

Gay men's lived experience of recovery from burnout: a critical narrative analysis**Matias, M.V.**

Full bibliographic citation: Matias, M.V. 2025. Gay men's lived experience of recovery from burnout: a critical narrative analysis. DCPsych thesis Middlesex University / New School of Psychotherapy and Counselling

Year: 2025

Publisher: Middlesex University Research Repository

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GAY MEN'S LIVED EXPERIENCE OF RECOVERY FROM BURNOUT:
A CRITICAL NARRATIVE ANALYSIS

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London, September 2025

This thesis is submitted in partial fulfilment of the requirements of the New School of
Psychotherapy and Counselling and the Psychology Department of Middlesex University for the
Degree of Doctor of Counselling Psychology and Psychotherapy

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STATEMENT OF AUTHORSHIP

I hereby declare that this thesis is entirely my own work and any sources of information utilised have been cited accordingly and it has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. No funding has been received for the research nor has any organisation been involved. The work presented in this thesis is exclusively for the purpose of the achievement of a doctorate in counselling psychology at Middlesex University and the New School of Psychotherapy and Counselling. It has not been used to obtain any other qualifications.

The author has no conflicts of interest to report and is solely responsible for the content and writing of the dissertation.

ACKNOWLEDGMENT

I want to thank all the participants that kindly shared their stories and helped for our better understanding of the burnout phenomenon, and what it means to have experienced it as a gay man.

To my supervisors, Dr. Joel Vos and Dr. Daniela Bloom, who believed in this study and guided me through the turbulent waters of a doctorate research project, my deepest thanks.

To Prof. Darren Langdrige, for guidance and thorough feedback on my work. Your insights helped to raise my confidence that the project was academically strong and socially needed.

To my colleagues in training at NSPC, that always had the latest piece of information or encouraging word. This crazy journey made more sense because of you all. My thanks and love go especially to Alex J., Alex T., Albert, Ania, Charles, Clare, Corrie, Deborah, Emma, Ezgi, Farhana, Funbi, Hannah, Holly, Jan, Jennie, Jess, Karolina, Karen, Krish, Lottie, Maisie, Maria, Michaela, Ramesh, Rafaela, Polina, Samantha, Sharen, Sarah F., Sara Louise, Sophie, Steph, Tony, Yagmur and Wei.

To Ben S., thank you for enduring all the complaints and for helping me stay grounded.

Finally, to the NSPC tutors and staff, my gratitude.

DEDICATION

My love, we did it!! Thank you for turning my sky to pink, for holding my hand every single day throughout this process- and since day one. You are the sweetest person I know, my inspiration. You are the strongest person I know, my rock. You got the love I need to see me through. I love you!

To my family, on the other side of the Atlantic, you were always with me, giving love, hope and support. Mum and Dad, I hope you know that the love I feel from you is what made this project possible. Your love heals!

My thanks extend to Lucas, Dani, Lipe, Renato, Guigo, Olivia, Lucia, Rodrigo, Pedrinho, Rocco, Pedro e Fernanda. It goes also to Carol, Lara and Pedro.

I include in this dedication, my aunts, uncles and cousins, from Matias and the Vieira's side. To Tia Beth (*in memoriam*) for being a loving space, Tia Rosa for always believing in me, even when I did not, and Tia Cuxa, for showing me that Psychology is a way of living. To Dani Matias and Aninha, when psychology was just a seed in my life.

Lu, thank you for all the conversations and encouragement. You will never know how our chats fuelled me to carry on.

To my friends, both here in the UK and back in Brazil. I love you all.

To my clients, who always understood what I was doing and respected every break I had to take to be able to finish this project.

I also would like to dedicate this work to all the gay men and the queer community.

“É o fim da canseira!”

ABSTRACT

What is it like to experience burnout as a gay man? Burnout, often seen as a professional crisis, intersects with the unique stressors faced by gay men, creating a complex and deeply personal experience. While existing research largely focuses on burnout as a generalised occupational phenomenon, less attention is paid to how it is experienced by marginalised communities, particularly gay men, whose lives are shaped by distinct biopsychosocial stressors and societal expectations. This intersection of professional exhaustion and minority stress makes burnout for gay men an embodied experience, one that extends beyond the workplace into broader aspects of identity and resilience.

This qualitative study explores the lived experiences of burnout among gay men through semi-structured interviews with eight UK-based participants who have personally experienced this phenomenon. Using Critical Narrative Analysis (CNA), the study delves into their personal narratives, investigating how their stories reveal, not only the hardships of burnout, but also the resilience and recovery strategies they employ.

The findings reveal a multidimensional experience: participants spoke of identity struggles, internalised stigma, and the pressure of societal expectations, while also identifying moments of strength, recovery, and the reassertion of personal and professional identity. Burnout, in this context, is not just a crisis of professional exhaustion but also an opportunity for reconstructing identity and resilience.

This dissertation critically analyses these narratives, contributing to our understanding of how burnout manifests in marginalised communities and highlighting the need for a more nuanced, inclusive approach in the study of mental health and resilience. The study concludes by

offering implications for counselling psychology, advocating for greater awareness and support for gay men navigating the intersection of burnout and identity.

Key terms

Burnout, gay men, identity, resilience, minority stress, qualitative research, Critical Narrative Analysis, Phenomenology

To those who can hear me, I say - do not despair. The misery that is now upon us is but the passing of greed - the bitterness of men who fear the way of human progress. The hate of men will pass, and dictators die, and the power they took from the people will return to the people.

And so long as men die, liberty will never perish...

(...)

Don't give yourselves to these unnatural men - machine men with machine minds and machine hearts! You are not machines! You are not cattle! You are men! You have the love of humanity in your hearts!

(Charles Chaplin, *Final speech, from The Great Dictator, 1940*)

Prepare o seu coração

Pras coisas que eu vou contar

Eu venho lá do sertão

E posso não lhe agradar

(...)

Na boiada já fui boi,

Mas um dia me montei

(Disparada, Geraldo Vandré / Theo De Barros, 1966)

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1. INTRODUCTION

Burnout, a syndrome described as resulting from chronic workplace stress that has not been successfully managed (World Health Organization [WHO], 2021) is a pervasive and insidious phenomenon, silently eroding the well-being and productivity of individuals in diverse occupational domains worldwide. At its core, burnout encompasses emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Maslach et al., 2001). It surpasses mere temporary stress and permeates various aspects of an individual's life, significantly affecting their physical, emotional, and cognitive well-being (Ben-Zur & Michael, 2007; Maslach et al., 1997). Its far-reaching impact demands immediate attention as a pressing concern that requires a deeper understanding, as well as an exploration of its causes, consequences, and potential interventions.

Some research have shown that the repercussions of burnout are extensive, reverberating in psychological consequences such as insomnia, depressive symptoms, and hospitalization for mental disorders, physical outcomes, including prolonged fatigue, headaches, gastrointestinal issues, and respiratory problems (Salvagioni et al., 2017; Williams et al., 2020). Burnout's consequences are not restricted to individuals. Organizations also experience the impact of burnout through decreased job satisfaction, higher absenteeism rates, and increased healthcare costs (Metin et al., 2016), thereby taking a toll on society as a whole. Han et al. (2019) estimated that \$4.6 billion in costs related to physician turnover and reduced clinical hours is attributable to burnout in the United States. Accordingly, in Canada, the estimated total cost of burnout for all physicians is of \$213.1 million (Dewa et al., 2014). The estimated financial cost of burnout within the UK population is not yet known.

Although there is much evidence suggesting that organizational characteristics such as workload, role ambiguity, control at work, autonomy, positive perception of management, positive psychosocial work climate significantly influence the presence of burnout, research has focused heavily on the assessment of individual characteristics and burnout (Maslach, 2003), such as race, age, gender, and most recently, sexual orientation (Viehl & Dispenza, 2015).

According to Viehl and Dispenza (2015), despite the extensive research on burnout, there is a notable gap in directly examining the role of sexual orientation as a demographic variable. Sexual minority individuals, including gay men, which here in this study refers to men who have monosexual attraction to the 'same' gender (Baker, 2019), face unique stressors related to societal stigma across various environments (Frost & LeBlanc, 2014; Meyer, 2003). In this context, the minority stress model posits that sexual minorities encounter additional stressors, along with general stressors, which contribute to psychological distress (Meyer, 2003). For instance, heterosexism, which is the act of privileging heterosexuality as the norm and superior orientation while marginalizing and discriminating against non-heterosexual individuals (Herek, 1989; Herek, 1992; Lorde, 1984; Neisen, 1990) is pivotal for understanding the discrimination, invisibility, and marginalization faced by LGBTQ individuals. The consequences are severe: heightened stress, anxiety, internalised homophobia, and psychological harm (Waldo, 1999). Consequently, it is reasonable to posit people with stigmatised sexual orientation may manifest burnout differently than heterosexuality. For example, hiding sexual orientation in the workplace can limit catchment of support networks in the LGBTQ+ community, limiting coping strategies that mitigate burnout (Meyer, 2003). Additionally, the presence of heterosexual-related privileges within the workplace has been linked to negative psychological and physical health

outcomes, lower job satisfaction, and higher rates of burnout for sexual minority individuals (Lyons et al., 2005; Ragins, 2008; Waldo, 1999).

Stigma associated with possessing an LGBTQ identity has been found to contribute to higher levels of job burnout and increased psychological distress within the workplace (Rabelo & Cortina, 2014; Velez, Moradi, & Brewster, 2013). Minority stress and heterosexism, often experienced by gay men, along with burnout, can create a unique and singular condition of suffering. Thus, this study aims to provide insights into this phenomenon by investigating the intersection between burnout and gay men, which can produce knowledge that informs interventions and support systems to address the unique challenges faced by these men.

1.1 Personal interest

Growing up in Brazil in the 1990s, I was surrounded by strong cultural messages about what it meant to be a good person and a good son in a heteronormative world. My upbringing was marked by love and support from my family, which gave me a strong emotional foundation. However, this did not protect me from the fear of discrimination or rejection. In the wider society, Catholic values were deeply influential, and being gay was often associated with sin, danger, and shame. HIV was portrayed in the media not only as a health crisis but also as a punishment for living a sinful life. These messages shaped how I saw myself and planted the idea that I needed to compensate for my identity by being exceptionally good, successful, and accepted by others.

After completing my degree in psychology, I entered the professional world through a career in Human Resources. At that time, HR felt like a place where I could combine my interest in human behavior with the structure of business. However, I soon encountered another dominant narrative. This was the idea of the self-made man. It promised that with enough

purpose, hard work, and dedication, anyone could succeed. If you were not achieving your goals, the failure was considered personal. You had to take responsibility for your struggles because success was framed as a matter of internal drive and discipline.

This belief system fit too well with my own sense of inadequacy. I began to overwork, hoping that if I just tried harder, I could finally prove that I was good enough. I ignored my own limits. I skipped meals, worked on weekends, and sacrificed time with friends. I told myself that the exhaustion was temporary and that it was all part of becoming successful. The reality was that the business I worked for was benefiting from my inability to slow down. My effort, my need to prove something, and my fear of failure all became part of the system I was trapped in.

At first, my interest in burnout came from a business point of view. Still working in HR, I became curious about how burnout could be prevented and how companies could support employee wellbeing. Most of the solutions I found focused on the individual. Coaching, wellness programs, mindfulness, and stress management workshops were promoted as answers. While these tools had value, they failed to address deeper structural problems. There was a narrative of shared responsibility, but the interventions remained centered on helping the individual adapt rather than changing the system.

Eventually, I reached my limit. I left the corporate world and chose to become a full-time psychotherapist. My first training was in Gestalt therapy. For my final dissertation in that program, I chose to research burnout from a Gestalt perspective. This was the first time I explored the phenomenon as a therapeutic and social issue rather than only a professional concern. I started to understand burnout not as a personal weakness, but as something that was created through a person's relationship with their environment. This was a turning point. I began to see burnout as a social and relational issue rather than an individual flaw.

Even so, I was still left with a question. What does recovery actually look like? I had experienced burnout myself. I had gained insight and understanding. But the process of healing had been difficult and confusing. I wanted to know how others, especially gay men, experienced this process. I had a strong sense that being part of a minority had shaped the way I experienced burnout. It seemed likely that other gay men might share similar challenges, especially when it came to recovering and rebuilding a sense of self.

That is why I chose this research topic. I wanted to explore how gay men experience burnout and how they find their way to recovery. I believe this is an important question not just for mental health professionals, but also for anyone who wants to create more inclusive, compassionate environments. My hope is that this research will help expand the conversation about burnout and recovery. It is not just about individual resilience. It is also about identity, belonging, and the systems we are part of.

1.2 Organization of the Dissertation

In this dissertation, the reader will explore an in-depth investigation into the phenomenon of burnout and its specific implications for gay men. The research presented here seeks to bridge the gap between two distinct but interconnected fields, burnout and the unique stressors faced by gay men, by examining how they intersect and influence each other.

Chapter 2 provides a comprehensive literature review, structured into two complementary parts. First, a narrative review offers a broad overview of the foundational concepts of burnout and the stress experienced by gay men, synthesizing key insights from the existing body of research. This section is designed to give the reader a solid grasp of the broader fields before moving to more focused investigations. The second part of Chapter 2 presents a systematic literature review (SLR) that rigorously examines existing research specifically at the intersection

of burnout and gay men. Together, these approaches provide a thorough understanding of the research landscape and set the stage for the original inquiry that follows. Chapter 3 presents a summary of the gap in field and relevance of topic, as well as the overall research aim and the specific research objectives.

Chapter 4 details the methodology and research procedure employed in this study. The rationale for choosing a qualitative, phenomenological, and narrative approach is discussed in depth, alongside an explanation of Critical Narrative Analysis (CNA) (Langdridge, 2007) as the method for analysing the data. The data was gathered through eight semi-structured interviews with gay men who have experienced burnout. This chapter offers insights into the research design, participant selection, and the analytical process that underpins the findings of this study.

Chapter 5 presents the findings of the study, structured through six distinct stages of CNA. It begins with a self-reflexive piece critiquing the researcher's biases and assumptions, followed by a detailed exploration of each participant's narrative, including identity work, rhetorical functions, and overarching themes. A critical interrogation of these narratives is conducted to examine their ideological foundations, offering alternative interpretations and perspectives, particularly with a focus on resilience. The chapter concludes with a synthesis of the results, integrating insights from the narrative, identity, and thematic analyses.

Chapter 6 presents a critical discussion of the results, contrasting and comparing them with relevant literature on the psychological dynamics of burnout in gay men. This section highlights the main contributions of this research, examines the limitations of this study, and discusses what the possible implications of the results are for the field of counselling psychology, considering the various stakeholders involved in this phenomenon, such as individuals experiencing burnout, therapists, and organizations. The chapter concludes with

recommendations for future research, highlighting how the field of burnout can be expanded, especially at the intersection with minority identities.

By navigating through this dissertation, the reader is invited to join me in exploring the experiences of gay men who have faced burnout and their pathways to recovery. I hope this study not only sheds light on the challenges faced by this community but also contributes to a deeper understanding of resilience, identity, and mental health in the professional world.

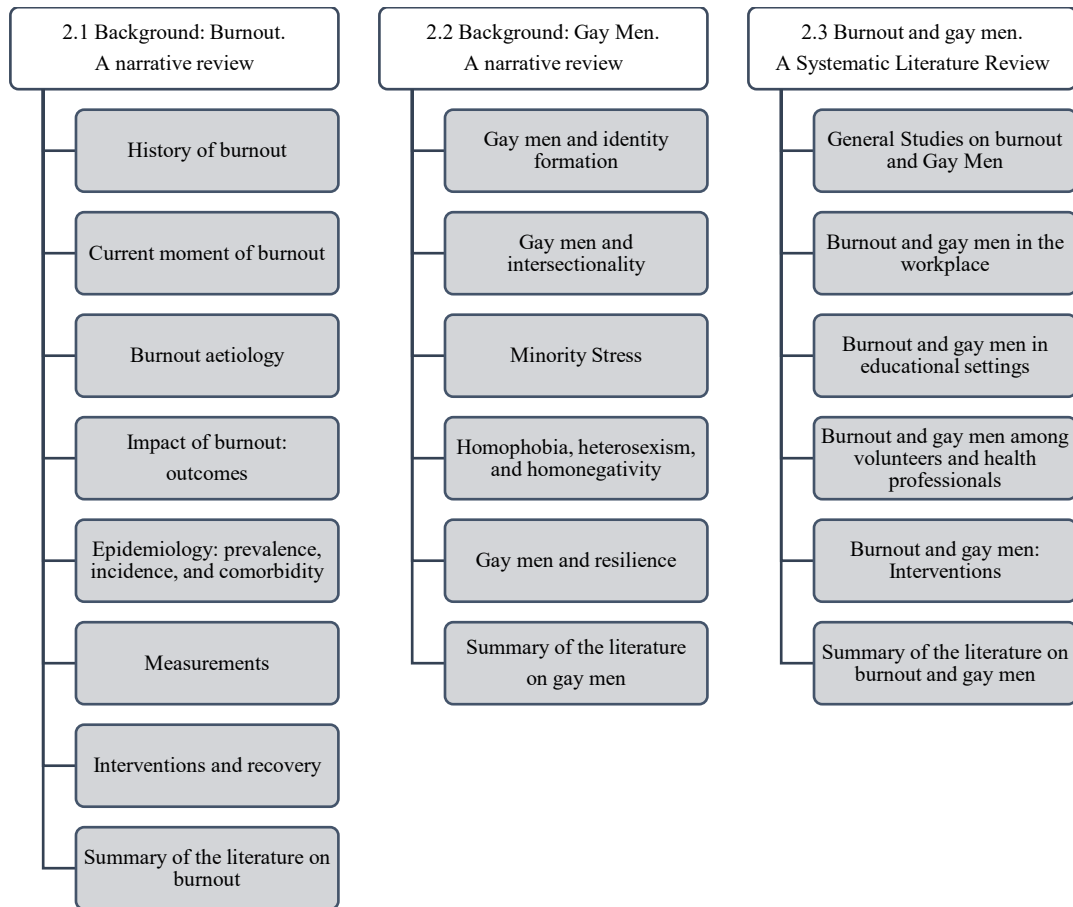
2. LITERATURE REVIEW

The goal of this chapter is to systematically present the relevant research and literature on burnout, gay men, and the intersection of these two fields. To do so, I employed two complementary approaches: first, I conducted a literature review using a narrative model to explore two key topics: (1) burnout and (2) the literature on gay men. I used this narrative method to provide an overview of the current and most relevant knowledge within these topics, offering to the reader a solid understanding of these broad fields. Second, I conducted a systematic literature review (SLR), where I rigorously examine the literature that is focused specifically on the intersection of burnout and gay men. Using clear inclusion and exclusion criteria, this section provides a detailed analysis of these studies, identifying the most relevant findings in this field.

The final sections of the chapter provide a summary of this analysis, synthesizing the findings and creating a bridge to the next chapter that will focus on describing the gaps in the field of burnout research and consequently what the general and specific objectives of this research are. Figure 1 presents this chapter's structure:

Figure 1

Structure of the Literature Review Chapter



2.1 Background: Burnout. A narrative review

Profound exhaustion, the most striking feature of burnout, does not seem to be a condition exclusive to the 21st century. Mentions of exhausted individuals with characteristics that resemble current concepts of burnout are even found in the Bible, for example in the story of the prophet Elijah and Moses (Schaufeli, 2017). The same author also points out that the use of the expression “burn out” as a symbol of something that ends is not new either. Already in the 16th century, William Shakespeare in the poem ‘The Passionate Pilgrim’ used the expression “to burn out” as a way of translating a psychological state where something ends, in this case, a love that runs out. Graham Greene in his 1961 novel “A Burnt-out case”, writing about an architect

who no longer was finding meaning or pleasure in life, used the expression to symbolise a state of depletion, fatigue, and exhaustion for the first time (Greene, 1961).

In 1953, still without using the expression burnout, Morris Schwarz and Gwen Will describe in the Miss Jones case the experience of a psychiatric nurse who has the clinical presentation of what today could be understood as burnout (Schwartz & Will, 1953). This is the first time that the conceptualization of burnout is described in a professional journal, even without using the nomenclature burnout.

It was Freudenberg (1974), a consulting psychologist who worked in a clinic for homeless people and people recovering from substance addiction, who first brought the term to the psychological field. Borrowing it from the illicit drug scene where it colloquially referred to the devastating effects of chronic drug abuse, Freudenberg employed it when he was studying the weary workers in a clinic he also was employed in New York's East Village. Freudengerger, instead of being a scholar, was a psychoanalytically trained practitioner focused primarily on preventing and combating burnout, as opposed to delving into its underlying mechanisms. He characterised burnout as a state of exhaustion, fatigue and frustration produced by a professional activity that does not generate the expected outcomes (Freudenberg, 1974).

A few years after Freudenberg, Christina Maslach (1976), social psychology researcher at the University of California at Berkeley, initiated a process of systematic investigation on this concept, bringing it to the scientific literature. It was in 1981 that Maslach and Jackson expanded the conceptualization of burnout as a three dimensional psychological syndrome, composed by a) *low sense of professional performance*, b) *depersonalization/cynicism* (an unfeeling and impersonal response towards recipients of one's care or service) and c) *emotional exhaustion* (manifested in terms of weariness, tiredness, fatigue, and the individuals who display this

symptoms also have difficulties getting involved in other activities at work, as he/she lacks the energy to do so). Those symptoms are originated as a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach & Jackson, 1981a).

Following their research, Maslach and her colleagues went on to create a user-friendly self-report questionnaire to evaluate burnout, known as the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981b). This tool quickly gained popularity and became the most widely utilised assessment measure for burnout (Schaufeli, 2017) and which led to a surge of empirical research on this topic.

2.1.1 History of burnout

Initially, burnout was characterised as a phenomenon primarily observed in the human service sector, particularly in fields such as healthcare, education, social work, psychotherapy, legal services, and law enforcement (Canu et al., 2020). But burnout did not develop in a historical vacuum; in addition to a subjective experience, it is also a multi-faceted socio-cultural phenomenon.

The concept of burnout is believed to be influenced by various social, economic, and cultural changes that took place in America during the 1960s which were particularly relevant to the human services sector. Schaufeli (2017) argues that three key factors may have contributed to the emergence of burnout in this field. Firstly, the War on Poverty attracted idealistic individuals who later became disillusioned after not succeeding in eradicating poverty. Secondly, professionalization and bureaucratization transformed human services that was viewed as a calling into formalised occupations, leading to clashes between organizational and personal values. Thirdly, the cultural revolution of the 1960s weakened the perceived authority of traditionally respected professionals such as doctors, nurses, teachers, social workers, and police

officers, as increasingly empowered users of these services demanded greater care, compassion, and respect. This created a growing disparity between the efforts of these professionals and the recognition and gratitude they received.

These sociocultural transformations that strongly impacted the human services sector did not happen in isolation in this field, though. In parallel, with the evolution of capitalism, after the Second World War, hitherto rigid and well-structured institutions such as the family, religion, neighbourhood communities, gave way to more flexible heterogeneous institutions and in continuous transformation. As a result, a narcissistic and hedonic culture (King, 1981), alongside the culture of excessive productivity (Han, 2015), produced the perfect combination for burnout: the stress and frustration combined with the lack of coping resources.

The post-war social changes that created the conditions for the expansion of the concept of burnout did not exclusively impact the United States or Europe. Rapid changes in modern working life, including the need to acquire new skills, adapt to different types of work, meet increasing productivity demands, and navigate a fast-paced and time-constrained environment, have been attributed to globalization, privatization, and liberalization that had a profound impact on many countries around the globe. In parallel, the expansion of burnout in the world has been corresponding to the economic development of each country (Schaufeli, 2017).

Alongside the changes implied by the post-war period, the idea that burnout was a phenomenon exclusive to the human services sector was then rejected by scholars, and the conceptualization and operationalization of the term became broader and more general, encompassing all occupations and fields of human work. As a consequence, research on burnout has also expanded considerably. The introduction of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981b) coincided with a remarkable surge in burnout publications: from the

1980s to the 1990s, there was a 64% increase in publications, and from the 1990s to the 2000s, there was a staggering 150% increase (McGeary & McGeary, 2012). And burnout research continues apace: searching for burnout on google scholar, for instance, yields 1,650,000 results in May 2023.

2.1.2 Current moment of burnout

Despite so many efforts and significant advances, research on burnout remains topical and is far from producing a consensus on the conceptualization of this phenomenon (Demerouti et al., 2021). According to a recent review conducted by Canu et al. (2020), a total of 88 distinct definitions of occupational burnout were published between 1974 and 2019. Even though there are so many definitions, exhaustion is at the heart of the concept of burnout. For example, the 88 different concepts were derived from 13 original concepts; in 10 of the 13 concepts, exhaustion is present (Canu et al., 2020). However, there is debate about the type of exhaustion (emotional, physical, cognitive, for example).

Research on burnout also reveals a change in how this phenomenon has been understood. Originally, burnout was understood as a psychological state, but little by little this phenomenon was taken to the psychiatric field. One of the reasons for this is that many countries that have social services and employment rights such as sick leave and retirement only do so based on a medical expert report (Schaufeli, 2017). Thus, more and more studies describe this phenomenon nosologically, approaching medical language and systematization.

However, burnout is not officially recognised as a diagnosis in the International Statistical Classification of Diseases and Related Health Problems, 11th Revision (ICD-11). Currently, the World Health Organization (WHO) has included burnout in ICD-11 as an occupational phenomenon, under the chapter 'Factors influencing health status or contact with

health services. WHO's definition of burnout draws their conceptualization from the Maslach and Jackson's three-dimension model. The current edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), on the other hand, does not list burnout as a diagnosis yet. It seems reasonable to assume that some mental health workers are resorting to different diagnoses, such as depression, anxiety, and vital exhaustion to proceed with burnout treatment (Kaschka et al., 2011).

The question about burnout being a distinct nosological entity, or a singular mental disorder remains current and without consensus. While Koutsimnai et al. (2019) argue, through a meta-analysis of 67 studies, that there is robust evidence to differentiate burnout from depression and anxiety as distinct constructs, and thus separate this phenomenon from other mental disorder, Nadon et al. (2022) and Bianchi et al. (2021) argue that with the current evidence it is still not possible to raise burnout as a diagnostic category apart from other mental conditions, especially depression, but recognize that it would be equally premature to disregard burnout as a relevant psychological phenomenon.

Another conceptual question about burnout that has not yet reached a consensus is whether this phenomenon is restricted to the occupational environment, or whether other forms of burnout also exist. The World Health Organization presents this phenomenon as exclusive to the organizational field and states that it should not be transferred to other areas. However, some researchers disagree with this concept, arguing that in the burnout matrix there is chronic stress not properly managed, and thus, many other dimensions of human existence could be affected by stress and consequently by burnout (Bianchi, 2014). Currently, parental burnout (Griffith, 2022) is a variety that has already been studied, as well as maternal burnout (Lebert-Charron et al., 2018), burnout in family (Figley, 1997), traveler burnout (Yousaf, 2021).

2.1.3 Burnout aetiology

Several theories have already been proposed to try to explain the functioning of burnout, as well as the triggering factors and causes (Edú-Valsania et al., 2022). Schaufeli, Maslach and Marek (1993) clustered many of these views in three main strains: the individual approach (models that gives a central role to individuals aspects that would lead to burnout, such as personality); the organizational approach (theories that considers the occupational system and work environment play a major role in the development of burnout); and the interpersonal approach (that will consider the unbalanced relationship between the workers and their world).

As an example of the individual approach, the social cognitive model builds on the view that this phenomenon happens when the worker questions his own effectiveness in achieving professional results, giving a central role to individual aspects (Edú-Valsania et al., 2022). The context that would facilitate the development of these experiences of ineffectiveness would be related to experiences of failure in the past, absence of references that have overcome similar crises, absence of external reinforcers at work, excessive negative feedback, or lack of feedback on work carried out, and difficulties at work (Caprara et al., 2011).

The job demands-resources approach illustrates the organizational strain and sustains that burnout will manifest after a mismatch between job demands (the aspects of the job such as time pressure, workload, that require both physical or mental effort, associated with psychological costs) and job resources (aspects that support the achievement of work goals, such as job control, development opportunities, autonomy, feedback from managers) (Demerouti et al., 2001; Crawford et al., 2010; Bakker & Demerouti, 2007). Crawford et al. (2010) conducted a meta-analysis and showed that job resources are associated with both decreased burnout and increased job engagement (the opposite pole of burnout). However, the authors also sustain that the

association between demands and burnout or engagement will depend on whether the individual appraises the demand as a challenge (increased engagement) or as a hindrance (increased burnout). This model also draws from the Conservation of Resources Theory (Hobfoll & Freedy, 1993), which argues that stress happens when resources are lost or threatened. Those individuals with a greater pool of resources would be more prone to meet demands and protect themselves from burnout. Accordingly, those with limited resources would be more susceptible to be strained, thus resulting in burnout (Hobfoll & Freedy, 1993).

Taking a different route, the interpersonal approach claims that burnout is derived not only from individual aspects, or from an unbalanced relationship between demands and resources, as the individual and organizational strains argues respectively. For the interpersonal approach, burnout comes as a result of the relationship between the worker and his or her world. In that sense, Social Comparison Theory (Buunk & Schaufeli, 1993) and the existential perspective, are examples of this strain.

Only a few attempts to understand burnout from an existential perspective were made so far. Moreover, the existential account for burnout is still derived theoretically rather than empirically. Drawing mostly from the ideas of Viktor Frankl's work (1985), Ayala (1993) will argue that we need to believe that our lives are meaningful, what we do is meaningful, consequently we are meaningful. When we try to find meaning in life through our profession and we fail, we burnout. This author defends that the burnt-out workers did not look to their work as merely a job, but as an opportunity and a duty to have an impact in the world, to matter and to make a difference in other's people lives, thus having existential significance and fulfilment. After facing stressors and difficulties too great to overcome, preventing the individual to achieve his goals and his significance, a process of disillusionment begins, leading to a failure in the

existential quest for meaning, resulting in burnout. Längle (2003) builds on this idea to sustain that burnout is a result of a non-existential and utilitarian attitude towards life. In his article, “Burnout – Existential Meaning and Possibilities of Prevention”, he argues that when the individual works for goals and aims, the worker’s career is just a means to an end rather than an orientation towards the conditions of existence. This non-existential attitude will lead to an existential vacuum and lack of fulfilment. Längle (2003) suggested that burnout is not typically observed during times of calamity. The COVID-19 pandemic provided a unique opportunity to test this hypothesis. Amanullah & Shankar (2020) supported this by conducting a systematic review of five studies, which found that while the pandemic exacerbated existing challenges, such as increased workload, direct exposure to COVID-19 itself did not necessarily correlate with higher burnout. However, it is important to note that the limited number of studies included in Amanullah and Shankar's review is a limitation of their findings. In contrast, Denning et al. (2021) conducted a cross-sectional, survey-based study of 1,580 healthcare workers across five hospitals in central London, UK, and found a significant increase in burnout cases following the COVID-19 outbreak.

