reaction in the past (problem anchors or problem invitation stimuli) should be recalled and imagined.
3. The next step is for the client to follow a ritualised “multi-step programme” in which he or she intensively pictures the problem stimuli internally.
4. Now he/she will express the problem reaction which was automatically linked with the stimuli in the exaggerated slow-motion version described above (ideally: with matching sounds).
5. He/she, however, will now frequently associate this with the intensively activated coordination of the “control ego”, leading him or her to make comments like (if he/she is still within the problem reaction) “this reminds me of my optimum reaction”, which he/she will then adopt immediately.

This procedure should be repeated several times with accompanying explanations, so that a new helpful “bridge pattern” is built, which can be automated and will even help utilise the problem anchors to help trigger the solution pattern (I call this “using the problem anchor as a solution alarm bell”).

6. This strategy normally very quickly makes clients feel much stronger, enabling them to experience courage, confidence, hope again. When clients have practised this strategy several times, I often hear that they can hardly wait to encounter the old “problem anchors” again in order to apply it. Nevertheless, it becomes much more helpful, when the clients are invited to try this as “experimental field research” than when it is described as homework (which normally reminds them of unpleasant experiences at school) and to use every experience as a valuable research result, even the experience in which it has not “worked” yet. This can be used as important information for the future, as a pointer to what else should be taken into account (prevention of the clients’ own perfectionism, utilising each client’s experiences as a learning field).

Development of Meaning and Decision-Making Strategies for Life Balance in These Double Bind Situations

As shown, conditions in the contexts described give rise to permanent dilemmas (double-binds), where we should actually speak of “multiple dilemmas” or “multi-binds”, since clients are normally subject to many contradictory expectations, objectives etc. at the same time. The persons affected tend to enter inner stalemate situations very easily, because each option normally has good arguments in its favour, so that just as the person is tending to opt for one direction, many opposing

“yes, buts. . .” enter the involuntary dialogue or multilogue and may cause confusion or even paralysis. Since each of the options is also associated with other aspects of purpose, a confusion of purposes soon arises and may even lead to the burdensome experience of emptiness, with access to the solution competences stored in the unconscious being dissociated. Therefore, specific strategies are needed to be able to experience and use these competences again. I will describe a small selection of such strategies below, which have shown to be effective particularly quickly and sustainably in our hypnosystemic counselling work. Normally the best results are achieved, if they are used in combination, whereby different sequences work for different people, so the sequence may be different from what will be described below.

Agreements in Solidarity with Our Own “Future Ego”

Most of us have certainly been at odds with themselves about decisions made in the past. This style is particularly obstructive when decisions have to be made in double bind situations. First, we often say “I cannot make up my mind”, ignoring the fact that this very position is an effective decision in itself (and as such goes to show that decision-making competences are present, otherwise it would not be possible to decide not to make a decision). A systematic reconstruction of the associated problem trance always shows that in these cases clients are desperately looking for the “right” decision, but have not found it yet. When I ask about the criteria for the “right” decision, clients’ most frequent answer is that they will be able to make a decision, if the outcome will definitely be what they had hoped for. This is an unresolvable construct, because it involves knowing the future. But apparently the clients’ worst fear is not that the results might not be what they wanted, but rather the fear of themselves and of being massively denigrated and accused by their own “inner driving forces”, if the decision produces undesirable consequences (in the habitual style of the reproachful attitude that characterises being at odds with ourselves). It is this very dynamic, which clients recognise all too well in themselves, that reinforces a hesitant attitude, which in turn causes further stress due to the massive inner pressure to finally make a decision, while the longing for certainty about making the right decision increases at the same time.

This certainty cannot be obtained from external sources, since for that to happen the future would have to be known. So a (relative) certainty should be built, which can only come from within. Since the inner uncertainty and the stress are mainly caused by the client’s own inner dynamics, by the feared denigration of the self, this is also where there is a chance for a solution. In terms of hypnosystemics this dynamic can be described metaphorically in terms of the person’s own “future ego” not later blaming the “present ego”, which has to make the decision here and now, but instead showing inner “self-solidarity”.

