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A Systemic Approach to Understanding Burnout Through the Lens of the United States' Professional Art Therapy (and Mental Health) Community: A Literature Review

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Burnout as Community Failure:

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A Literature Review

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Abstract

Burnout among mental health counseling and art therapy professionals has long been an issue (Meyerson 1998; Prins et al., 2015; Yang & Hayes, 2020; Zeira 2021). While previous research into the causes and reduction of burnout have focused primarily on individual burnout, both in terms of psychology and workplace habits (Rollins et al. 2021), very few studies have been done examining the systemic, institutional, and cultural contributions to burnout in these professions. This paper aims to explore the connection between community standards and the current systems that intersect professional art therapy practice in the United States and the areas in which workplace policies and legislation fail to create and maintain a desirable workplace community for working art therapy professionals across national, state, and organizational levels.

Keywords: systemic burnout, burnout, mental healthcare, community, capitalism, racism, sexism, ableism, art therapy, workplace cynicism, mental health

Author Identity Statement: The author identifies as a straight-passing White woman from the Southeastern United States of mixed European ancestry.

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Introduction

Since the beginning of the 2019 COVID pandemic, increasing rates of burnout in the United States' healthcare and human service fields have caused many workers to quit their jobs, putting strain on an already struggling healthcare system (Leo et al., 2021). However, prior to the 2019 pandemic, high rates of workplace burnout were already a major issue for those working in mental healthcare (Meyerson 1998; Prins et al., 2015; Simionato & Simpson, 2019; Yang & Hayes, 2020; Zeira 2021). Defined primarily by an overwhelming sense of exhaustion, depersonalization, and "reduced personal accomplishment" (p. 192, Maslach et al., 1997), the concept of burnout in United States' mental healthcare system has been much studied over the past five decades (Leo et al., 2021; Meyerson 1998; Prins et al., 2015; Zeira 2021). Although some research has already begun looking into organizational causes of workplace cynicism and reduced personal accomplishment (Rollins et al., 2021), very little seems to have been done to explore the impact of larger systems of oppression and disconnection despite these being foundational to many parts of the United States' governance and legislation on workplace burnout for mental health workers. In the field of art therapy, literature is even more limited.

This paper aims to bridge that gap by exploring the disparities between the stated values of art therapy professionals and the policy and practice of art therapy in reality. Because two of the primary indicators of workplace cynicism and reduced personal accomplishment consist of increased feelings of isolation and a desire for a meaningful sense of communal importance (Gronseth et al., 2020; Lemmen et al., 2021; Maslach & Leiter, 2016), this paper proposes that

an effective lens through which to analyze the origin of workplace cynicism and reduced personal accomplishment may be the way in which the professional art therapy community fails to encourage or maintain feelings of belongingness and community—operationally defined in this paper as a consistent reflection of one's professional values and respect for one's professional identity in the policy, culture, and practice of one's profession—for its members. In looking at common disparities between the expressed professional values of, as well as the maintenance of various measures of respect for, art therapists and the actual reality of art therapy work and policy at various systems levels, it is anticipated that a clear connection will be established between feelings of workplace cynicism and reduced professional accomplishment, and professionals' lack of a supportive workplace community and low feelings of professional belongingness.

Method

Because literature investigating broad, systemic causes of burnout is relatively sparse, academic research work that provides a sufficient understanding of current individual, organizational, and psychological perspectives on burnout was first gathered to support and expand upon previously gathered literature examining systemic burnout. Next, academic works describing and analyzing what is required for professionals to develop and maintain healthy outlooks and positive mental health in long-term careers were collected. After examining these works through the perspective of a systemic lens, links between community and positive mental health outcomes as well as between isolation and burnout were connected and the framework for the overarching perspective of this paper was developed.

In preparing to write the body of the literature review, with this research and framework in mind, sources were primarily collected directly from American legislation and public policy that affects the day-to-day practice of art therapy professionals. Finally, further literature was selected from a variety of intersectional perspectives which analyzed this legislation from various historical and academic perspectives in order to ensure diversity of thought. In writing this thesis, I felt that it was incredibly important to ensure that perspectives of historically marginalized voices were included and emphasized, as many of the issues that impact community maintenance often seem to result from the fact that certain voices are consistently left out of community formation. To ensure this, literature contributing to this review was carefully analyzed and selected to represent as close to a holistic and well-rounded critical narrative of the impact of American culture and legislation on workers as possible.

As such, the literature that was collected for this thesis consists mainly of American legislation and peer-reviewed research articles and journals from well-known sources and also consists of a diverse selection of knowledge from different fields and areas of study. The integrity of this project was incredibly important to this author and I hope that this is reflected both in the body of this work and in the variety and content of literature reviewed. Searches for these articles were primarily done via Ebscohost and Psychinfo, which were accessed through Google Scholar and the Lesley University library search database. Search terms used included phrases such as: United States workplace protections and worker's rights, workplace issues in professional counseling, counselor perspectives on health insurance policy and mental health diagnosis, inequity in art therapy, understanding marginalization in the workplace, mental health counseling credentialing, inequity in counseling professions, and more.

Literature Review

Historical and Cultural Context

One of the more difficult pieces of understanding systemic causes of various phenomena may perhaps be the complexity of trying to understand culture's impact on individual psychology. In Meyerson's 1998 work examining feminist perspectives of burnout, she concluded that not only is the experience of burnout affected by the positionality of those experiencing it, but also by our definition and expectations of burnout itself, which are often more generally culturally defined. While her work focuses on the differences between the perspectives of social workers in two, very culturally specific, workplace settings the underlying findings are likely applicable elsewhere, even today.

For example, Meyerson (1998) found that social workers in community settings approached burnout in a sustainable way—often viewing the phenomenon as a natural part of the ebb and flow of emotionally-invested labor. This was compared to the perspective of those in a medical setting, who perceived burnout as something wrong that one needed to "control" or to "cure" (Meyerson, 1998).

In the context of this paper, it is important to understand that the current cultural definition of burnout in America is one in which the individual fails to maintain their personal health in the context of their workplace environment (Maslach & Leiter, 2016). However, this thesis proposes that it may be more useful to view burnout as a failure of the relationship between the individual self and the larger community. Perhaps it is more accurate to say that burnout is what occurs when a community, such as the United States or, more specifically, the community that consists of art therapy professionals working in the United States, fails to take care of or make room for the desires and values of an individual member, or group of members,

belonging to that community. This may explain why feelings of isolation and a desire for increased feelings of connection to community are such integral parts of the experience of burnout.

