Being psychiatrists is a large part of who we are. We spend as much as a third of our everyday lives in that role. As we sit with psychotherapy patients, how often do we think about their work identity and the many issues that come up as they work? How aware are we of their present level of functioning as workers? Do we consider work functioning as part of our measure of mental health, recalling Freud's definition of mental health as the capacity to love and to work? Do we think of full-time parenthood as being a challenge to both of those capacities, since the home is also a workplace?

During my residency, we had frequent case conferences with Brian Bird, author of *Talking with Patients,* a fine book that could help to ameliorate our dehumanizing medical scene if reprinted today. Generally, a hospitalized patient would be presented and then interviewed by Dr. Bird. He almost always eased into a friendly discussion about the patient's work life. The patient would light up, get animated, and discuss themes that were enlightening about both the person and the illness. Numerous fresh observations about psychodynamic issues emerged from these interviews.

Similar psychodynamic observations can emerge from reading the vivid self-portrayals of working people in Studs Terkel's *Working.* Terkel interviewed dozens of people about their job lives—everyone from industrial designers to prostitutes—and presented their stories in their own words. All the complexities of life emerge in the work environment, and these case studies make worthwhile teaching material.

Depression, anxiety disorders, and substance abuse are by far the most common psychiatric disorders that interfere with full productivity in the workplace, and they are a source of major concern to employers. Personality disorders also create a lot of difficulty but are less often identified as mental illnesses. As we talk with patients about their work lives, we see how major psychodynamic processes can contribute to these crippling conditions.

How do people come to choose their vocations? Granted, innate abilities play a part, but early life experiences also have a profound effect. Consider the child with several sports injuries who becomes an orthopedic surgeon—or the child who struggles with a very difficult, depressed, or borderline mother who winds up in psychiatry or nursing. Perhaps the boy whose father spent time building things with him will become an architect or builder; or the daughter of a musician will herself become a musician; or the kid whose father gave her wires and doorbells to fool around with at the age of 5 will become a computer scientist or electrical engineer. These early influences on career choice—based on identifications, reaction-formations, coping adaptations, or simply loving support and encouragement—may show up in contentment or, conversely, ambivalence about one's occupation. Transference of feelings from parents to present-day overseers may foment problems in relationships with supervisors, leading to such situations as the line worker who is at odds with every boss. An art student who couldn't complete his work assignments discovered in psychotherapy that he was going into the field to fulfill the dreams of a very narcissistic father who saw his son as an extension of himself rather than as a person in his own right. Freed up from internal conflict about this constraint, he could begin to develop his own distinctive style.

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Such repetitions from the past may account for severe difficulties in the employee's management of aggressive energies. In the workplace, maladaptive ways of coping with the aggressive drive can range from crippling passivity or fear of taking the initiative, at one extreme, to outbursts of violence, at the other. A worker whose parent...
repeatedly denigrated any fresh ideas or creative acts may find it very hard to initiate new projects at work. An employee smoldering with lifelong resentment at any kind of authority figure might have the impulse to attack when hurt or rejected by boss or co-workers. (Workplace violence is a huge concern to employers across the country.) These issues may contribute to depression as a masochistic defense against rage, or to generalized anxiety or panic when the rage threatens to break through into consciousness. Self-medicating with alcohol or moodaltering street drugs only further blurs the picture, while weakening inhibitions against unacceptable aggressive behavior. Suppressing those symptoms with medication alone will not allow the employee, now a patient, to come to grips with the fundamental issues that are emerging in the workplace.

Psychotherapy may help patients learn appropriate self-assertion, detect and overcome automatic thoughts or repetitive fantasies that lead to difficulty, and/or clarify an ongoing, relentless process of unconsciously living out childhood difficulties in adult life. Such was the case with Donald, a submissive child who now as an adult could not say “no” to his employees and relatives when they demanded special favors; and with Grace, whose ongoing battle against a controlling and demeaning father kept her from feeling confident enough to assume a major supervisory role herself. And there was Bill, who was overwhelmed with panic when his rise to a leadership role meant he had to make public speeches, in which he could be compared with his idealized older brother who was highly visible in the business community.