More recently, Listopad et al. (2021) argued that the main approaches to understand burnout are under the umbrella of a bio-psycho-social model, sustaining that an extended bio-psycho-socio-spirito-cultural model is necessary to describe the pathogenesis of burnout. For instance, different cultures, religions, backgrounds give different importance to work, thus those aspects need to be considered, suggesting further investigation.

Along with trying to formulate concepts and theories to better understand the burnout phenomenon, the researchers have been studying the association between burnout and several different factors, including organizational and individual factors. In terms of the work

environment association with burnout, review of studies has shown that burnout symptoms are heavily affected by structural factors, like job demands (Aronsson et al., 2017).

Regarding individual characteristics, Alarcon et al., (2009) concluded by a meta-analysis that employee personality was consistently related with the three dimensions of burnout. When considering sociodemographic variables, a meta-analysis research examined 36 studies and found an indication that age and years of experience seems to have a small negative relationship with emotional exhaustion (one dimension of burnout), meaning that as the age and experience increases, less burnout individuals feel (Brewer & Shapard, 2004). Concerning race and ethnicity, it is still inconclusive whether racial and ethnic groups experience differently burnout (Lawrence et al., 2022). Findings regarding gender are mixed; while Purvanova and Muros (2010) conducted a meta-analysis of the relationship between gender and burnout using 409 effect sizes from 183 studies and while their conclusion revealed that gender differences did not vary, indicating that women are slightly more emotionally exhausted than men while men are somewhat more depersonalised than women, Dupree and Day (1995) conducted a questionnaire study with 60 private practitioners and 26 therapists in the US and found that male mental health practitioners presented higher rates of burnout when compared with the female peers, and Lent & Schwartz (2012) also studied counsellors (n=340) in the US and concluded that male counsellors reported lower rates of burnout in comparison with the female group.

As previously demonstrated, the study of burnout, despite being recent when compared to other mental health phenomena, has already produced a diverse field of research and publications. There is a vast diversity of theories explaining its causes and development, as well as studies seeking to understand the relationship between burnout and organizational factors and personal characteristics.

2.1.4 Impact of burnout: outcomes

The importance of studying burnout extends beyond determining its epidemiology: much has also been studied about the consequences of this phenomenon at the level of individuals, organizations, and society. Initially manifesting as psychological distress, these consequences persist over time and subsequently manifest as detrimental effects on workers' physical and biological health, leading to undesirable organizational outcomes and, ultimately, imposing consequences on society. These points will be presented below.

Individual consequences

The syndrome of burnout engenders psychological changes that affect individuals at both cognitive and emotional dimensions. Broad research has established a correlation between this syndrome and various cognitive impairments, such as difficulties in concentration and memory retrieval, impaired decision-making abilities, diminished coping capabilities (Saxena, 2024), heightened anxiety levels and increased likelihood of experiencing depressive (Koutsimani, 2019), decreased satisfaction with life, diminished self-esteem, sleep disturbances, heightened irritability, and escalated consumption of alcohol and tobacco (Edú-Valsania et al., 2022). Furthermore, empirical investigations with 858 medical students have also indicated that this syndrome carries a substantial risk of suicidal ideation and behaviours, whilst the process of recovering from burnout is linked to a decrease in suicidal ideation (Dyrbye et al., 2012).

Numerous literature reviews have consistently revealed that individuals experiencing elevated levels of burnout are prone to a diverse range of physical health complications, including musculoskeletal pain, gastrointestinal disturbances, cardiovascular disorders, headaches, heightened susceptibility to infections, as well as insomnia and chronic fatigue (Giorgi et al., 2017), hazardous elevation in blood cortisol levels (Penz et al., 2018) and

independently constitutes a risk factor for the development of type 2 diabetes (Melamed et al., 2006).

Organizational consequences

In addition to the adverse impacts on physical and psychological well-being, burnout is inherently linked to various work-related repercussions. Specifically, it is directly associated with job dissatisfaction, diminished organizational commitment, increased absenteeism, intention to leave the organization, and declines in overall job performance (Edú-Valsania et al., 2022). While some individuals experiencing burnout may opt for justifiable job quitting, others choose to persist in their current employment. Consequently, this may result in work presenteeism, wherein individuals attend work but fail to fulfil their responsibilities adequately due to health-related concerns. Furthermore, burnout can instigate deviant and counterproductive behaviours among employees, including aggression towards colleagues and clients, misuse of company resources, and even theft (Metin et al., 2016).

The deleterious consequences experienced by individuals affected by burnout have a ripple effect, leading to diminished motivation and performance not only at the individual level but also extending to the work unit and the entire organization, ultimately resulting in a decline in service quality (Humborstad et al., 2007). For example, in the case of nurses, burnout is positively correlated with worsening safety and quality of care, decreased patient satisfaction, and organizational commitment and productivity of nurses (Jun et al., 2021).

Consequently, in accordance with the emotional contagion theory, burnout can precipitate a "contagion effect" that permeates the work environment, fostering an unfavourable organizational climate (Bakker & Schaufeli, 2000). Moreover, this syndrome typically entails

substantial economic losses attributable to absenteeism, reduced efficiency, and engagement in counterproductive behaviours (Metin et al., 2016).

2.1.5 Epidemiology: prevalence, incidence, and comorbidity

The accurate determination of burnout epidemiology remains a topic of considerable ambiguity due to the multifaceted nature of its definition, as well as the variety of diagnostic approaches and measurement tools employed across studies (Edú-Valsania et al., 2022) alongside its current status as non-disease.

Using the 2015 data of the European Working Conditions Survey, Schaufeli (2018) found that the prevalence of burnout was 10% for the EU workforce, and 17% for workers in non-EU countries. Instead of a more global view of the general population, current research focuses on investigating the prevalence in specific professions, such as doctors, nurses, mental health practitioners, students, and teachers.

A systematic review and meta-analysis aimed to estimate the level of burnout in mental health professionals, investigated 62 studies involving 9409 professionals and indicated that the overall estimated pooled prevalence for each burnout dimension was 40% for emotional exhaustion, 22% for depersonalisation and 19% for personal accomplishment (O'Connor et al., 2018). With emergency nurses, a systematic review analysed 25 years of studies and concluded that the burnout rates are high for this population: on average 26% of the emergency nurses suffered from burnout (Adriaenssens et al., 2015). More recently, Woo et al. (2020) analysed 113 studies for systematic review and 61 studies for the meta-analysis, consisting of 45,539 nurses worldwide in 49 countries across multiple specialties and their results indicates an overall pooled prevalence of burnout symptoms among global nurses of 11.23%. Significant differences were noted between geographical regions, specialties and type of burnout measurement used.

Kaggwa et al. (2021) aimed to systematically estimate the prevalence of burnout among university students in low-and-middle-income countries (such as Brazil, China, Lebanon, South Africa, Sri Lanka, Pakistan, Malaysia, Colombia, Egypt, Ethiopia) and concluded that nearly one-third of university students experienced burnout. In China, a systematic review indicates the aggregate prevalence of learning burnout was 45.9% (Li et al., 2021).

The burnout prevalence, however, varied considerably, depending on the burnout definition selected. Hewitt et al. (2020) estimated the prevalence of burnout in surgery residents between 3.2% and 91.4%, depending on the conceptualization used. Rotenstein et al. (2018) conducted a systematic review on 182 studies involving 109 628 physicians in 45 countries and found a substantial variability in prevalence estimates of burnout among physicians, ranging from 0% to 80.5%. Similarly, they concluded that associations between burnout and sex, age, geography, time, specialty, and depressive symptoms could not be reliably determined.

Regarding incidence, a non-academic study (Future Forum Pulse, 2022) surveyed 10,766 desk-workers in the US, Australia, France, Germany, Japan, and the UK between August 3rd and 21st, 2022 and found that the incidence of burnout continues to rise: 42% of respondents reported burnout – the highest number since May 2021. However, this study is not clear about its method and data analysis, as well as which burnout definition they are using.

Maske et al. (2016) assessed the prevalence and comorbid mental disorders associated with self-reported diagnosis of burnout syndrome in the general population of Germany. The results of the study revealed that the lifetime prevalence of diagnosed burnout syndrome in that country was 4.2%, with higher rates among women (5.2%) compared to men (3.3%). The 12-month prevalence was lower, at 1.5%, with again higher rates among women (1.9%) compared to men (1.1%). Moreover, the study identified that among the individuals diagnosed with burnout

syndrome in the past 12 months, 70.9% of them had at least one DSM-IV disorder. This study suggests that the diagnosis of burnout syndrome is less common than anticipated in the general population of Germany and highlights that individuals with a burnout diagnosis often present a co-existing mental disorder.

In Finland, researchers investigated the association between burnout and physical diseases and concluded that burnout is associated with musculoskeletal diseases among women and with cardiovascular diseases among men. These associations are not explained by sociodemographic factors, health behaviour, or depression. Physical illnesses are associated with all three dimensions of burnout and not only with the exhaustion dimension (Honkonen et al., 2006).

No studies were found reporting the prevalence, incidence, or comorbidity of burnout in gay men, or other sexual minority groups.

2.1.6 Measurements

The advancement of burnout research has evolved alongside the development of the initial diagnostic instrument, the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981b) which continues to be widely utilised and validated for measuring burnout (Edú-Valsania et al., 2022). Since then, several new instruments (scales and questionnaires) were developed, and they utilised distinct conceptualizations of burnout, however just a few have robust psychometric properties (Shoman et al., 2021). Some of the instruments are generic, for the broad population and some of them were designed for specific professions. Table 1 presents a summary of the most used generic instruments and table 2 presents a summary of the specific instruments most used.

Table 1*Generic instruments for assessing burnout*

Name	Year	Author
The Burnout Measure (BM)	1981	Malakh-Pines, A; Aronson, E; Kafry, D
Shirom–Melamed Burnout Questionnaire (SMBQ)	1992	Melamed, S.; Kushnir, T.; Shirom, A
Maslach Burnout Inventory - General Survey (MBI-GS)	1996	Schaufeli, W.B.; Leiter, M.P.; Maslach, C.; Jackson, S.E.
Oldenburg Burnout Inventory (OLBI)	2003	Demerouti, E.; Bakker, A.B.; Vardakou, I.; Kantas, A
Copenhagen Burnout Inventory (CBI)	2005	Kristensen, T.S.; Borritz, M.; Villadsen, E.; Christensen, K.B.

Evaluation of Burnout Syndrome (CESQT)	2011	Gil-Monte, P.R.
Burnout Clinical Subtypes Questionnaire (BCSQ)	2011	Montero-Marín, J.; García-Campayo, J
Burnout Assessment Tool (BAT)	2020	Schaufeli, W.B.; Desart, S.; DeWitte, H

Note: adapted from Edú-Valsania et al. (2022) and Bianchi et al. (2021).

Table 2

Specific instruments for assessing burnout

Name	Year	Author
Maslach Burnout Inventory-Human Services Survey (MBI-HSS)	1981	Maslach, C.; Jackson, S.E.
Psychologist's Burnout Inventory	1988	Ackerley, G.D.; Burnell, J.; Holder, D.C.; Kurdek, L.A.
Teacher Burnout Questionnaire	1999	Friedman, I.
Burnout Questionnaire for Athletes	2001	Raedeke, T.D.; Smith, A.L.

School Burnout Inventory	2009	Salmela-Aro, K.; Kiuru, N.; Leskinen, E.; Nurmi, J. E
Physician Burnout Questionnaire	2012	Moreno-Jimenez, B.; Barbaranelli, C.; Galvez Herrer, M.; Garrosa Hernández, E
Parental Burnout Inventory	2017	Roskam, I.; Raes, M.E.; Mikolajczak, M.
Brief Burnout Questionnaire Revised for nursing staff	2018	Pérez-Fuentes, M.C.; Molero Jurado, M.M.; Martos Martínez, A.; Gázquez Linares, J.J.

Note: adapted from Edú-Valsania et al. (2022) and Bianchi et al. (2021).

The first version of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981b) was designed to assess the burnout of people who worked at care sector, and it was called the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). Schaufeli et al. (1996) adapted the former version for an instrument applicable to all occupations and jobs, the Maslach Burnout Inventory-General Survey (MBI-GS). The present iteration of this assessment tool consists of 16 items distributed across three dimensions: emotional exhaustion, cynicism, and low professional

achievement. Consequently, elevated scores on these dimensions are indicative of burnout. However, recent investigations suggest that the psychometric properties of this instrument remain suboptimal in comparison to less frequently employed measures (Shoman et al., 2021).

In line with this, the lack of consensus as to whether burnout is a nosologically distinct construct from other mental conditions is supported by criticism on the measurement instruments. For example, the argument that there is not enough robust evidence to state that burnout is different from depression or that it is exclusive to the occupational context is based on the fact that the MBI places its questions specifically in the field of work, which leaves the instrument fragile to assess whether the investigated symptoms are specific and related to this context or not (Nadon et al., 2022). That is, depression caused by occupational issues would still be depression (Bianchi, Schonfeld, Laurent, 2015).

In that context, The Oldenburg Burnout Inventory (OLBI) tool was created as an alternative to the MBI. Developed in conjunction with the Work Demand Resources Model (JD-R), the OLBI includes 16 positively and negatively worded items designed to measure two respective continuums, ranging from: (1) exhaustion to vigour (i.e., the exhaustion dimension) and (2) disengagement from dedication (i.e., the disengagement dimension, corresponding to the depersonalization/cynicism facet of the MBI). In addition to measuring emotional exhaustion, the OLBI also includes cognitive and physical exhaustion. This instrument's validity was ascertained by multiple studies (Demerouti et al., 2003; Bakker et al., 2004; Demerouti & Bakker, 2008).

To also address criticisms of measurement instruments, more recently the Burnout Assessment Tool (BAT) and the Occupational Depression Inventory (ODI) were launched in 2020; the first more attentive to psychometric characteristics of burnout and the second to assess

depression in the occupational context, as an initiative to contribute to the investigation of overlaps, or not, between burnout and depression. However, the uncertainty and lack of consensus regarding the conceptualization of burnout significantly impact the current landscape of measurement instruments. When the precise nature of the phenomenon being measured is not definitively established, the reliability and validity of the measurement instrument are inherently compromised.

Nonetheless, it is important to acknowledge that classic definitions and seminal measures such as the MBI deserve recognition for their influential role in stimulating decades of exceptionally fruitful research endeavours. However, they should be regarded not as definitive means of studying a phenomenon that has yet to be clearly operationalised. By doing so, a stronger theoretical foundation can be established, enabling longitudinal and prospective empirical studies to effectively identify causes and outcomes, explore aetiology, examine epidemiology, investigate biomarkers, understand cultural variations, explore associations with similar constructs, and develop interventions and treatments (Nadon et al., 2022).

2.1.7 Interventions and recovery

The existing body of research on burnout intervention and recovery is relatively limited compared to the broader literature on burnout (Visser, 2019). The limited number of studies in this area can be attributed primarily to the challenges associated with designing interventions, finding suitable implementation opportunities, and conducting longitudinal follow-up studies. It is important to note that this scarcity is not due to a lack of interest but rather the complexities involved in undertaking such research endeavours (Maslach, 2003).

Most discussions on burnout interventions primarily focus on individual-centred approaches, despite research indicating that situational and organizational factors have a greater

impact on burnout. According to Maslach (2003), while individually oriented strategies may help alleviate exhaustion, they may not effectively address other dimensions of burnout. Additionally, individual-focused approaches are relatively ineffective in the workplace, where individuals have limited control over stressors compared to other areas of their lives. However, the predominant focus on the individual in burnout interventions can be attributed to philosophical and pragmatic reasons, including the belief that it is easier and cheaper to change individuals rather than organizations.

Although interventions for addressing burnout can be categorised into two main levels, namely prevention and treatment, many studies fail to make such distinction since an intervention can be at the same time a prevention strategy and a treatment in itself. This fact compromises the possibility of drawing firm conclusions about the effectiveness of treatment programmes (Van Dam, 2021).

Primary prevention, as described by Edú-Valsania et al. (2022), involves implementing measures aimed at all employees. These measures typically include training sessions, assessment and provision of necessary work resources, assessment and management of work-related risks, adjustment of work processes, among other actions. The objective of this primary prevention is to establish a risk management and constant monitoring structure that, in addition to seeking employee well-being, prevents the onset of burnout. Secondary prevention, on the other hand, focuses on individuals who are already exhibiting initial symptoms of stress and burnout and its objective is to improve their coping skills and resilience, without necessarily addressing underlying organizational issues. Tertiary prevention is aimed at employees who are already suffering from burnout. At this stage, the main objective is to mitigate the damage caused by

burnout and reduce its impact. Because it is aimed at those who are already dealing with burnout, tertiary prevention can in fact already be considered a form of treatment.

Awa et al. (2010) conducted a systematic research of burnout interventions programs that focused on preventing burnout. The studies reviewed evaluated person-directed interventions, organization-directed, and a combination of both intervention types. Only 8% of all programs led to a reduction in burnout; person-directed interventions reduced burnout in the short term (six months or less), while a combination of both person- and organization-directed interventions had longer lasting positive effects (twelve months and over). In all cases, positive intervention effects diminished over time.

Otto et al. (2021) investigated employees' self-initiated actions to prevent burnout and their findings suggest that proactive burnout prevention can help to prevent burnout. Among these prevention actions are strategies focused on work (i.e., seeking support from supervisors, co-workers, seeking feedback, reducing job demands), home (i.e. reducing home-work conflict, increasing social support, increasing home autonomy) and personal level (i.e., improving physical health, psychological well-being, engaging in relaxing activities).

Also investigating the effectiveness of burnout interventions focused on the employee, such as individual therapy/counselling and group activities, Maricuțoiu et al. (2016) conducted a reviewed of 47 research studies and found statistically significant intervention effects only in the case of exhaustion and general burnout, although a small effect. For depersonalization and personal accomplishment, their analysis found almost null differences between experimental and control groups. Similar results were found earlier by Marine et al. (2006) when performed a meta-analysis for evaluate the effectiveness of work and person-directed interventions in preventing stress at work in healthcare workers and limited evidence was available for the

effectiveness of interventions. Ahola et al. (2007) conducted a questionnaire analysis with a Finnish sample of 3276 professionals to study participation in occupational and individual-focused interventions in relation to burnout. Their results indicated that the interventions programmes was less aimed at employees who already had burnout, when compared to other employees. Also, prescription for antidepressant was 2.53 times more common for individuals with severe burnout, which was not fully explained by the presence of depressive or anxiety disorders.

Other studies have focused on investigating or presenting specific intervention strategies. Malach Pines (2000) and Malach Pines (2002) conducted case study to illustrate the application of a three-step treatment for a middle-aged Israeli man suffering from burnout and anxiety and female entrepreneurs, where she combined existential and psychodynamic perspectives, drawing her strategy from the idea that burnout as a failure in the person's existential quest.

Isaksson Rø et al. (2003) proposed an integrative approach, with counselling and group activities and then examine the effectiveness of this program to reduce burnout. Participants' burnout symptoms (emotional exhaustion), mental distress and job stress were significantly lower at one-year follow-up than at baseline. Similar studies examined counselling as an intervention strategy and found equivalent results (Gorter et al., 2001; Salmela-Aro et al., 2004; Isaksson Rø et al., 2010).

Several studies have been dedicated to investigating mindfulness as a form of intervention, and their results vary from strong evidence for the use of mindfulness practice to reduce job burnout (Luken & Sammons, 2016; Braun et al., 2017; Suleiman-Martos et al., 2020; Tement et al., 2021) to limited evidence (Li et al., 2019).

Investigating burnout recovery, Bernier (1998) conducted a grounded theory study with 36 professionals and concluded that it involved six consecutive phases: (1) admitting the problem, (2) distancing from work, (3) restoring health, (4) questioning values, (5) exploring work possibilities and (6) making a break or a change. This stages was accompanied by a profound threat to theses individuals' professional identities, during the onset of burnout, and required a redefinition of those identities to restore their meaning and satisfaction at work and in life in general to enable recovery.

Regedanz (2008) proposed a thematic analysis of 21 interviews with individuals who had recovered from burnout. Her findings suggested that this process occurs via a shift in sense of meaning that encompasses (a) a recovery process, (b) an existential shift, (c) a sense of empowerment, (d) an increase in self-referencing, and (e) relationship change. Robertson and Gow (2011) designed a study aimed to investigate factors influencing individuals' development of, and experience of, burnout, and to explore how they construed resourcefulness in their recovery. More than the consequence of work- or individual-related factors alone, burnout onset and recovery seems to be the outcome of a combination of these factors, concluding that it involves the presence/absence of internal and external resources.

Salminen et al. (2017) conducted a longitudinal study with four individuals who had experienced burnout and participated in a rehabilitation course. The narrative analysis of the interview with the participants found that being able to regain control of one's life, marked by their sense of agency, followed by supervisor support and the participation in the rehabilitation programme was central to their recovery. Woolgar (2019) qualitatively investigated the factors that help burnout recovery, and identified that support, empowerment, meaning making, better work-life balance, and hope synthesized the participants perception about their process. Also, the

author explored what the participants believed that had hindered their recovery journey, to which she concluded that difficulty transitioning, systemic concerns, a lack of time away from work, and a lack of resources made recovery more difficult.

No studies were found reporting interventions, both as prevention or treatment plans to tackle burnout in gay men, or other sexual minority groups.

2.1.8 Summary of the literature on burnout

Burnout is a complex psychological phenomenon, primarily defined as profound exhaustion that has evolved over time from chronic, poorly managed stress. Despite advances in understanding burnout, research on this topic remains limited in some demographic groups, and the overlap between burnout and other mental health disorders such as depression and anxiety requires further investigation. Although exhaustion is widely recognised as the core characteristic, the broader conceptualization of burnout remains contested. Furthermore, the long-term effectiveness of current interventions is not well understood, and cultural variations in burnout experiences are underexplored. Thus, while progress has been made, much about burnout remains unclear.

2.2 Background: Gay Men. A narrative review.

Although it has been almost 50 years since researchers have started studying burnout, it was only recently that a few studies have given attention to the association between sexual orientation and burnout (Viehl & Dispenza, 2015), despite the extensive literature documenting the pervasiveness of detrimental social attitudes toward lesbian and gay people (Waldo, 1999) and the evidence supporting that lesbian, gays and bisexual (LGB) people have more depressive symptoms and lower levels of psychological well-being than heterosexuals (Meyer, 2003; Wight et al., 2012; Frost & LeBlanc, 2014).

Frost and LeBlanc (2014) suggests that the high rates of mental health issues within the sexual minority group are partly correlated to their disproportionate exposure to social stress. A large body of literature has already reported and evidenced a high level of discrimination against lesbians, gay men, bisexuals, and transgender people at work (Sears & Mallory, 2011), resulting in higher levels of depressive symptoms and anxiety, as well as lower levels of work-related quality of life, engagement, and self-efficacy at work (Pereira et al., 2022; Huffman et al., 2020; Hill et al., 2020). Moreover, having a sexual minority identity has been linked to increased psychological distress within work setting (Velez et al., 2013).

To better understand this phenomenon, this section presents a narrative review of the literature that begins by exploring models of identity formation that describe how gay men come to understand and integrate their sexual identity, emphasising the different stages and processes described in these models, which not only discuss the formation of gay identity and the complexities of this developmental process, but also theorise how the involvement of the social and cultural environment can influence the journey of self-acceptance, expression, or concealment of this identity. The section then delves into the concept of intersectionality, which helps to explain how overlapping social identities contribute to systems of privilege, discrimination and stress.

The section goes on to explore minority stress and homophobia, heterosexism and homonegativity, key concepts for understanding how external pressures negatively impact the mental health of gay men. This section concludes with a review on the topic of resilience when studied in gay men. By first exploring these foundational concepts, we can more comprehensively address the relationship between burnout and the unique experiences of gay men that will be discussed in section "2.3 Systematic Literature Review: burnout and gay men."

2.2.1 Gay men and identity formation

Sexual identity refers to the description and personal significance that individuals attribute to themselves based on key sexual elements of their lives, such as their attractions, fantasies, desires, and behaviours; these identities typically align with established social categories, such as heterosexual, bisexual, or lesbian/gay, and are shaped by historical and cultural contexts (Savin-Williams, 2011). The process of homosexual identity formation has been explored through several key models, including those proposed by Cass (1979), Troiden (1979), Malyon (1982), Milton and MacDonald (1984), Savin-Williams (1990, 2011), Isay (1986), D'Augelli (1994), McCarn and Fassinger (1996) and Horowitz and Newcomb (2002) each offering a different perspective on how individuals come to understand and accept their sexuality, commonly named as the coming-out process (Bilodeau & Renn, 2005).

The majority of early research on sexual minority development as a whole, has taken a process-based approach, suggesting the existence of distinct stages with a specific conclusion to the coming-out journey (Langdridge, 2014). These models vary in whether they emphasise developmental stages or focus more on the broader social and environmental factors that influence the process. Some models are structured around clearly defined stages, while others acknowledge the fluidity and complexity of identity formation, especially within a stigmatizing and marginalizing environment.

According to Bilodeau and Renn (2005) a common criticism of many of these models is that they were largely developed using studies with small sample sizes, often focusing primarily on men, and relying on adult participants reflecting on their past experiences. There are relatively few models (see Savin-Williams, 2011, for an example of those few), that specifically address the unique developmental challenges faced by lesbian, gay, and bisexual adolescents (Ryan &

Futterman, 1997). However, despite these limitations, the continued presence and widespread use of stage-based models in both research and educational settings indicate that they capture, to a significant extent, the general developmental process of sexual identity formation (Bilodeu & Renn, 2005).

These theories, as grouped by Bilodeau and Renn (2005), fall into three distinct categories, each offering unique insights into how sexual orientation identity develops. The first category includes stage models of sexual orientation identity development, such as those proposed by theorists like Cass, Fassinger, Savin-Williams, and Troiden.

These models follow a linear trajectory, where individuals progress from an initial lack of awareness of their sexual orientation through stages of identity immersion and eventually to a fully integrated sense of self. Often drawing parallels to theories of human development, such as Erikson's stages, they are valued for their structured progression. However, these models have been criticised for assuming a single developmental path, with the endpoint, usually "coming out" or "identity synthesis," the desired or healthiest process. Another criticism of these models is that they fail to assume that being LGBT or queer is fundamentally different from being heterosexual and instead theorise that having healthy sexual development means being functional (e.g., having a job, producing, being part of a family or community). In this way, what this ultimately does is reduce queer individuals to mere "good citizens," conforming to social norms and, in effect, becoming less authentically queer (see Langdridge, 2016, for a full critique). Furthermore, these models also ignore how factors such as gender, race, class, and culture can make this process an entirely individual journey. Furthermore, these models are often based on small or specific samples, such as clinical or incarcerated populations, limiting their applicability to diverse settings.

Empirical research on the relationship between coming out or concealing one's sexual identity and the relationship with mental health is inconclusive. Ragins et al. (2007) surveyed 534 gay, lesbian, and bisexual employees in the U.S. Their results challenged the idea that coming out is always a positive and healthy step, signalling a more developed gay identity. The authors argue that, in certain cases, choosing not to disclose one's sexual orientation may be a practical and adaptive choice, particularly when the employee is in an unsupportive or hostile work environment. Pachankis et al. (2020) conducted a reviewed and analysed 93 different studies involving over 92,000 participants to explore how hiding one's sexual orientation (concealment) affects mental health. They found a small but noticeable connection between hiding one's sexual orientation and experiencing internal mental health issues, such as depression, anxiety, emotional distress, and eating problems. On the other hand, hiding one's sexual orientation had a small but negative link to substance use problems, meaning that people who concealed their sexual orientation were slightly less likely to have issues with substance use. Overall, the study suggests that hiding one's sexual orientation can lead to mental health challenges, though the impact can vary depending on age, openness, and sexual identity.

The second group proposed by Bilodeau and Renn (2005) includes models of sexual orientation identity development and lifespan, exemplified by theorists such as D'Augelli, Fox, Klein, and Rhoads. Unlike stage models, these reject the existence of a universal theory for gay identity formation. In fact, these theories highlight the non-linear processes of identity development, considering the broader sociocultural and lifespan context in which individuals develop, including, for example, the impact of social institutions such as schools and communities on gay identity development. These models are accountable for the specific processes that these individuals go through, acknowledging the continuous and non-sequential

nature of identity formation, focusing on both the context and processes that shape identity development, for example recognizing the impact of homophobia, discrimination, and other forms of oppression on identity formation, as well as the capacity of LGBTQ+ people to resist and reconfigure these narratives.

For example, Klein et al. (2014) conducted a qualitative study with 12 Canadian adolescents and found that participants challenged conventional ideas about the coming out process for LGBT individuals in two significant ways: first, their stories deviated from the traditional view of coming out as a straightforward, linear journey; second, they challenged the notion that coming out is inherently more moral, healthy, or politically valuable. Both of these elements reinforce critiques of linear models of coming out by highlighting the complex and nuanced ways in which queer and trans youth navigate their relationships with the world around them.

However, like stage models, many of these theories were constructed on small empirical samples or were not based on sufficient data, limiting their generalizability, and despite their focus on college students, they still may not fully capture the unique challenges faced by individuals in that setting (Abes et al., 2007).

Represented by theorists such as Boykin, L.S. Brown, Clare, Diaz, Raffo, and Wilson, the third category proposed by Bilodeau and Renn (2005) consists of models that primarily use a more inclusive framework to understand LGBT identity, emphasising the intersectionality of sexual orientation with other psychosocial identities such as race, gender, class, culture, and ability, and also challenging the notion of a universal LGBT experience. However, these models can sometimes fall into the trap of assuming fixed definitions of social categories and, like the

other models, often rely on small empirical samples or lack sufficient data, limiting their scope and applicability (Bilodeu & Renn, 2005).

In summary, while each family of theories offers valuable insights into sexual orientation identity development, they are not without limitations, often oversimplifying the complexities of identity formation and facing empirical challenges. Despite these criticisms, the continued use of these models in both research and educational practice suggests that they offer meaningful, albeit imperfect, representations of identity development.