Historically, three major underlying power structures have shaped the culture of the United States across all aspects of life: white supremacy, neoliberal/class capitalism, and patriarchy (Montoya et al., 2016; Speed, 2019)—as such these powers have influenced the structure of governance and legislation in the United States as well. These three structures shape the underpinnings of not only workplace culture, practice, and expectations, but also healthcare and insurance policies, licensure frameworks, our understanding of and response to workplace burnout, bureaucracy in the workplace, our understanding of the practices of healing, on both a physical and emotional level, as well as art therapy and finally the intersections of our workplaces and our legal system in numerous ways.

The underlying argument for this paper is significantly supported in the work of Prins et al., (2015) on burnout and class capitalism. In their work, these researchers observe that higher rates of internalized affective disorders such as depression and anxiety are found at the middle-class socioeconomic level (2015). In their analysis, Prins et al. conclude that a chronic disconnect between workers and the production and products of their labor, a common practice in the United States and direct result of the policies and norms that characterize class capitalism, results in a sense of powerlessness and reduction of intrinsic reward in work for those who attempt to rise from lower socioeconomic positions to higher ones (2015). They explain that because class capitalism relies on the maintenance of one socioeconomic group over another through the means of deprivation, it is inherent to the process of capitalism that those in the middle and lower classes must be shut out of the control of and access to certain socioeconomic

opportunities and assets by the upper classes—something that those who are actively working to move up in social status would conceivably become hyper-aware of, since these are impediments to such movement (Prins et al., 2015). What this causes are increases in rates of depression and anxiety, as well as depersonalization (Prins et al., 2015), especially for middle class populations in the United States. In other words, when bureaucracy and job demands do not reflect our personal values and desires because workers are not included in the process of decision-making and high-level company management, we are more likely to develop chronic stress, fatigue, and cynicism as a result—aka: burnout.

Notably, despite the fact that this article primarily discusses class capitalism and not racism or patriarchy, it is the case that historically marginalized populations in the United States, including people of color, women, LGBTQIA+ individuals, workers with disabilities, and those at the intersections of these identities, are significantly more likely than their counterparts to be at the lower socioeconomic end of the spectrum in the United States—and therefore are also more likely to be working towards rising from lower socioeconomic positions to higher ones, and are thus at a higher risk of experiencing this phenomenon (Montoya et al., 2016; Speed, 2019).

For women across these demographics, it must also be considered that they still perform much of the unpaid and external labor of caretaking for family members and other community members as well (Kutzner, 2019). Not to mention the fact that the dominant culture of capitalism as an economic practice comes from a Western history of colonization which is, by definition, deeply connected with the history of white supremacy and patriarchy (Montoya et al., 2016; Speed, 2019). All of this indicates that the harmful effects of class capitalism on burnout are

even more impactful for those whose identities stray from the white, cis, heterosexual, male standard.

Workplace burnout in the 21st century is not simply a phenomenon of the separation of the worker from autonomy and from expressing their desires in the upper echelon of workplace policy, however—it is much more than just that. Zeira's article on neoliberal policies examines how neoliberal capitalism has also contributed to the current phenomenon of workplace burnout. Her research explores the recent decrease in intergenerational social mobility, increased rates of mental illness, and common workplace issues such as the cost of living to wage disparity, and connects each of these to neoliberal policies implemented in the 1980's that eliminated restrictions on production and trade as well as social safety nets and supports and raised the cultural value of individualism, materialism, and competitiveness, all of which also contribute to burnout today (2021). In addition, Zeira's (2021) work identifies the fact that the neoliberal policies of the 1980's were notoriously racist in nature, thereby, once again, perpetuating the workplace standards and procedures that cause harm to and oppression of people of color and making individuals at these identity intersections all the more likely to suffer from the harmful impacts of these policies.

The professional field of art therapy, a relatively new field at the intersection of mainstream counseling psychology and fine arts—while no exception to these phenomena of class capitalism, neoliberal capitalism, and their inherent connection to patriarchy and white supremacy—also sits in a unique historical position in regard to these systems of oppression and, as a result, employee burnout in this field has a unique context as well. Since the United States has a long-standing history of cultural bias against both the creative arts and female-dominated fields, a result of potentially instinctive fear of uncertainty for the first point (Lee & Chang,

2017; Mueller et al., 2011) and of traditionally patriarchal values for the second (Moskos, 2019), art therapy professionals and organizations naturally reside at an interesting crossroads in terms of how strongly aligned the field is with, and therefore how much the field perpetuates, harmful, patriarchally-originating and capitalistic norms and standards in the United States. On the one hand, the profession proclaims a desire to eschew traditional societal frameworks of oppression such as those mentioned, and in the way that it embraces and honors creativity, the arts, and values and acts associated with traditional definitions of femininity, the field succeeds in doing so. On the other hand—since it was still created by those in the racial majority at more privileged intersections of racial hierarchy in the United States, during a time period in which there are still power imbalances among racial and ethnic groupings, the foundation of some of the practices of art therapy are still harmful in that they are often culturally appropriative and sometimes leave out important voices and perspectives and are therefore still embedded within and at risk of perpetuating the harmful structures of colonialism and white supremacy (Napoli, 2019).

Additionally, in order to maintain the expectations of the "professional standards" set forth by other branches of psychology and counseling therapies, and in a well-meaning attempt to lend credibility to the field, many practitioners in art therapy have worked hard to shape art therapy research, practices, procedures, and policies to conform to the current United States standards common among other sectors of mental healthcare. Unfortunately, since these are, in turn, impacted by the perspectives of neoliberal and class capitalism, white supremacy, and patriarchy, as a result of the time in which they were created, this has had some harmful impacts as well. Also, since so many art therapy professionals work as regular mental health counselors as a result of the newness and size of the field (Elkins & Deaver, 2018), many of the issues of the policy and institutions of general professional mental health work in the United States (discussed

above) also have major impacts on the work of art therapy professionals. In this paper, the effects of capitalism, white supremacy, and patriarchy on art therapy and professional mental healthcare policy and practice will be explored alongside the specifics of professional belongingness.

Defining Art Therapy Values and Respect for Art Therapy Professionals

Defining the values of art therapy professionals is a difficult task. Despite being a field dominated by white women with masters' degrees (Elkins & Deaver, 2015; Elkins & Deaver, 2018), the opinions of individual members of the field of art therapy seem to vary widely on certain key issues (George et al., 2020), which suggests at least some variation in values within the field. However, among the American Art Therapy Association (AATA) and Art Therapy Credentials Board (ATCB) codes of ethics, there lies a considerable amount of common ground, so for the purposes of this paper, this will be the method by which collective art therapy values will be determined.

