

Soul-Sadness during Work as a Psychodynamic Psychiatrist

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Most of us psychiatrists are sensitive souls. No matter how much individual therapy, group therapy, or psychoanalysis we get for ourselves, we are not immune from intense feelings about our work and the world in general. We may train ourselves to maintain objectivity and therapeutic “neutrality,” but as Harry Stack Sullivan said, “We are all much more simply human than otherwise, be we happy and successful, contented and detached, miserable and mentally disordered, or whatever.” (Harry Stack Sullivan, BrainyQuote.com)

Natural disasters, genocide, suicide bombings, hostage executions or beheadings, and sick and starving children leap to our attention on TV or print media. Our patients often mention these events, and we try to listen empathically to their feelings and fantasies about them. We suppress or deny our own strongest feelings and fantasies about these events so as to be available to work with our patients.

Our patients share with us the joys and sorrows, pain and pettiness, betrayal and cruelty, and lies and misery in their lives and relationships. We listen carefully and empathically. Between the lines of dialogue, however, we psychiatrists hover along a continuum of self-protection located between soul-sadness at one extreme, and a cool isolated detachment at the other.

Soul-Sadness (SS) Described

Soul-sadness is not clinical depression. SS is kin to depression, in terms of its attendant sadness and sorrow about the reality of cruelty, pain, and evil in the world (Koch, Sally,

“Isolation, Loneliness Nearly Universal in Psychiatrists,” *Clinical Psychiatry News*. Vol. 10, #11. November 1982). Unlike depression, SS does not attack, disparage, immobilize, render sleepless, or threaten the integrity of the core of self. Definitively, SS does not lead to the loss of a sense of humor or creativity. In this last sense, SS is similar to what some psychologically informed theologians and clergy call, “The Dark Night of the Soul” (Gerald May, *The Dark Night of the Soul*. San Francisco: Harper Collins, 2004)

We therapists often convince ourselves that we don’t want to burden our life partners or close friends by discussing or ventilating the feelings triggered by our work. Thinking that way though understandable, is flawed. Such sharing with spouses and close friends can be very helpful. The sharing process though must be vigorously respectful of confidentiality issues. Candid, authentic participation in peer supervision, individual supervision, and collegial support groups can also be very helpful with these issues.

In addition, our personal use of art, music, poetry, or creative writing can help manage soul-sadness by discharging, soothing, containing, or sublimating these realities of our daily work life.

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