2.2.2 Gay men and intersectionality

Intersectionality is a sociological framework that addresses how an individual's multiple, interconnected social, cultural, and political identities influence systems of privilege and discrimination, as well as empowerment and oppression (Loewenberg & Bogin, 1976; Davis, 1981; Crenshaw, 1989). This concept describes how relationships between different forms of oppression, such as those rooted in race, ethnicity, geography, culture, religion, gender, and physical ability, produce racism, sexism, homophobia, and patriarchal structures, often working together to marginalise or exclude certain individuals or groups and to benefit others. By fostering an overlapping perspective on these social structures, this concept allows for a broader understanding of the inequalities and forms of discrimination that persist within society.

The literature on gay men and different dimensions of intersectionality is vast as highlighted in various academic works, both theoretical and empirical. The intersection of sexuality and race is a prominent focus, as seen in theoretical discussions about homophobia within the black community (Hill, 2013), black and gay men athletes (Anderson & McCormack, 2010), gay teachers of colour (Bracho & Hayes, 2020), the complex position of gay men within the Black Church (Heard Harvey & Ricard, 2018). Bowleg (2013) qualitative study interviewed

self-identified black gay (n=9) and bisexual (n=3) men to investigate their unique experiences of identity blending. For example, 5 out of 12 interviewees discussed the presence of racism within the White LGB communities and 7 perceived heterosexism in Black communities, leading many of the participants to be “closeted” in their communities, even though there were out to their family and friends.

Studying the intersection of race, age, and sexuality, Atakere (2018) investigated ideas about identity integration and mental health with 169 older Black men, ages 50–81. The study findings indicate that for older Black gay men, prioritizing sexual identity over racial identity is negatively associated with mental health. In contrast, when these men perceive their sexual and racial identities as equally important, there is a positive association with better mental health, suggesting that placing greater emphasis on one identity, in this case sexual orientation, may create internal conflict or stress, potentially due to the complex interplay between social pressures and personal identity alignment. Furthermore, the data reveal that having a sense of connection to the LGBT community also positively correlates with mental health outcomes.

The intersection between religious identities and sexuality is also a field of great interest. Coyle and Rafalin (2000) present results from a qualitative study involving 21 Jewish gay men, where nearly all participants, except one, described experiencing identity conflicts. These conflicts primarily stemmed from the perceived tension between their Jewish and gay identities, which had a detrimental effect on their psychological well-being. Those findings are theoretically supported by authors who investigated the experiences of gay Muslim identities (Arab & Suhonic, 2017; Akachar, 2015; Rahman, 2010). Similarly, through a mixed methods study, Rodriguez and Ouellette (2000) investigated the experience of 40 lesbian and gay individuals and concluded that the participants navigate the conflict between their sexual

orientation and religious identities through four distinct routes: rejecting their homosexual identity, rejecting their heterosexual identity, compartmentalizing the two identities, or working towards integrating both identities into a cohesive whole.

The intersection of physical and psychological health with gay identity becomes particularly significant. Johnson et al. (2019) qualitative study with older persons living with HIV concluded that gay/bisexual males suffered from the intersection of stigma due to HIV status and age; Daniels et al. (2023) conducted a qualitative study involving seven individuals with lesbian, gay, or bisexual identities who also stutter. The study also reveals that oppressive social, institutional, and interpersonal expectations can lead to identity concealment, resulting in hostile and isolating psychosocial experiences. Their findings emphasise that being visible as an individual LGBTQ+ who also stutters and sharing experiences with others who face similar challenges are critical to those individuals access to acceptance, validation, and emotional support. Those findings align with Gates et al.'s (2023) results when analysing the data from 2019 Youth Risk Behavior Surveillance System (YRBSS), which is the Centers for Disease Control and Prevention (CDC) conducted in the U.S. In their study (n= 3,143), they found that the odds ratio for disability indicated lesbian, gay, and bisexual youth with disabilities were five times more likely to report poor mental health than lesbian, gay, and bisexual youth without disabilities. However, one important limitation of this study is the conceptualization of disabilities, encompassing several notions of disabilities and yet presenting an incomplete measure of the phenomenon.

In the realm of mental health, intersectionality is examined in studies on suicide attempts among gay and bisexual men, the experiences of LGBTQ+ individuals seeking help for substance abuse (Xin et al. 2023), and gay men with recent suicide attempt (Ferlatte et al. ,

2018). Ferlatte et al. (2018) analysed data collected between 2011 and 2012 from 8,382 respondents to investigate variations in recent suicide attempts (RSA) among gay and bisexual men (GBM) in Canada, across sociodemographics. Bisexual men had lower odds of suicide attempts in the last 12 months if they were partnered to a woman in comparison to those partnered with a man. Other interactions with sexual orientation were not significant, but HIV-positive bisexual men had 2.61 times the odds for a suicide attempt in comparison to HIV-negative men. The authors concluded that the prevalence of recent suicide attempts depends critically on multiple, intersecting social identities.

Intersectionality can sometimes present challenges, but it also opens up new possibilities. For example, as Wang and Gorman-Murray (2023) discuss in their essay on the experiences of Chinese students in Australia, many gay Chinese students find studying at Australian universities to be their first opportunity to engage with a community where homosexuality is accepted and supported. These institutions, with their well-established LGBTIQ+ services and more inclusive academic environments, encourage students to express their sexual identities openly, which, for students who come from a background where heterosexuality is considered the only acceptable norm, this newfound freedom allows them to explore and understand their sexuality in a non-coercive and supportive atmosphere, although their Chinese identity can also provide a source of prejudice.

In conclusion, research shows that gay men often face multiple forms of pressure and discrimination at the same time, such as ageism, ableism, and racism in LGBTQ+ spaces or heterosexism in racialised communities. These overlapping identities, as posited by the intersectionality framework, can create identity conflicts, leading to concealment and adverse psychological effects, as seen in studies of black, Jewish, and Muslim gay men.

However, intersectionality can also offer opportunities for empowerment and personal growth, for example as illustrated by gay Chinese students studying in Australia who found new freedom to express their sexuality in supportive environments. This shows that diversity when celebrated, encouraged and supported can help individuals explore their identities in more inclusive spaces.

The following section will delve deeper into the concept of minority stress, exploring how external pressures and discrimination impact the mental health of gay men and other sexual minorities.

2.2.3 Minority Stress

According to the World Health Organization, at the core of burnout lies the concept of chronic stress, a sustained, long-term exposure to stressors that leads to emotional, physical, and psychological exhaustion (World Health Organization, 2019). Chronic stress differs from acute stress in its persistence and gradual wear on the body's stress-response systems, which ultimately erodes an individual's ability to cope with everyday demands (Lazarus & Folkman, 1984). While chronic stress is universal, certain populations experience additional stressors tied to their social positions. One prominent framework that explains these unique stressors is Meyer's (1995; 2003) Minority Stress Model.

Mink et al. (2014) argue that minority status refers to belonging to a group that is considered "less than" the dominant or majority group within a society or specific social setting. This often leads to restricted or unequal access to social power and resources like wealth, prestige, and social connections. Every society classifies its members by status, creating a hierarchy or social structure. However, the minority status of a group is not necessarily determined by its size, but rather by its access to social capital.

2.2.3.1 Distal and Proximal Stressors. The Minority Stress Model devised by Meyers (1995; 2003) posits that individuals from marginalised groups, such as LGBTQ communities, are subject to unique and chronic stress due to their minority status. This stress stems not from their identity per se, but from external social processes, including stigma, prejudice, and systemic discrimination (Meyer, 2003). Meyer's model delineates two main types of stressors: distal and proximal.

Distal stressors refer to external, objective sources of stress, such as acts of discrimination or institutionalised inequality, which are largely outside of the individual's control and are chronic because they are embedded in societal structures, continually perpetuating adverse experiences for the individual. For example, an LGBTQ person might face overt homophobia in public spaces or systemic exclusion in employment (Meyer, 2003).

Conversely, proximal stressors are more internalised and subjective, arising from an individual's psychological processes and reactions to their environment. Examples include the anticipation of rejection, the concealment of one's sexual identity to avoid discrimination, and the internalization of negative societal attitudes, such as internalised homophobia (Meyer, 2003). Proximal stressors may manifest as heightened vigilance, where individuals constantly scan their environments for potential threats, or as internal struggles with identity that fuel feelings of shame and inadequacy. The chronic nature of these stressors can lead to significant mental health challenges, including anxiety, depression, and suicidal ideation (Hoy-Ellis, 2021).

2.2.3.2 Mental health impact of minority Stress. Research on minority stress and its impact on gay men has evolved significantly over the years, increasingly focusing on the diverse experiences of this population (Hoy-Ellis, 2021). Early studies primarily centred on mental health outcomes, particularly depression, anxiety, and suicidality, as these were the most visible

consequences of minority stress. For instance, research has long shown that gay men face higher rates of depression and anxiety compared to their heterosexual counterparts due to the compounded effects of stigma, discrimination, and internalised homophobia (Hatzenbuehler et al., 2008; Kelleher, 2009; Fingerhut et al., 2010; Mink et al., 2014). A systematic literature review of 300 peer-reviewed studies found that 95% of the studies reported a significant association between discrimination and health harms for LGBT individuals, highlighting widespread mental and physical health impacts (What We Know Project, 2019). This focus on mental health has remained a key area of research, reflecting an ongoing concern with understanding how societal pressures and minority stressors manifest in psychological distress.

Other studies have expanded beyond the general mental health outcomes to explore how minority stress interacts with other facets of gay men's lives, such as physical health implications (Frost et al., 2015), body image (Kimmel & Mahalik, 2005), romantic relationships (Feinstein et al., 2016; Song et al., 2022; Brewster, 2023) and social support systems (Feinstein et al., 2014), young gay men (Dürrbaum & Sattler, 2020; Fish et al., 2023; Affuso et al., 2024) and older gay men (Kuyper & Fokkema, 2010; Gonçalves et al., 2020), and hate crime (Herek et al., 1999; Bell & Perry, 2015).

Research by Kimmel and Mahalik (2005) on body image concerns, for instance, highlights the significant pressure gay men feel to conform to both societal and subcultural ideals of masculinity and physical appearance. This pressure is closely tied to minority stress, as gay men may experience heightened stress when they fail to meet these expectations, which can lead to body dissatisfaction and further mental health complications. Such findings underscore the complexity of minority stress and how it intertwines with issues of masculinity and self-perception.

In addition to individual concerns, the role of social support and romantic relationships in mitigating or exacerbating minority stress has garnered considerable attention. Brewster et al. (2023) found that intimate relationships could either buffer against or amplify the effects of minority stress, depending on the quality of the relationship and the presence of external support systems. Similarly, Dai and Chen (2023) examined stress contagion in romantic relationships, noting how stress can proliferate between partners, particularly when one or both individuals are coping with minority stress. These studies suggest that while relationships have the potential to provide significant emotional support, they can also serve as conduits for stress, thus complicating the dynamics of coping with minority stress.

Another important area of research is the influence of parental and family acceptance on the mental health of gay men. Studies have shown that acceptance from family, particularly during the coming-out process, can significantly reduce the mental health burden of minority stress (Okanlawon, 2024). Conversely, rejection or strained family relationships exacerbate feelings of isolation and increase vulnerability to mental health issues, including suicidal ideation. Research on this topic highlights the critical role that family dynamics play in either mitigating or intensifying the effects of minority stress.

To further understand the influence communities have with minority stress, Salfas et al. (2018) studied two aspects of community connectedness: *community involvement* (active participation in community events or groups) and *community identification* (a sense of belonging or identity with the gay community). The study analysed data from 371 gay and bisexual men in New York City, focusing on how these two types of connectedness, along with minority stress factors like internalised homonegativity and discrimination, affect mental health outcomes. Their

results suggests that being actively involved in the community provides mental health benefits, but simply identifying with the community may not offer the same protective effects.

Key findings from this body of research reveal that minority stress is not a singular experience but rather a multifaceted phenomenon that interacts with various aspects of gay men's lives, reflecting a more nuanced understanding of how factors such as social support, intimacy, and body image intersect with traditional mental health concerns. This progression in research suggests that to fully address the mental health needs of gay men, interventions must consider the broad spectrum of social and relational factors that contribute to their experiences of minority stress.

2.2.3.3 Limitations of the Minority Stress Model. In this context, Hoy-Ellis (2021) highlights some limitations of the Minority Stress Model, for example the fusion of status and identity as identical concepts: while these terms are often used interchangeably, Hoy-Ellis (2021) argues that they are distinct yet related.

Minority status refers to a social category that a person either ascribes to or is assigned by others. For instance, sexual orientation and gender are examples of statuses. Sexual orientation, like being gay or bisexual, may or may not be openly claimed (self-identified), whereas gender is typically assigned at birth based on biological characteristics and shaped by cultural norms. Minority status is, therefore, external and may or may not align with how the individual perceives themselves or wishes to identify.

Minority identity, on the other hand, is internally acknowledged membership in a minority group, meaning it involves personal identification with a particular group. For example, someone may self-identify as LGBTQ, which is a personal and psychological process that could differ from how society perceives their status. This internal identity can be more consciously

recognised, especially among individuals whose identity differs from their assigned status, such as transgender individuals who may more actively claim a gender identity that differs from societal expectations.

Hoy-Ellis (2021) explains that external stressors, like discrimination or victimization, are often based on a person's minority status, whether this status is real or perceived. For example, a man who behaves in a way that society deems stereotypically feminine might face discrimination or homophobic victimization, regardless of whether he identifies as gay. These are examples of distal stressors, which occur due to societal judgments based on visible traits or behaviour.

In contrast, proximal stressors arise from the internal experience of minority identity, such as the internal conflict and stress associated with self-identification as part of a stigmatised group. For instance, a woman who identifies as a lesbian may experience not only external discrimination due to her gender presentation but also internal struggles, such as the stress of navigating her lesbian identity in a heteronormative society.

The interaction between status and identity creates a complex array of stressors, as the combination of different social statuses (such as race, gender, or sexual orientation) and the personal importance of particular identities shape the nature of the stress experienced. This also affects how individuals cope with stress, their sense of community, and the support they receive. In sum, Hoy-Ellis (2021) underscores that while minority status is largely about how society classifies a person, minority identity involves the individual's own self-recognition. Both play central roles in the dynamics of minority stress, influencing how people experience and respond to stress, depending on their unique constellation of social positions and identities. By distinguishing between these concepts, researchers can better grasp the commonalities and differences among and within minority groups, improving the precision of the model.

Moreover, Hoy-Ellis (2021) calls for the model to incorporate an intersectional approach (as discussed in the section 2.2.2 Gay men and intersectionality) that addresses how overlapping identities—such as race, gender, and socioeconomic status—interact with sexual minority status to produce unique stressors. This would move beyond a one-size-fits-all framework to a more nuanced understanding of how minority stress manifests in diverse contexts.

Additionally, expanding the model to include age, period, and cohort effects is essential for understanding how different life stages or historical contexts influence the experience of minority stress. For instance, tolerance against sexual minority individuals have consistently increased (Kuyper et al., 2013; Adamczyk & Liao, 2019) which has positively impacted the mental health of these individuals (Chen & van Ours, 2022). Badgett et al. (2024) conducted a systematic review examining the impact of legal same-sex marriage in the U.S. on various areas such as public attitudes toward LGBTQ+ people, marriage rates for both same-sex and different-sex couples, tax revenues, employment, health insurance, overall health, migration, and family formation. Their findings indicate that the legalization of same-sex marriage significantly improved the lives of same-sex couples and sexual minorities as a whole, without causing any notable or systematic effects on other demographic groups.

Finally, the current focus on mental health outcomes could be broadened to encompass physical and social health, providing a more holistic view of the impact of minority stress on overall well-being, evolving to more accurately reflect the complexity of LGBTQ health disparities across different demographic and social dimensions (Hoy-Ellis, 2021).

In summary, The Minority Stress Model provides a comprehensive lens through which to understand the unique experiences of LGBTQ individuals, particularly in relation to mental health. It acknowledges that, beyond general life stressors, LGBTQ individuals face additional

burdens that are deeply tied to societal rejection and marginalization, which not only add to the general stress experienced by all individuals but also create specific psychological vulnerabilities that can lead to poorer mental health outcomes for minority individuals.

2.2.4 Homophobia, heterosexism, and homonegativity

Homophobia, heterosexism, and homonegativity are related but distinct concepts that explain the different ways in which LGBTQ+ individuals experience discrimination and prejudice in society. While these terms are often used interchangeably, they reflect nuanced differences in their focus on individual attitudes, societal structures, and unconscious biases.

The concept of homophobia refers to an irrational fear, dislike, or hatred of individuals who identify as, or appear to identify as homosexual. Homophobia manifests in various behaviours, ranging from derogatory language and social exclusion to more extreme forms of discrimination and violence (Herek et al., 1992).

On the other hand, heterosexism broadens the scope to include societal and institutional structures that privilege heterosexuality as the norm (Waldo, 1999). Unlike homophobia, which centres on individual attitudes, heterosexism describes a systemic privileging of heterosexuality, often marginalizing and oppressing those who do not conform to this expectation. Heterosexism is reflected in various cultural, legal, and institutional practices that assume heterosexuality as the default and the only acceptable form of sexual identity. This systemic bias contributes to an environment where heterosexual individuals benefit from privileges that are denied to LGBTQ+ people, reinforcing unequal power dynamics (Herek et al., 1992).

While both homophobia and heterosexism involve negative attitudes toward LGBTQ+ individuals, homonegativity introduces a different dimension. Homonegativity refers to negative attitudes, disapproval, or judgments toward homosexuality. Unlike homophobia, homonegativity

does not necessarily involve fear but rather encompasses a broad spectrum of negative views, ranging from disapproval to subtle forms of bias. It reflects the subtle ways in which LGBTQ+ people are judged or stereotyped, even when such judgments are not overtly hostile or aggressive (Androsiglio, 2024). For instance, rather than showing fear or anxiety reactions, heterosexual individuals who were exposed to images of men engaging in sexual acts with other men showed feelings of disgust and anger (Herek, 2004).

Within this framework, internalised homonegativity, or sometimes called internalised homophobia, emerges as an internal process where LGBTQ+ individuals absorb and internalise the negative attitudes and beliefs that exist in heterosexist societies. Internalised homonegativity refers to the self-directed negativity that LGBTQ+ individuals develop in response to societal stigmatization (Collins & Levitt, 2021). This process often leads to a range of psychological difficulties, such as low self-esteem, depression, and anxiety, as individuals struggle to reconcile their own sexual identity with the negative messages they receive from the dominant culture (Meyer, 2003). This internal conflict can be particularly damaging in environments that openly reject or stigmatise LGBTQ+ identities, leading to significant mental health challenges (Friedman, 1997; Van Beusekom et al., 2018).

Empirical research on homophobia, heterosexism, and homonegativity has provided substantial evidence supporting the theoretical concepts outlined above. Studies on homophobia have frequently focused on educational settings, where LGBTQ+ individuals often encounter significant bullying and exclusion. Despite legislative advances aimed at protecting LGBTQ+ students, schools continue to be environments where homophobia thrives. Research highlights the long-term psychological impacts of homophobic bullying, including depression and anxiety, which can persist into adulthood. Educational interventions, such as teacher training programs,

have been proposed as essential strategies for addressing homophobic behaviours in schools, but studies indicate that more comprehensive approaches are needed to create inclusive and supportive environments (Waldo, 1999).

Conversely, McCormack's study (2012), offers a positive perspective on how homophobia is becoming less prevalent in British schools, particularly among teenage boys. McCormack conducted a yearlong ethnographic study across three sixth-form schools in southern England to investigate the dynamics of masculinity and how young men interact with their straight and gay peers. In his study, McCormack collected field notes, conducted informal conversations, and completed 52 in-depth interviews with participants, ultimately finding that teenage boys in these settings were displaying less homophobia than previously expected, rarely made homophobic remarks, showed affection for their male peers, and did not associate their popularity with traditional masculine norms that devalue emotional expressiveness or physical affection. Instead, qualities like charisma, authenticity, and emotional support became more important for social standing, regardless of one's sexuality or gender presentation. However, the author concludes that his results should not be generalised too broadly, as the students who participated in his study may not represent the experiences of all youth, particularly those who may have dropped out or faced more severe forms of harassment.

While McCormack's (2012) study indicates progress in some educational contexts, research on heterosexism continues to show that social and institutional structures still marginalise LGBTQ+ individuals in other domains. A key area of focus is the workplace, where heterosexist attitudes and practices continue to create barriers for LGBTQ+ employees with studies showing that LGBTQ+ workers, particularly those who identify as bisexual, frequently

face discrimination that impacts their career progression, social relationships, and overall job satisfaction (Smith & Ingram, 2004).

In addition to workplace discrimination, heterosexism intersects with other forms of discrimination, such as racism and ageism, compounding the challenges faced by LGBTQ+ individuals. For example, older LGBTQ+ individuals, particularly those from racial minority backgrounds, experience unique forms of compounding discrimination (Harris, 2009; Woody, 2014) and often face isolation and limited access to support systems (Della et al., 2002).

A significant body of research over the past decade has also focused on the role of religion in shaping homonegativity, particularly the internalization of negative attitudes toward homosexuality among religious LGBTQ+ individuals. Studies consistently show that religious teachings can exacerbate internalised homonegativity, leading to higher levels of mental distress (Reygan & Moane, 2014; Barnes & Meyer, 2012; Kubicek et al., 2009; Harris et al., 2008), and this is particularly evident in religious communities where LGBTQ+ identities are not accepted or are overtly stigmatised. For example, religious individuals who identify as LGBTQ+ often report higher levels of depression, anxiety, and emotional distress as they struggle to reconcile their religious beliefs with their sexual orientation, with religious affiliation being a common and significant predictor of internalised homonegativity (Barnes & Meyer, 2012).

Finally, research on internalised homonegativity/homophobia has consistently demonstrated its profound impact on the mental health of LGBTQ+ individuals. Studies show that internalised homophobia is strongly linked to a range of negative mental health outcomes, including depression, anxiety, and emotional dysregulation (Dürrbaum, & Sattler, 2020; Wandrekar, & Nigudkar, 2020; Marciano et al., 2024). Social support systems have been identified as critical in buffering the effects of internalised homophobia. For example, LGBTQ+

individuals who have strong support networks, whether through family, friends, or LGBTQ+ communities, tend to experience lower levels of psychological distress and are more resilient in the face of societal stigma (Feinstein et al., 2014). Research has also explored strategies for fostering resilience, such as identity-affirming practices and the development of coping mechanisms, to help individuals mitigate the harmful effects of internalised homophobia (Meyer, 2003; Plumas et al. 2024).

In summary, research on homophobia, heterosexism, and homonegativity provides valuable insights into the different ways LGBTQ+ individuals experience prejudice and discrimination. Empirical studies, particularly in educational and workplace settings, have shown the significant mental health impacts of these forms of discrimination, including depression, anxiety, and emotional distress. Internalised homophobia, where individuals absorb societal prejudice, further exacerbates these challenges, often leading to profound psychological difficulties. While there is evidence of progress in reducing homophobia in some educational contexts, such as McCormack's (2012) findings in British schools, heterosexism and its intersection with other forms of discrimination continue to create barriers in other domains.

The next section will build on these concepts by presenting a systematic review of the literature regarding the experiences of gay men and their risk of burnout, with a particular focus on how these discriminatory practices influence their mental health and well-being.

2.2.5 Gay men and resilience

The literature emphasises the strengths associated with growing up as a gay man, including resilience, activism, and a strong sense of connectedness (Edwards et al., 2023; Bruce et al., 2015; Kwon, 2013), demonstrating how gay men navigate challenges like burnout by cultivating community, purpose, and inner strength.

In this context, resilience has become a central concept in understanding how individuals, particularly those from marginalised groups, adapt to stress and adversity. Defined as the ability to recover or "bounce back" from difficult experiences (American Psychological Association, 2018), which includes the capacity to maintain one's mental health stable despite ongoing stress (Ungar, 2012), for gay men, resilience is particularly relevant when considering the unique stressors they face, such as minority stress and homonegativity.

As discussed in the sections before, Minority Stress refers to the chronic, unique stressors experienced by individuals from stigmatised groups, such as gay men, due to discrimination, stigma, and internalised homophobia (Meyer, 2003). This stress can lead to a range of adverse mental health outcomes, including anxiety, depression, and burnout. Homonegativity, defined as the societal and internalised prejudice against homosexuality (Herek, 2000), exacerbates this stress and creates an environment that challenges the mental well-being of gay men. Resilience in this context is the process by which gay men cope with, resist, or mitigate the impact of these stressors. While traditionally seen as an individual trait, more recent research views resilience as a dynamic interaction between personal factors (such as emotional regulation) and external support systems (such as community connections and affirming healthcare) (Bartos & Langdridge, 2019).

Although earlier theories of resilience focused on personal traits such as emotional stability and mental toughness (Ungar, 2012), more recent models emphasise the ecological and relational aspects of resilience, particularly in LGBTQ+ populations. Bartos and Langdridge (2019) argue that resilience in gay men is deeply relational, involving both personal coping mechanisms and external support systems, such as community involvement and access to affirming healthcare, challenging the traditional "bouncing back" narrative and suggesting

instead that resilience for gay men is about adapting to ongoing stressors in creative and innovative ways, rather than returning to a pre-stress state.

Research on resilience among gay men has primarily focused on how these individuals cope with the challenges posed by minority stress and homonegativity with most of it exploring the role of social support, positive identity development, and community involvement in fostering resilience. For example, a study by Handlovsky et al. (2018) explored how older gay men (aged 40-76) build resilience to navigate health challenges like depression and HIV. Although the sample size was small, the research highlighted the importance of dynamic, interconnected strategies that work together to protect well-being, identifying three key processes that promote resilience: maintaining supportive networks, addressing mental health, and advocating for respectful healthcare.

Similarly, Emler et al. (2017) examined resilience and mastery in older gay and bisexual men living with HIV demonstrating, through a multivariate regression analysis, that resilience and a sense of control (mastery) were fundamental elements for psychological well-being. Social support and community involvement were significant factors in promoting both resilience and mastery, underscoring the relational nature of resilience in this population.

The study by Handlovsky et al. (2018) aligns with this relational view, as it highlights how older gay men resist discrimination by building and maintaining supportive networks. Similarly, Kwon's (2013) literature review identified social support and emotional acceptance as critical resilience factors for LGB individuals, although it also points to the need for more systematic research, as much of the existing literature focuses on specific subgroups, such as white, middle-class individuals, limiting the generalizability of the findings.

Moreover, studies like those by Reed and Miller (2016), which focused on young Black gay and bisexual men, have found that supportive relationships and a strong sense of identity are critical for building resilience against the negative impacts of discrimination and marginalization.

While the research on resilience in gay men has provided valuable insights, there are several methodological shortcomings that need to be addressed. Many studies, such as those by Handlovsky et al. (2018) and Emlet et al. (2017), use small, non-representative samples, which limit the generalizability of their finding; other studies, like Lyons (2015), which conducted a large online survey of 2,793 lesbians and gay men in Australia, provided valuable insights into the demographic and psychosocial factors related to resilience, but relies on self-reported data; some research are based on cross-sectional designs, which do not capture how resilience develops over time. Longitudinal studies, for instance, could provide a more nuanced understanding of how resilience strategies evolve, particularly in response to changing social environments.

2.2.6 Summary of the literature on gay men

Several models of identity formation have been proposed, focusing on how gay men develop their sexual identity in often heteronormative environments. Theoretical frameworks such as the Cass and D'Augelli models illustrate the journey of self-acceptance and resilience in response to social pressures, though these models often are derived theoretically rather than empirically, relying on limited sample sizes and neglecting the diversity of the community or advocating for a specific, functional, and accommodating way of being queer.

More recently, intersectionality has been a critical framework often utilised to address how overlapping identities such as age, race, and religion intersect with sexuality to shape unique and individual experiences for gay men. Research using this theoretical framework suggests that

racial and religious identities can exacerbate the mental health challenges faced by gay men, as seen in studies of black and Jewish gay men who experience dual forms of discrimination, both LGBTQ+ and ethnic or religious.

The concept of Minority Stress has been widely used to understand the unique dynamics of stress that permeate the structures that maintain discrimination and privilege, more specifically investigating how proximal and distal stressors relate to the perception of stress and the impact of this phenomenon on the identity of gay men. In this context, the literature has well documented that gay men face higher levels of discrimination and minority stress compared to heterosexual individuals, amplifying rates of depression, anxiety and lower work engagement. Resilience, however, although much more ecologically than individually than it has been reported, has increasingly been launched as the ultimate competence for stress prevention and management.

In order to better understand this relationship between stress and sexuality, the following section will investigate the literature that analyses the dynamics between burnout and gay men.

2.3 Burnout and gay men. A Systematic Literature Review

This section presents a systematic literature review (SLR) on the relationship between burnout and gay men, exploring the factors contributing to burnout in this specific population. The methodology for this SLR included a structured search through databases such as the Middlesex University Library, PubMed, and Google Scholar, using keywords like "burnout," "gay," "LGBT," "minority stress," "occupational stress," and related terms. Articles were filtered based on relevance, with a particular focus on research that examined burnout within sexual minorities, specifically gay men. Studies that did not address this intersection were excluded.

For identifying and selecting studies for the systematic review, as illustrated in the PRISMA flow diagram in Appendix 1, I proceeded as follows: initially, 78 records were identified from three different databases: Middlesex Library, PubMed, and Google Scholar. After removing 3 duplicate records before screening, 75 records were left for the screening process. During the screening, 14 records were excluded because "Gay" referred to a name or surname rather than sexual orientation. Following the screening, 61 reports were assessed for eligibility. Of these, several reports were excluded for specific reasons: 8 reports were excluded because they were theoretical chapters or articles from magazines not related to the study, 20 reports were excluded as they were not related to occupational burnout (such as research on parental burnout), and 8 reports were excluded because the population did not focus on gay men. In the end, 25 studies and reports were included in the final review, ensuring a focused and relevant examination of the relationship between gay men and burnout. I reviewed the reference lists of all studies to identify additional studies for potential inclusion; however, no further studies were identified or included as a result of this process.

The literature review is thematically organised to explore the general findings in burnout research before focusing on specific contexts. It will cover (1) general studies on burnout, (2) burnout in the workplace, (3) burnout in the educational environment, (4) burnout among volunteers and health professionals, (5) interventions aimed at addressing burnout, followed by a summary and conclusion of this reviewed literature.

2.3.1 General Studies on burnout and Gay Men

Molina et al. (2017) investigated burnout among LGBTQIA+ individuals, revealing that transgender individuals may experience lower burnout compared to gay and bisexual men. Contradictory findings were noted by Kuyper's (2015) study, which found no significant

difference in burnout levels between gay and heterosexual men. This is contrasted by Pereira et al. (2022), who reported higher burnout rates in sexual minorities in Brazil and Portugal due to workplace discrimination and stigma.