The most applicable commonalities to the scope of this thesis include the values of: cultural competency/cultural humility, equity/equality, respect and compassion for others/non-maleficence and beneficence, creativity, respect for the autonomy of clients, fidelity/ confidentiality in client relations, transparency/honesty, integrity, artistic competency, psychological competency, and healthy termination (American Art Therapy Association, 2013; Art Therapy Credentials Board, 2021). Professionalism is also included in the list of commonalities; however, this paper contends that this concept should not be included and will later actually be scrutinizing the use of workplace policies based on the current standards and definitions of professionalism due to the racist origins of the word and its associations (Ferguson Jr., & Dougherty, 2022).

Regarding the measurement of respect for art therapy professionals and values, the following list of expectations has been adapted from Jack Wiley and Brenda Kowske's 2012 book "Respect: Delivering Results by Giving Employees What They Really Want". First, all common values must be reflected in practice and second, professionals must be awarded: autonomy and as much control over their work lives and practices as possible, a pay to work ratio that allows for an enjoyable work-life balance, consistent raises including merit raises and cost-of-living adjustments and allows for a quality of life that extends well beyond meeting basic survival needs, engaging work that includes little to no bureaucracy, equity and inclusion in the workplace and protection from harassment or unsafe working conditions, regular feedback and recognition/honor of professional competencies, job security, and consistent and clear training, access to continued education, and clarity of job roles and expectations.

Although it is not mentioned in the literature, this writer would contend to add onto this list, particularly for art therapists, provision of the tools and materials necessary to do one's job. Without meeting each of the above measures of respect for working professionals, the institutions, organizations, and systems under which the professional works are likely to alienate their employees and can be considered failing to care for or create space for their community members as a result.

Reviewing Disparities in Laws, Ethics, and Policy Accommodations and Standards for Art Therapists at a National Level

One of the first difficulties encountered by both art therapy and mental health professionals on a national scope in the United States is the issue of licensure. In both art therapy and mental healthcare more broadly, there is a lack of synchronicity in licensure legislation

across state lines (Herman & Sharer, 2013). While it is standard for fields that have licensure to have differences across state lines, this practice creates difficulty for professionals in many areas of life, including moving, telehealth, access to and ability to enforce knowledge regarding laws and procedures, and in terms of personal expense in areas such as education and application in order to keep up with differing requirements for licensure and certifications.

In the case of art therapy licensure can be even more difficult to navigate since many states have no art therapy license process. Despite the existence of the ATCB, which provides some relief for art therapists through the enforcement of a national credentialing process, because art therapy is usually disregarded by the federal government, individual states, and some organizations as having a formal role in mental healthcare, many professionals have to take courses and become licensed and credentialed both in traditional mental health counseling as well as art therapy, which is a lengthy and often expensive process. This issue will be expanded upon in the analysis of state level disparities.

Contributing to the issue of general mental health licensure not having an overseeing board or cross-state standardizations that provide ease of transfer between states and art therapy licensure simply not existing, or any other combination of possible solutions, is the issue of reimbursement in licensing and credentialing for mental health counseling and art therapy. The fact that having been awarded a license for mental health counseling and/or credentials for practicing art therapy does not automatically grant “vendorship” or reimbursement rights from insurances across the board (Haas-Wilson, 1991) creates even more barriers to practice for those who considering pursuit of or maintenance of a career in mental health counseling due to the complexity often associated with navigating the legal system as well as a convoluted system of

healthcare bureaucracy without guidance. All of this results in a compounded system of stress for art therapist and mental health workers looking to enter the fields.

Where laws do exist to guide and protect art therapy professionals, there are still often failures in community infrastructure. The Fair Labor Standards Act (FLSA) (1938), one of several pieces of national legislation originally created to determine protections for all workers and workplace standards, for example, has three major failings. First, according to this act, the federal minimum wage has been $7.25 an hour since July 24, 2009. This is despite more than a 31% rise in inflation since then (Staff et al., 2022). Although mental healthcare and art therapy professionals do not typically work for minimum wage pay, there are models that suggest that not only does the current national minimum wage, and the standards for inflation adjustment set by the national minimum wage, impact the standards for wages in other areas of the job market (Levin-Waldman, 2009), but also, that adjusting the minimum wage to reflect a more realistic standard could reduce overall rates of economic inequality (Mishel, 2015).

According to Levin-Waldman (2009), the “standard textbook model” (p. 102) of minimum wage in economics has largely suggested that raising the minimum wage essentially does not matter to the average American citizen, since economists often estimate that wage increases will inevitably cause both a decrease in assigned hours and available jobs for those who would otherwise be positively impacted. However, Levin-Waldman (2009) also writes that this assumption is incorrect in a number of ways. First, in analyzing research on the effect of the last minimum wage adjustment in 2009, as well as wage contours and adjustments from the 1950’s through the early 2000’s, he suggests that increasing the minimum wage and adjusting regularly for cost of living positively impacts much of the American public since the median wages of the middle class also rise following minimum-wage increases. Furthermore, Levin-

Waldman concludes that the real culprit of inflation and negative wage-contour effects, which standard models often seem to over-anticipate to begin with, is often actually the result of weakened labor unions and increases in income inequality between those at high levels of corporate management and those in lower level positions (Levin-Waldman, 2009). This type of pay inequality in the workplace has already been well-documented as one significant predictor of both workplace cynicism and, subsequently, burnout (Jiang & Probst, 2017).

Similarly, in his work, Lawrence Mishel connects inequality and wage stagnation and also finds that income inequality is largely the result of chief executive officer (CEO) and higher-management pay and economic growth that far outpaces the growth of income and resources for those in lower economic positions—not the result of minimum wage adjustment (Mishel, 2015). Since the FLSA also does not provide legislation limiting the income inequality between highest paid workers in the workplace and lowest paid workers, it also fails in this regard.