The state of being at odds with ourselves is completely unfair and inadequate anyway, for the “future ego” will blame the former “ego”, which has made the decision, for something which it could not even know, and indeed the “future ego” owes its enhanced knowledge to this very former “ego” (see Fig. 2). If any unwanted results occur, this should be seen as valuable (albeit not positive) information that

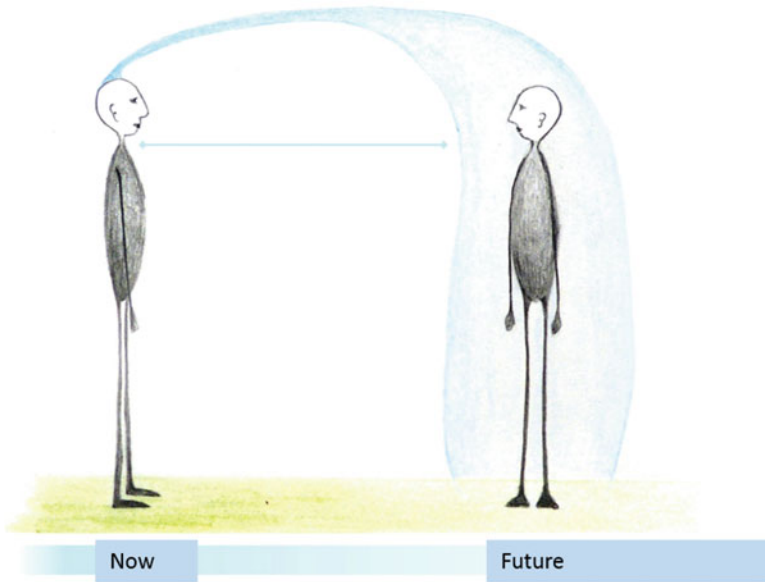


Fig. 2 Agreements with your own “Future Ego”

this can be a lesson, which in turn will work better if we comfort (instead of blame) ourselves about the unwanted results and acknowledge the former “ego’s” courage in making a decision at all under the continued conditions of uncertainty. These encounters between the various “egos” can be acted out very nicely in the imagination, with often very touching results for the people concerned, making them feel stronger. This allows them to experience greater self-respect, peace and inner confidence again, while not only respectfully allowing themselves to feel their finiteness, but also to use it as a valuable competence tool and decision-making aid, which means decisions are then more likely to be made as well.

Inner “Parliamentary Democracy”

It often proves to be very obstructive if the criterion for a decision being “right” is whether we feel at peace with the decision made and avoid any further “yes, but” reactions. In the situations described it is anyhow an unrealistic expectation. Since decision-making only becomes a conflict because all the relevant options that need to be considered have some value, choosing certain options and necessarily having to disregard others does not lessen this value. Therefore, it is practically certain that after deciding to prioritise one option we will involuntarily experience a feeling of strong ambivalence triggering “yes, but” reactions and inner impulses telling us that a different decision might have been better. What is more, we are constantly pursued by inner “driving forces” demanding that we do justice to everything, and chastise us particularly sternly for making a decision, for this always means some options being discarded. We then desperately wait for a solution at no cost, which never exists in

these situations, and eventually denigrate ourselves again for any decision we make, because it cannot meet the criterion that there must be no “yes, but”.

This is where the hypnosystemic strategy of applying “inner parliamentary democracy” proves to be particularly helpful. I have developed this strategy especially for the situations described above. The clients are invited to imagine their various contradictory inner tendencies as a parliament which has been convened to decide on the questions at hand. I ask them up front whether at a socio-political level they prefer a parliamentary democracy or else the kind of circumstances that prevail in dictatorships, in which pseudo-parliaments usually vote with a 95% majority. Just about everyone prefers the parliamentary democracy. Then I ask them what percentage of their inner parliament would have to vote in favour of something for them to view it as a “good” decision. Often to their own surprise they find that they expect at least 70%, often more than 90% of themselves. Using parliamentary procedures as an example I can then easily explain to them that a parliament is quite capable of taking action even when there is still a lot of “inner opposition” (“yes, but. . .”), and that it is even particularly effective and stable if the opposition is allowed to voice its opposing views very strongly before and especially after a decision has been made and that this can even improve the quality of the decisions and is not an argument against them. This metaphorical propagation of the multivalence competence of the people concerned often causes them to react with dignity and inner calm when they grasp their own multivalences and come to regard them as valuable competences in themselves, which in turn makes their decision-making competence much more perceivable.