2.3.2 Burnout and gay men in the workplace

Androsiglio (2009) results highlighted how a supportive workplace climate can mediate the relationship between job stress and burnout for gay men. Non-supportive workplaces, according to Rabelo and Cortina (2014), contribute to higher burnout rates due to harassment and discrimination.

Differently from what the results from Androsiglio (2009) and Rabelo and Cortina (2014) indicate, Burke (2021) found out that organizational non-discrimination policies aimed at sexual minorities did not reduce the negative effects of concealing sexual orientation on burnout, therefore not working as a moderating factor. The author argues that this lack of moderation may be due to the fact that there is a difference between perceived preventive policies and practices. In her study, Burke (2021) examined the role of concealment, rumination, and non-discrimination organizational policies on burnout among 406 sexual minority employees working in a variety of industries. Her findings concluded that concealing sexual orientation in the workplace is, though, associated with higher levels of rumination, that is, repetitive thoughts about stressful situations, which in turn contributes to increased burnout. However,

Similarly, Viehl et al. (2017) emphasised that identity concealment in the workplace correlates with burnout in mental health practitioners. Volpone and Avery (2013) linked perceived discrimination based on sexual orientation to burnout and eventual withdrawal behaviours like absenteeism and turnover.

2.3.3 Burnout and gay men in educational settings

Educational settings also present challenges for sexual minority students, leading to burnout. Rodriguez, Clares, and Muñoz (2020) noted that the absence of LGBTQIA+ rights in educational environments leads to higher burnout levels. Tavarez (2022) studied LGBTQ student activists and found that involvement in LGBTQ spaces led to burnout due to the emotional strain of activism.

Similarly, Lapinski et al. (2016) found higher burnout rates among lesbian, gay, bisexual, and asexual (LGBA) medical students compared to their heterosexual counterparts. Samuels et al. (2021) also link mistreatment based on sexual orientation to higher burnout levels among medical students, a pattern reinforced by Teshome et al. (2022).

Vaccaro & Mena (2011) investigated the experience of queer college students activists of colour and found out that burnout, along with compassion fatigue and suicidal ideation in some cases, were consequences of the absence of social support, in conjunction with poor self-care, a heightened sense of responsibility for others, and multiple minority identity explorations.

2.3.4 Burnout and gay men among volunteers and health professionals

Gay men who take on caregiving roles in volunteer and health professional capacities are especially vulnerable to burnout. Early studies, such as Williams (1988), focus on gay men volunteering in AIDS-related programs, highlighting the emotional toll and resulting burnout from frequent exposure to death and dying. Jones et al. (2022) investigated black gay men working in HIV/AIDS prevention and show how discrimination and lack of career advancement led to significant burnout, despite their deep commitment to their communities.

Chang et al. (2023) demonstrated that LGBTQ+ ophthalmologists experience higher levels of burnout compared to their non-LGBTQ+ peers due to emotional exhaustion and workplace fatigue, driven by discrimination based on sexual orientation.

Viehl and Dispenza (2015) revealed that gay mental health practitioners report higher burnout compared to their heterosexual peers, particularly when their sexual orientation is concealed. Ryus et al. (2022) focused on the emotional exhaustion and burnout that arises from informal mental health support roles within the LGBTQ community, while Worrell et al. (2022) discussed the emotional toll on caregivers who blur boundaries between personal and professional lives. Wolfe (2023) and García Johnson and Otto (2022) extend this analysis to LGBTQ+ healthcare professionals, noting that personal identity conflicts with professional environments contribute to high levels of mental distress and burnout.

2.3.5 Burnout and gay men: Interventions

Promising interventions have been piloted, such as Acceptance and Commitment Therapy (ACT), explored by Singh et al. (2020), which found positive outcomes in reducing burnout among sexual minorities experiencing workplace stress, however suggesting that further research into tailored interventions for LGBTQ+ populations is still necessary.

2.3.6 Summary of the literature on burnout and gay men

Despite being vibrant and current, the studies analysed by this SLR demonstrate that the field of research focused on the intersection between burnout and gay men is still understudied. Focusing mainly on the relationship between mental health and burnout, as well as the mediating and moderating factors of this relationship, these studies support the hypothesis that minority sexual identity, specifically as gay men, which was the focus of this SLR, is correlated with burnout and with adverse effects on the mental health of these individuals. Some qualitative

studies discuss the relationship between identity and burnout and focus on personal experiences and only one study specifically focused on burnout recovery in gay men, highlighting the imminent need for studies that delve into the intersections between gay men, burnout, and the recovery journey.

The next chapter will discuss the gaps found in this literature review and clarify the focus and specific objectives of this study.

3. RESEARCH AIM AND CONTRIBUTIONS

3.1 Summary of the gap in the field

As demonstrated in the literature review presented in the previous chapter, the burnout process in gay men has been little studied, even though extensive research on minority stress has already demonstrated a dynamic between these two phenomena. Until this text was written, no study was found on the recovery process of gay men who have suffered burnout.

I believe that developing a study that proposes to investigate, based on lived experience, gay men's perceptions of their exhaustion processes, the strategies that influenced this dynamic, and the path taken to recovery is a way to help reduce this gap in the literature and consequently contribute to the debate that can help clients, practitioners, and policymakers for workplace inclusion.

Based on this scenario, I formulated the following research question: "What was it like for gay men to have experienced burnout and recovered from it?"

3.2 Research aim and objectives

As demonstrated in the literature review, there is a lack of both qualitative and quantitative research on burnout in gay men, and a particular scarcity of studies focusing on their recovery from burnout. This research seeks to explore how meaning is constructed around burnout and recovery in the lives of gay men, particularly through the stories they tell about these experiences. It examines not only the psychological and emotional dimensions of burnout but also how these experiences are narrated, how identity is negotiated through these narratives, and how broader cultural discourses inform these personal stories.

The first objective of this study is to explore how burnout unfolds in participants' lives, with particular attention to how they interpret the origins and nature of their burnout. This

includes identifying perceived contributing factors, and reflections on what could have prevented the crisis.

The second objective is to examine the lived experience of burnout as it was remembered and told. How participants' day-to-day lives were impacted, what made their experiences more difficult, and what resources or perspectives allowed them to endure.

The third objective is to investigate the recovery process, focusing on what recovery means to participants, what actions or insights contributed to it, and how they currently make sense of the risk of relapse or the maintenance of well-being.

Because this research focuses on the intersection between burnout and identity as a gay man, all aspects of the study are examined through this lens. The inquiry attends closely to how participants understand their experiences specifically as gay men, and how their sexual identity interacts with their stories they share. In doing so, the study foregrounds how personal narratives are shaped by, and in turn reshape, available cultural narratives around masculinity, success, failure and resilience.

3.3 Relevance of this study

This research aimed to generate knowledge and insights that can benefit psychotherapists and counselling psychologists, especially those who work with gay men and occupational burnout, to understand the nuances of these men's individual experiences and the factors that influence their burnout. Moreover, this research aims to help these professionals be more intentional in their interventions, ultimately benefiting clients who may be living with or experiencing burnout. As will be presented, the participants' narratives share how internalised homophobia, feelings of inadequacy, and pressure to perform in professional settings contribute to their burnout. In therapy sessions, for example, professionals can help clients explore these

complex emotions, recognizing the specific social and internal factors that exacerbate their suffering.

Furthermore, I firmly believe that giving voice to the individual experiences of gay men is a way to create a space for stories that have long been silenced to be heard, counteracting the historical forces that have influenced research and science over the years. Thus, the hope is that the findings of this study may have the potential to empower gay men who face similar burnout challenges, validating their experiences and offering a possible path to recovery.

By understanding, for example, the interplay of personal and professional identities, individuals may feel more empowered to address distal stressors, advocate for their mental health needs, seek out work environments that genuinely support differences, and develop coping strategies that prioritise well-being over often distressing conformity. As will be discussed, focusing on identity integration during recovery also helps individuals move away from internalised, proximal stigma, contributing to a more positive and authentic self-concept.

Moreover, a more accurate understanding of burnout experienced by gay men can shed light on the role of society in managing burnout, as well as in treatment and recovery, gradually creating an increasingly robust body of knowledge on this understudied phenomenon. This means, for example, that LGBTQ+ advocacy groups and mental health organizations can leverage the findings of this research to address better the mental health challenges faced by gay men, and advocacy groups can develop more targeted campaigns that raise awareness about the importance of mental health support tailored to the unique experiences of gay men. The findings of the study, as will be argued, emphasise the need for community-level interventions that not only address individual resilience but also challenge the social norms and workplace structures that perpetuate burnout. In summary, this research aims to provide a space for listening to the

individual experiences of gay men, as well as benefits professionals and clients in the field of counselling psychology on a topic that is not well understood, despite its relevance.

4. METHODOLOGY

4.1 Methodology

4.1.1 Epistemological and ontological position

Before considering which methodology would be appropriate for this study, it was essential for me to contemplate my epistemological understanding of how knowledge is acquired and my ontological view of the nature of reality in the human world, as well as my theoretical perspective (Crotty, 1998). As a researcher, I adopt a social constructionist epistemological stance. Unlike objectivism, which posits that truth and meaning exist independently of human consciousness, social constructivism asserts that all knowledge is constructed through human practices and within a social context. According to Crotty (1998) and Ritchie & Lewis (2003), knowledge is generated through the interaction between humans and their world and is essentially dependent on social factors. This means that when studying burnout, for instance, I do not treat it as an objective phenomenon waiting to be discovered by the researcher. Instead, I view it as a reality experienced by individuals and embedded in social contexts that can be understood only in terms of its temporality and social implications.

My ontological approach falls within the spectrum of subtle realism when it comes to understanding the human world from which we acquire knowledge, because I do not believe that reality can be discovered using appropriate methods, nor do I think that it is entirely informed by mental constructions. Instead, I hold the view that an external reality exists, but that it can only be understood through human interpretation, perception, and socially constructed meanings (Moon & Blackman, 2014).

My theoretical orientation is Interpretivism, as I seek to understand how people make meaning of their experience of overcoming burnout from their own point of view (Ritchie &

Lewis, 2003). Rather than focusing on explaining the causality of burnout, my research interest lies in exploring the meaning participants attribute to their lived experience, making qualitative research, informed by a phenomenological approach particularly suitable for this study.

4.1.2 Choice of qualitative approach

There are two fundamental ways of understanding reality: the paradigmatic way, which aligns with quantitative methods that seek to establish cause-and-effect relationships within a positivist framework, and the narrative way, which involves making sense of events through stories (Bruner, 2004). My research aligns with the latter, as it seeks to explore the subjective experiences and narratives of gay men recovering from burnout.

Quantitative research, with its foundation in positivism, is concerned with the measurable aspects of existence and aims to uncover objective truths through hypothesis testing (Langdrige, 2007). While this approach is invaluable for studies that require statistical generalization and the establishment of causal relationships, it is less suited to the investigation of lived experiences, which are inherently subjective and shaped by individual meaning-making processes (McLeod, 2003) and which is the aim of this study.

Qualitative research, on the other hand, does not seek to quantify or prove causal relationships, but rather to deepen our understanding of the social dynamics, values, beliefs, and meanings that individuals attribute to their experiences (Starks and Trinidad, 2007), making it ideal for exploring the complexity of human experience in depth, which is precisely the focus of this investigation into what it was like for gay men to experience burnout. Qualitative methods allow researchers to go deeper into questions of meaning and examine the social and institutional practices that shape experiences (Masoodi, 2017), which is particularly important in my study, as

recovery from burnout is not only a personal journey, but also one that is influenced by broader social dynamics and stigmatization faced by this marginalised group.

Moreover, qualitative research is particularly well-suited for exploring new or under-researched topics, as it allows for the generation of ideas and theories that can be tested in future studies (Vos, 2023a), while ensuring that, even with smaller sample sizes, the results are robust and reliable (Stead et al., 2011). Semi-structured interviews, for example, allows participants to share their opinions, perceptions, and context, in a space less restricted than via questionnaires, for instance. In-depth interviews can reveal how the intersection between sexual orientation and the work environment influenced, or did not influence, the emergence of burnout, including possible episodes of discrimination and lack of support.

Furthermore, since the scope of this research is to investigate participant's recovery, the qualitative method can capture unique coping and recovery strategies used by them, such as the role of LGBTQIA+ support networks or individual practices, such as therapy and physical activities, contributing to the formulation of more effective interventions. The tone of voice, the strength of linguistic expressions, and the choice of adjectives and verbs reveal the meanings attributed to the experience and thus provide more data to understand the phenomenon of burnout.

In conclusion, the choice to use qualitative methods in this research is motivated by the need to explore the complex and subjective experiences of gay men recovering from burnout, as qualitative research values the co-construction of reality between researcher and participant (McLeod, 2003), it aligns perfectly with the goals of this study to illuminate the lived experiences and meaning-making processes around the participants' burnout experiences.

4.1.3 A brief overview on Phenomenology

In a context in which traditional philosophy often sought universal and abstract truths, often disconnected from the reality experienced by people, Phenomenology emerged simultaneously as a philosophical theory and a practical methodology for studying human experiences. Those experiences refers to the way in which phenomena present themselves to people's consciousness, that is, to what is perceived, felt or thought from the subjective point of view of those who live the experience (Langdridge, 2007). Although there were phenomenologists before him, Husserl is considered the founder of modern phenomenology by proposing that, in order to understand human experience, it was necessary to "suspend" previous assumptions and focus only on the phenomenon itself.

Husserl understood that many philosophical approaches until then ignored how people actually experience the world, preferring general theories that can be disconnected from everyday life and human subjectivity. His intention was to eliminate the distance between the object of study and the subject who studies it, bringing to light lived experiences without mediating them with external theories or prejudices. His famous call to "return to the things themselves" encapsulated the phenomenological focus on direct engagement with phenomena as they appear to consciousness, free from preconceived notions or theoretical frameworks (Husserl, 1970; Moura, 1989).

One of the key aspects of Husserlian phenomenology was its rejection of traditional objectivist approaches to understanding reality. Instead of assuming an external, objective world that could be fully known through empirical observation, phenomenology asserted that reality is co-constructed through conscious experience, making phenomenology particularly relevant to

psychological research, where the focus is often on understanding the subjective experiences and meaning-making processes of individuals (Finlay, 2008; Langdridge, 2007; Vos, 2021).

Central to phenomenology are attitudes and methods that allow the practitioner and or researcher to approach each experience without the interference of preconceptions. One such attitude is **epoché** or phenomenological bracketing, in which the practitioner/researcher temporarily suspends prior judgments and assumptions, enabling a more open and unbiased engagement with the participant or client's experiences (Cohen, 1987; Polit & Hungler, 1999). When the researcher or practitioner adopts this attitude, the focus shifts from the professional's personal interpretations to the client or participant's perspective, in order to investigate the meanings, the individual herself/himself attributes to their own experiences.

Phenomenology challenged the assumption that the world exists independently of human perception, instead positing that reality is intimately connected to and shaped by consciousness. This relationship between consciousness and its objects—referred to as **intentionality**—formed the core of the phenomenological method (Smith et al., 2009). This means that experiences are inherently about or of something, with each experience possessing an intentional structure (Smith et al., 2009). Phenomenology further differentiates between the object of experience (noema) and the process of experiencing (noesis), allowing for a richer understanding of how individuals engage with the world (Vos, 2021).

In phenomenological research, **horizontality** supports that in which each part or element of the reported experience is considered equally important, without hierarchy or prioritization of meanings. Thus, all phrases, ideas or descriptions provided by participants are analysed with the same weight and attention, preventing the researcher, influenced by prejudices or previous

hypotheses, from attributing more importance to certain aspects to the detriment of others (Langdrige, 2007).

Free imaginative variation is a process in the analysis stage that involves imagining different variations of an experience or phenomenon, removing or changing non-essential (or accidental) aspects, while preserving what is fundamental for the phenomenon to be what it is. This approach aligns with the process of **eidetic reduction**, where the researcher discerns the essence of an experience by moving from what is specific to the participant's account to what would be universal themes, capturing the essential qualities of the phenomenon that transcend individual situations (Vos, 2021).

In the context of this research, phenomenology provided an appropriate methodology for investigating the lived experiences of gay men recovering from burnout as the emphasis on understanding these experiences from the participants' perspectives aligned with the phenomenological goal of uncovering the essential structures of consciousness that underlie these experiences (Van Manen, 1990).

4.1.4 Rationale for adopting a Phenomenological approach

As discussed previously, the purpose of this study is to explore and describe the lived experiences of gay men who have experienced and recovered from burnout, rather than to seek causal relationships or create a new theory about burnout recovery. Phenomenology, with its focus on the subjective and intersubjective dimensions of human experience, has proven to be the most appropriate method for this purpose, and is also my personal preference.

Grounded theory (Glaser and Strauss, 1967), for example, is often an alternative to phenomenology, as it is a robust and systematic qualitative method that is replicable and aims to arrive at a theory about the phenomenon under study, not through initial hypotheses, but rather

by allowing the theory to emerge from the collected data (Vos, 2023b). However, even in the most recent versions, such as that developed by Charmaz (2014), which employs more intersubjective aspects when interrogating data, phenomenology can be even more hermeneutic when it comes to analysing how gay men experienced and attributed meaning to their burnout, allowing for a more subjective and participant-centred analysis, without the pressure of producing a generalisable theory, making it the appropriate choice for a study cantered on personal narratives of recovery (Smith et al., 2009; Giorgi, 2000). Furthermore, in phenomenology, the researcher is a co-creator of meanings, deeply involved in the interpretative process, while in Grounded Theory he or she seeks to maintain a more analytical and distant role. For this study, the choice of phenomenology is personally more appropriate, especially because I recognise that, as a researcher, my own experience could influence the process. It would be challenging to adopt the neutrality and analytical distance required by Grounded Theory. In contrast, phenomenology allows my experience and subjectivity to be recognised and worked through, enriching the interpretation of the participants' experiences.

More than describing recovery or theorising about it, what this study seeks is to delve into personal accounts of gay men who have experienced burnout to understand the deep meanings that participants associate with their journeys of healing, allowing insights that honour the richness and complexity of their experiences, such as understanding how actors such as identity, discrimination, and community support shape their experiences. This approach not only respects the voices of the participants, but also aligns with the intention of the study to go beyond theoretical abstraction, providing a window into the core experiences of "what it is like" to live recovery from burnout.

4.1.5 A brief overview on Narrative Analysis

The development of narrative analysis is deeply rooted in phenomenological philosophy, particularly through the work of Martin Heidegger, who emphasised that all understanding inherently involves interpretation (Langdridge, 2007). Heidegger (1998) famously described language as the "house of Being," suggesting that language shapes and contains our understanding of existence. He argued that we are always interpreting our world, as understanding is never separate from our lived experience and perception (van Deurzen, 2010). In this context, Narrative Analysis is a qualitative research method that examines the stories people tell to make sense of their lives and experiences.

Narratives go beyond mere descriptions of events; they are structured accounts that individuals use to interpret and organise their experiences, often revealing how they construct their identities and perceive their place in the world (Murray, 2003). As Riessman (2008) suggests, narratives are central to the process of meaning-making, providing a way for individuals to link separate events into a cohesive story. Narrative analysis thus involves examining not only the content of these stories but also their structure, function, and how they are embedded within broader social and cultural contexts.

Following Heidegger, Gadamer and Ricoeur made significant contributions to the hermeneutic turn in phenomenology (Langdridge, 2007), which questions positivist or objectivist approaches that treat social and cultural phenomena as measurable objects. The hermeneutic turn emphasises the importance of understanding the meaning attributed by people to their experiences and practices, where the focus is not only on describing the text objectively, but on understanding the meanings it carries in different contexts and for different readers over time. The hermeneutic turn is, therefore, a reaffirmation of subjectivity and contextuality in the act of

knowing, placing interpretation as the central element in various areas of knowledge. Gadamer, a student of Heidegger, affirms the hermeneutic turn by highlighting the historically and culturally situated nature of all understanding. He argued that understanding is not about uncovering objective, universal truths but rather about generating knowledge that is shaped by historical and cultural contexts. Gadamer viewed philosophy as a form of conversation aimed at achieving mutual understanding, emphasising that we always speak and interpret from a specific standpoint shaped by our history and culture (Langdridge, 2007).

Ricoeur expanded on these ideas by developing an intricate theory of interpretation, particularly focusing on text. He proposed that human beings are embodied and exist within the world prior to language, yet language plays a critical role in how we interpret and understand human nature. Ricoeur introduced two distinct approaches to understanding meaning: the empathic approach, often referred to as a "hermeneutic of empathy," and a critical approach, known as a "hermeneutic of suspicion" (Braun & Clarke, 2012). The empathic approach aims to understand meaning by bridging the perspectives of the reader and the text, allowing for a fusion of horizons in which the text's meaning becomes clear through interpretation. The hermeneutic of suspicion, on the other hand, seeks to uncover hidden meanings, much like in psychoanalysis, by looking beneath the surface of the narrative.

In Ricoeur's later work, he moved towards narrative, viewing it as a way for individuals to organise scattered elements of experience into cohesive, meaningful wholes. Through this process, people construct "narrative identities," identities woven from the fabric of interconnected stories. This perspective views narrative as a tool through which individuals attempt to bring coherence to their lives, creating a continuous sense of self that reflects both personal and social dimensions.

In the context of narrative and phenomenological approaches, **Critical Narrative Analysis (CNA)** (Langdridge, 2007) builds on these foundations to examine how individuals make sense of their existence and the meanings they attach to their experiences. CNA, introduced by Darren Langdridge, is influenced by Ricoeur's integration of critical theory, hermeneutics, and narrative analysis. It is an idiographic approach, meaning it is concerned with how individuals derive personal meaning from specific phenomena in their lives. CNA aims to understand the story within the context of the research question, recognizing that narratives are structured around meaningful events which help shape a person's sense of self.

Like other phenomenologically informed narrative methods, CNA assumes that narratives are more than simple recounts of events; they are interpretations that organise these events into a meaningful whole, fostering a sense of self or "narrative identity." In this approach, the narrative itself becomes a focal point, as the analysis of the story's structure, tone, and the identities it conveys allows the researcher to engage deeply with the participant's perspective.

4.1.6 Rationale for using Critical Narrative Analysis (CNA)

Critical Narrative Analysis (CNA), developed by Darren Langdridge (2007), was chosen for this research because it integrates narrative analysis with critical theory, allowing for a deeper examination of the power dynamics and ideologies around the phenomenon being studied. This method encompasses a process of 6 stages: 1) Critique of the illusions of subjectivity, 2) Identifying narratives, narrative tone, and rhetorical function, 3) Identities and identity work, 4) Thematic priorities and relationships, 5) Destabilising the narrative and 6) Synthesis. By focusing on the narrative, CNA provides a pathway to encounter the subject's lived experience, revealing layers of meaning that extend beyond surface-level accounts. This method captures

both the subjective reality of the individual and the broader social influences that shape their story, offering insights into the phenomenon being studied through the lens of personal narrative.

CNA builds on Paul Ricoeur's work by incorporating two critical moments in the analysis: the first when the researcher applies a *hermeneutics of suspicion* to interrogate the researcher's perspectives, views and bias, in a very reflexive initiative (*Stage 1: Critique of the illusions of subjectivity*) and second when the research interrogates the participant's narratives (*Stage 5: Destabilising the narrative*). *Hermeneutics of suspicion*, a concept developed by Paul Ricoeur (1970), refers to a critical interpretive approach that seeks to uncover hidden meanings, ideologies, and power dynamics embedded within texts, discourses, or social practices, aiming to "unmask" the apparent meanings presented in various forms of human expression to reveal underlying truths or distortions. Ricoeur identifies this approach as characteristic of thinkers like Marx, Nietzsche, and Freud.

The hermeneutics of suspicion operates with a degree of scepticism, questioning surface interpretations and aiming to expose deeper, often concealed structures of power, ideology, or unconscious motives. In essence, it is a method of interpretation that challenges taken-for-granted assumptions, encouraging a deeper, more critical engagement with the material (Josselson, 2004).

In this context, unlike traditional narrative analysis, where the researcher might attempt to remain a neutral observer, CNA encourages the researcher to actively engage with their own biases and assumptions, marking the employment of the hermeneutics directed to the researcher him or herself as one the distinguishing features of CNA. This process involves questioning the researcher's perspective and the ideologies embedded within the narratives being studied (Langdridge, 2007; Ricoeur, 1981). This was particularly relevant to my research, as the topics

of homosexuality and burnout are heavily influenced by societal norms and ideologies. By employing CNA, I was able to critically examine how these factors shaped both the participants' experiences and my interpretation of their narratives as well as how my own views and bias could affect the phenomenon being investigated.

Another key component of CNA is the stage of *Imaginative variation* (Langdrige, 2007), which allows the researcher to explore the phenomenon from multiple perspectives. Imaginative variation, also known as imaginative free variation, is a technique used to explore a phenomenon from multiple viewpoints by altering specific aspects of the experience in creative ways. The purpose of this approach is to shift and modify elements of the experience in order to bring the underlying essence into sharper focus, while allowing less essential or contingent details to recede (Langdrige, 2007). For example, in examining the recovery experiences of gay men from burnout, Imaginative Variation involved considering how different social contexts, power dynamics and characters influenced these experiences, thereby uncovering the core aspects of recovery that persisted across different situations.

In sum, by integrating narrative analysis with critical theory, CNA enabled a comprehensive examination of how narratives are constructed, interpreted, and influenced by broader societal forces (Murray, 2003; Riessman, 2008). This approach aligned with the goals of my research, which not only aimed to understand the recovery experiences of gay men but also intended to remain sensitive to the social and political dimensions of these experiences while maintaining a strong focus on the participants' voices and perspectives.

4.1.7 Choice of CNA over other methods

In exploring the lived experiences of gay men recovering from burnout, it is important to select a research method that not only delves deeply into personal experiences but also

acknowledges the complex social contexts and power dynamics that shape those experiences. My research questions led me to seek an approach that engaged with both the content of what participants said and the form in which it was expressed, allowing for a detailed exploration of meaning, lived experience, and identity. At the same time, I needed a method that could critically examine how narratives are socially situated and shaped by broader discursive and relational contexts. Among the various qualitative research methods available, Critical Narrative Analysis (CNA), as developed by Langdridge (2007), offered the most suitable framework for these aims. It allowed me to investigate the ways participants made sense of their recovery, while also identifying and problematising dominant narratives within the data. CNA supported a layered reading of the material, attending not only to individual meaning-making but also to the ways identity is constructed in response to, and sometimes in resistance to, social norms and cultural expectations.

To substantiate this choice, I will compare and contrast CNA with two other methods: Interpretative Phenomenological Analysis (IPA) and Discourse Analysis (DA).

4.1.7.1. Interpretative Phenomenological Analysis (IPA). Interpretative Phenomenological Analysis (IPA), developed by Jonathan Smith (Smith, 2004; Smith et al., 2009), is a widely recognised approach in phenomenological psychology, particularly in the UK (Brooks & King, 2017). IPA is designed to provide in-depth, nuanced analyses of individuals' accounts of lived experiences. The method is rooted in phenomenology and hermeneutics, focusing on understanding how participants make sense of their experiences within their personal contexts (Smith et al., 2009). Central to IPA is the concept of the "double hermeneutic," where the researcher attempts to interpret how participants themselves make sense of their own experiences (Smith et al., 2009). IPA is inductive and emphasises the exploration of meaning

from the participant's perspective, making it particularly valuable for understanding individual life worlds and the subjective interpretation of personal experiences (Reid et al., 2005).

4.1.7.2. Discourse Analysis (DA). Discourse Analysis, and specifically Foucauldian Discourse Analysis (FDA), offers a different lens through which to examine experiences. Rooted in the work of Michel Foucault, FDA goes beyond language to explore how discourses shape and are shaped by power relations in society (Foucault, 1980). FDA is concerned with how social practices, knowledge, and power are intertwined and how they contribute to the construction of subjectivities and identities (Hiles & Čermák, 2008). The method involves analysing how discourses produce and limit what can be said and done, and how they position individuals within particular power structures (Parker, 1992). This approach is particularly useful in examining how societal norms and power dynamics influence personal experiences, making it a strong contender for studies involving minority groups, such as gay men recovering from burnout.

4.1.7.3. Comparing and Contrasting IPA, DA, and CNA. While both IPA and DA offer valuable insights, they each have limitations that make CNA a more suitable choice for this research. IPA's focus on the individual and their subjective experience is well-suited for exploring the personal dimensions of recovery. However, it may lack the critical perspective necessary to fully interrogate the power dynamics and social contexts that are integral to understanding the experiences of a marginalised group like gay men (Smith, 2004), struggling to capture the ways societal structures and cultural expectations surrounding masculinity and sexuality shape and constrain these individuals' experiences. IPA, while rich in phenomenological detail, might not fully apprehend the influence of societal power structures on individual experiences, particularly in relation to how these men navigate their recovery in a

context often fraught with stigma and discrimination, or how language functions rhetorically in the construction and positioning of identity.

On the other hand, Discourse Analysis, particularly FDA, excels in examining how language and power dynamics shape social realities. It would undoubtedly provide a valuable framework for understanding how societal discourses around masculinity, sexuality, and mental health influence the experiences of gay men (Foucault, 1980; Willig, 2008). However, DA's strong focus on discourse can overshadow the individuality and personal narratives of participants, risking the reduction of their complex lived experiences to reflections of broader social forces. This approach could miss the opportunity to capture the unique meanings participants ascribe to their personal journeys of recovery, as well as the specific ways they resist, negotiate, and redefine social expectations.

In this context, CNA offers the best of both worlds by integrating the phenomenological sensitivity of IPA with the critical, power-aware perspective of DA. It allows for a deep exploration of individual narratives, acknowledging their unique contexts while also critically examining the social and power dynamics that shape these narratives (Langdrige, 2007). CNA's use of the hermeneutics of suspicion is especially relevant for this research, as it enables a critical examination of the narratives provided by participants, uncovering what might be hidden beneath the surface due to societal pressures or internalised stigma. CNA recognises that individual narratives are shaped not only by personal meaning but also by societal expectations and pressures, being then particularly well-suited for a study focused on gay men's recovery from burnout, as it provides the flexibility to delve into personal experiences while also interrogating the social forces, such as stigma, discrimination, and heteronormativity, hegemonic masculinity, that influence these narratives.

Moreover, CNA's integration of critical theory enables a more nuanced understanding of how participants navigate their identities and recovery within a landscape shaped by marginalization. This framework respects the depth of individual experiences while still accounting for the social constraints and power imbalances that are essential to understanding the lived realities of marginalised groups. By focusing on narrative structure, tone, and the roles of identity within each story, CNA allows us to engage with both the personal and the political dimensions of the participants' experiences, thus providing a comprehensive and balanced approach that neither IPA nor DA can fully achieve on their own.