Finally, by upholding a long-time standard in American culture, overtime compensation required by the FLSA seems to fall far short of reasonable expectations of human work capacity. Although the western world has upheld close to a 40-hour workweek standard since the early 20th century, it only became officially regulated in 1938 when the FLSA first introduced formal legislation for it (Rubelmann & Wolfsberger, 2017). However, despite providing relief for workers when compared to the 12-hour (or more) day standards of the Industrial Revolution, the psychological implications of the 40-hour per week expectation were not thoroughly researched prior to its creation nor was it ever edited as a result of later biological or psychological research on the effects of working standards and mental health; rather, the 40-hour standard came from a legislative push by union activists and labor strikes, as a result of pushback against an explosion

in standardized working hours relative to prior to the Industrial Revolution (Rubelmann & Wolfsberger, 2017; Haworth & Veal, 2004). Since its implementation, the still-long length of the 40-hour workweek has been criticized by many for both its negative impact on personal wellbeing and for its contribution to toxic cultural values (Rubelmann & Wolfsberger, 2017; Haworth & Veal, 2004). To begin with, as pointed out in the works of both Rubelmann & Wolfsberger (2017) and Haworth & Veal (2004) on the history of work and professional wellbeing, not only has the 40-hour workweek failed to adjust for the massive increase in productivity from when it was instituted to today, leading to a psychologically unsustainable pace of life and environmentally damaging increase in cultural demand for "more, faster, better", but it was also instituted at a time in which family households were possible to afford and maintain on a single person's salary—specifically at a time period in which housekeeping work was largely done (unpaid) by women in the home. This led to an increase in the amount of leisure time for most families and partners cohabitating, which was also the standard at the time—both of which are no longer common or, in some cases, feasible. In addition to this, Haworth and Veal (2004) and Rubelmann and Wolfsberger (2017) both found that the lack of schedule flexibility and leisure time afforded by a typical 40-hour workweek standard has had negative impacts on physical and mental health for employees across the board including increased rates of back problems, strokes, heart attacks, and stress. These findings have also been supported by other research on work-life balance as well (Biggs et al., 2016).

In fact, Mushfiqur et al. (2018) also found that a work-life balance that favors work heavily may even contribute to the larger erosion of social and community infrastructure, often placing undue burden on women workers, who are still relied upon to take up much of the unpaid labor at home—and that is without considering the impact of a 40-hour work week standard and

correlating pay expectations on workers with disabilities [who themselves are already legally underpaid in 38 states, which is another major issue both for those with and for those without disabilities (Friedman & Rizzolo, 2020)], or the natural biological fluctuations in energy and cycles in all people (but particularly those with uteruses) that also add to the need for increased flexibility in individual work schedules. Since the FLSA contributes to the maintenance of this harmful 40-hour workweek standard through overtime expectations, it once again fails to create reasonable community standards for professionals in the workplace.

The three issues present in the FLSA directly conflict with the art therapy value of equity and equality. Beyond that they also hinder the provision of respect for the individual professional through a failure to provide a pay to work ratio that allows for an enjoyable work-life balance and a quality of life that extends well beyond meeting basic survival needs and a failure to encourage regular cost-of-living adjustments. Additionally, they fail to respect standard physical, mental, and emotional limitations, which threatens professionals' safety and ability to provide ethical and comprehensive care for clients.

This is not the only legal act that fails to provide for such measures, too. The Family Medical Leave Act (FMLA) additionally, fails to uphold basic expectations of respect and belonging for the mental health and art therapy professional community. Not only does the FMLA provide only unpaid leave for a maximum of only 12 standard workweeks within a 12-month period, it also fails to provide legislation mandating paid parental leave and requires a minimum of 1,250 post-leave hours, even after childbirth (Family Medical Leave Act, 1993). By not providing any type of reliable resources beyond free time for those who require extended leaves of absence for themselves or others, as well as failing to provide parental leave—which negatively impacts both parents and children, especially those in low-socioeconomic groups and

those who are people of color (Gupta et al., 2020)— as well as by requiring a certain amount of post-leave hours, which can be frustrating for those with chronic pain or illness, the FMLA fails to provide enough of a social safety net to maintain economic stability and equality for any persons who do not meet capitalist, patriarchal, and western standards of productivity or value. Since other forms of welfare such as social security disability insurance (SSDI) and social security insurance (SSI) often require and maintain forced poverty for recipients (Stapleton et al., 2006), this negatively impacts mental health and art therapy professionals both directly, since almost anyone may become ill or find themselves unable to be "productive" per societal standards at any point in time, and also indirectly, since all of these issues create poverty traps which, in turn, increase rates of mental illness and client caseloads and decrease mental health professional efficacy since poverty largely cannot be fixed through therapy.

Again, all of these issues point to disparities between legislation and therapist values and measures of professional respect. Moreover, both the FLSA and FMLA are inapplicable to many small businesses, which provides workers a terrible choice of either working for a larger company, in which they may see more income inequality and bureaucracy, or working for a smaller company, in which their personal rights may be refused (Federal Labor Laws, 2022).

In terms of national issues of legislation and workplace burnout, this is only the tip of the iceberg. The Occupational Safety and Health Administration (OSHA), which creates national standards of worker safety, doesn't even acknowledge the issue of interpersonal violence in the workplace—an issue that mental health workers and art therapists are particularly vulnerable to (Saragoza & White, 2016). By failing to provide any form of safety measure or procedure for interpersonal violence, property or vehicle damage (as can be the case for mental health workers who drive clients in personal vehicles), or even illness or disease, incurred as a result of

workplace requirements, and additionally by placing the burden of proof on employees in worker's compensation cases, many mental health worker's safety needs are relatively ignored at a national level (Occupational Safety and Health Administration laws and regulations, 2022).

Even workplace discrimination law fails in some regard to respect the needs of many working professionals—again, especially those from historically marginalized positions—since they fail to cover prosecution of what are legally considered "simple teasing, off-hand comments, or isolated incidences that are not very serious" (Federal Trade Commission, 2022), a vague statement that could easily be manipulated by human resource departments within organizations. This is not to say that those who cause incidental or non-malicious harm should be punished in unfair ways. In fact, the dehumanization and lack of reparative/restorative justice in the punitive system in the United States may be another contributor to the breakdown of community in this country, however, that conversation is out of the scope that this paper allows. Regardless, each of these legal issues and loopholes threaten basic standards of workplace safety and respect for professionals' job security.

There is also the issue of American healthcare at the national level and its many disparities in regard to professional respect and values. While much of this issue will be analyzed in the state level of this paper, due to a lack of national healthcare, the issues of the Affordable Care Act (ACA) mandate at the national level are still many. Even before the ACA, the American tradition of linking health insurance to employment has long created incentive for workers to stay far too long in toxic workplace environments and decreased rates of job mobility, potentially hastening rates of burnout and worker cynicism, again through a failure in community care (Gruber, 2002). Additionally, for those companies that don't want to bother even providing healthcare, the ACA seems to have incentivized many to simply reduce employee's hours to

part-time (Even & Macpherson, 2015)—an act which has the negative effect of costing many employees both job security and pay security, in many cases forcing workers, including some art therapists, to get multiple jobs to survive (Kudlyak, 2019). Moreover, as will be discussed later, healthcare measures like ACA require and maintain high levels of bureaucracy and paperwork for mental health providers which, as discussed above, again sets workers up for increased rates of workplace cynicism and feelings of alienation. By failing to uphold the set-out standards of care and respect for professional values and persons, our national legislature fails to create and maintain a desirable workplace environment for mental healthcare and art therapy professionals and creates toxic systems of power that rely on permanent states of inequality, cut workers off from each other, drive interpersonal competition rather than collaboration, and contribute to worker stress and isolation.