Journey into the Solution Times for the Development of Meaning

“Hope is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out” (Vaclav Havel). Any decision is made under conditions of unresolvable uncertainty, so that fear, avoidance strategies, hesitation etc. are simply natural expressions of our competent solution strategies developed in the course of evolution. In particular, this is inextricably linked with the longing for stable certainty, which may seem paradoxical and unresolvable under conditions of uncertainty. As in the strategies described above, the certainty aspired to can ultimately only be achieved via autonomous inner processes. The central point is to be able to gain orientation by seeing sense in our own actions. Havel expresses this very concisely. Indeed, Havel himself is certainly a very good illustration of how decisions and the actions derived from them can be arrived at with inner clarity and strength in the way he describes even in the face of the fiercest oppressive forces.

But how do we experience our actions as having purpose, meaning or sense? From a hypnosystemic perspective the meaning is not derived from the respective actions, experiences etc. as such, but is always developed by the people experiencing them as a form of autonomous self-organisation assigned to the phenomena, i.e. it presupposes an active process here as well.

It is no coincidence that purpose means sense as well, since it is always experienced as something sensory, i.e. it cannot be developed primarily via cognitive,

rational processes only, but only with reference to “somatic markers” (Damasio, 1997), i.e. sensory harmony feedback (e.g. via feelings, moods, other physical signals) derived from intuitive knowledge. In order to make this “somatic marker knowledge” utilisable for the harmonious development of a sense, I have developed the following strategy especially for this purpose:

1. One defines the various options for decisions considered to be relevant and acknowledges both the decision options and the decision-maker’s act of selection.
2. One focuses on instances in which one had a strong experience of inner harmony and on the physical signals (including the nature of the signals and their location in the body) that transmitted this experience. One then uses these experiences as a “calibration criterion”.
3. One selects a point on the time axis, from which one can go through the various options in the imagination and check them for their “somatic marker effect”. This is almost always a point in time in the imagined future, where any value criteria considered to be important can also be taken from the past. From this “sense reference point” in the future, the present situation in which one wishes to or must make a decision is reviewed by the imagination. Now the various options are played through, always with an intensive focus on how the somatic markers (the body feedback) react to the choice between the respective options. From this perspective, one often soon notices that certain options are perceived to be more harmonious and indeed as clearly the only harmonious ones, whatever the cognitive considerations indicated earlier. Sometimes cognitive preferences and those on this harmony level turn out to be completely identical, which results in rapid and powerful decisions. However, cognition and intuition may also often point in different directions. The same procedure can then be applied again as a “meta-strategy”, in order to weigh up whether to follow the cognition, the intuition or a compromise between the two or whether to put off deciding for the time being. Sometimes, however, it also turns out even if one can do as one pleases, the desired clarity about which direction to go in is not achieved. This in turn can now be used freely either to postpone the decision or to go in one of the directions, because then they are all equivalent and all equally uncertain.

The key point with all these variants is that whatever one decides one should remember the process as a comparison of purpose or sense and should realise that this does not mean any objective certainty, but a certainty of purpose or sense. Even if unwanted developments occur later as a consequence of the decisions, the memory of these sense references will make it easier to use the helpful strategies described in 6a and 6b and to enter into a relationship of self-respect with oneself, which will provide inner support. In addition, under the conditions of finite human existence this certainty of purpose is the most appreciative and humane approach. Remembering this is most likely to create meaningful, fulfilling experiences and to achieve what can be called “safety in uncertainty”, allowing you to navigate your journey through life with loving respect for your own fear, ambivalence and remaining uncertainty with your head held high in the heaving “sea of options”.

Relationship-Forming Effect of a Different Attitude to One's Self

The German Association for Psychiatry, Psychotherapy and Psychosomatics is quite right when it demands in its position paper on burnout that *“the aim of a therapy should not be to enable the patients to temporarily tolerate unacceptable working conditions again with which they cannot cope”* (Berger et al., 2012, p. 12).