It is also important to note that the decision to use Critical Narrative Analysis (CNA) for this research aligned not only with the aims of the study but also with my personal and professional development. As someone whose first language is not English, but who is training to practise as a counselling psychologist in English-speaking settings, I was drawn to a method that paid close attention to both the content and the form of language. CNA's focus on how narratives are constructed, through tone, structure, rhetorical choices, and positioning, offered a valuable learning opportunity. It allowed me to deepen my sensitivity to the nuances of spoken language, which I see as essential in therapeutic work. The method's emphasis on meaning-making, identity construction, and the influence of broader social discourses also resonated with my clinical training, where understanding clients within their cultural and relational contexts is central. Engaging with CNA has helped me develop analytical skills that I believe are directly transferable to the counselling room, particularly in listening for what is said, how it is said, and what may be left unspoken.

In conclusion, while IPA and DA each offer valuable insights, they also have significant limitations when applied to the study of gay men's recovery from burnout. IPA may fall short in

addressing the critical social dimensions, and DA may lose sight of the individual in its focus on discourse. CNA offers a method that honours the individuality of each participant's journey yet remains sensitive to the social and cultural forces at play. This makes CNA the most appropriate choice for capturing the depth, complexity, and contextual layers of recovery narratives among gay men, allowing this research to illuminate both the personal and collective dimensions of their resilience, while also offering a learning opportunity to me as research, with skills I can transfer the counselling settings as a practitioner.

4.1.8 CNA Limitations

While Critical Narrative Analysis (CNA) offers a compelling and nuanced approach for examining the intersection of individual narratives and broader social structures, it does come with certain challenges, particularly for researchers who are new to this method, like me. One of the most significant considerations is the flexibility inherent in CNA, as Langdridge (2007) suggests. Although this flexibility allows us to adapt the method based on the specific needs of our research, it can also create some uncertainty. Without a clear, step-by-step guide, I found myself occasionally lost in the complexities of the method.

Additionally, the process of CNA, particularly during the critical stages of identifying narratives, analysing their function, and applying hermeneutic critique, requires a deep engagement that is undeniably time-consuming. As I delved into these stages, I recognised the importance of maintaining a nuanced and thorough analysis, yet this depth also demands a significant time investment. Balancing this with the deadlines and pressures of academic work can be challenging, and I sometimes struggled with the tension between the need for thoroughness and the constraints of time.

Another aspect I have found challenging is the need for a strong grasp of narrative structures and rhetorical functions. CNA asks us to look beyond what is being said to understand how narratives work within broader discourses. For someone like me, still honing these analytical skills, this can be a demanding task. The requirement to engage so deeply with the data means that any gaps in my understanding of narratives or rhetoric could lead to a less insightful analysis, which is something I am keenly aware of.

Moreover, because CNA is rooted in phenomenological inquiry, it demands rigorous reflexivity and critical self-reflection. I have come to realise that phenomenological research is not just about applying a method; it is about embodying a particular way of thinking that requires ongoing reflection and a commitment to methodological rigor. As someone still gaining experience, I understand the risk of applying these methods in a way that is more aspirational than fully grounded in phenomenological principles. Without the depth of training and experience that seasoned researchers might have, I must constantly work to ensure that my use of CNA truly aligns with its foundational philosophies (Vos, 2021; Giorgi, 2000; Crotty, 1996).

From an epistemological perspective, CNA is rooted in the assumption that knowledge is constructed through language and meaning-making, rather than accessed as an objective reality. This position makes the method particularly powerful for exploring how participants shape and give form to their experiences of burnout and recovery. At the same time, it introduces certain limitations. The analysis depends heavily on interpretation, and different researchers might arrive at different insights from the same material. While this is not unusual for qualitative research, it does raise questions about validity and consistency. Reflexivity and transparency are therefore essential in ensuring that the process remains rigorous and that interpretations are grounded in the data rather than driven by the researcher's assumptions.

A further epistemological limitation is CNA's reliance on language as the medium of analysis. Because it focuses on narratives, what is spoken or written becomes the primary evidence. This leaves less space for aspects of experience that may not be easily articulated, such as bodily sensations, or emotions that are difficult to capture in words. Narratives can also be shaped by cultural conventions about what counts as a "tellable" story, which may restrict or distort what participants choose to share. While CNA can illuminate how these conventions operate, it cannot always access the parts of experience that remain outside narrative expression.

Ontologically, CNA is grounded in the view that identity is constructed and positioned within stories, often in relation to wider social discourses. This perspective is valuable for highlighting how participants navigate dominant cultural narratives about work, sexuality, or recovery, and how these discourses influence their self-understanding. At the same time, the emphasis on narrative positioning can risk underplaying other dimensions of existence. Burnout, for instance, may involve biological and material conditions that are not fully captured by a narrative lens. In addition, by stressing the shifting and contextual aspects of identity, CNA may obscure the sense of stability or coherence that participants themselves experience as important. These are not fundamental flaws, but they remind us that CNA offers one perspective among many, and its insights are best understood as partial, situated, and open to dialogue with other ways of knowing.

In reflecting on these challenges, I acknowledge that while CNA is a powerful tool for my research, it also requires a level of sophistication and commitment that I am still developing. The flexibility that makes CNA so appealing also demands a high degree of interpretive skill, time, and reflective practice. As I continue to navigate this method, I recognise the importance of

remaining open to learning and growth, ensuring that I can apply CNA effectively and meaningfully in my work.

4.1.9 Methodology Conclusion

In reflecting on the methodological choices for my study, I am confident that, based on my epistemological and ontological positions, a phenomenological qualitative investigation using Critical Narrative Analysis (CNA) was the most appropriate approach for exploring the lived experiences of gay men recovering from burnout. This decision was not made lightly; it was informed by both the philosophical foundations of phenomenology and the specific needs of my research focus. My literature review revealed a significant gap in understanding the nuanced, subjective experiences of burnout recovery within this marginalised group, which further justified the need for a qualitative approach.

My study is grounded in a social constructionist epistemology and a subtle realist ontology. From my perspective, knowledge is not simply discovered but constructed through social interactions and contexts. This belief informed my decision to use a phenomenological approach, as I sought to understand how the participants' realities are co-constructed within their social environments. Recognizing that reality can only be understood through human interpretation, I saw phenomenology as the best method to explore these socially and contextually informed experiences (Ritchie & Lewis, 2003; Crotty, 1998).

Moreover, as a researcher, I was drawn to phenomenology because of its capacity to delve deeply into the subjective realities of individuals. Phenomenology focuses on the "how" rather than the "what" of experience (Vos, 2023b), aligning perfectly with my goal of uncovering the essence of recovery from burnout as experienced by gay men. I recognised that a purely quantitative approach would be insufficient to capture the rich, personal narratives that are

central to understanding this complex process. Instead, phenomenology allowed me to explore these lived experiences in their full depth, free from the constraints of preconceived theories (Giorgi, 2005).

In choosing Critical Narrative Analysis (Langdridge, 2007), I aimed to go beyond simply documenting experiences. CNA provided me with a framework to critically engage with the narratives, not just at the level of content but also in terms of the broader social and ideological contexts that shape these stories. I was particularly mindful of the power dynamics and societal norms that influence both the participants' experiences and my own role as a researcher. CNA's emphasis on reflexivity and critical engagement resonated with my commitment to conducting research that is both empathetic and socially conscious (Langdridge, 2007).

The literature review also highlighted the lack of research that captures the lived experiences of gay men recovering from burnout. This gap further validated my choice of a qualitative approach. I realised that the voices of this group had been largely overlooked, and that a phenomenological method, supported by the critical perspective of CNA, would allow me to give voice to their unique experiences. My study was not just about gathering data; it was about understanding the meaning these men ascribe to their recovery journeys and the broader social implications of their experiences.

In reflecting on the methodological choices for my study, I am confident that, based on my epistemological and ontological positions, a phenomenological qualitative investigation using Critical Narrative Analysis (CNA) was the most appropriate approach for exploring the lived experiences of gay men recovering from burnout.

My study is grounded in a social constructionist epistemology and a subtle realist ontology because I believe knowledge is not simply discovered but constructed through social

interactions and contexts. This belief informed my decision to use a phenomenological approach, as I sought to understand how the participants' realities are co-constructed within their social environments. Recognizing that reality can only be understood through human interpretation, I saw phenomenology as the best method to explore these socially and contextually informed experiences (Ritchie & Lewis, 2003; Crotty, 1998), since it allowed me to explore these lived experiences in their full depth, free from the constraints of preconceived theories (Giorgi, 2005). Moreover, as a researcher, I was drawn to phenomenology because of its capacity to delve deeply into the subjective realities of individuals, as Phenomenology focuses on the "how" rather than the "what" of experience (Vos, 2023b), aligning perfectly with my goal of uncovering the essence of recovery from burnout as experienced by gay men.

In choosing Critical Narrative Analysis (Langdridge, 2007), I aimed to go beyond simply documenting experiences, supported by the fact that this framework enables me to critically engage with the narratives, not just at the level of content but also in terms of the broader social and ideological contexts that shape these stories. I was particularly mindful of the power dynamics and societal norms that influence both the participants' experiences and my own role as a researcher and CNA's emphasis on reflexivity and critical engagement resonated with my commitment to conducting research that is both empathetic and socially conscious (Langdridge, 2007).

Reflecting on this methodological journey, I believe that using a phenomenological and narrative method, as proposed by Critical Narrative Analysis, was not only appropriate but necessary, because it allowed me to remain attentive and attentive to the singularities of each participant, while at the same time being able to investigate, through phases of hermeneutical interrogation, how I, as a researcher, and also a gay man who has experienced burnout, and also

the participants, critically engage with the social and political contexts that influence the experience of burnout.

Of course, as described in section 4.1.8 CNA Limitations, employing this method was laborious and complicated, especially in the use of the variant imagination and hermeneutics of suspicion. Questioning a text, seeking distinct meanings, but without minimizing, distorting or attacking it, was a complicated task for a novice researcher like me. But highly rewarding.

CNA, by systematizing the hermeneutic circle, from the whole to the parts, from the parts to the whole, allowed me to explore the phenomenon of burnout recovery among gay men in a rigorous and empathetic way, ensuring that their stories are told with the depth, context and nuances they deserve, while at the same time ensuring ethical and rigorous procedure, as it will be presented in the following section “4.2 Research Procedure”.

4.2 Research Procedure

The process for this doctoral research began in the second year of a four-year program. Following the guidelines set by NSPC and Middlesex University, the research adhered to specific stages that needed to be completed. These stages included developing a research proposal, obtaining ethical approval, conducting a pilot study, recruiting additional participants, analysing inclusion and exclusion of participants, conducting semi-structure interviews, transcribing data and analysing it, writing a thesis document, presenting thesis and PAP Viva.

The next sections cover a description of the method used and how events proceeded with the study.

4.2.1 Insights from the Pilot Study

The pilot study marked the first moment in this research project where abstract ideas and methodological choices were tested in practice. It involved recruiting one participant, conducting

a full semi-structured interview, and applying Critical Narrative Analysis (CNA) as planned for the main study. This early stage allowed me to engage with all core aspects of the research process: ethics, recruitment, interviewing, transcription, analysis, and writing. Although only one interview was analysed, the process revealed both the strengths and the limitations of my initial design. More importantly, it offered a valuable opportunity to reflect on what needed refinement in order to move forward with greater clarity and focus.

Several important lessons emerged from this experience. The first was a need to sharpen the focus of the interview schedule. The original version explored burnout broadly, but it became clear during the pilot that the narrative lacked sufficient depth on recovery. This led me to revise the schedule, adding more direct questions about how participants understood and experienced recovery, and how they made sense of that process over time. I also realised that my approach to recruitment needed to change. Initially, I had relied on sharing the research call within my own professional and personal networks, but this proved limited in reach and effectiveness. Following the pilot, I adopted a more proactive strategy, which involved contacting LGBTQ+ organisations, community groups, and online networks, this change is described in more detail in section 4.2.4 Recruitment Process.

Alongside these practical adjustments, I developed a deeper engagement with key theoretical areas. After the pilot, I expanded my reading on narrative research, focusing particularly on dominant narratives, rhetorical functions, and the political dimensions of storytelling. This helped me listen to participants' accounts with more attention to how stories are constructed and positioned. I also deepened my understanding of sexuality, resilience, and heterosexism, which proved central in reorganising the literature review and provided a clearer structure for the discussion chapter. Another important step was finding better ways to manage

and track the analysis. The volume of data produced even by one interview made it clear that I needed a more structured system. Using NVivo helped me document and link all stages of analysis, both within each participant's material and across the dataset. I discuss it more in section 4.2.8 Data Analysis.

The feedback from examiners reinforced many of these insights and added others that were especially helpful. They highlighted the need for greater parsimony in the writing, suggesting that I prioritise what was most relevant to the aims of the study. I was also encouraged to adopt a more critical stance when reviewing literature, particularly in the sections dealing with the intersection of burnout and sexual identity. One important comment was about how to present complex narrative data in a way that remains accessible, especially when working with multiple participants. Another helpful suggestion was to integrate reflexivity more fully across the research, rather than limiting it to a dedicated section. These observations supported the improvements I had already begun making and helped me approach the full project with greater precision and care.

Overall, the pilot study was more than a preliminary test, becoming a learning space where method, theory, and personal positioning came together. It allowed me to see where my initial design was effective and where it needed adjustment. It also reminded me of the ethical and emotional responsibilities involved in hearing and analysing personal stories of burnout and recovery. The encounter with the participant brought the research to life in a way no reading or planning could. It helped me to reflect on the practical direction of the project, and on my role within it as a researcher.

4.2.2 Research Design

This study is a small-scale, qualitative, idiographic inquiry conducted using purposive sampling to gather data from eight gay men who experienced and subsequently recovered from burnout. The analytical method chosen was the Critical Narrative Analysis (Langdridge, 2007).

4.2.3 Participants and Recruitment Criteria

To be included in this study, the participants needed:

To be English-speaking gay men. This allowed me to capture the participant's answers without needing to translate them, since it could introduce a risk of either losing nuances or incorporating unintended meanings that the participants themselves did not originally convey.

To be aged between 25 and 60 years. Although research suggests that burnout is generally negatively correlated with age, meaning that as people age, their risk of burnout tends to decrease and the pressure of early adult career challenges has been linked to what is often referred to as a "quarter-life crisis," particularly in those aged 25 to 35 years (Robinson, 2016), burnout and subsequent recovery are not confined to younger adults; older men also experience these phenomena, a fact supported by recent studies (Marchand et al., 2018).

To identify as having experienced burnout and subsequently recovered from it. The focus is on understanding the personal experiences related to both the onset and recovery from burnout.

To have the burnout experience and recovery occurred within the United Kingdom. Burnout is closely tied to occupational environments, and different countries have varying work policies, labour rights, and cultural norms that can significantly influence how burnout is experienced, potentially introducing more accidental factors.

To have completed their **recovery at least one year before the interview but no more than three years prior**. This criterion was included to ensure that participants had enough time to reflect on their experiences, and, at the same time, the limit of three years was set to avoid the possibility of memory degradation, which could compromise the accuracy and vividness of their recollections.

To assess eligibility in terms of the Oldenburg Burnout Inventory (OLBI) was employed. This self-report questionnaire evaluates an individual's levels of exhaustion and disengagement. Since the study focused on individuals who had recovered from burnout, two versions of the OLBI were utilised: the original version (Appendix 2) with questions phrased in the present tense, to determine current burnout levels, and an adapted version, with questions phrased in the past tense (Appendix 3), to assess burnout during the period of interest. To be included in this study, participants **must have scored low burnout (<44 points) when using the present tense instrument and moderate or high burnout (44 or more points) when using the past tense instrument**.

Participants were excluded if they did not solely identify as gay, had not experienced or recovered from burnout, or if their burnout and recovery did not occur in the UK. The age requirement was also strictly enforced.

Another exclusion criteria considered was the non-inclusion of individuals under psychiatric treatment, given a possible greater vulnerability and risk. However, this criterion was not added because, according to the most modern model of bioethics in research with human beings, one of the 4 cardinal principles is autonomy (Jain et al., 2017). In this sense, it is understood that with a complete informative stage, providing the participants with relevant

details about the research before the interviews, it is essential to respect the assessment of the individual concerning their conditions of participation or not.

4.2.4 Recruitment Process

Although there has been no consensus regarding the appropriate sample size in qualitative research, in student research, it is commonly observed that sample sizes range from six to ten participants. This range is typically the maximum number feasible to recruit, interview, and analyse within a short timeframe, given limited recruitment resources (Vos, 2023a). These practical considerations align with the guidelines of the New School of Psychotherapy and Counselling, which recommend that doctoral students recruit between 8 to 10 participants for a dissertation. This recommendation considers the scope of the project and the expected time for completion. Consequently, a small, homogenous sample of eight participants was selected for this doctoral dissertation.

I recruited participants for this study through multiple methods, beginning the process with the dissemination of a "Call for Participants" sheet (Appendix 4) that was created to explain the study's purpose, eligibility criteria, and how to volunteer. This call was distributed to institutions that support gay men and address issues related to occupational stress and burnout. I also promoted it on social media platforms such as Instagram, Facebook, LinkedIn. Snowball sampling was used, where initial participants and contacts were encouraged to refer other potential candidates who met the study's criteria. I designed this approach to reach a diverse group of gay men who could meet the requirements to participate in this study.

4.2.5 A brief introduction to the participants

The participants in this study all demonstrated a strong curiosity about life and a reflective nature during discussions, often sharing deeply personal insights during our

discussions. They were open and willing to share personal information and insights about their experiences.

All participants identified as white gay men, aged between 35 and 60. Four participants were born in the UK, while the other four were born in various countries around the world. At the time of the interviews, all participants were employed. Three worked in the mental health field, one in healthcare, one in the legal system, and the remaining three were employed in corporate roles, such as in finance and marketing. Basic demographic details of participants are outlined in Table 3.

Table 3

Participants' demographics

Participant	Pseudonym	Age bracket	Ethnicity	Occupation
1	Paul	35-39	White-European	Psychotherapy
2	Mario	55-59	White-British	Nurse
3	David	40-44	White-British	Psychotherapy
4	Michael	40-44	White-European	Finances
5	Leo	55-60	White-Latin	Charity
6	Henry	40-44	White-British	Psychiatry
7	Peter	35-39	White-European	Marketing
8	Jack	30-34	White-British	Court

4.2.6 Data Collection

For this study, I employed semi-structured interviews as the primary method of data collection. Semi-structured interviews align well with Critical Narrative Analysis (CNA)

guidelines, as suggested by Langdridge (2007), offering a balanced approach that combines a pre-set list of questions with the flexibility to explore relevant topics as they arise during the conversation. An alternative would have been a focus group, however they were not suitable, as they do not provide the level of detailed individual insight required for this study.

The purpose of these interviews was to allow participants to share their stories in their own words, with my questions serving as prompts to guide the discussion towards the research objectives, encouraging them to provide their own personal accounts about the exhaustion experiences as gay men.

While CNA is not strictly prescriptive, it does demand thorough and nuanced accounts of participants' experiences, making the flexibility of semi-structured interviews particularly valuable. Given the nature of CNA and its emphasis on detailed personal accounts, I asked the participants to decide whether they would like to have the interviews online or in person, to which they all preferred online. Google Meets was chosen for its practicality and because it aligns with the methodological requirements of CNA (Langdridge, 2007).

For this study, I developed a semi-structured interview schedule (see Appendix 5) consisting of fifteen primary questions, each accompanied by prompts. My intention was to use this schedule to guide the interviews, while still allowing the conversation to flow naturally and explore unexpected avenues based on participants' responses, as recommended by Langdridge (2007). The interviews focused on three main elements:

1. **Participants' Definitions of Burnout:** We discussed what they believed contributed most to their burnout as gay men, including its causes and potential strategies to prevent their burnout they did not use.

2. **Experiences of Burnout:** I encouraged participants to share how burnout affected their lives, what worsened their struggles, and what eventually brought relief and the impact or influence their sexuality had in their burnout journey.
3. **Recovery from Burnout:** I investigated participants' understanding of their recovery, the factors that contributed most to their recuperation, and the strategies they used and still uses to prevent relapse. I also investigated if their sexuality played any part in their recovery process.

As the subject area dealt with potentially distressing experiences, particularly regarding burnout and its intersection with the unique stressors faced by gay men, an ethically sound distress protocol was prepared to manage any mild, medium, or severe emotional distress that might arise during the interviews (Appendix 8) . Although the distress protocol was readily available throughout each interview, it was not required for any participant.

Post-interview, participants were given time to debrief and reflect on any emotions the interview may have provoked, and they were provided with resources for additional support if needed (see the Debriefing Sheet, Appendix 10).

Throughout the process and especially after each interview, I maintained a reflexive journal in which I documented my thoughts, emotional responses the conversation with the participants provoked in me. Journalling helped to make sense of the stories participants shared and how they affected me. For instance, when thinking about a certain extract of the interview, I would also reflect about what in me made that extract stand out. This was important because we cannot claim to simply "give voice" to the participants, as our own identities inevitably influence what we observe in the data and how we interpret and narrate the stories derived from them (Fine, 1992).

4.2.7 Transcription

I opted to use Google Meets for the interviews for its practicality and for being a user friendly and popular software. This software also generated the initial transcripts as starting points. After each session, I reviewed the recording, making any necessary adjustments to the primary transcript. The process of adjusting the transcripts generated lots of insights and questions that I wanted to investigate further, such as whether similar themes appeared across other participants' accounts. It was common to think about a topic and to wonder whether other participants have had mentioned something similar. Because of that, I reviewed each transcription, jotting down my insights on a separate sheet of paper, so I could return to them later. This method of transcription allowed me to begin immersing myself in the data before formal analysis began and helped me gain a deep familiarity with the texts. I watched the records multiple times to ensure that I had accurately captured the participants' words, and with each review, my understanding of the participants and their experiences deepened.

I used pseudonyms and removed any identifying details, such as names of institutions, places, and individuals mentioned in the recordings to guarantee anonymity, and to protect participants' identities. Participants were clearly informed via the initial Information Sheet (see Appendix 6) that their data would be managed in compliance with GDPR regulations. Appendix 12 showcases a full transcript from the interview with participant VI-Henry.

4.2.8 Data Analysis

I used Critical Narrative Analysis (CNA) to analyse the participant's lived experience of recovering from burnout. I followed Langdridge's suggestions on how to conduct such analysis (2007). This meant that the study was conducted using an interactive and iterative process that included reading and re-reading the transcripts.

The CNA method encompasses a process of 6 stages: 1) Critique of the illusions of subjectivity, 2) identifying narratives, narrative tone, and rhetorical function, 3) identities and identity work, 4) thematic priorities and relationships, 5) destabilising the narrative and 6) synthesis (Langdrige, 2007). The following is a summary of the methodological steps of CNA.

Stage 1: Critique of the illusions of subjectivity

In this first section of the analytical process, the critique of the illusions of the subject entails a hermeneutic critique of the researcher. Considering that our experiences are also influenced by the social imaginary (Langdrige, 2007), when employing a hermeneutics of suspicion, through an *imaginative variation*, the original meaning of the text is questioned throughout a relevant socio-political critique. This process enables a *shift of perspective*, proposing an alternative meaning that sheds light on the initial experience (Langdrige, 2007).

This approach aims to prevent the mere projection of personal biases onto the phenomenon under investigation, or the “projection of the reading self into the text being read” (Langdrige, 2003, p. 38) and, instead, strive for an objective understanding of the lifeworld conveyed through the textual analysis.

After interviews, I made notes on my Research Journal with insights, ideas, feelings and emotions the interviews emerged in me. Before initializing the analysis step per se, I read my journal and the whole transcripts. I then proceeded in self-reflective inquiry, thinking about my cultural background, my experiences with the topic of burnout and gay men, and the impact I had on the research question, and it had on me, investigating my preconceptions. Ideally, the aim of this reflection was to perform a hermeneutic on my worldview before attempting to understand another’s horizon of understanding. This step led to the writing of the text that culminate to the finding presented in the section 4.2 *Stage 1: Critique of the illusions of subject*.

Stage 2: identifying narratives, narrative tone, and rhetorical function

In the second stage of my data analysis, I focused on identifying the distinct narratives within the interview transcripts. Each interview could be seen as a singular narrative, yet within these, multiple interwoven narratives often emerged. For instance, narratives around overworking to "compensate" for feelings of inadequacy or a "not feeling good enough" could be present alongside the main story. My task at this stage was to carefully read through the transcripts, paying close attention to the moments when a new story seemed to begin, such as when new characters were introduced or when the setting shifted (Langdridge, 2007).

I began by noting these new beginnings in each participant's account, looking for indications of how their personal narratives related to broader societal stories, the *canonical narratives* (Bruner, 2004). These are the stories that, while personal, reflect larger societal expectations and norms about how lives should be lived.

In addition to identifying these distinct narratives, I also worked to discern the narrative tones. For example, the tone of a narrative might be optimistic, pessimistic, tragic, or comic, and the possible shifts in tones help us to understand more about the stories they are telling, and consequently about their burnout. A similar work was done to identify the rhetorical functions of the text. This involved asking what purpose the story seemed to serve: Was it justifying a stance? Offering an explanation? Criticizing a situation? Appendix 12 – Example of a Participant's narratives analysis, illustrate how I conducted this step.

After engaging closely with each participant's narrative, I extended the analysis across the dataset as a whole, examining the patterns and commonalities that emerged between participants. This twofold process made it possible to balance the voices of individuals with the broader group perspective. In the findings, therefore, I aimed to present both the particularities of

personal stories and the shared patterns across the data, so that individual accounts were not lost within synthesis, nor patterns overlooked in favour of isolated narratives.

For the pilot study, I utilised Microsoft Word to manage and annotate the data. Figure 2 presents an example of how I made notes through my analysis.

Figure 2

Examples of the Stage 2 Analysis using Microsoft Word

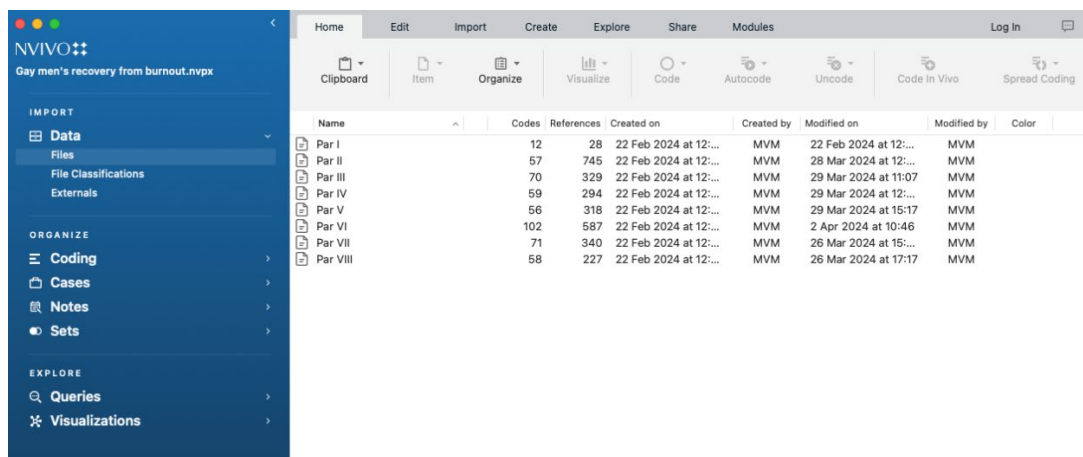
Int: To begin, I'd like to ask you to share you experience of burning out. How was it like for you? Par 1: Okay. So, hum... Looking at it was....hum when I looked back.... So, I think what happened, although I understood that after the fact, what happened was that, I only realized when I was already burnt out. So, it must have started a couple of years ago. So,	Narrative 1: how was it like when he was at the peak of his burnout.
(...)	
gay, but I had a sense that, that I wasn't like other boys, or other people if you like, or something along these lines and I had a sense that I was drawn to boys rather than girls. And you know, I didn't like trainers and girls, I was 10 or 11. So, I was already thinking, there's something different about me. Something wrong with me, even. So, I think it was connected to that. Int: You would be found out that...? Par 1: That...yeah, because then during puberty and part of my adolescence. I was in closet. So. I think this idea of being	Narrative 2: the connection between being gay and over working.

However, as the research progressed, I swap to using the NVivo software, as it provided a more organised and efficient analytical process. Using NVivo as part of the data analysis process was both challenging and rewarding. The software was available for free through the university's online library, which made it accessible, but understanding how to use it effectively was not straightforward. NVivo has a steep learning curve, and mastering its complex features required a significant time investment. I spent hours watching online tutorials and reading user guides, often feeling overwhelmed by the range of tools and the technical language involved. Despite the

initial difficulty, I eventually found a way to navigate the platform that suited the needs of my project. It allowed me to organise a large amount of unstructured data, keep track of each stage of analysis, and document decisions made across and within participant narratives. became a valuable support for managing the data with more clarity, especially as the number of interviews increased and the analysis deepened. Figures 3, 4 and 5 presents how I used NVIVO to proceed with my analysis.