Interestingly, since these standards exist at a national level and across job sectors, these standards also fail to create or maintain a desirable workplace environment for other workers as well. In doing so, the very foundations of our workplace standards seem to be alienating and dehumanizing the same citizens for whom our workplace standards are created. When considering specifically the shortage of American mental health workers, especially during a period of mental health crisis (Hubbard, 2021), it becomes even more obvious that this is a major flaw that needs to be eliminated from our cultural and legislative legacy as a nation.

Reviewing Disparities in Laws, Ethics, and Policy Accommodations and Standards for Art Therapists at a State Level

At a state level, three main areas of disparity arise when analyzing discrepancy in professional art therapy work and values. The first is, again, licensure. Just as at a national level,

at a state level the issues of non-standardized licensure and stringent, yet scattered licensure requirements affect art therapist professionals deeply. This is because, as previously explained, a lack of nationally standardized licensure creates accessibility issues for professionals. Laws and regulations are often difficult to understand and navigate on their own, much less when there is no external incentive or assistance provided to prospective professionals. When one is required to navigate new legislation in each state they inhabit or seek work and when art therapy professionals are pressured to pursue both licensure in clinical mental health counseling and credentialing in art therapy, this confusion only increases.

On top of this, jobs in mental healthcare across the board usually require a minimum of a Master's degree ("Overview of State Licensing of Professional Counselors", 2022), which means that prospective professionals must pay for and undergo at least 6-7 years of higher education, which usually costs between $10,000 and $40,000 per year in undergraduate education (Powell et al., 2021) with an average of around $66,000 more for a master's degree (Hanson, 2021). This also requires extensive unpaid labor, often with little to no assistance or incentives from states' governments since state cuts to higher education aid were made widely common in the mid-2000's (Mitchell et al., 2018). Where incentives such as student loan forgiveness do exist, it is often difficult to receive and is no longer prioritized to those who are most in need due to merit-based scholarships becoming the norm (Burd, 2020; Frotman & Gibbs, 2017).

In addition, Master's degrees in both clinical mental health and art therapy programs require hours of unpaid work through internship programs, which often puts low-income individuals at a disadvantage—not always directly through financial difficulties but sometimes in terms of uneven networking and opportunity access and long-term job prospects (Rothschild & Rothschild, 2020). Also, after graduating, licensure in many states requires a minimum of two

years of post-graduate supervised hours (Counseling.org, 2022; Art Therapy Credentials Board, 2022)—which are sometimes difficult to get since many organizations cannot afford to train or supervise new employees—as well as licensure tests, which cost hundreds of dollars per examination in most cases (Counseling.org, 2022; Art Therapy Credentials Board, 2022).

Moreover, there are regularly required continued education courses, on top of any extra courses that might already be required by each new state that one moves to, which presents another burden to time and finances for working professionals with too little of both to spare. This is not to mention the fact that putting external requirements on such education may actually discourage therapists from engaging in educational pursuits and ends up costing them more money than the alternative of allowing professionals the autonomy of choosing to pursue continued education on their own (Hébert et al., 2022). For art therapists, in particular, the process of examination, continuing education, and re-registration of credentialing has to be done twice in most states, once for regular mental health licensure and once for art therapy credentialing each time that licensing and/or credentialing must be renewed (Counseling.org, 2022; Art Therapy Credentials Board, 2022).

All of these issues create an expensive and often inaccessible system that, while important for the protection and safety of the therapy client, discourage prospective professionals from various backgrounds and abilities from ever being able to pursue mental healthcare or art therapy. This contributes to the heavily-skewed demographic of providers (Elkins & Deaver, 2015; Elkins & Deaver, 2018), which, as previously mentioned, directly contradicts the art therapy values of equity, inclusion, and cultural humility and thus fails to provide equity and inclusion in the workplace and in professional education and training environments. In addition, this lack of equity also often puts clients whose identity is a part of a historically marginalized

group in positions of greater discomfort since they are often forced to enter a workforce that does not understand them, may not have policies that reflect their needs, and may increase their exposure to micro-aggressions and/or tokenizing (Meyer & Zane, 2013)— all of which contradict the therapist value of beneficence and non-maleficence since it increases the risk of harm to fellow counselors.

Another issue that is similarly created by the lack of standardized licensure and requirements for both mental health counseling and art therapy is that of telehealth. This is especially important as it has become increasingly common throughout the last couple of years (Wootton et al., 2020). Telehealth in the world of mental health and art therapy has created yet another confusing system of legislation that varies from state to state which often requires an extensive amount of research to both understand and legally navigate (Telehealth.org, 2022). As policy and procedures continue to be written regarding telehealth, it would be beneficial to working professionals to minimize the amount of bureaucracy that individuals must navigate in their telehealth practices and standardizing licensure requirements across states would be a great place to start.

Another issue on the state level of mental health counseling and art therapy practice and policy is that of right to work states and state-based funding. Since national protections for workers do not include job security, many states have formed legislation which de-incentivize workers from joining workplace unions through the form of right-to-work laws (Collins, 2012). Although proponents of these bills suggest that they make it easier for business owners to operate their workplaces, this has been seen to lower workplace wages and protections even further for employed professionals (Collins, 2012), which, as we have examined previously in the lens of class capitalism, disrupts community formation in various ways (Prins et al., 2015).

In addition to this legislation, there is often uneven funding for mental health resources across different states and regions, even within states (Sundararaman, 2009). This phenomenon contributes, once again, to less desirable workplace conditions for those living in states where mental healthcare is poorly funded (Sundararaman, 2009). Despite the fact that some states may have individual protections for workers regarding such issues as student loan forgiveness or job security, etc., because it is not a standard for all, many practitioners are not included—especially those working in rural areas. These also happen to be some of the most underserved areas of the United States in terms of mental healthcare (Sundararaman, 2009). All of this contributes to both higher rates of burnout as a result of increased workloads and also to system inefficiency (Mastin, 2015).