This aim is not only pursued by “evil” employers, but in many cases also by clients, mainly at the beginning of their therapeutic process. Usually the first approaches to a solution including therapy tend to come from the very networks which were already used to cause the problem. This means that the above-mentioned “strategies for optimal self-control” could be mistaken for tools to raise the client’s “marketability”.

“The paradigmatic figure of the “Arbeitskraftunternehmer” (entrepreneur of one’s own labour power), first described by Pongratz & Voss in 1998, is characterised by the simultaneous increase in the demands and the extension of the competences of self-control, self-economisation and self-rationalisation. With respect to health this constellation may be reflected in the phenomenon of “interested self-endangerment” (Storch & Krause, 2012), when employees do not stick to working hours, do not take time off for overtime, work while they are on holiday etc. in their own interest (of success at work or of meeting requirements or for the success of the “team” (see Siemens & Frenzel, 2014). In this description, it becomes clear that “more-of-the-same” strategies cannot provide any sustainable results for both the individual and his/her social system.

So the point is to see and learn to apply those “strategies” which were experienced as reducing the burden during therapy as a basis for a different way to form relationships with the social system. In terms of empowerment it is also important to check whether the context in which the burnout developed is in a position and prepared to deal with changed behaviour and find new ways to interact. (This is certainly by no means the case in all systems—burnout can also be interpreted as the ability to survive for some time in particularly rigid environments.). Such considerations often result in decisions to change the context, to explore new career perspectives etc.

Analysing the Effects of Changed Behaviour with Respect to the Context of the Causes

- Metabalance and Harmonious Unhappiness: Can space be created for the feedback of adequate “disturbing emotions”? etc. Is there a culture of appreciation for critical feedback, or could it be encouraged?
- Building Empathetic Control Position: Could the therapeutic experience be appreciated as expertise in sustainability both in the internal and the external systems? Is impathy (empathy for oneself) appreciated by the system as a valuable competence? How would the other parties involved in the system realise the new experience of “protection, safety and the ability to act”? Can the changed

communication with its loving appreciation be used as a model for changed external communication?

- Utilising Symptoms as Competent “Ambassadors of Valuable Needs”: Is there a readiness (or can a readiness be induced) to see “disturbing emotions” and disturbing perceptions as valuable feedback not only for the mental state of those who are involved, but also for the quality of the value-added processes.
- Focus on Inner Harmony: Can “somatic markers” be used and provided for the perception of “harmony”? Is there a readiness—or can a readiness be propagated—to see human beings as holistic beings?
- “Squash Point” Strategy: Can the experience of regeneration be integrated right in the middle of day-to-day work? Can team structures be built, in which the team members support each other in inviting each other not only to engage, but also to care for themselves?
- “Problem Solution Exercise or Problem Solution Tai Chi” with Utilisation of Stress Triggers and Stress Reactions: What would have to happen for the recurrence of the problem behaviour (e.g. readiness to overwork) to be used as a mnemonic aid for the application of new resources? Are colleagues willing to make their perceptions available to provide an early warning system?
- Development of Meaning and Decision-Making Strategies for Life Balance: Can the construction of a meaning which has been found be brought and integrated into the social context? Can common developments of meaning be encouraged? Are questions about experiencing meaning even possible, is feedback on such experiences desired? Or can the construction of meaning which has been found be implemented irrespective of any collective construction of meaning anyway?

This is where the question is often decided whether staying on permanently is conceivable or not. The mere decision to find a more appropriate environment at some point in the future often has drastic effects on the perception of the here and now. If the situation which may be impossible to change is reframed as a “springboard”, the attitude to it normally changes drastically, while at the same time valuable information on maximum periods of time can be gathered, during which the situation which cannot be changed can be tolerated.

Case Study

Can “Failure” Be Overcome?

Taking as an example a case report on a burnout client, we show the extent to which the above-mentioned competence and empowerment strategies have a practical impact.

During her four-week stay at the hospital, the client had both kept a therapy diary and filled in an individualised questionnaire every day for the purpose of process observation. After being discharged, she continued to fill in daily questionnaires for another 6 weeks to support her transfer process.