Figure 3

Interview transcripts stored in NVivo



Name	Codes	References	Created on	Created by	Modified on	Modified by	Color
Par I	12	28	22 Feb 2024 at 12:...	MVM	22 Feb 2024 at 12:...	MVM	
Par II	57	745	22 Feb 2024 at 12:...	MVM	28 Mar 2024 at 12:...	MVM	
Par III	70	329	22 Feb 2024 at 12:...	MVM	29 Mar 2024 at 11:07	MVM	
Par IV	59	294	22 Feb 2024 at 12:...	MVM	29 Mar 2024 at 12:...	MVM	
Par V	56	318	22 Feb 2024 at 12:...	MVM	29 Mar 2024 at 15:17	MVM	
Par VI	102	587	22 Feb 2024 at 12:...	MVM	2 Apr 2024 at 10:46	MVM	
Par VII	71	340	22 Feb 2024 at 12:...	MVM	26 Mar 2024 at 15:...	MVM	
Par VIII	58	227	22 Feb 2024 at 12:...	MVM	26 Mar 2024 at 17:17	MVM	

Figure 4

An example of the different narratives, rhetoric functions and tone identified in the interviews

Name	Files	References	Created on	Created by	Modified on	Modified by
○ Stage 2	7	124	27 Feb 2024 at 15:...	MVM	21 Mar 2024 at 18:12	MVM
> ○ Narratives	7	80	27 Feb 2024 at 15:...	MVM	26 Mar 2024 at 16:...	MVM
> ○ Rhetoric Function	7	20	27 Feb 2024 at 15:...	MVM	22 Mar 2024 at 13:...	MVM
○ Deflection	1	2	29 Feb 2024 at 12:10	MVM	28 Mar 2024 at 12:...	MVM
○ Descriptive	5	5	7 Mar 2024 at 11:21	MVM	2 Apr 2024 at 10:46	MVM
○ Explanatory	3	3	29 Feb 2024 at 12:...	MVM	2 Apr 2024 at 10:46	MVM
○ Expressing feelings	2	2	8 Mar 2024 at 21:24	MVM	29 Mar 2024 at 11:07	MVM
○ Persuasion	2	5	22 Mar 2024 at 13:...	MVM	2 Apr 2024 at 10:46	MVM
○ Reflective	3	3	8 Mar 2024 at 21:23	MVM	2 Apr 2024 at 10:46	MVM
> ○ Tone	7	24	27 Feb 2024 at 15:...	MVM	21 Mar 2024 at 18:12	MVM
○ Candid, Direct, Honest	2	4	21 Mar 2024 at 16:16	MVM	2 Apr 2024 at 10:46	MVM
○ Disappointed, Frustrated	2	5	29 Feb 2024 at 11:10	MVM	29 Mar 2024 at 12:...	MVM
○ Intimate	2	2	21 Mar 2024 at 16:...	MVM	2 Apr 2024 at 10:46	MVM
○ Reflective	3	3	7 Mar 2024 at 11:20	MVM	2 Apr 2024 at 10:46	MVM
○ Sad	0	0	7 Mar 2024 at 11:20	MVM	21 Mar 2024 at 18:12	MVM
○ Self-confident	1	3	29 Feb 2024 at 11:25	MVM	28 Mar 2024 at 12:...	MVM
○ Sentimental	2	4	8 Mar 2024 at 20:08	MVM	29 Mar 2024 at 11:07	MVM
○ Victim	1	3	27 Feb 2024 at 15:...	MVM	28 Mar 2024 at 12:...	MVM
○ Stage 3	6	30	27 Feb 2024 at 15:...	MVM	21 Mar 2024 at 18:12	MVM
> ○ Identities and identity work	6	30	27 Feb 2024 at 15:...	MVM	26 Mar 2024 at 15:...	MVM
○ Stage 4	8	377	27 Feb 2024 at 15:...	MVM	21 Mar 2024 at 18:12	MVM
> ○ Thematic priorities and relationships	8	377	27 Feb 2024 at 15:...	MVM	21 Mar 2024 at 18:12	MVM

Figure 5

An example of the different narratives, rhetoric functions and tone identified in participant III's transcript.

Par III: Like a social care, a support worker. OK. Yeah. But as I know, the different services within the organization. So I really enjoyed the job on one level, although it wasn't well paid.

And but then starts, they were taken from me. Were throwing in sick and I'd never had the experience of burning out so it would happen that I'd go and say 3 o'clock one day. Go up to the evening, do the sleeping and where I'm supposed to do a handover 3 o'clock the next day. The staff member didn't couldn't go in, so the manager asked me, can you do one more? If you want to? And I would just say yes. So it would happen like sometimes doing sort of four sleepings a week without leaving the premises.

And yeah, and I went on for some time, but at some I got promoted to senior support worker. But I remember as I moved in, I had some time. I just, I had a time when I just couldn't finish the shift in that role. I think I've covered and I remember I just we had to do a handover notes and I just couldn't. I couldn't even sign the notes off. I just I just couldn't even you know. My body physically couldn't even write on the paper like and I knew I was done and I had to just phone the manager and say. I'm done and I didn't think I went back to that role. After that. I had a period when I was off work.

CODE STRIPES

- Being hypersensitive
- Work as compensation for being gay
- What's our purpose in life
- Socioeconomics of it
- Relationship with himself
- Feeling secure
- Ideal Self
- Relapse prevention
- Relationship with sexuality or gender
- Burnout causes
- Relationship with work
- Strategies to recover
- RQ3 The recovery experience
- Recovery experience
- RQ1 What burnout is
- Thematic priorities and relationships
- Stage 4
- Stage 3
- Stage 2
- Narratives
- The experience of burning out
- RQ2 The experience of burnout

Stage 3: identities and identity work

The third stage of CNA involved identifying the identities constructed within the narratives. According to Ricoeur (1981), “a life examined... is a life narrated,” suggesting that our identities are formed through the stories we tell. This idea is echoed by Langdridge (2007), who emphasises that our sense of self is brought into being through narrative construction. With this understanding, my focus during this stage was on examining how participants presented themselves within their stories, essentially, understanding "who is the person telling the story?" and "what kind of person does this narrative construct?"

Building upon the analysis from the previous stage, where I identified the rhetorical functions of the narratives, I turned my attention to the identity work being performed by the participants. This stage naturally flows from the rhetorical analysis, as the way individuals position themselves within their stories often reflects the identities they are constructing. For instance, is the participant portraying themselves as resilient, a victim, or perhaps as someone possessing tenacity?

To explore these questions, I closely re-examined the transcripts, which by this stage had become quite familiar to me. I sought to identify the particular self that was being brought into being in each narrative. I asked questions such as: "Who is this person?" and "How does this narrative construct a specific identity?" I considered how these constructed identities related to what I knew about the participant, including aspects such as their sex, sexuality, age, and ethnicity, as well as the broader topic under discussion.

The narrative tone and rhetorical function identified in Stage 2 played a key role in this analysis, as they often influenced the construction of the participant's identity. For example, a narrative with a heroic tone might reflect a self-identity of strength and empowerment, while a narrative with a tragic tone might suggest a sense of victimhood or helplessness. Although

Stages 2 and 3 are presented separately in this analysis, the distinction between them is somewhat artificial, as the rhetorical work and identity construction are deeply intertwined. For that reason, I consolidate Step 2 and 3 when presenting my findings in the Chapter 4.

Stage 4: thematic priorities and relationships

The fourth stage is to analyse the themes in the story and the relationship between them.

Unlike a more traditional thematic analysis, CNA does not necessarily break the text too much to prevent the research from losing the narrative. Instead, I read the text systematically, keeping in mind the reflections I had in the previous stage. The common themes were organised as a collection of narratives and discourses. I returned to the text several times to refine the themes and explore the connections between them to identify thematic streams.

The themes that make up these thematic streams are related to each other. Often a particular quote was identified representing different themes. Many themes ended up being condensed into other themes. As such, the presented themes have been reorganised in an attempt to tell a clear journey from a large body of data, but this is the presentation of my particular attempt to create a thematic analytical narrative.

Stage 5: destabilising the narrative

I then moved to the fifth stage when I worked to destabilise the narrative, engaging in a political critique of the text (Langdridge, 2007). Unlike stage 1, when the researcher directed the hermeneutic of suspicions to himself, I directed this process to the text, engaging critically with social theories. This stage is necessary, because “the real significance of a text is never immediate and transparent” (Langdridge, 2003, p. 37). The aim of this stage is to conduct an interrogation of the text performing a critique to reveal how ideological foundations underlies the

natural attitude, while proposing the existence of other possibilities of meaning and understanding.

This analysis seeks to determine whether the meaning of the text is maintained throughout these imaginative variations of the parts, based on political criticism of the ideologies present in the identified narratives and discourses. Considering that our experiences are also influenced by the social imaginary (Langdridge, 2007), when employing a hermeneutics of suspicion, through an *imaginative variation*, the original meaning of the text is questioned throughout a relevant sociopolitical critique. This process enables a change of perspective, proposing an alternative meaning that sheds light on the initial experience.

To accomplish that, I delved into the rhetoric and themes mentioned earlier through the lens of different hermeneutics influenced by critical social theories to question entrenched ideological interpretations found within the data. This stage does not encompass all potential hermeneutics of suspicion applicable to the texts. Instead, it focuses on a delimited examination of key areas of critique, using a Critical Perspective on Resilience to confront the text.

The Critical Perspective on Resilience, as presented through a Hermeneutic of Suspicion, is a framework that challenges the conventional understanding of resilience, particularly the notion that it is solely an individual accomplishment. Traditionally, resilience is seen as a person's capacity to "bounce back" from adversity, focusing on personal strength, self-reliance, and internal coping mechanisms (Ungar & Jefferies, 2021). This description dominates both academic discussions and everyday conversations, praising individual determination and effort as the keys to recovery.

However, the Hermeneutic of Suspicion, when applied to resilience, questions these underlying assumptions and suggests that viewing resilience purely as an individual trait can

obscure the broader social, cultural, and environmental factors that significantly influence an individual's capacity to cope with stress and adversity (Bartos & Langdridge, 2019). This critical perspective argues that resilience should be seen as a dynamic process deeply intertwined with external support systems and the broader environment in which individuals live and work, and not as merely a personal achievement.

This broader, more ecologically nuanced view of resilience recognises the limitations of the "bounce back" metaphor, particularly for marginalised groups such as LGBTQ+ individuals, whose experiences of resilience often involve continuous adaptation to persistent social threats rather than a return to a prior state of normalcy.

Stage 6: synthesis

The sixth stage in the analysis process involves constructing a critical synthesis of the findings to create a coherent narrative that includes a discussions of **narrative tone**, **rhetorical function**, and **identity work**. The critical imaginative hermeneutic is also discussed, but in a careful way to avoid overshadowing the participant's voice, suggesting alternative readings while remaining tentative and balanced to the data.

Throughout this stage, the hermeneutic circle is employed as a method of going closer and stepping away from the data, allowing for the exercise of different perspectives while presenting a comprehensive understanding of the psychological dynamics experienced by gay men, particularly in their recovery from burnout.

4.2.9 Ethical Awareness and considerations

The main resources that provided me with ethical guidance were the BACP guidelines for conducting research (Bond, 2004), the BPS Code of Human Research Ethics specific to research (British Psychological Society, 2021a), and the BPS Code of Ethics and Conduct in general

(British Psychological Society, 2021b). Permission to conduct this study was gained on February 2nd, 2023, by the NSPC Ethics Board Committee (Appendix 7). Thorough measures were in place to address and minimise potential risks throughout the study:

Managing Risk to Participants: The participant well-being was a top priority for me. Before the sessions began, I shared the Participant Information Sheet (appendix 6) with them in which I outlined the purpose of the study and informed them that the participation was voluntary, that they could skip any questions they found uncomfortable, and that they could end the interview at any time. If signs of distress were noted during the interview, I would encourage them to share their discomfort so that the session could be paused, redirected, or stopped. Body language and other indicators of distress were closely monitored, following the Distress Protocol (appendix 8).

Participant autonomy, informed consent, and debriefing: Before commencing the interviews, I obtained formal consent from each participant. At the beginning of the interview sessions, they were reminded of their right to withdraw from the study at any point. Detailed information regarding participant rights and the study's purpose can be found in Appendix 6 (Participant Information Sheet) and Appendix 9 (Informed Consent Form). After the conclusion of each interview, a debriefing session was conducted, and participants were provided with a copy of the Debriefing Sheet (Appendix 10).

Confidentiality and anonymity: The conditions under which confidentiality and anonymity would be maintained were clearly communicated to all participants as part of the consent process. This included information about who would have access to the raw data, how recordings and transcripts would be securely stored, and the measures taken to anonymise

transcripts and verbatim extracts used in the final dissertation. The Participant Information Sheet (Appendix 6) also outlines the scope and nature of the dissemination of findings.

Integrity of the research and findings: Because the analysis of the interviews involved my own interpretation, I sought to ensure that my analysis represented their voices without forcing external meanings into their stories. To this end, my reflexive process was crucial—I constantly checked in with myself to stay aligned with what participants were actually sharing, as discussed earlier. I also did not offer any monetary incentives or rewards to ensure that participants' motivation to participate in the study was not influenced by anything other than their willingness to share.

Moreover, during the recruiting and data collection phase I was attending the modules Research Part One and Social, Cultural and Ethical Issues, where I engaged in meaningful discussions with tutors, peers, and research supervisors, which provided me with the necessary knowledge and skills to work sensitively and ethically on this study. Going through those modules and to the process of getting ethical approval that involved continuous dialogues with my academic supervisors and colleagues during the progression of this study, helped me to enhance my understanding of what a good research practice means.

4.2.10 Reliability, Validity, Rigour, Trustworthiness, and Credibility of the Study

I focused on three strategies to achieve reliability and trustworthiness: my reflexivity as a researcher, peer validation of the findings, and adherence to established methodological guidelines.

Throughout the research, I engaged in reflexive practices to critically examine my potential biases and how they might shape the analysis, as Giorgi (2002) emphasises that when conducting a phenomenological study reflexivity is vital. For that I kept a detailed diary where I

reflected on interviews, data collection, and emerging themes. One key moment for reflexivity was during the critique of the illusions of subjectivity in the analysis (see Findings), where I worked to challenge my assumptions. These practices helped me stay focused on representing the participants' voices rather than imposing my interpretations on the findings. Moreover, a reflective account of my role as researcher, including personal insights, positionality, and the interpretative challenges faced during the interviews, is provided in Appendix 13, as part of a reflexive exercise that recognises the co-constructed nature of the research findings.

I also incorporated peer validation by asking two colleagues who were familiar with the topic and qualified to meet the study's criteria to review the findings and to assess whether the themes and conclusions aligned with the data. This peer checking process (Spall, 1998) aligns with Yardley's (2000) emphasis on the importance of transparency, coherence, and the need for findings to be persuasive and recognised by knowledgeable peers. Their feedback confirmed the findings were consistent and credible.

Finally, I followed recognised ethical and methodological frameworks, including those from the British Psychological Society (2021a, 2021b) and the New School of Psychotherapy and Counselling which helped ensure the research was systematic, transparent, and ethically sound.

4.2.11 Reflexive considerations on the Method

The methodology I chose for my doctoral research has been a deeply personal journey, particularly because it intersects with my own professional and life experiences. Having spent many years in Human Resources, a field that often emphasises data-driven, statistical analysis, I was accustomed to a positivist approach to understanding business dynamics. This mindset, focused on efficiency and measurable outcomes, shaped much of my professional identity.

However, returning to a qualitative study for my doctorate, especially one that delves into the complex and intimate stories of burnout and recovery among gay men, required me to shift my perspective significantly.

This transition was supported throughout by the consistent and thoughtful guidance of my supervisors, Dr Joel Vos and Dr Daniela Bloom. It was not only methodological but also a reconnection with a more human-centred approach to understanding the world. Through Critical Narrative Analysis (CNA), I listened closely to the personal narratives of those who have experienced burnout and who, in different ways, shared parts of my own story. Unlike the more linear methods I had previously used, CNA was demanding in both structure and application. It required attention to themes, language, tone, and rhetorical functions. While this level of detail often felt overwhelming, it also felt necessary. I had to learn how to approach stories not as data points but as textured, lived accounts requiring care and precision.

Throughout this process, my supervisors provided ongoing support, critical feedback, and encouragement. Their role was central in helping me define and stay close to my epistemological and ontological positions. In our early meetings, we discussed how my professional background might shape my initial views on methodology. I was introduced to narrative approaches and guided to explore the work of Langdridge and others, which became foundational for my understanding of CNA. As the research progressed, they helped me navigate challenges in applying the method to complex material, encouraging me to remain reflexive and to deepen my engagement with narrative theory. I was also able to receive feedback from Prof Darren Langdridge. His comments on my draft of the results chapter helped me further understand the demands of CNA and deepened my theoretical grounding in narrative research. When I brought

early drafts of my findings, my supervisors' comments consistently pointed me back to the data and reminded me to allow the voices of participants to guide the analysis.

The complexity of CNA made me realise that this method was not simply about extracting findings. It demanded a reflective and rigorous approach at every step. This aligned with my belief that understanding human experiences, especially something as multi-layered as burnout and recovery, involves listening deeply to what is said and unsaid. I learned to refine narratives without simplifying them, to be honest with the material even when it resisted easy interpretation. These were lessons often revisited during supervision, where I was reminded to return to the text, to slow down, and to check my assumptions.

Reflexivity became a central tool in this process. I kept a reflective journal that allowed me to track my thoughts and reactions during analysis (see Appendix 13 – Reflection and reflexivity: insights from my research journal). This helped me identify when my own perspective might be influencing interpretation. The practice of journaling was encouraged in supervision, where we often discussed the emotional and intellectual demands of working with personal narratives. Coming from a background rooted in measurable outcomes, this process was both unfamiliar and necessary. It grounded the research in a more relational and situated perspective.

Moreover, supervision played a key role in helping me manage the scope and pace of the project. Together with my supervisors, I developed a detailed timeline with clear deliverables, which allowed us to agree on what was feasible and identify when my expectations of myself were becoming unrealistic. These structured plans helped keep the project on track without pushing me toward exhaustion or overcommitment. In parallel, my ongoing psychotherapy offered another important space for reflection. It helped me notice patterns where I was trying to

rush through tasks or demanding too much of myself, often driven by internal pressure rather than necessity. This process helped me return to the project plan with more perspective, make necessary adjustments, and maintain a healthier balance between academic goals and personal wellbeing.

In addition, to support the credibility of my analysis, I carried out a peer validation process involving two colleagues with relevant academic backgrounds. Their feedback helped confirm the clarity and coherence of the findings. This step, supported by advice from my supervisors, highlighted the importance of opening the analysis to external perspectives while remaining accountable to the data.

Looking back, this methodological journey required a departure from what was once familiar and comfortable. It opened space for a more nuanced, layered, and relational way of working with stories. My supervisors played an essential role in supporting this transition. Through feedback, reading suggestions, and shared reflection, they helped me maintain both structure and flexibility. This process taught me that qualitative research involves not just technique, but an ongoing commitment to listen, reflect, and be present with the complexity of human experience.

5. FINDINGS

5.1 Overview of the chapter

The Findings chapter is organised to reflect the six stages of Critical Narrative Analysis (CNA) proposed by Langdridge (2007), which were outlined in the Method chapter. Each stage builds on the previous one, moving from the patterns and systemic structures that shape participants' stories to the themes that capture the content of those stories.

The chapter begins with a self-reflexive account (Stage 1: Critique of the Illusions of the Subject), where the researcher examines personal biases and assumptions that may shape the interpretation of the narratives. This establishes transparency and situates the researcher within the analytic process.

Stages 2 and 3 are presented together. Here the analysis introduces the narratives identified across participants and explores how they were told, focusing on tone, rhetorical function, and the identities that were constructed through them. Narrative form and identity work were so closely interwoven in participants' accounts that separating them would have fragmented the analysis. Presenting them together allows for a more faithful representation of how participants' voices were shaped and positioned in their storytelling.

The analysis then moves to Stage 4, where overarching themes and subthemes are presented collectively. This stage focuses on the content of the stories, identifying patterns and points of convergence across the eight participants.

Stage 5 (Destabilising the Narrative) involves a critical interrogation of the text to uncover the ideological foundations that underpin the narratives. Here, alternative meanings are considered, and dominant assumptions are challenged. For example, a critical perspective on

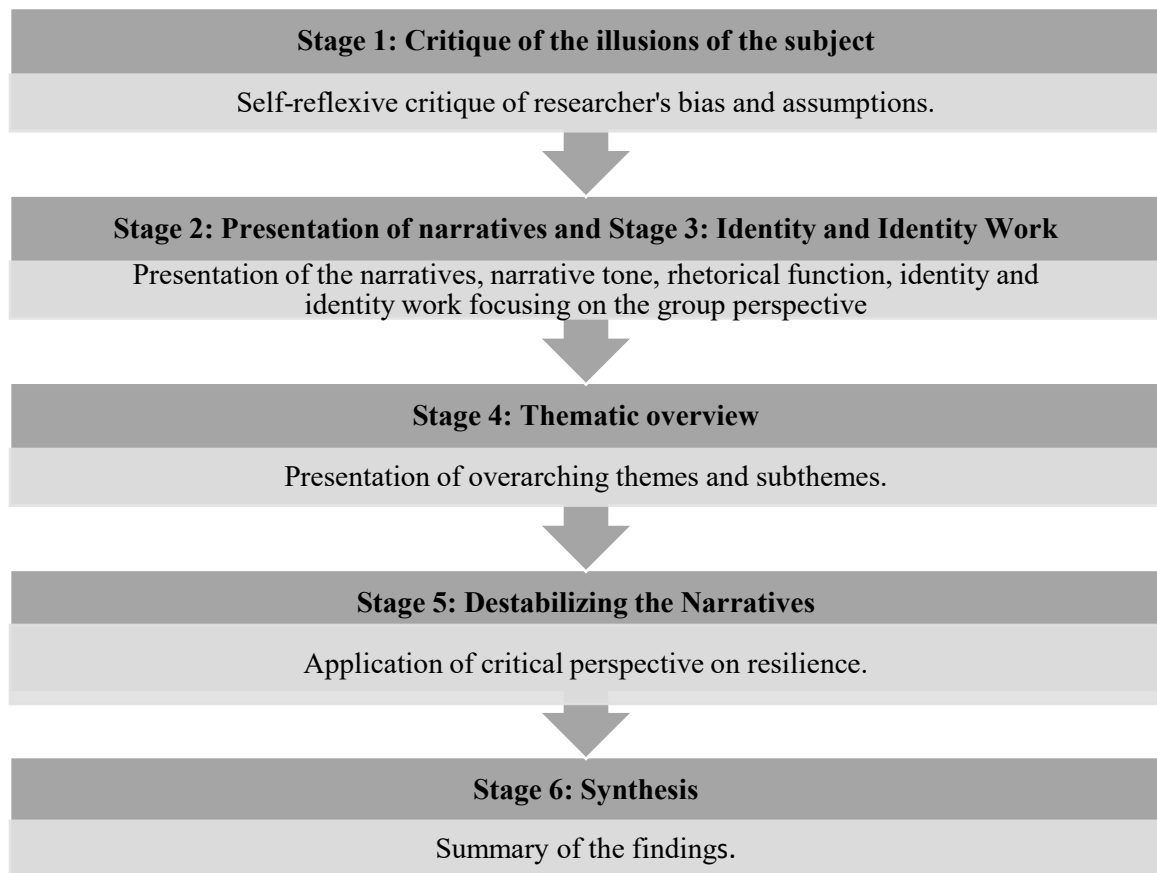
resilience is employed to re-examine both the narratives and the themes, highlighting possibilities for understanding beyond conventional framings.

Finally, Stage 6 (Synthesis) provides a higher-level integrative account of the findings. This stage brings together insights from the narrative structures, identities, and themes into a cohesive whole.

This diagram highlights how the analysis progresses from the structural patterns of narrative to the thematic content of experience, offering both depth and coherence to the findings presented in this chapter:

Figure 6

The analytical process following the CNA stages



The numbers in brackets following participant quotations indicate the specific line references from the interview transcript. They are included to provide transparency in the analytic process, allowing the reader to trace the excerpts back to their original location in the transcript.

5.2 Stage 1: Critique of the illusions of subject

The purpose of this analytical stage is to clarify the assumptions that form the basis of my analytical position. This stage is comparable to an enhanced form of reflexivity, where the researcher's subjectivity is emphasised from the beginning and critically examined. This approach aims for transparency in the researcher-researched relationship and allows the researcher to more effectively manage or utilise their own background in the analysis.

After reading through the transcripts, I took a moment to consider how my personal perspective might impact the analysis. I recognised that my experience of recovering from burnout could potentially bias my interpretation of the participants' experiences. Similarly, as a gay man, I acknowledged that my own sexuality could also influence my analysis. To address this, I read relevant literature and engaged in self-reflection to critically examine my own worldview and how it relates to sexuality and heterosexism.

Through this process, I realised that my perspective was influenced by a liberal psychology that prioritises conforming to societal norms over embracing individuality. While analysing the transcript, I noticed that I was unconsciously expecting the participants to conform to societal norms after their recovery, rather than celebrating their unique narrative of successful difference (Langdridge, 2016). This means that when asking participants about their recovery strategies and the outcomes from those strategies, I was believing that their actions would aim to

re-establish their productivity as regular workers and employees that would be compliant with the system of production. I did not suppose that their journey through the burnout process would, for instance, reveal alternative modes to live their lives that could encompass their own uniqueness as gay men. Therefore, my line of questions and exploration also did not pursue this route.

Moreover, my identity as a gay man introduced a layer of complexity to my analysis. The sense of having to overcompensate or prove oneself because one's sexuality is a narrative that resonated with my experiences, and I wondered if this influenced the way I framed questions to the participants, potentially steering the narrative in a specific direction. There is a concern that in exploring the intersection between being gay and experiencing burnout, I might have inadvertently "provoked" responses that echoed my own narrative, rather than allowing for organically diverse insights.

Additionally, it became evident that my personal journey with burnout significantly shaped my initial perspective, inadvertently emphasising individual responsibility over systemic contributions. My initial research design reflects this focus, revealing an internalization of societal norms that I had not fully considered. As I progressed in my research, this stance evolved, recognizing the need for a more holistic approach that considers environmental factors such as workplace conditions and employee rights when investigating the burnout phenomenon.

For instance, my own background, having been raised in a family that benefited from corporate success, initially made me hesitant to place significant blame on corporate structures. However, my understanding deepened as I acknowledged the guilt associated with critiquing an entity that had been beneficial to my family's welfare, realizing that this conflict may have led me to lean into individual-focused queries at the outset of my project. As a result of this

awareness, during my analysis phase, instead of focusing exclusivity in the interpsychic elements of their burnout, I attempted to maintain more attentive to phenomenological horizontalization, and to suspend any judgment about what is more or less important, letting the analysis to be backed up by the data gathered.

This reflective process highlights the initial and ongoing importance of self-awareness throughout the research. Before beginning the formal analysis, I engaged in a thorough examination of my preconceptions and the ways my worldview might shape the research. This preliminary work was essential in laying the foundation for a more conscious and mindful approach to the analysis. However, this was not a one-time effort. The process of reflexivity continued to evolve as I delved deeper into the participants' narratives. As I progressed with the analysis, I regularly revisited and re-evaluated my perspectives, ensuring that I remained open to the unique experiences of each participant. This ongoing reflexivity underscores the dynamic interplay between researcher subjectivity, societal norms, and the complex phenomenon of burnout.

5.3 Stage 2 and 3: Narrative analyses

The stories the participants told me create a narrative of struggle, striving, collapse, and renewal. It began in childhood, when feelings of inadequacy emerged. It moved into adulthood, where work became the arena for proving worth. It reached a climax in the breaking point of burnout, described as a collapse of coherence. And it concluded with recovery, not as a return to an old self but as the construction of a new way of living.

The first part of this section presents this overarching story. After that, the analysis will move into four sub-narratives: Growing up as a gay boy, which captures childhood and adolescence, marked by inadequacy and protective strategies such as excelling in school or

sports; The Professional Arena, the middle of the story, where compensatory behaviours became central to professional identity and work became the place where self-worth was negotiated; The Breaking Point, the climax of the story, with burnout described as a collapse of coherence and a disintegration of the structures that had sustained them; and Recovery, which concludes the story through the construction of a new way of living founded on insight, boundaries, and a re-evaluation of success. Within each of these, attention will be paid to what is told and how it is told, whether as tragedy, as struggle against the odds, as critique of the corporate world, or as a deeply personal battle. Variations between stories will also be made visible, where one account centres more on systemic oppression while another highlights private history and identity.

The stories the participants shared are like little pieces in a mosaic panel. Each piece holds its own shape and meaning, but when placed together they create a larger image. In this section, I work with those individual pieces to construct one possible panel that seeks to tell a coherent story. Just like a mosaic, however, there are infinite ways to assemble the fragments. Based on the patterns across the data, the account presented here is the one that sits most closely with the objectives of this study. More detail about how this approach was developed can be found in Chapter 4, *Method*.

What follows is the Master Narrative, a collective story that weaves these fragments into a broader arc. This narrative offers both a headline view of the participants' experiences and a foundation for the four sub-narratives that will be examined in depth in the following sections.

5.3.1 The Master Narrative

Each participant shared a story that was distinct, yet together they formed an overarching narrative with a recognisable arc. For many, the origins of burnout were not located solely in professional pressures, but in early life experiences of exclusion, rejection, or shame connected

to their sexuality. The embedded message was of being somehow lacking. Paul remembered always “studying more than I had to and playing sports more than I had to” just to stay safe (Paul, 238). David shared that from a young he had a feeling that he could not be himself and had to work harder to get positive attention because there was something deeply...different or wrong or not OK. (217). These strategies of overperformance were less about natural interests than about protection.

This need for validation and safety did not disappear with adolescence. Instead, it became woven into professional identities. Work became more than labour; it became a place to prove worth. Michael recalled, “So many years of climbing up the ladder... long hours, short weekends, pushing it” (Michael, 7). Peter added, “There’s a lot of proving in my life, a lot of proving in myself” (Peter, 137). The workplace itself permitted and even rewarded this dynamic, reinforcing the link between relentless effort and conditional belonging.

Over time, however, the costs of striving accumulated. Emotional numbing, compulsive behaviours, or self-isolation began to appear. Several men spoke of the constant vigilance required to decide how much of themselves they could show at work. Michael explained, “There was no concept of self. Just a part of me at work. And then another part of me with my partner and sometimes friends and family, but really tiny one” (Michael, 103). Others described fear of microaggressions and outright bullying. Peter concluded that his experience of exclusion was “low-key bullying and harassment” (Peter, 30). The workplace was therefore remembered as both a site of pressure and, at times, a space of potential relief.

The breaking point, when it came, was rarely a sudden event but the culmination of years of strain. Burnout was not only exhaustion, but what one participant called a disintegration of the internal structures that had previously kept life coherent. Leo, in a moment of crisis while

standing on a bridge, admitted to thinking, “Maybe that would be kind of finally some rest” (Leo, 46). These accounts carried tones of tragedy but also of reckoning, marking burnout as both collapse and the possibility of change.

Recovery, finally, was not told as a return to the old but as the creation of something new. Participants described learning to notice signs of strain, setting limits, and reframing success. “I say the maximum of clients I want to see per week is ten,” one noted (Paul, 471), while others spoke of therapy, yoga, or rest. Recovery was uneven and ongoing, but it was told as movement towards sustainability, self-compassion, and authenticity.

Taken together, the master narrative can be understood as a story of struggle against the conditions of its time, a story framed by the *Zeitgeist* of late modern work cultures and the marginalisation of gay identity. It is a narrative in which personal history and professional context intersect, where identities of The Prover, The Overachiever, The Excluded Worker, and The Advocate are constructed and negotiated. The sections that follow will deepen this account by showing how these four sub-narratives are told, how tone and rhetorical function shift across them, and how participants’ voices both draw from and resist canonical cultural stories about family expectation, success, masculinity, capitalism, and the costs of belonging.

The next section delves into the beginning of the story, where participants describe what it was like growing up with the awareness that they were gay men.