Finally on a state level, is the continued issue of insurance. Generally, issues with our current system of insurance-based healthcare seem to fall into two main categories in regard to how art therapist and mental health practitioners are affected. The first major issue seems to be a general dehumanization of clients.

Amber Nelson's 2019 work provides a well-written summary of feminist perspectives on the problem of the biomedical model and diagnostic and statistical manual (DSM) diagnosis—a problem that is inherent to the current system of insurance reimbursement. This dehumanization is analyzed in terms of its effects on practitioner's daily practice. In this study, Nelson finds that not only do mental health practitioners, in general, find the biomedical model to be frustrating and ineffective and a piece of their practice that they often put much effort into working around, but also that the standardization of the approach literally ignores so much of the social and systemic context of the clients that practitioners work with that it creates an enormous amount of dissonance for practitioners who desire, primarily, to work in holistic and human-centered ways

(Nelson, 2019). This, in turn, seems to lead to deep resentment in practitioners and often to internal resistance to the standard model of work (Nelson, 2019). In regard to art therapist values, this is a huge point of neglect. Most values of the art therapy profession prioritize client care and respect. By decontextualizing and dehumanizing clients through DSM diagnosis, there is often a loss of integrity, respect for the autonomy of clients, and honesty and transparency in the work.

In addition to the dehumanization of the process of diagnosis, there is the issue of increased pressure to quantify and accelerate the pace of incredibly complex work. While it is sometimes, arguably, a positive thing that mental health workers are encouraged to perceive the work as temporary for every client—this implies the goal of therapeutic work is to "fix" clients, and quickly. As a result of rising mental health costs in the late 20th century, "managed care" started to become a common standard for insurance companies and employers looking to reduce the cost of healthcare for themselves (Ware et al., 2000). This practice began a series of standards that include strict time and session limits, low reimbursement rates for both direct treatment and care coordination, poor client access to behavioral health services, and increased paperwork and bureaucracy including short-term reviews and pressurized incentives to address and eliminate client goals and treatment as quickly as possible (Ware et al., 2000; Gordon et al., 2018).

Almost as soon as it began being implemented, this form of care started receiving backlash from mental health practitioners (Ware et al., 2000). In their 2000 study on the perspectives of mental health practitioners as a result of managed care standards, Ware et al. found that practitioners expressed vehement distaste for these standards, some going so far as to state that they feel "under siege, demoralized, and powerless" (p. 5). Recent research into the subject of managed care has shown similar clinician perspectives (Gordon et al., 2018). Despite

the fact that these negative effects on practitioner mental health and cynicism have been known for over 30 years (Ware et al., 2000), no changes seem to have been made to reduce the standards of care—in fact, occasionally the opposite, as in the case of Medicaid (Gordon et al., 2018). All of this is not to mention the fact that because private insurance companies are not only the norm but are also the only choice for many individuals, this means that the American standard is to monetize basic human needs in healthcare. This is a direct contradiction to the ethical standards of art therapists, which actively discourage the type of harm to clients that is caused by forcing them to either pay money to attend to their mental health or face suffering. In response, many mental health workers have felt the internalized need to work either pro-bono or on a sliding pay scale for low-income clients which, while compassionate and honorable, puts practitioners at an even greater risk of burnout since it increases the hours worked and decreases practitioner pay rates overall.

As previously discussed, bureaucracy alone creates extra work, cost, and dissonance for art therapy practitioners (Wiley & Kowske, 2012). On top of this, these practices insult professionals by threatening practitioner wellbeing and creating barriers in our ability to contextualize and hold compassion for our clients, our ability to be creative in our work, and our ability to utilize the full extent of our psychological competency and even threaten the concept of healthy termination, a crucial aspect of our work (Gordon et al., 2018).

Reviewing Disparities in Laws, Ethics, and Policy Accommodations and Standards for Art Therapists at an Organizational Level

In this thesis, the basic organizational expectations laid out in the standards of employee respect will not be examined, as it is believed that they stand on their own. These types of

interventions and burnout-reducing measures have also already been thoroughly researched and effects have been well established (Wiley & Kowske, 2012; Rehder, Adair, & Sexton, 2021).

The first and most obvious of the systemic issues which we will discuss is that of worker autonomy and workplace investment. As mentioned in the historical context section, the current standards of workplace structure in both private and non-profit practices across art therapy work, with the exception of private practice, primarily rely on hierarchical power structures—usually with some type of shareholder/company board at the top and workers at the bottom (Prins et al., 2015). Because of their separation from the daily practice of the work, shareholders, like insurance companies, often not only have differing values than workers (usually investors are only interested in creating profits) but they are also often disconnected from the impact of how policies affect worker's lives (Prins et al., 2015). This, in turn, disincentivizes worker investment and creates a separation from the worker and their environment (Prins et al., 2015).

What this also causes, which has not yet been reviewed in this paper, is a constant sense of competition (Zeira, 2021; Allen, 2018). While this is unsurprising, because competition is one of the fundamental tenants of American capitalism, in his 2018 book on the psychology of happiness, Allen discusses the ways in which this actually seems to have a massive negative affect on both collective and individual mental health. Not only does competition reduce individual rates of compassion and interest in the well-being of others, as well as the well-being of the community at large, it also creates and maintains a personal state of scarcity mindset (Allen, 2018). Often studied in the context of how it affects those living below the poverty line, scarcity mindsets have been found to cause intense alterations in the behavior of individuals, including myopic thinking (aka: not being able to plan for the future) and difficulties forming and maintaining interpersonal trust (Farah & Hook, 2017). Interestingly, these reactions share

distinct similarities with two major symptoms shared by individuals who have lived through or been exposed to trauma—foreshortened future/lack of future planning and difficulty with trust (Substance Abuse and Mental Health Services Administration, 2014). In short: hierarchical workplace structures severely and negatively impact clinician autonomy and wellbeing. This is on top of the myriad of ways in which differences between shareholder and workers' values and interests cause harm on their own.

Other issues exist in organizational workplace structures as well. For example, also as discussed briefly earlier, there is the issue of "professionalism" in workplace standards. Not only do such standards, including those of dress, personal hygiene and appearance, and even speech, usually reflect and maintain white supremacist and patriarchal standards of beauty and behavior patterns (Ferguson Jr., & Dougherty, 2022), they also discourage individual practitioners from displaying their authentic selves, which reduces personal autonomy in the workplace once more. As previously discussed, without workplace autonomy workers are apt to feel disrespected and alienated— a direct cause of workplace cynicism. In addition to limiting workplace autonomy, when people are unable to engage in authentic expressions of self, there is less opportunity for interpersonal connection (aka: community formation and maintenance).