Individualised Case Construction

Client: 58 years old, F33.1 (recurrent depression, currently moderate on ICD10 scale)

Own report:

- Sadness, lack of motivation, sleeplessness, brooding, feeling of a burden on the heart
- Irritability, rage, anger, helplessness, over-sensitivity to criticism
- Work: Perception of injustice (promotions)
- Private context: Providing care for her mother, who requires it; weakness and guilty conscience

Final report:

- Excessively performance-oriented coping pattern, spiral of self-neglect and exhaustion
- Self-assessments: *“I am only of worth, if I perform and look after others”. “If I do not meet expectations, I will be rejected”.*
- Problematic behaviour thus far can increasingly be seen as a context-related attempt to find a solution. Initial experience of self-efficacy and growing self-confidence, considerably improved mood

As often occurs in practice, the therapist(s) in the above case did not make a Z-diagnosis¹ corresponding to burnout even though it is the main stress factor. Clients are often afraid of suffering disadvantages or stigmatisation when their condition is clearly differentiated from depression. A synopsis by Burisch (2010) lists no fewer than 133 symptoms which can be attributed to the burnout syndrome. It remains unclear which of these symptoms are the consequences of chronic stress or depressive reactions. So apart from the conclusion that burnout has something to do with exhaustion, nothing of general validity can be said. This means that unless we are willing to do without a relatively rational basis of therapeutic action, we need the client as an expert on his/her experience of his/her inner world.

During their stay at the SYSTELIOS-Klinik, clients are offered an ideographic system model for this purpose (ISM according to Schiepek, Eckert, & Kravanja, 2013, p. 73, see Fig. 3). To start off with, clients are interviewed regarding their objectives. The results of these interviews are then used to generate the model's variables, i.e. the ways in which the client experiences the world, expressed in their own way and in their own words. The contexts are then entered using positive and negative correlation arrows to create a network of the client's thoughts about himself/herself.

This modelling process is not so much a description of the past as a co-construction of the desired future, and explores resources that help outline the objective, obstacles, consequences and the “prices” that have to be paid to achieve the desired objective.

The next step is to define initial therapy projects (dashed arrows) as a preliminary structure for the therapeutic process, like a “guideline” worked out by the

¹Additional diagnosis Z73.0 according to ICD10: Difficulties coping with life.

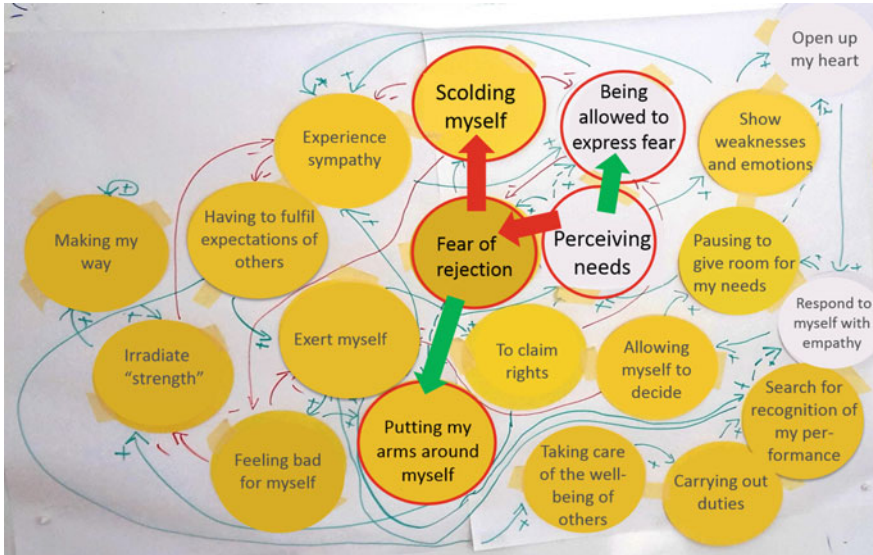


Fig. 3 Original image of an ideographic system model (ISM). The model's variables are the ways the client experiences his/her world, expressed in his/her own words

client himself/herself. This type of model cannot be grasped as a whole, but only piece by piece, by telling the “stories” that develop when the arrows are followed. For example, when I “perceive my needs”, I experience “fear of rejection” (learned in a context in which my needs threatened my relationships). I could then “scold myself” so that I will “experience less understanding”. This will result in an impulse to “fulfil the expectations of others” and to “try hard”, which in turn will lead to greater neediness.