5.3.2 Growing up as a gay boy

The narratives of childhood and adolescence reveal a beginning shaped by a deep sense of difference. Several participants spoke of being marked by an early awareness that they were not like others. Henry recalled growing up in a small town where “there weren’t gay people... I kind of had this sense that I was different” (Henry, 134). Jack similarly remembered the hostility

of the schoolyard: “When I was in school, I used to get bullied a lot for being gay again, it comes back to the point of that feeling of resilience I had in myself” (Jack, 168). These accounts show a tone that is reflective and sombre, conveying the sadness of exclusion, but they also hint at resilience, as participants frame their younger selves as survivors of difficult beginnings.

The embedded message for many was of being somehow lacking. Paul recalled how this sense of danger was ever-present: “I always had that feeling of I'm gonna be found out and therefore I have to keep running” (Paul, 238). He remembered how secrecy during adolescence shaped his behaviour:

“During puberty and part of my adolescence, I was in closet. So, I think this idea of being found out was connected to that, like I wanted to..., it almost felt like danger... So, the more I did, the better I felt about myself back then... I felt quite bad about myself because I was developing awareness that I was gay” (Paul, 261).

David also described the internalised instructions of childhood that carried into adolescence: “Be good. Good. Don't express the shadow. Be a good citizen. Work hard. Be caring. Be concerned for others. Help others. Don't be selfish... I think it leads on to experience of being gay... emphasising the script if I need to be better than or make up for something deficient” (David, 195). These recollections highlight the formation of identities such as the Good Boy and the Overachiever, where excelling academically and socially became ways to mask vulnerability and secure safety.

Alongside these experiences of concealment, participants drew upon canonical narratives that shaped how they told their stories. Many referred to family expectations of not wanting to let their families down. This canonical narrative frames a person's life as a continuous story of striving to honour and not disappoint their family. The cultural script dictates a set of

expectations, often around career success, personal conduct, and providing for others, that a person feels they must live up to. This narrative is passed down through generations and is a key part of how individuals construct their sense of self in relation to their family unit. The emotional weight of this story is significant, as it can lead to a powerful need for external validation and a fear of not being "good enough", especially for those in marginalized groups, because it can reinforce a sense of inadequacy if they feel they cannot meet those expectations.

Henry, for example, explained how approval within his family depended on achievement: "You'll get into her good graces by either performing up to these kinds of very male stereotypes and doing well in one sport or being very academic" (Henry, 325). For him, doing well at school was not simply about pride but about survival: succeeding academically not only would provide him with love and attention and support, but more importantly, it would pave the way for him "to escape this awful life and go somewhere where... I'll feel accepted for who I am" (Henry, 333–335). Peter reflected on this tension when he explained, "...gay people always feel like they need to prove themselves, and we need to... work twice as hard or three times as hard and often it is rooted in also how they've grown up in their own family environment, because they also feel if they need it prove something" (Peter, 137).

Another canonical frame visible in participants' accounts was the dominant discourse that equates psychological wellbeing with the stability of a so-called functional family, usually imagined as the heterosexual nuclear model with working, healthy parents. By implication, those who grew up with absent fathers, alcoholic mothers were positioned within the canonical narrative of the "dysfunctional family," where difficulties in later life were seen as predictable outcomes. Mario's account illustrates this, as he described the absence of paternal validation: "My dad thought from the earliest days that I was a clown, that I was a failure, that I was lazy,

that I wasn't going to make anywhere, that's it, just all the negative stuff" (Mario, 252). He explained that work later became the place where he could finally rewrite that narrative: "Work is somewhere where I know that I can excel" (Mario, 265).

Participants also identified their first encounters with cultural ideas about masculinity and what it meant to be a man. Here the canonical narrative of manhood as breadwinner and provider appeared, with success and strength positioned as the pathway to social approval. Michael described how his family context reinforced these ideals, tracing his drive to overachieve back to his upbringing in a military family and his Eastern cultural background, that prioritises the group over individual needs. For others, masculinity scripts collided more directly with sexuality. For Michael, school life was isolating, as he described wanting to play with girls yet being rejected by them: "I had a very isolating existence in that school... And that was magnified really by not having anybody else to map on to" (Henry, 120; 134).

In these ways, the participants' stories were told against the backdrop of canonical expectations about family, masculinity and belonging. While their narratives critiqued the silences and exclusions of their childhoods, they also highlighted how deeply such canonical scripts shaped the identities of the Good Boy, the Overachiever, the Invisible Child and, in some cases, the Survivor who endured hardship and turned it into resilience.

Although the specifics varied, the communal pattern is evident. From Paul's endless studying to Henry's academic striving, to Leo's later reflection that "probably is that desire to be performing. And it's like with many gay men it's probably that aspect of always trying to be the best... not accepting failure because probably we're trying to compensate for other things that happened previously in our lives" (Leo, 83), the story of growing up as a gay boy was one of continuous overcompensation. These accounts converge on a common childhood narrative of

concealment, striving and survival, which did not end with adolescence but carried into adult life.

The ending of this childhood narrative is rarely one of resolution. Instead, participants spoke of patterns that persisted into adulthood. The early scripts of overperformance and concealment remained in place, shaping how they later approached professional life. In this way, the story of growing up as a gay boy is not an isolated chapter but the foundation for the next arc of the collective narrative, where the compensatory strategies of childhood were carried into the professional arena.

5.3.3 The professional arena

In the middle of the story, work became the main stage on which participants sought to compensate for the inadequacy and exclusion of earlier life. Professional life was not only about earning a living, but about proving legitimacy, belonging, and value. Several participants described their careers as driven by the need to demonstrate competence and strength, often through relentless effort and self-sacrifice, and the workplace itself allowed, and at times encouraged, this dynamic by rewarding visible productivity and overcommitment.

Jack told me:

“(…) it was, a gradual build-up of work and I feel like I couldn't say no and I didn't have any control over it. So I'd even sort of raise it with my work and said look this is getting a bit too much for me and nothing was really done about it. And that kind of built up. Not only that and feeling of no control ball so that anger inside of me that was like this is just so unfair. (49 – 53)

Peter added: “I always felt the need to compensate... proving to myself into my family... proving to my workplace that I was worthy of having that job. There's a lot of proving in my life,

a lot of proving in myself” (137). Michael reflected on years spent climbing the career ladder: “So, many years of, kind of career, built-in climbing up the ladder long hours. Short weekends pushing it. Yeah, I think it was pushing. That was the main kind of a verb that could describe my work experience. Doing my best, go in the extra mile” (Michael, 7).

The tone here is reflective, sometimes weary, yet also tinged with pride in resilience and drive. Participants’ accounts drew heavily on the canonical narrative of success as productivity and career achievement, a culturally dominant story that equates worth with output and advancement. Their stories revealed the promise of this narrative, where success and recognition appeared to validate the self, but also the heavy costs of sustaining such ideals. Henry captured this duality:

“There's a pressure to overperform, I think, to counteract, kind of, these internal monologues and stereotypes that we kind of come up with to... this narrative that's been fed to us [gay men] I think, all of our lives that we're somehow weak. All..It is toxic masculinity, isn't it really is? It's all of these kind of components that we're expected to be as man that I have bullied myself with (Henry, 317).

Similarly, Leo acknowledged that his exhaustion was not only about work but about the constant demand to be exceptional: “It was... this permanent and this anxiety... and these feelings of exhaustion were really due to this internal cause of being over, trying to overcompensate or... perform or shine all the time and being the best. For everybody, right? For my boss, for my employees etc.” (Leo, 192).

The rhetorical function of these narratives was not simply descriptive but also explanatory. By situating their relentless striving within this broader cultural script, participants

framed themselves as Tireless Workers, Provers, and Plate Spinners: identities that illustrate both the strength of their determination and the unsustainable pressure it produced.

Alongside this striving, participants also offered sharp critiques of the workplace as a toxic environment that intensified stress. Some spoke of the fear of discrimination, while others recalled lived experiences of microaggressions and exclusion. The tone here shifted towards indignation and frustration. Peter described:

“So, they started acting a little bit like I was back at school with people, excluding me from things... my manager giving me lots and lots to do, and then when reviewing what I was doing, she would say things like ‘but this is not good enough’... looking back... it is low-key bullying and harassment and it's just not very pleasant” (Peter, 30).

Paul also noted the toll of disclosure, explaining, “I thought I don't know if it's okay to come out or not. Anyway, I found myself coming out again... And that was exhausting. [...] I do remember feeling quite exhausted” (Paul, 576). For many, workplaces were arenas where authenticity had to be suppressed in favour of performance. Michael expressed this fragmentation clearly: “There was no concept of self. Just a part of me at work. And then another part of me with my partner and sometimes friends and family, but really tiny one” (Michael, 103).

Not all experiences were hostile. Jack shared that disclosing his sexuality in a new job increased his confidence and helped him connect with colleagues, particularly women (Jack, 198). However, this was unusual for the participants. For most, professional life was experienced as alienating, often requiring self-monitoring and the performance of partial identities. The identity work here was that of the Excluded Worker or the Resistant Individual, someone who must conceal or manage aspects of self in order to endure.

Participants also drew their accounts into a wider critique of structural forces, linking their personal struggles to questions of illness, nationality, class, and the workings of late-stage capitalism. Mario spoke about the challenge of working while living with chronic illness:

“Sometimes my managing my health is also near enough, a full-time job. It's not uncommon for me to have a couple of hospital appointments in one day... certainly not uncommon for me to have three or four hospitals in one week. So, all the while I'm holding up full-time job” (Mario, 78). Peter reflected on the additional burden of being a foreign worker, marked as different both culturally and linguistically: “The idea of having someone who was not British became a little bit of ‘he's the entertainment factor’”(30). David brought in the influence of class and social background and it comes to the possibilities one has in life professionally:

“So, I think you got a socioeconomic personality, type, place in the family. All these things that feed into how secure we feel in the world about ourselves as well as sexuality, of course. All these things could be factors in. Not only help our sense of self and self-worth and security, but also. Who we want to become. And who we need to become. What we need to achieve and what we can achieve” (David, 522).

Here participants drew explicitly on a second cultural frame, the canonical narrative of The Dehumanising System. This is a story that portrays the corporate world as an exploitative, dehumanising force where individuals are reduced to “human resources” and success is demanded at the expense of well-being. The rhetorical function of this narrative was both critique and advocacy. Michael shared:

[...] the old system of doing business like all the corporates and MBAs and companies treating us as human resources. [...] Yeah, so robots can be servants, but then being of

service and being a human to another human, that's something we can work on. (Michael, 331)

Mario reflected, “I pride myself on going the extra mile, which is a bad thing in itself because that projects the pressure on me” (Mario, 204), implicitly illustrate the argument of how systemic exploitation rewards yet punishes good performer with more work. Leo, in turn, connected his struggles to cultures of acceleration: “Self-imposed pressure... in terms of performing and in terms of... achieving results quickly because we have ambitious targets and all of that” (Leo, 24).

A great deal of Peter’s narrative rhetorical function works to criticise what he believes are toxic dynamics of corporate work environments, sustaining the perspective that corporations encourage employees to blur the lines between their personal lives and their professional obligations, leading to an environment where one's value is solely measured by their productivity. Similarly, he extends his critique to the broader societal structure, which, in his view, fails to support individuals when they are most vulnerable, as seen in his personal experience with the benefits system during unemployment: “I experienced what the benefit system is all about. It’s shocking, it is absolutely shocking. They will make you feel like you are a criminal for not having a job”. (402)

By locating burnout within systemic exploitation, participants reframed their suffering not only as individual weakness but as a critique to a system. “80% was my undiscovered unresolved trauma. And 20% the challenging environment”. (Peter, 83). Their accounts described their experiences with corporate practices and, at the same time, implicitly called for systemic change.

In sum, the professional arena was both a proving ground and a trap. It offered temporary affirmation when goals were met, but at the cost of long hours, fractured identities, and constant self-monitoring. Over time, the very strategies that once secured belonging became the source of depletion, setting the stage for the *Breaking Point* where coherence collapsed and burnout could no longer be contained.

5.3.4 The breaking point

The descent into burnout was narrated as a gradual unravelling, the culmination of years of overwork, vigilance, and self-monitoring. Participants rarely described it as a single dramatic moment. Instead, they spoke of an erosion of capacity until the structures that had sustained them could no longer hold. The tone of these stories was sombre and heavy. Words and metaphors of exhaustion, emptiness, and despair appeared again and again. Jack said that the dream job became something else entirely: “When I first started my job I was like ‘oh this is a dream job... then it got to the stage where I actually just became so... disconnected from it’” (Jack, 13). For Peter, burnout was “like a candle just going out... exhaustion, complete exhaustion” (Peter, 68 - 69).

What was lost in this collapse was not only energy but also coherence. Participants described a fading sense of control, a loss of joy in life, and an inability to maintain the roles that had once defined them. Peter explained, “I think the first symptoms were being low, sad, irritable, very irritable, and then things like not being able to sleep, constantly feeling tired, been in a fog, feeling tearful. Just losing enjoyment on everything and anything in life. I just started to become gradually but surely like a shell of myself” (Peter, 50 - 51). Leo added, “I’m not finding any joy in the new position, just pressure and anxiety. And a feeling when the day starts that I just wanted to be over as soon as... I turn off the computer” (Leo, 64). The image of coherence

breaking apart came through in Mario's metaphor of plates: "I've always had thought that image in my head of being a professional plate spinner... and then suddenly it all starts crashing down" (Mario, 157). Burnout was told as the point where the very structures that had kept life coherent disintegrated.

The rhetorical function of these stories was layered. On the surface, participants often narrated burnout in terms of personal failure or inadequacy. Jack admitted, "I feel like I couldn't say no and I didn't have any control over it" (Jack, 49). Mario reflected, "Sometimes I can't do this. I have to take a step back" (Mario, 115). These phrases echoed a dominant cultural script that burnout signals weakness or poor coping. Yet alongside this, the narratives also contained a critique of the environments and systems that demanded such impossible endurance.

In this context, Henry's account illustrated how narratives of personal inadequacy and systemic pressures often intertwined. He explained that his perfectionism and drive to impress others led him to stay late and make himself highly available to his team. At the same time, he started the job with 44 unfinished discharge summaries from a predecessor, in addition to his regular ward responsibilities. The accumulation of tasks, together with his own self-questioning — "Am I good enough to be a doctor?" (46 – 47) — created a sense of constant pressure that left him feeling overwhelmed and agitated. His story shows how self-doubt and environmental factors combined in his experience of burnout.

Mario described how collapse came from the failure of management to support him: "I've got too many cases, I've got a boss that doesn't understand or worse, bullying me" (Mario, 157). Jack expressed anger at being ignored:

“I’d even sort of raise it with my work and said ‘look, this is getting a bit too much for me’, and nothing was really done about it... so that anger inside of me that was like this is just so unfair” (Jack, 50).

In these ways, participants implicitly argued that burnout was not only their failure, but also the product of toxic workplaces and neglectful structures. David described the wider context closing in: “So even though I was trying to make life more bearable for myself the system... was becoming more rigid” (David, 331). Together, these voices shifted responsibility outward, framing burnout as both personal collapse and systemic inevitability.

The identities that emerged at this stage moved away from the earlier figure of the Tireless Worker. Participants spoke instead as Exhausted Selves, Collapsed Workers, and at times as Critics of the System. They told stories that acknowledged paralysis, despair, and maladaptive coping, while also voicing anger at the conditions that created those outcomes.

Individually, the stories illustrated different forms of collapse. Jack described paralysis and a panic attack after weeks of being unable to act: “I just had no motivation to do anything. I just felt completely drained. And if I had my way at that point, I would have just sat in a dark room and just in silence with no interaction or anything” (Jack, 44). Leo spoke of isolation, withdrawing from friends and even his husband: “I almost stopped talking to my friends about it or even to my husband... because I thought they don't understand and I don’t want to be burdening them” (Leo, 64).

For Paul, the breaking point was masked by compulsive coping: “I would watch some kind of mind-numbing show with a lot of pasta and chocolate... Then I would go to bed, and I would sleep, but I would wake up very exhausted” (Paul, 165). Each of these narratives

illustrated what it meant for coherence to collapse: when joy, agency, connection, and self-care no longer held together, leaving participants fragmented and depleted.

In sum, the Breaking Point was told as the climax of the story, when exhaustion tipped into existential crisis. Participants spoke with tones of despair, frustration, and sometimes numb recognition. The rhetorical function of their stories was double-edged. They revealed the extent to which cultural scripts of personal responsibility had been internalised, while at the same time voicing critique against the systems that demanded endless productivity and offered little support. In this way, the narratives of collapse worked both as testimony of suffering and as an indictment of the broader conditions of work and culture. Yet even as they recounted these moments of disintegration, participants also hinted at the possibility of change. The collapse of coherence, while devastating, opened a space for re-evaluating priorities, setting boundaries, and imagining different ways of living. It is to these stories of reconstruction and new beginnings that the next section turns, focusing on how participants narrated their paths into recovery.

5.3.5 Recovery

The story of recovery was not told as a triumphant return to a former self but as the gradual construction of a different way of living. Participants described how this process began in moments when exhaustion could no longer be ignored. Jack recalled reaching paralysis: “I just had no motivation to do anything. I just felt completely drained... I would have just sat in a dark room and just in silence with no interaction or anything” (Jack, 44). His eventual panic attack forced him to stop, a moment he later recognised as the beginning of change. Paul described how his attempts to cope had become hollow: “I would watch some kind of mind-numbing show with a lot of pasta and chocolate... Then I would go to bed, and I would sleep, but I would wake up very exhausted” (Paul, 165). Even activities that once offered comfort no longer restored him.

These stories carried a tone of despair but also of recognition, framing burnout itself as the trigger that forced participants to see the limits of their endurance.

Participants also described moments of clarity when they realised that they could not continue as before. Mario expressed this shift bluntly: “Sometimes I can’t do this. I have to take a step back” (Mario, 115). Peter reframed his relationship with work: “Leaving those jobs... if the workplace is toxic... I don’t stay if I’m not treated well, and that’s the biggest shift” (Peter, 233 - 235). David explained that the rigidity of the system made change unavoidable: “So even though I was trying to make life more bearable for myself the system... was becoming more rigid” (David, 331). These accounts carried rhetorical weight as turning points, narrated in tones of finality and sober recognition. They marked the threshold between collapse and the slow rebuilding of life.

What followed was a careful reassembling of coherence. Paul explained that recovery became visible when “I started to enjoy things again... like a movie... when I started dreaming again. I stopped dreaming during the burnout... So then I started dreaming again and remembering things... and also feeling that this can be okay in the future” (375 - 376). For Jack, the metaphor was one of emerging from darkness: “Recovery would probably be stepping outside of that dark room and into light” (299). These stories adopted a tone of fragile hope, portraying recovery as the gradual return of connection, enjoyment, and imagination. They functioned rhetorically as counterpoints to despair, suggesting that life after burnout could be pieced together, though never exactly as it had been before.

Participants also spoke of recovery as accepting limits and redefining success. Jack reflected, “Acceptance... once I kind of learned how to accept was actually very very powerful... accepting the lack of control” (263). Leo described how working less paradoxically

allowed him to contribute more: “Now I am in a way more productive and contributing to work... now that I’m not working that many long hours” (249). These accounts constructed new identities, such as the Boundary Setter and the Self-Acceptor, which stood in stark contrast to the earlier figure of the Tireless Worker. Through these shifts, the tone of the narrative became gentler and more reflective, and the rhetorical function challenged cultural scripts that equate recovery with bouncing back into old patterns of performance.

Authenticity and connection were also central to the meaning participants gave to recovery. David asked, “The invitation is can I be myself?... To say what I need, to interact in ways that don’t feel constrained” (David, 369 - 370). For him, recovery was about freedom from self-censorship. Peter echoed this sentiment, explaining that “therapy has helped me put structure in place... boundaries... giving me the grace that I am worthy of having limits” (Peter, 207). Henry described how joining an LGBTQ work network provided reflection and solidarity: “Engaging in an LGBTQ work network... people sharing stories allowed me to reflect” (Henry, 316). These accounts performed identity work that positioned participants not only as individuals rebuilding their lives but also as reflective and connected persons who found strength in community.

The identity work here was also transformative. Participants positioned themselves not only as subjects of harm but also as Critical Individuals and Advocates, who used their experiences to speak back to power and call for more humane workplaces, in contrast with organisational cultures that treated human beings as “human resources” (Michael, 332) and operated under the “old system of doing business” (Michael, 331). Jack, for instance, emerged as an advocate for mental health awareness and support in the workplace. His experience with

burnout propelled him into a position where he could make a difference, leading to his role focused on well-being within the courts. He explained:

“And I basically said, ‘I can't change the system, but I can certainly make changes in the workplace’, so I moved to another job and as a steppingstone now, it was just six months ago. I moved into the role for head of well-being in the department. So, it's just kind (...) of like a motivation almost and to not only better myself, but also to kind of make sure that there's things in place that people don't get the same way that I did, essentially” (Jack, 152).

Here recovery is narrated not only as a private achievement but also as advocacy and collective care.

At the same time, the stories wrestled with canonical narratives. The most prominent was the idea of recovery as return, often described culturally as “bouncing back.” Participants resisted this narrative by presenting recovery as transformation and prevention. Peter explained, “You are fully recovered when you don't fall into the trap again... when you're able to spot the triggers and the red flags” (Peter, 321). Another canonical narrative echoed in the stories was that mental health is an individual responsibility, and failure to recover reflects personal weakness. Jack spoke to this when he described needing acceptance as his way to cope with limits. Yet participants also resisted this script by emphasising systemic and relational dimensions of recovery. Mario highlighted the importance of supportive workplaces, Henry described the power of community, and David connected recovery to authenticity and self-expression. In doing so, participants both acknowledged how deeply cultural expectations of self-reliance shaped their experiences.

In sum, recovery was narrated as a process of reconstruction rather than return. It began with moments of reckoning, continued with fragile steps toward coherence, and unfolded into identities defined by boundaries, authenticity, and advocacy. The tone was humble and hopeful, the rhetorical function resisted cultural ideals of bouncing back and individual responsibility, and the identity work reimagined recovery as a moral and relational project. It was not the end of the story but the beginning of living differently.

5.3.6 Summary of the Stage 2 and 3 findings

The stories shared by the participants reveal how burnout takes shape in different professions, each with its own set of struggles and lessons.

The participants' narratives can be organised into four interlinked arcs that together form a chronological story of descent into burnout and the subsequent movement towards recovery. These arcs mirror a life-course progression that begins in childhood and adolescence, moves into the professional domain, reaches a crisis point with burnout, and concludes with processes of recovery and redefinition. Each arc not only reflects lived experience but is also shaped by broader cultural and canonical stories that structure how participants make sense of their lives.

The first arc, *Growing up as a gay boy*, reveals how early feelings of inadequacy and exclusion became embedded in childhood and adolescence. Participants recounted striving to be the “good boy,” excelling in school or sports to protect themselves from shame and difference. These stories referenced canonical narratives about family expectations, the role of functional versus dysfunctional households, and cultural scripts of masculinity and breadwinning. The tone here was often sombre and reflective, yet participants framed their younger selves as resilient survivors who had learned to endure.

The second arc, *The Professional Arena*, shows how childhood compensatory strategies carried into adult working lives. Professional identity became the place to negotiate legitimacy and self-worth through overwork, sacrifice, and performance. Here the canonical narrative of success as productivity and career advancement dominated, offering conditional affirmation but also perpetuating depletion. Alongside this striving, participants voiced critiques of workplace toxicity, discrimination, and systemic exploitation, often referencing the broader canonical narrative of The Dehumanising System. Their tone oscillated between weariness, pride in resilience, and indignation at unfair treatment.

The third arc, *The Breaking Point*, marks the climax of the story. Burnout was narrated not only as exhaustion but as a collapse of coherence, when protective strategies and internal structures disintegrated. Participants used metaphors of disconnection, emptiness, and plates crashing down to describe this stage. On the surface, some accounts echoed the cultural script of personal failure, yet simultaneously they critiqued the systemic demands that made collapse inevitable. The rhetorical function of these stories was double-edged: they acknowledged internalised responsibility while repositioning burnout as a symptom of wider cultural and structural forces.

The final arc, *Recovery*, concludes the story not as a return to the old self but as the careful construction of a new way of living. Recovery was narrated as fragile, ongoing, and deeply personal, marked by boundaries, self-acceptance, authenticity, and community. Participants resisted the canonical narrative of recovery as “bouncing back” and instead offered a counter-narrative of transformation. Their tone was humble and cautious yet hopeful. The identity work was also transformative: participants moved from figures such as the Tireless

Worker and the Collapsed Self to new roles as Boundary Setters, Self-Acceptors, Critical Individuals, and Advocates who used their experiences to call for systemic change.

Taken together, the master narrative can be understood as a story of struggle, striving, collapse, and renewal. It is a narrative situated within the Zeitgeist of late modern work cultures and what it means to hold a gay identity within these cultures. The four arcs illustrated in Table 3, show how personal histories and professional contexts intersect, and how participants' voices both drew from and resisted canonical stories about family, masculinity, success, capitalism, and belonging. This section has traced the contours of that collective story, which now serves as a foundation for the more detailed thematic analysis that follows.

Table 4

Summary of the Stages 2 and 3 key findings

Narrative Arc	Description	Narrative Focus	Canonical and Dominant Stories Referenced
1. Growing up as a gay boy	The story begins in childhood and adolescence, marked by feelings of inadequacy and a protective impulse to overcompensate by excelling in school and sports.	Early life experiences, the emergence of inadequacy, and the development of compensatory strategies.	The “good boy” who is obedient, high-achieving, and avoids trouble. The narrative of excelling to hide difference.

2. The Professional Arena	The middle of the story, where compensatory behaviours became central to professional identity. Work became the place to negotiate self-worth, often through long hours and self-sacrifice.	Professional striving, overwork, and the negotiation of belonging in workplace settings.	The “tireless worker” who sacrifices rest for achievement. The ideal of professional success as legitimacy.
3. The Breaking Point	The climax of the story, with the onset of burnout described as a collapse of coherence and a disintegration of internal structures. This moment was often framed as a reckoning.	Burnout as crisis, exhaustion, and the collapse of protective strategies.	The “broken man” who can no longer perform. The cultural script of failure and collapse under pressure.
4. Recovery	The conclusion, with participants embarking on a journey of recovery. This was not a return to the old self but the construction of a new way of living based on insight, boundaries, and a re-evaluation of success.	Recovery, resilience, and reframing identity and success in more sustainable terms.	The “survivor” who learns from hardship. The counter-narrative of self-acceptance, authenticity, and balance.

5.4 Stage 4: thematic priorities and relationships

5.4.1 Overview

This section of the chapter aims to portray the findings of the analytical process and the search for meaning derived from the collected data. Through engaging with the material, the objective of this interpretative process has been to present themes derived both from individual accounts as well as determining overarching or main themes throughout the collective data gathered, considering that a main theme is a pattern of shared meaning organised around a central concept, which is the idea or meaning that unites a theme (Braun & Clarke, 2012).

The ultimate goal of this segment is to narrate a specific story from the data that, in conjunction with the other stages of the CNA analysis (Langdridge, 2007), seeks to address the research question. Given that this research focuses on personal experiences, the study adopts an idiographic approach with mostly an inductive orientation to the data.

The first major theme, "Inadequacy and Burnout," dives into how a deep sense of not being "enough" was rooted into the participants' experiences with burnout. For some, these feelings of inadequacy started early, often tied to their sexual orientation, and became a constant voice in their heads. The sub-theme, "Under Fire: An Old Feeling of Inadequacy," looks at how that self-doubt was internalised, influencing how they saw themselves and drove their choices. Many threw themselves into work to cope, almost as if overachieving could silence that inner critic. "Playing with Fire: Overworking to Compensate Inadequacy" shows how this relentless work ethic became their way of managing those insecurities, until it pushed them to their limits in environments that did not always support who they were.

The second theme, "Coping and Burnout," explores the not-so-helpful ways participants managed stress and exhaustion. The sub-theme "Burning Bridges: Maladaptive Coping"

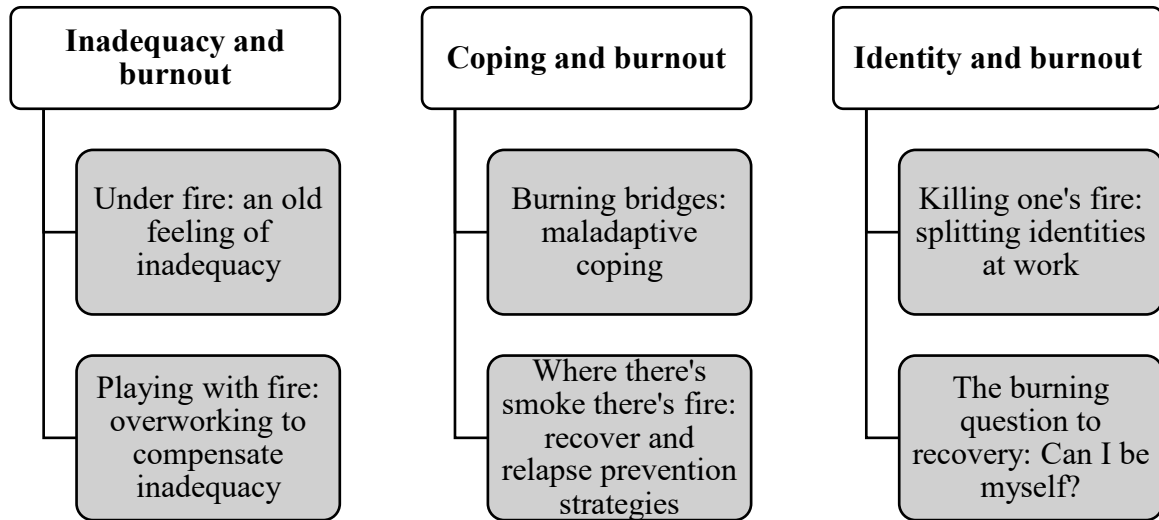
discusses how denial, pulling away from others, or chasing quick fixes only worsens things. These strategies gave temporary relief but added fuel to the burnout. When they realised this was not working, many began searching for better ways to recover and protect themselves moving forward. "Where There is Smoke, There is Fire: Recovery and Relapse Prevention Strategies" looks at how they found healthier tools to rebuild and stay on track, balancing practical solutions with emotional healing.

The third theme, "Identity and Burnout," gets into the emotional juggling act participants face with their identities at work. In "Killing One's Fire: Splitting Identities at Work," we hear how they often felt the need to hide parts of who they were, especially their sexual orientation, to fit in professionally. This constant self-editing was exhausting and took a considerable toll. The sub-theme "The burning question to recovery: Can I be myself?," explores how recovery was not just about resting; it was about figuring out how to show up authentically. The focus shifts to how participants worked toward living more fully as themselves, embracing authenticity and self-compassion, and creating spaces where they did not have to hide anymore.