Altogether, although many organizations can do nothing about the policies that are passed down from national and state legislation, there are many ways in which they can and often do contribute to the perpetuation of harmful workplace standards and fail to provide authentic forms of connection and community, especially for more marginalized members of the professional mental health and art therapy communities. When considering the effects of professional community and lack thereof, these actions can be just as important for maintaining

or failing to maintain mental wellbeing and feelings of inclusion and respect for workers as general policy.

Discussion

After compiling and reviewing the stacked impact of the culturally and politically driven practices of modern workplaces on practitioners and on workplace community as a whole, it is obvious that current standards need to be changed if burnout is to be addressed in this country. Although such standards have been built and maintained through the illusion of social progress, they are clearly the culprit of an unsustainable level of psychological harm that has been passed on to modern workers and it has become an issue of great impact on everyday Americans. In researching the history and psychology of how these types of practices have come about, various insights come to mind.

Many, if not all, of the policies that have been discussed in this paper have come into being as a result of a rise in popularity of mainstream American conservativism, which has largely shaped the landscape of American culture and governance—including in the workplace—over the last 40 years as a result of backlash against social and global instability. This ideology and the social policies that it has manifested have consistently fed off of and reinforced collective fear and separation (Crowson, 2009). In American workplaces, this has increased individual feelings of isolation and burnout because it has encouraged and contributed to many of the aforementioned policies, all of which contribute to community disruption.

If Americans desire to heal and repair the harm done to the sense of community and connection as a result of this legacy, American history must be reconciled with and action must be taken to reverse the community disruption that is now endemic to American culture as a result

of fear-mongering and conservative policymaking. In order to do this in American workplaces, employers and policymakers should be attempting to increase authentic forms of connection, encourage emotional safety, and decrease avenues of separation between both individuals and groups in our society. To accomplish this, all citizens need to begin engaging in activities that increase individual levels of empathy and compassion for the other, taking care of (all) community members, incentivizing the pursuit of personal passions, honoring diverse forms of knowledge, reducing hierarchy and competition, and creating paths for mutual healing/repair of interpersonal harm when it is caused.

The possible solutions that this perspective introduces are many. The first and most important solution proposed by this author is to reduce workplace hierarchy and interpersonal competition across all job sectors and workplaces. This can be done by incentivizing and encouraging the wide-scale adoption of co-ops/shared ownership in the workplace and also unions. These forms of work and business not only directly address the issues raised of worker autonomy and voice in workplace policy, but also decrease power differentials between leadership and workers and therefore will likely lead to increases in workplace collaboration and community (Prins et al., 2015; Zeira 2021).

Beginning with job preparation and training, in order to incentivize the pursuit of personal passion, as previously explained, it is important that forms of paid and enticing education and training opportunities (along with free licensure) for both prospective and continuing professionals are created, so that working is no longer inaccessible to those who refuse to burn themselves out simply during the learning stages of career but instead becomes something to be enjoyed and pursued as a result of internal motivating factors, rather than external. This would require restructuring of the American education system but there is much

reason to be doing this anyway—although that is outside of the scope of this paper. Creating more supportive opportunities for and forms of education and training would also have the advantage of potentially reducing the fear of failure for individual workers, which could allow them to course-correct and find the areas of society in which their personal skills will be most beneficial through a process of non-judgmental trial and error.

In reforming the American education system to reduce burnout, universities and institutions of higher education should also lead by example in many other areas. As suggested below for other organizations and businesses, in order to encourage diversity and inclusion, universities must create spaces that are desirable to come and study and work in as a member of historically marginalized populations. This means that they, as with other companies, should embrace policies such as 20-30 hour work week standards and higher pay with increased time off for teachers and professors—regardless of tenure status (and more job security for those without tenure while they're at it). In addition, they can encourage, support, or even provide/require paid internships and more grant money and merit-based scholarships for students, encourage unions on-campus for both students and teachers as well as other staff, and reduce or eliminate tuition fees and food and housing costs for all. It is not enough to simply want diversity, institutions must become appealing places for people to come to, not by offering more superficial and costly forms of entertainment, but instead by actually providing real and substantial forms of support to those who need it.

Additionally at the policy level, for art therapists (particularly those just entering the field) it might be helpful to introduce clear, standardized policies and legislation regarding licensure and licensure/credentialing requirements. Because of the current lack of standardization in art therapist identity (Malis, 2014), there is significant difficulty in finding professional footing for

many art therapists. At the moment, it is often expected or required that art therapists become both credentialed in art therapy via the ATCB and also licensed as a mental health clinician to work in mental healthcare. It would be nice to not only have a singular identity for the field, as social work does, but also to have national standards for this identity that included counseling and a background in psychology, which many programs omit. Alternatively, having at least a national overseeing board for mental health licensure that would help practitioners to navigate licensure application and transfer and, along with free examination and certification, would be helpful. This could greatly benefit those working in mental healthcare and art therapy by allowing them further autonomy in regard to their personal lives and decreasing the barriers to job entry. In addition to this, rewriting standards and expectations for mental health treatment, diagnoses, and measurements and outcomes by centering holistic and humanistic practices, rather than biomedical model practices would lead to a decrease in worker discontent and dissonance (Nelson, 2019). As natural representation for the art therapy community AATA, in particular, could be great organizations to help with creating a more cohesive art therapist identity and advocating for the funding of these efforts and the creation of state licenses for art therapists.

Similarly, for professionals who have already entered the workforce and across all other job sectors the creation of appealing workplace communities would greatly benefit all people and encourage more equity among different populations. This can be done through the introduction of mandatory paid parental leave for a year-long minimum (without hours requirements upon re-entry), increasing standards in paid time off, decreasing standards in working hours, decreasing workloads, increasing standard pay to lower-tier employees, increasing minimum wage—including efforts to make subminimum wage illegal in all sectors and across ability statuses and

population groups[1], CEO and profit pay caps, dismantling right to work laws, and reforming and expanding social benefits and social security programs that provide care and support for those who cannot work or cannot work full-time, while minimizing work requirements as much as possible for programs that do have them, introducing free or subsidized childcare, and eliminating racist and out-of-date standards of professionalism would further benefit workers by creating and maintaining equitable standards of respect for citizens, regardless of background and level of need (Levin-Waldman, 2009; Wiley & Kowske, 2012; Rehder et al., 2021). All of these practices would be useful to working professionals in terms of community creation by increasing feelings of safety in the workplace and allowing individuals opportunity to show up to work as their authentic selves and encouraging investment both in the workplace community and in the larger communities in which individuals live and work. The best part of these suggestions are that many are immediate changes that can be made in businesses and organizations that exist already.