Change could occur if, at the moment when I “feel my needs”, I succeed in remembering that I am “allowed to express fear” or to utilise the symptomatic feeling of “fear of rejection” in order to “put my arm around myself”. This gesture could produce more “experience of understanding”, which will reduce the impulse to “fulfil the expectations of others”, etc.

These models deliberately focus on the complex dynamics of human behaviour and therefore go significantly beyond the linearly causal “vicious circle” approaches of behavioural therapy.

Process Observation to Help Focus

For each element of the model, the therapist and client devise a question which makes it possible to observe the associated processes in such a way that the observation itself makes a positive contribution toward bringing about the desired change (2nd order cybernetics). The point is to work together with the client to achieve an optimal balance between good will and confrontational clarity. In this process, they can also edit the labels at the slider's extremes. For example, the label for the extreme of the following question regarding symptoms recalls the



Fig. 4 Questionnaire entry regarding the experience of effort (see ISM model)



Fig. 5 Questionnaire entry regarding the client’s “opening my heart” experience (see ISM model)

result of the interview, namely that the client gets the feeling of strain whenever he/she expends his/her energy for others² (see Fig. 4).

The extreme of the following question regarding resources recalls a physical feeling described by the client which can be used as an anchor. “Releasing from a clasp” is itself an element in the model, so a question is asked about this experience (see Fig. 5).

Process Monitoring as a Self-Generated “Guideline”

Following the hospital stay in the pilot project, therapists conduct fortnightly feedback interviews with clients (by phone and within the framework of outpatient therapy). Together with the clients involved, therapists use the information from these interviews, as well as raw data and evaluations of curves and correlations) to develop the next therapy steps for each client. In the transfer phase following the hospital stay, these steps are designed to raise clients’ awareness of the practical effects resulting in all relevant contexts of the advantageous strategies³ devised in the clinic.

The questions can be presented in groups created according to factors. The assignment of the questions to the respective factors is also discussed with the client. For example, it is often no a trivial matter to decide whether a given behaviour is currently to be considered more as a “symptom” or more as a “resource”. In fact, it depends on the context, i.e. the question is what other

²Graphs from the questionnaire editor of the SNS = Synergetic Navigation System software”, developed by G. Schiepek: <http://ccsys.de/>

³See Sections *Burnout: The Intuitive Competence of Setting Health-Conducive and Meaningful Personal Boundaries* and *Relationship-Forming Effect of a Different Attitude to One’s Self* of this article.

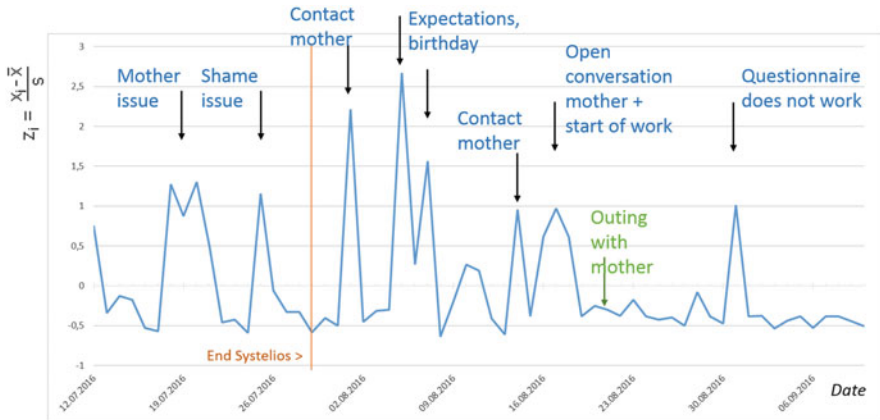


Fig. 6 Z-transform of the questions grouped according to symptoms over time

variables are involved or affected. The z-transform⁴ of the symptom factor⁵ clearly shows the connection with live events and therapy-related content (see Fig. 6):

It is particularly interesting to see that the clearest symptom peaks do not occur until just after the hospital stay, when the client is confronted with the mother in need of care. In the course of telephone feedback interviews, the therapist had the opportunity to remind the client of her new strategies (being allowed to express needs). During the last third, there is a frank conversation with the mother, the consequence being that the outing with the mother shortly after that passes without any symptoms being perceived. The client can also successfully delegate responsibility for providing care for the mother to the brother. What used to be a symptom becomes a mnemonic aid for self-care.