Sexual issues also appear in the workplace. Attractions emerge, causing difficulty in supervisory relationships, or introducing competition, jealousy, or sensitivity to rejection that can disrupt concentration and productivity. When inner controls are weak, sexual harassment may develop—with destructive consequences for all involved. Anxiety, obsessive-compulsive phenomena, or phobic avoidance may be the result of unconscious inner conflict when one’s sexual wishes and fantasies create pressure to step over the line into an inappropriate relationship with a co-worker, risking major job consequences.

Family businesses bring their own set of problems, as old rivalries, alliances, resentments, and even hatreds are played out between or within generations. One patient had not spoken to his brother and daily business partner for a year and a half because of competition for the friendship of a man in their religious institution—and for their father’s favor. A CEO spent much of his time in therapy dealing with his feelings about his father, brothers, and sons and their various roles in the family corporation. Intimidation, anger, the need to control, guilt about financial success, power and prestige, discomfort with the detachment and envy that subordinate family members imposed on him as the head man, anxiety about role changes as the company changed, all came to light as he struggled to be more in touch with his emotions.

Pride in our work is a major function of our ego ideal, a component of superego. When we are doing well in a secure job environment, satisfaction with our work feeds a healthy self-esteem. We think well of ourselves as competent workers in a profession or trade. Over the centuries, guilds, unions, and professional associations have fed a sense of belonging, pride, commitment to professional values, and importance in everyday life. That such feelings become part of our identity is reflected in the common European surnames inherited from our forebears, such as Baker, Farmer, Miller, Carpenter, Taylor, or their analogs in other languages.

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Loss of career identity is a narcissistic injury—especially when it occurs in an atmosphere of failure, perceived incompetence, or transgression of the rules of one’s profession. A psychiatrist ejected from the American Psychiatric Association (APA) and deprived of a medical license because of a sexual violation is likely to be a very depressed psychiatrist indeed—not only because of public humiliation and loss of income-producing capacity, but also because of a sense of having betrayed the Hippocratic oath. A businessman whose company fires him or whose business fails is also prone to depression, especially if he feels his own weakness or errors in judgment were responsible. Narcissistic injuries, helplessness, and the consequent collapse of self-esteem play a major role in precipitating depression and suicidal inclinations. These issues must be talked through in psychotherapy, the underlying vulnerabilities teased out, the implications of role changes determined, losses grieved, and new sources of self-esteem established. A businessman whose company went under found solace in my pointing out that, like a good general, he had masteredminded an orderly retreat with great consideration for his employees and minimal damage to his family resources.

Even retirement at a normal retirement age raises many of the same issues: “I am no longer a doctor (teacher; plumber; store-owner; symphony trombonist,
“[fill in the blank]” is a common, grief-laden refrain. New identities and new opportunities must be found to restore self-esteem, not to speak of maintaining mental acuity. Techniques from psychodynamic, interpersonal, and cognitive-behavioral therapies, tailored to an individualized understanding of each person, are all useful in dealing with these workplace issues.

Finally, in the more severely ill person, the question of filing for disability raises serious issues in psychotherapeutic technique. Much can be lost if the therapist imposes on a patient a judgment that he or she will be disabled for an extended time—yet reality must be faced and denial of serious impairment may have to be challenged. Optimally, the psychiatrist and the patient can use the assessment of disability as the focus of psychotherapeutic work, as the patient sorts out realistic impairment from repetitive thinking from the past or from a yearning for secondary gain of disability, and works through the gains and losses of either decision. Despite such work, the objective determination of disability is best made by another mental health professional, with the patient clearly understanding the consultant’s lines of responsibility and limits on confidentiality. In that way, the psychotherapist’s allegiance to the patient and confidentiality of communications can be preserved.

As the APA’s Business Initiative establishes a dialogue with major employers across the country, it is clear that businessmen are increasingly aware of the effects of depression, anxiety disorders, and addictive disorders on morale, productivity, and the bottom line in the workplace. From managers in Employee Assistance Programs, we learned that they especially value psychiatrists who can integrate skilled psychotherapy with medication management. Employers are far from happy with the managed care organizations that have driven such psychiatrists out of the system, and they are looking for ways to access such services for employees in their widely scattered facilities. Psychiatrists who work in this comprehensive fashion, and who are attentive to their patients’ working lives, will be much in demand as the healthcare system evolves into new partnerships and modes of service delivery. As we respond to this challenge, we would be well served to attend to our own inner lives as reflected in our work.

References