Beyond simply providing more support for average American workers, these practices would also help to eliminate interpersonal competition and scarcity mindset and free up the energy that is often currently spent by working professionals on simply trying to survive, instead allowing more energy to go towards cultivating community, community needs, and community joy and community actualization—a concept that goes beyond self-actualization and works on a community level and that was actually first known as "cultural perpetuity" and comes from the Blackfoot belief that an entire community can become harmonized and actualized (Michel, 2014). When communities are provided easy access to what is needed to meet individual needs,

[1] note: subminimum wage lifts should probably only happen if and at the same time that income requirements are lifted or changed for disability benefits and healthcare coverage

it becomes easier for people to spend resources connecting to and taking care of each other interpersonally, which increases both personal and community well-being and works to reinforce the maintenance of community, because everyone is invested in it. This could create a ripple effect across the country of positive mental health and more community connection.

Universal basic income may be another example of a broader policy option that also could help to increase emotional safety and personal stability, especially when combined with the above policies, particularly CEO pay caps put in place to reduce inflation (Hoynes & Rothstein, 2019). When not possible to adopt directly, these types of policies should be advocated for by any and all who have the space to do so and must be put in place by current members of American legislation. Businesses and organizations such as the AATA and places of work for those in mental healthcare, for example, can help their workers both by embracing such practices as higher wages, more paid time off, longer paid parental leave, and more flexible workplace conditions (ie: fewer "professional" standards and expectations) and by leading by example and advocating for the expansion of these types of worker-friendly policies, even prior to legislation passing. The more individual companies and organizations adopt these practices the more they will become normalized standards of work for all.

Another point of improvement in terms of workplace community repair, especially for art therapy and mental health workers, would be providing national healthcare, including mental healthcare, automatic reimbursement upon licensure and/or credentialing, and de-privatizing other human rights (such as food, water, and shelter). This would benefit all people whether they have the ability to work or not and specifically those who can work by eliminating the incentive for forced reduction in work hours and eliminating pressure upon workers to stay in toxic workplace environments to maintain healthcare and other benefits. Normalizing and increasing

community spending across the board would also likely result in greater wellbeing and access to healthcare for those in rural areas as well as urban, which would be greatly beneficial, and could help to reduce community need and mental suffering. Although these types of policies would likely have to happen in state and national legislation, again, they are policies that individuals, businesses, and organizations can all advocate for collectively (through such actions as boycotts and, currently, lobbying) in order to help push legislators to be held accountable to care for the communities they represent.

Throughout all of this process it would be crucial to uplift voices from historically marginalized communities and diversify legislature in order to actually reflect the populations of individuals who live and work in America, so that the values and needs of those for whom policy is written are actually reflected at the level of American government. In order to really reinforce this, getting money and lobbyists out of politics and enforcing ranked choice voting would likely pave the way for an increase in diversity in politics and would decrease the barriers to positive systemic change, which lobbyists often create and maintain (Gokcekus & Sonon, 2016).

Another crucial step in reversing the damage done to American community as a result of neo-liberal and class capitalism would be to shift our system of economy to be more sustainable. Rather than focusing on competition and constant growth, a circular economy would be able to create and maintain cycles of reuse and shift focus onto social needs rather than invented desires (Suárez-Eiroa et al., 2019). This could benefit both the economy as a whole by encouraging collaboration and creativity, and average American workers by placing the emphasis of American daily life back on community and personal wellbeing as opposed to profit, continuous production, and the “bottom-line”.

Finally, both in the workplace and more broadly in the US justice system and culture as a whole, creating avenues for community-led reparative/restorative justice in order to acknowledge and correct harm done in the past and further would incentivize and normalize engagement in healing and repair as opposed to punishment, fear, shame, and separation. This is one of the most important parts of maintaining healthy communities and would likely involve either large-scale reform or abolition of the current American justice and policing systems, which are entirely reliant upon separation and punishment (Peffley, 2010).

Part of the reason why this is such an important point is that community investment must come from an internal sense of desire to connect with others, rather than an external incentive. When people feel as though they are trapped by possible sources of punishment and shame into acting or behaving in certain ways, it reduces ability to trust both ourselves and the people and world around us. In creating changes that are focused on rebuilding community, it is important to keep in mind the fact that community is built on mutual trust and support. We must encourage mutual trust through avenues of healing, connection, and repair. Systems of punishment, ostracization, and shame simply defeat the purpose of community and set us back in our efforts.

Some small and varied examples of repair work are: community therapy and personal storytelling workshops, investing more in local library systems and other community spaces in which people might be able to naturally come and interact with one another, encouraging community art making and connection efforts, offering forms of reparative justice (such as monetary and land-based reparations for those affected by ancestral and historical practices of harm), creating and maintaining urban and community gardening efforts, increasing funding for creating and maintenance of community parks, recreation, and green spaces for folks to congregate in, as well as community beautification efforts that might encourage people to invest

in their local community spaces. Finally, an increase in community forms of mental healthcare, whether through outreach in school-based social and emotional learning and early intervention programs and more investment in teacher-student relationships through smaller class sizes in education, or through other forms of community support such as increased numbers of and funding for group homes and residential treatment availability for all kinds of needs and various populations, as well as funding for clubhouse/dayhouse and day program treatment for those with specific conditions that could be treated through social supports could also help to care for community members in vulnerable/at risk positions.

Each of these examples would increase personal connection to others which, again, in turn increases personal investment in the safety of those around them and creates and maintains safety nets and forms of connection for everyone, and especially protects those who are in vulnerable positions in our society. Increasing the number of divestment programs that funnel money away from militarization and policing systems in the United States and into mental health and public infrastructure/public health projects would be the perfect way to secure funding for this type of work.

Due to the recent decades of collective trauma and fear in America, it's become increasingly obvious that collective healing and empathy needs to become the new focus and foundation of our culture and politics moving forward. Otherwise, the burnout epidemic is only just the beginning. History has taught that a lack of emphasis on social wellbeing for the average worker is often the beginning of social unrest and devastation. All of these proposed changes could be theoretically made through the current systems that have been built, over time, and gently shift the landscape of the American community to be psychologically sustainable and human-centric. Together, this could create a world of collective joy, peace, and prosperity. If we want to be able

to move towards this future and away from widespread clinician burnout, it is essential that work is done to reverse the rampant American individualism, inequality, and neglect that has interrupted American community as soon as possible by embracing a new, community-led, way forward.

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