In the course of the subsequent weeks symptoms are perceived only once, the one occasion when technical problems prevent the client from sending the questionnaire. This shows, however, that the questionnaire also continued to provide important support for the process up to that point in time. The graph for the emotions factor clearly shows the connection between emotional development and therapy sessions or telephone feedback (see Fig. 7).

Here it is clear that contact with the sense and meaning of her own, also difficult, feelings is stimulated considerably during the hospital stay, but is not immediately available afterwards. At this point the inner system of the client could also slip back into the old stable condition at the cost of excessive strain. But through the further support of the therapy sessions and healing contacts with her grandchildren, she gradually manages to use feelings to recognise her own

⁴Scaled according to its own mean value—a graph that reveals trends.

⁵Graphs of data exported by the SNS = Synergetic Navigation System software developed by G. Schiepek: <http://ccsys.de/>

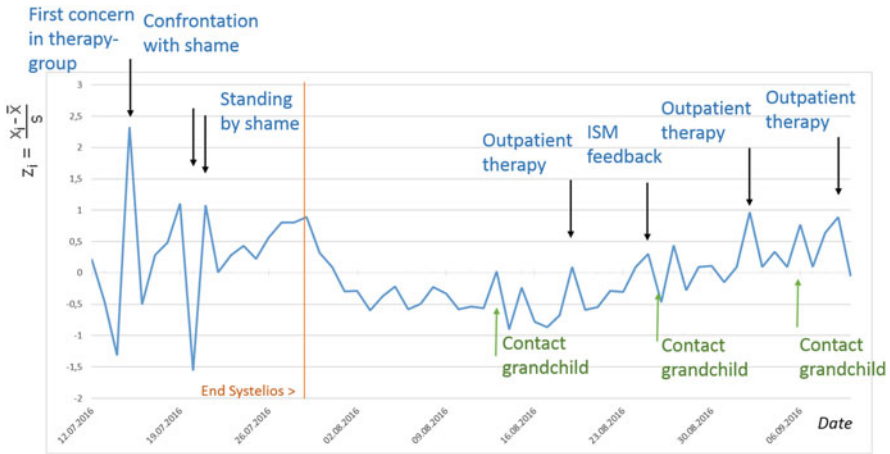


Fig. 7 Z-transform of the questions grouped according to the experience of emotion over time

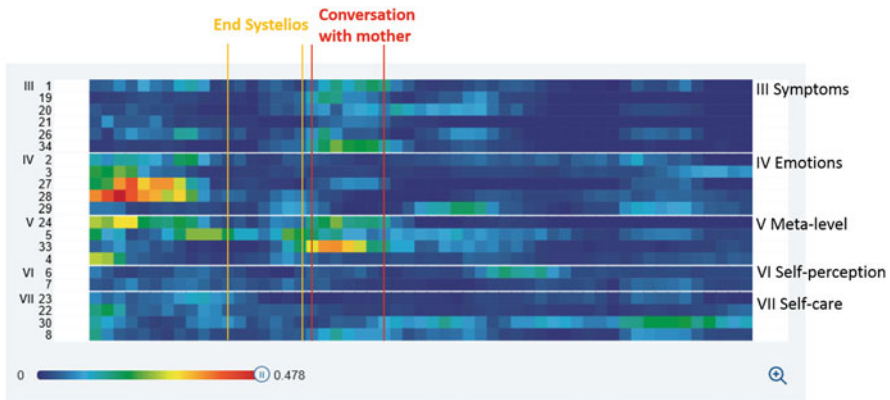


Fig. 8 Complexity resonance diagram for the hospital stay and transfer process

needs and to espouse them. The curve provides a clear indication of the amount of work it took.

The complexity resonance diagram (see Fig. 8)⁶ shows a colour code ranging from blue to red that indicates how complex the curve for each question of the questionnaire is. Each pixel represents a period of 7 days of analysis, which is always advanced by one day for the next pixel (sliding screen). The increasing complexity is an indication of transitions between orders or changes in experience and behavioural patterns. Critical fluctuations prepare the inner system for

⁶Representations from the analytical function of the SNS = synergetic navigation system software” developed by G. Schiepek: <http://ccsys.de/>

change. This is particularly apparent in phases during which many questions raise their chaoticity at the same time. Questions of high complexity are often highly relevant for the process.

Reading the questions of high complexity in the sequence of their three phases will reveal a kind of “therapy history” that shows very clearly how the inner focus shifts from the perception of symptoms through the perception of the transfer to self-care.

Phase 1 up to “end Systemios”⁷—perception of symptoms:

- Item 27: Today I had contact with my fear of rejection.
- Item 28: Today I could show weakness and feelings.
- Item 24: How much did I use my ability to radiate strength today?

Question 2 demonstrates a belief that “showing feelings” is the same as “showing weakness”. Question 3 demonstrates a coping strategy in which tough behaviour ensures invulnerability at the cost of not being able to express one’s own needs.

Phase 2 up to the “conversation with mother” transfer:

- Item 34: How strong was my feeling today that I was doing my duties, without considering whether this would be good for me?
- Item 24: How much did I use my ability to radiate strength today (again)?
- Item 33: Today I looked after the well-being of others

All three questions are directly linked with the encounters with the mother in need of care. In this case, this is where the more important source of the “burnout” feeling is. The coping strategies which had ensured success at work (question 5) had the function of being a source of appreciation. Appreciation was important because unconditional maternal love was not available AND it was not possible to confront the mother with this feeling (question 6). Taking on the task of providing care causes a massive eruption of the feeling of injustice (also in the work sphere) (question 4).

The burnout crisis presents an opportunity to change long-established patterns that had obstructed access to her own emotions. The main change results from the change in communication with the mother. This is the point at which the transfer takes place. The advantageous strategies for dealing with herself devised at the hospital become a new means of shaping relationships.

Phase 3 (end of the process)

- Item 30: Today I used pausing to think in order to give my needs space.
- Item 29: Today I had the feeling of opening my heart.

⁷The events always influence seven sliding screen blocks (pixels).

- Item 8: Today I was able to look after my needs very well.
- Item 3: Today my feelings make sense to me.

My new attitude toward my own needs starts with my being able to feel them at all (question 7) and then continues with my actively espousing them (question 8). This creates a completely different kind of access to her own emotional experience (question 9), which culminates in her feeling of meaningfulness (question 10).

Not until she experiences this increasing feeling of meaningfulness will the symptoms disappear (see symptom factor). Even more importantly, the new-found feeling of meaning has become more important than the disappearance of the symptoms. Seen from its conclusion, the therapeutic process was in fact aimed at constructing a changed reality. *“The nature of human existence is in its self-transcendence. Self-transcendence of human existence denotes the fundamental anthropological fact that being human always points, and is directed, to something, or someone, other than oneself—be it a meaning to fulfil or another human being to encounter.”* (Frankl). In re-inventing the meaning not only of one’s action, but also of one’s being lies the ever-present possibility of dispensing with “failure” as a construct.

Failure: Is Not the End

What effects would there be if we could agree that the only thing that can fail in a phenomenon described as “burnout” is the communication between an individual and a system—not the individuals themselves or the system? In that case, we would come to understand that “failure” relates to our interactions and not to “reality”. We would also know that communication never “ends”.⁸

So “failure” would always merely signify the end of a particular type of communication, rather than denoting an absolute endpoint of the interaction. It could have a feedback effect on its own causes, modifying the style of future communication and thereby increasing the number of choices again. The formation of “cooperation” patterns would become more likely, while that of “competition” patterns would become less likely. The one who “fails” could be understood as inviting the one who “knows what has to be changed” to achieve cooperating patterns. Understood in that way, it should be valuable to spend your time with a person like this, sharing perspectives about change, wouldn’t it?

⁸“It is impossible to not communicate.” (Watzlawick, Bavelas, & Jackson, 2011, p. 53).

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Online Resources

On the book website, additional content on failure is provided. Please visit: www.artop.de/en/failure