These three themes, and the stories within them, paint a vivid picture of how burnout is not just about overwork. It is tied to how we see ourselves, cope, and navigate the world. They remind us that burnout recovery is not just about slowing down but about healing the root causes and building lives that honour who we are. The three primary themes and their sub-themes that derive from the thematic analysis are illustrated in the Figure 6.

Figure 7

Themes and sub-themes derived from the analysis



5.4.2 Inadequacy and burnout

The theme of "Inadequacy and Burnout" explores how feelings of not being "enough"—often tied to sexual identity—influenced the lives of these eight gay men and their experiences with burnout. For many, this sense of inadequacy started early, rooted in childhood, long before they fully understood or embraced their identity. Growing up in environments where being gay was either ignored or openly criticised, they absorbed the idea that something about them was inherently wrong.

One participant, Paul, said: "I was already thinking there is something different about me. Something wrong with me even" (Paul, 254). That inner voice of self-doubt did not come from nowhere—it was shaped by rejection, bullying, and a lack of role models they could relate to. That feeling of "otherness" settled deep, creating a constant need to prove themselves.

This struggle did not disappear as they grew older. Instead, it often showed up in how they approached work. Many channelled those feelings of defectiveness into a relentless drive for perfection, trying to overcompensate by excelling in their careers. It was not just about doing well—it was about trying to silence that lingering doubt and earn the validation they felt was

missing elsewhere. However, the pressure to meet these impossible standards often became too much, paving the way for burnout.

Several participants described growing up in environments where they were the only gay individuals they knew, making their difference feel abnormal and shameful. For instance, one participant shared how growing up in a small, close-minded town with no visible gay people amplified his feelings of alienation and difference: "I kind of had this sense that I was different" (Henry, 137). These experiences contributed to an internalised narrative of inadequacy that continued to affect them into adulthood.

As these men grew older, the sense of inadequacy cultivated in their youth often intersected with their professional lives. The need to compensate for their perceived flaws became a driving force behind their work ethic. For some participants, overworking was not just a way to achieve success but also a means of proving their worth to themselves and others. This relentless pursuit of perfection and validation can be understood as a response to the deep-seated fear that they were inherently inadequate due to their sexuality.

The participants' stories illustrate how the professional environment became a stage for this compensatory behaviour. They described feeling a constant need to overperform, to be the best, and to never make mistakes, all in an effort to counteract the internalized belief that they were "less-than" because of their sexual orientation. For example, one participant expressed the pressure to be flawless in his work: "You have to not make any mistakes; you have to validate your worth to others" (Henry, 176). This perfectionism was not simply a desire for excellence but a strategy—a way to mask their perceived inadequacies.

The pressure to conform to traditional masculine virtues also played a significant role in this dynamic. Some participants spoke of adopting a "mask" of hyper-masculinity to fit in

socially and professionally. This mask often involved excelling in competitive environments, whether in sports or in the workplace, as a way to align with societal expectations of masculinity. However, this façade came at a cost, as it involved the suppression of their authentic selves and contributed to a sense of internal dissonance. One participant described the tension of trying to fit in while feeling different as akin to living in a constant "pressure cooker" (Michael, 59).

The coexistence of feelings of inadequacy and experiences of burnout among these men reveals a complex relationship. For many participants, overworking was a way to manage or counterbalance their internal sense of inadequacy. However, this approach had its limits, as the emotional toll of constantly proving oneself, coupled with the pressures of their professional environments, was significant. One participant described the pressure to overperform as "a trap of that perfectionism trait," (Henry, 259), highlighting how this behaviour was linked to their internalised sense of inadequacy.

The main theme, "Inadequacy and Burnout," is composed of two sub-themes: "Under the fire: an old feeling of inadequacy," which explores the participants' early experiences of inadequacy and how these feelings have persisted throughout their lives, and "Playing with fire: overworking to compensate inadequacy," which examines how these feelings manifest in a relentless drive to overwork and achieve perfection as a way to compensate for perceived flaws.

5.4.2.1 Under the fire: an old feeling of inadequacy

The participants' narratives unveil a powerful and troubling dynamic where growing up gay seems intertwined with a deep-seated sense of otherness and defectiveness. These individuals articulate a persistent internal dialogue, an awareness from a tender age that there's something fundamentally different about them. This realization is not just a neutral recognition of diversity but is laden with negative connotations: "So, I was already thinking, there's

something different about me. Something wrong with me, even.” (Paul, 257). A conviction that their difference equates to something "wrong" (Peter, 41), or “less-than” (Peter, 139).

David reflects on this struggle as an "ongoing acceptance process," suggesting that reconciling their gay identity with their sense of self is not a destination but a journey that they continually navigate: “Yeah, the experience of being gay and not having integrated it, as in accepted it fully, which I believe to a lot of us [gay men], myself included, is a lifelong process. [...] I think it is an ongoing acceptance process of who I am in my other identities. (David, 212)

The isolation is palpable in their words—rejection from peers, an inability to identify with others, and the stark absence of gay role models in their early environment, which amplified their feelings of alienation. One participant poignantly encapsulates the experience of growing up without exposure to openly gay individuals, underscoring the isolation and the sense of abnormality this engendered:

So, I lived in a backwards small-minded town there weren't gay people. I didn't know any gay people. My parents didn't know it, my mum didn't know any gay people. I'd never come across a gay person. I never come across a gay person until, officially, I suppose, an out person until I went to University. So, I kind of had this sense that I was different. (Henry, 134)

The societal invisibility of gay people in their formative years is a telling backdrop against which their own identities seemed deviant.

Another participant's journey through the turbulence of adolescence spotlights the internal conflict and self-rejection that accompanied their sexual awakening. It is a narrative of grappling with the fear of being perceived as different, where even strong, innate feelings are pathologised internally before acceptance can begin.

The bullying and the passivity it engendered, described by Henry, is a poignant testament to the violence, both overt and subtle, that these individuals endured:

I wanted to play with girls. I would get rejected by the girls because they didn't want to play with boys and I didn't really want to play with the boys. So, that kind of much..I had a very much, very isolating existence in that school. [...] And then I suppose. That was magnified really by not having anybody else to map on to that was like me. I was bullied a lot. I was very passive. I've always been very pacifistic. (Henry, 120)

Additionally, the excerpts from the research participants reveal a complex interplay between the constructs of masculinity, cultural identity, and the deep-seated desire to belong. These individuals describe their efforts to fit in as akin to donning a mask, not just any mask, but one that adheres to traditionally masculine virtues. There is an underlying narrative of compulsion to create a robust façade to survive socially, which is symbolised by competitive sports, strength, and speed. The struggle transcends mere personal identity and enters the realms of culture and nationality.

Michael describes working in a “proper English company” and feeling like the odd one out, “The only Black Sheep”, not only as a gay individual but also due to their cultural background. This duality of being different in both sexuality and ethnicity compounds the pressure to fit in, likening the experience to a “pressure cooker” of unaddressed tensions. The feeling of being the “only Black Sheep” in a workplace where heteronormative conversations are the norm adds another layer to the complexity. There is an articulated feeling of exclusion, not because of overt judgment, but due to the sheer weight of being the sole representative of a different life experience.

The data point towards a social phenomenon where fitting in is not just about social harmony but also about survival. What makes these narratives so vivid is the participants' awareness of the cost of this fitting in—the “killing parts” of themselves. It is an act of self-erasure that's both tragic and poignant, shedding light on the emotional and psychological toll of not just being gay but being a 'different' gay individual in various social contexts.

The overlay of professional demands upon these already fraught personal narratives reveals a particularly cruel irony—the pursuit of perfection, validation and belonging via their professional identities becomes both a mirror and a magnifier of their earlier struggles. A profession demanding perfection collides with the internalised belief in their own inadequacy, setting the stage for burnout.

It is important to notice that these feelings of inadequacy are not necessary a causal effect from sexuality and originated solely around the fact the participants are gays, but rather it can stem from multiple sources. Henry, for example, recounts how he felt compelled to overcompensate through hard work for the perceived inadequacy tied not only to his sexuality, but his upbringing in general, striving to be the “good person” and an exemplary role model to prove he as not “useless: “I don't know, I suppose, be a good person and good kind of role model for myself. To kind of prove that I wasn't useless, I suppose, I kind of grew up feeling...different. Not *just* because I'm gay, but because of the circumstances of my up bringing.” (Henry, 86). Other participants also mentioned the difficulties of being brought up in a household with alcoholic mother (Jack), being abandoned emotionally by family (Peter), or seeing oneself differently from one's family (Mario).

However, their words highlight an important social phenomenon—the enduring impact of growing up gay in an unaccepting environment is not merely a historical concern but a living,

evolving narrative of psychological struggle. Central to this is the ongoing battle with internalised homophobia, societal expectations, and organizational cultures that are often at odds with their authentic selves, shaping a sensation inadequacy shared by the participants.

To combat these feelings of defectiveness, participants share a very profound necessity to compensate their flaws and to prove people wrong. The following sub-theme will explore how their hard work, diligence and occupational identities appear as a façade that is socially approved, in a context that promotes and sustain unhealthy workplace relationships.

5.4.2.2 Playing with fire: overworking to compensate inadequacy

The quotes from participants vividly capture a poignant intersection of personal identity and the drive for external validation, where being gay in an unforgiving society has fostered a relentless pursuit of perfectionism as a means of compensation. This is not just about being diligent or an overachiever—it is a profound psychological response to the internalization of societal homophobia, where overworking and perfectionism are strategies for survival and self-worth.

Participants describe a pervasive sense of having to "keep moving," propelled by a fear akin to danger—a fear of being discovered that is so visceral, it defies rational explanation. This sense of peril is not rooted in any immediate threat but in the deep-seated belief that there is something inherently deficient within them, which must be masked by superlative performance. "So, the more I did the better I felt about myself back then" (261) Paul admits, linking their overactivity to a need to counterbalance the shame and negative self-perception stemming from their gay identity.

Henry echoes this sentiment, expressing a lifelong pressure to "over perform" gain love and attention, especially from significant family figures, which sadly were entangled with

homophobic attitudes. This need for affirmation is depicted as a catalyst for a relentless pursuit of perfection. "You have to not make any mistakes; you have to validate your worth to others," (176) says Henry, revealing the crushing weight of expectations to conform and excel as a means to feel adequate.

The narrative of compensation through hard work and the flawless execution of tasks is a recurrent theme. The participants articulate a haunting fear of failure, a "trap of that perfectionism trait,"(259) trying to do everything to avoid the judgment they feel is ever-looming because of their sexuality. For example, Jack describes one of his motivations to go above and beyond: "These people think that because I'm gay I'm beneath them. I'm gonna do the polar opposite. I will just try my best and try to essentially prove them wrong in a way I guess," (181).

The sense of being in constant motion to prove oneself is framed as an intrinsic part of their existence—be it the best grades (Paul, Henry) , the most glamorous lifestyle (Leo), or being exceptionally accessible to their team at work (Paul, Mario, David and Leo). Peter illustrates the need to prove quite vividly:

Yeah, and that has to do the fact that gay people, most more often than not, I don't want to generalise, but more often than not, it is true that gay people always feel like they need to prove themselves, and we need to, they're often feel like they're less-than and they need to work twice as hard or three times as hard and often is rooted in also how they've grown up in their own family environment, because they also feel if they need it prove something. So yes for me. Absolutely. I always felt the need to compensate for... "Oh, I've disappointed my family or I disappointed society. I just need to work so much harder to prove a point and also being in the UK, proving to myself into my family there,

I could make a life here and proven to my workplace that I was worthy of having that job.

There's a lot of proving in my life, a lot of proving in myself. (Peter, 137)

The context of these narratives is particularly compelling when considering the professional environment. Participants speak to the additional pressure within the workplace, where the expectation to overperform intersects with the internal monologues of inadequacy. The discourse reveals how what is perceived as microaggressions and discrimination in the workplace are not just external stressors but, for the participants, triggers that reinforce the internal need to compensate for perceived weaknesses:

There is discrimination, there is microaggression all the time. There's a pressure to overperform, I think, to counteract, kind of, these internal monologues and stereotypes that we kind of come up with to... this narrative that's been fed to us, I think, all of our lives that we [gay men] are somehow weak. (Henry, 317)

Interestingly, the acknowledgment of internal causes of anxiety and exhaustion through therapy and self-reflection becomes a pivotal moment for these individuals. They recognise that the incessant need to shine and be the best for everyone is not just a personal drive but is deeply rooted in their experience of growing up gay and feeling perpetually less-than. This realization brings into focus the toxic confluence of masculinity and the need to constantly prove oneself worthy—a dynamic that extends beyond the professional sphere into all facets of their lives:

“I guess what really helped was both with the coaching and then the realization when I began therapy that it was, this permanent and this anxiety and these field of feeling of exhaustion was really due to this internal causes that we discussed previously of being over, trying to overcompensate or...perform or shine all the time and being the best. For everybody, right? For my boss, for my employees etc” (Leo, 192)

As burnout do not develop in a vacuum, the following theme will explore the organizational factors that contribute to the participants' burnout experience.

5.4.3 Coping and burnout

The central theme of Coping and Burnout discuss the maladaptive coping mechanisms the participants initially employed and the transformative strategies they later adopt to reclaim their well-being.

Initially, participants reported using performance and diligence as a way to mask their perceptions of inadequacy. As they grow and become adults, the pressures of social life expand into their professional lives and the demands of work require increasingly longer working hours, often without the necessary support to meet these demands. The pressure to maintain high performance combined with a loose structure of personal boundaries exacerbates stress and significantly compromises well-being. Stress takes over their daily lives, and to deal with it, participants reported using different and often dysfunctional strategies, such as binge eating, the constant search for sex, and social isolation. Often providing momentary comfort, these strategies erode the quality of life of these men. Isolation, for example, despite seeming like a way to respect their needs, ends up distancing them even further from support chains, keeping them in a chronic stress trap. It is only when they hit rock bottom, usually through physical bodily signs such as acute anxiety attacks that feel like heart attacks or panic attacks, that participants understand the severity of the problem and begin to transition to healthier ways of coping.

As these men describe, recovery from burnout is not merely about reducing workload or taking time off, requiring a fundamental re-evaluation of how they engage with work, stress, and self-care. For many, therapy and counselling become pivotal in this transformation, offering a

safe space to explore their emotions, reassess their boundaries, and develop healthier coping mechanisms. Through therapy, they begin to untangle the web of overwork, perfectionism, and self-neglect that had fuelled their burnout, allowing them to build a more balanced and mindful approach to life.

Another relevant point in the recovery process reported by participants is the reconnection with their joy and pleasure activities in their lives, which until then had been hidden by a lack of time caused by the relentless need to perform. A walk in the open air, a movie night, meeting up with friends are signs that indicate a process of improvement in the participants' relationship with their exhaustion and, above all, with the environment around them, which gradually becomes less threatening. The return of dreams during sleep, the ability to take pleasure in small moments, and the gradual shedding of dread and autopilot living are all markers of this transformative process.

Central to the recovery process is the development of strategies to prevent relapse. The participants recognise the importance of being vigilant about their triggers and red flags, learning to listen to their bodies and minds, and taking proactive steps to manage stress before it escalates into burnout again. This ongoing awareness and self-care are decisive not only for avoiding burnout but also for maintaining a state of well-being that fosters resilience and personal growth. Above all, according to participants, the recovery process involves readjusting the prioritization of needs, bringing quality of life and personal limits to the top of the priority list and reestablishing the relationship with work.

Ultimately, the experience of coping and burnout for these gay men involves moving beyond the maladaptive coping mechanisms that once kept them trapped in cycles of exhaustion and denial, toward a state of recovery characterised by balance, self-awareness, and the

rediscovery of joy. The recovery stories shared by participants suggest that the burnout rehabilitation process requires a great capacity for self-reflection and personal investigation, with an attitude that seeks to change the dysfunctional structures of life, but that is only possible with patience and intentionality.

The first subtheme presented will be Burning Bridges: Maladaptive Coping, which will detail these men's relationship with dysfunctional strategies for dealing with their stresses, followed by Where There's Smoke, There's Fire: Recovery and Relapse Prevention Strategies, which delves into the transition to healthier burnout coping attitudes.

5.4.3.1 Burning bridges: maladaptive coping

Although it may seem counterintuitive, participants reported that the more exhausted and tired they were, the more they sought to work harder and maintain the same level of high performance. A lack of personal boundaries, the habit of going the extra mile, despite unsustainable work demands, and social isolation aggravate and catalyse their experiences, laying the groundwork for burnout.

Initially, there is an evident lack of personal boundaries alongside the habit of going the extra mile, as their *modus operandis*:

So, is that boundary, isn't it? Cause is that part of having a boundary is learning the sensations. Like if we haven't ever done that, then we don't really know. How far we can push ourselves, how far we can go? (David, 543)

I probably say that the only thing that my parents didn't teach me was yes, you have to work hard but yes, there are reasonable limits. To what you can do like you're not superhero. (Peter, 171)

And I was also quite diligent and caring in my job and trying to do a good job. And it's not very well bound with this sector. It's not very, you don't learn about boundaries. You don't learn about self-care, even. (David, 33)

I pride myself on going the extra mile, which is a bad thing in itself because that projects the pressure on me. (Mario, 204)

It's stretching the limits and pushing oneself to the limits and...living in that culture of delivery excellence, doing more, becoming better and it's never ends and it's never satisfying. (Michael, 47)

So many years of, kind of career, built-in climbing up the ladder long hours. Short weekends pushing it. Yeah, I think it was pushing. That was the main kind of a verb that could describe my work experience. Doing my best by going the extra mile (Michael, 7)

Participants remembered their experiences of burnout in narratives that indicated a reduced sense of knowing personal limits. It's not just about pushing hard; it's the absence of an internal gauge to signal when enough is enough. Many were raised with hard work as an ethos, but the concept of sensible limits to balance was notably missing. Moreover, their tales recount a deeply ingrained pride in 'going the extra mile' which, while admirable, morphed into a personal pressure cooker. It is like their self-worth was linked to their capacity to overdeliver, leaving them on a Sisyphean search for accomplishment. Weekends, evenings, personal time—all fell before the relentless march of 'pushing it.'

Then, the stretching continued past their limits, egged on by the corporate culture of relentless improvement. In the participants' narratives, "pushing" is more than a verb: it is a lifestyle—insidiously subversive of well-being—until one wonders how that last iteration got to be, where the line between personal and professional had become so blurred.

Compounding this issue is the reluctance to acknowledge that they are struggling. Even when they begin to recognise the overwhelming nature of their feelings, there is a hesitancy to admit they are facing difficulties. This denial acts as a barrier to seeking help or making necessary adjustments, trapping them in a cycle of continuous exhaustion:

I took the time off to try and relieve myself, but I wasn't really addressing any of the problems. I was in complete denial that it was work related at the time. And I had meetings with HR, and with various people and denied that it had anything to do with work, but that's because I didn't want to admit it was to do with work and I didn't want to admit that I was struggling. (Michael, 72)

As the situation escalated, the participants often resorted to ineffective coping mechanisms. Strategies like binge eating or engaging in casual sex might offered them a temporary escape from stress but fail to address the underlying issues. Such practices can lead to further psychological distress and do not contribute to long-term recovery or well-being.

In Paul's account, for instance, it is also evident that in many moments, instead of dealing with the latent issue of his overworking, he adopted unhealthy coping mechanisms, seeking temporary comfort in compulsive behaviours. For example, binge eating and overworking became a way to deal with his anxiety, sadness or even loneliness, providing a momentary sense of relief or pleasure, a way to temporarily disconnect from the uncomfortable emotions he preferred to avoid. However, this relief is only superficial and temporary, and the underlying problems remain unresolved.

I also experienced quite a lot of comforting eating. My eating...I got quite.. in some way it got quite disordered during that period. So, I would eat a lot in the night. I would make pasta like, say it, nine o'clock or ten o'clock in it. A lot of pasta. (Paul, 154)

Even, so I'd go I'd eventually go to bed and try to force myself into some kind of rest before sleeping, but that was more because I needed comfort, I felt quite anxious. So, I would say ...I would watch some kind of mind-numbing show with a lot of pasta and chocolate, something like that. Then I would go to bed, and I would sleep, but I would wake up very exhausted. (Paul, 165)

Similarly, Mario talks about using food to cope with stress while Leo shares returning to sex to escape his difficult feelings and emotions:

I've had a negative relationship with food because for me, the overeating it fills that... Seems to fill a mental thing for me. So, if I overeat, then I'm compensating for something. So, if I'm going through a stressful period, I eat. (Mario, 389)

During that time, trying to escape from that world, that dark and horrible place to kind of a pleasurable side of life. So, the only thing that what I was doing was, I was with someone on a conference and I would be just on the app trying to see someone who hook up with me. (Leo, 161)

Amplifying the problem is the aspect of social disconnection, as burnout can lead to withdrawal from social interactions, further isolating individuals. Although aiming to reduce stressors, or to create some space for individuals to recharge, participants shared that their social isolation made it even more challenging to manage their condition, as they lacked the external support and perspective that could help them tackle burnout. Quotes from Henry and Leo illustrate their relationship with other people while they navigate burnout:

I wasn't doing anything that was social at all. I mean I was living alone. I moved to London in the first place because I knew that there was a gay community and I wanted

to be part of it. But I was prohibited doing that because I feel guilty about going out because I needed...there was so much I had to do. (Henry, 194)

And the symptoms kept increasing and involved in terms of the anxiety and the level of exhaustion and at the same time a perverse cycle because of being too tired and being too anxious not able to sleep and recurring to not very, kind of retreating into my own world and almost stop talking on to my friends about it or even to Orlando, to my husband, even stop talking about it because I thought they don't understand and I don't want to be burdening with my little work problems when there is a pandemic going on and everybody has problems. (Leo, 64)

Essentially, their journey through burnout is marked not just by the overwhelming demands of work but significantly by individuals' responses to these demands. Participants shared their struggles with recognizing and admitting to their difficulties, often pushing harder, instead of addressing the issues, resorting to denial and ineffective coping mechanisms such as binge eating or seeking temporary comfort in casual sex. Additionally, social disconnection compounds the problem, as withdrawing from social interactions leaves individuals isolated, lacking the external support needed to navigate and recover from burnout.

These strategies provide short-term relief but fail to tackle the underlying issues, working as catalysts to further psychological distress. The second major theme will address how participants engaged in different coping strategies to begin their recovery process.

5.4.3.2 Where there is smoke there is fire: recovery and relapse prevention strategies

Coping, a concept integral to understanding human resilience and adaptation, refers to the strategies and processes individuals employ to manage the internal and external demands of

stressful situations, working as strategy to recover and simultaneously as a relapse prevention endeavour. It encompasses a spectrum of techniques, ranging from those that address the root causes of stress to those that mitigate its emotional impact. Within the narratives of the participants, the application of coping strategies unfolds as a multifaceted journey, highlighting the diversity and complexity of the experience of recovering from burnout as gay men.

Within the strategies employed by the participants, therapy and counselling played a pivotal role in this process, offering a safe haven for reflection, validation, and exploration of their feelings. Through counselling, participants explore their inner worlds, identifying unhealthy boundaries and recognizing the importance of being kind to oneself. These sessions became a crucible for transformation, where the pain of burnout was acknowledged and processed, allowing for emotional healing and growth. Therapy becomes a space to be heard and understood, allowing individuals to validate their feelings and explore their identities without judgment. Michal shares:

It [therapy] helped me to discover who I am. What are the healthy boundaries to protect myself, my needs. Because after being at the very bottom was nothing else I could do, except stay home or stay in the hospital. But it wasn't very sustainable. So, I had to create new habits, build new skills, cope mechanisms. (231, Michael)

True recovery did come for a number of years after that. I've mentioned I saw help, I went to a kind of specific doctors support service and I saw a GP and I saw a psychiatrist who started me on some drugs and I was starting on some therapy. I think I had some group therapy as part of that. And I think that really opened my eyes to the fact that I wasn't alone in this and it was quite cathartic and it helped me to start to understand that I was probably being too hard on myself. (Henry, 248)

For instance, to Peter, therapy provided a framework with the psychological tools and strategies that helped him to put limits in place. Moreover, that it is ok and necessary to have personal limitations, as it is a recognition of self-worth and acceptance that one does not need to meet others' demands endlessly:

Therapy has helped me put structure in place, that structure there wasn't there and when I say structure, I mean barriers and defences and boundaries and just really giving me the grace that I am worthy of having limits as a human being and then, the fact that I cannot allow people to take indefinitely, you know? (Peter, 205)

Parallel to this inward journey provided by counselling, was the cultivation of social support systems. Sharing stories and experiences with others who could empathise with their struggles provided not just relief but a sense of belonging and community. Receiving validation and understanding from others helped to reduce feelings of isolation and cultivate a sense of shared humanity.

Connection emerges as a vital thread weaving through these recovery stories. The act of talking to someone, whether a professional counsellor, a trusted friend, or engaging in supportive networks, is repeatedly underscored as transformative. As Mario reflects on the importance of simply talking to people and doing activities that force one out of isolation, it's clear that recovery often begins with re-engaging with the world around one, however daunting that may initially seem:

For a lot of people [who are going through burnout], it's pretty much of an effort [to engage with other people]. And they just keep the door closed. Whereas... Talk to somebody. Make that effort. That person that you talk to could also be the person that holds the front door open for you. (Mario, 373)

Even regarding himself as an introspective person, David also talks about the experience of sharing his struggles with someone. However, he highlights that it is also important to decide wisely who to talk to. For instance, family could also be one of the factors that increases and sustains the pressure to perform:

At the time I had the support of a good friend. Who really encouraged me to kind of be myself and kind of saw me quite deeply and was supporting me in a way that maybe I wouldn't have got from my family. Because I see the family messages as, in a way, perhaps the source of the issue like "Get on with it", you know? "Everyone works, everyone does just get on with it." (David, 348).

Mindfulness and physical activities also served as vital outlets for emotional regulation. Practices such as meditation, yoga, and regular exercise allowed these men to channel their emotions through physical expression or mindful awareness, aiding in the management of anxiety and depression. These activities, while sometimes serving functional goals, primarily offered a respite from the tumult of emotions. Leo, for example, mentions that going to gym was an opportunity to prioritise himself: "Yeah and making time for me. I mean, [...] during that [...] very busy time if I could only go for 30 minutes to the gym, I would just go, because I knew it was my.. "Okay, let's get it out and let's sweat it out" (Leo, 336).

Similarly, engaging in hobbies and activities that sparked joy became another cornerstone of their recovery. Whether it was revisiting old passions or discovering new interests, these pursuits injected moments of happiness and fulfilment into their lives, counteracting the drudgery that had contributed to their burnout.

Moreover, setting boundaries within personal and professional spheres marked a significant step towards regaining control over their lives. This assertion can be as simple as

learning to say "no" or as complex as re-evaluating one's relationship with work and personal identity. For some, recovery involved a physical distancing from sources of stress, such as leaving a job environment perceived as toxic: "I couldn't work for long there before I made the decision that "I am done" and I left the company" (David, 148). While for others, it's about establishing mental and emotional boundaries that protect their well-being: "I've learned over the years to build barriers and to build boundaries and to build ways to deal with the adversities in the challenges out there" (Peter, 91). This proactive approach not only alleviated immediate stress but also aligned their work life with their values and aspirations.

Alongside this, there is a recurring theme of self-awareness and making conscious decisions to alter one's work environment or workload. This involves recognizing when a job or workload is detrimental to one's health and making a deliberate choice to change, reflecting a proactive stance towards well-being. Peter comments on his strategy to be more self-aware, bodily wise. This strategy is twofold, as it works simultaneously as a strategy to recover and to prevent relapse:

that strategy is essentially paying attention to the signs. Listening to body, mind.... any given time observing what state of mind you're in. And also, physical symptoms like foggiess, and tiredness and headaches and body aches and things like that. So, they all have a reason. (Peter, 328)

Through the lens of these narratives, coping emerges not as a singular act but as a dynamic process of adaptation and growth. It underscores their journey to face one's vulnerabilities and the strength found in seeking help, building support networks, and making life-affirming changes. Whether through physical activity, engaging in meaningful

conversations, or seeking professional help, the path to recovery is very personal: what works for one person may not work for another.

5.4.4 Identity and burnout

This main theme explores the intersection between identity management and the experience of burnout among the participants. This theme describes both complex strategies these men employ to manage multiple identities in environments often hostile or indifferent to their genuine selves and their subsequent journey toward recovery.

The narratives, illustrated by emotional labour, describe their process of navigating professional spaces while concealing or managing aspects of their personal identities, particularly their sexual orientation. The first sub-theme, "Killing one's fire: splitting identities at work," delves into the deep psychological toll this concealment takes. Many participants described how they felt pressured to conform to workplace expectations. This pressure clashed with a more authentic expression of themselves.

For example, the demands of traditional masculine norms in certain professional environments left some participants feeling that the workplace became a battlefield where their very identity was at stake, forcing them to suppress their diverse identities and leading to a constant state of self-monitoring that contributed significantly to their emotional exhaustion and eventual burnout. Participants' accounts reveal that this identity management involved much more than regular "fitting in," but a deep struggle against fears of discrimination, isolation, and even professional repercussions. This dynamic is particularly evident in environments perceived as conservative or dominated by heteronormative norms, even if not as explicit, as one participant illustrated when recounting his experience in a supervision session. The emotional tension of continually split identities, where one part of themselves is presented at work while

another is reserved for their personal lives, creates a fragmentation that undermines their sense of wholeness and belonging, as if some parts, which are seen as worse than others, need to be hidden and reserved for safer spaces. As one participant noted, the need to manage these dual identities often led to a feeling of "killing parts of oneself" to survive in these environments.

The second sub-theme, "The burning question to recovery: Can I be myself?" addresses the transformative journey these men undertake as they recover from burnout. Much more than just reducing workload or alleviating stress, recovery is a process of reclaiming and integrating their diverse selves. The participants' stories underscore the importance of self-acceptance and the courage to establish boundaries that honour their honest identity, both in personal and professional spheres through an integration of their gay identity into all aspects of life, especially in environments where acceptance is not guaranteed.

Recovery, for many participants, involved a shift from seeking external validation to cultivating self-compassion and self-respect. It was a process of turning their attention inward and prioritizing themselves.

In this sense, therapy and social support systems were instrumental in this process, providing participants with the tools and supportive environment they needed to explore and affirm their identities while also allowing themselves to set new boundaries between work and self. Deeper self-compassion, which reframes self-perceptions of inadequacy into a more positive perspective of self, also helped them set healthier boundaries and reject the dehumanising pressures that contributed to their burnout.

As they more fully acknowledged their values, they felt empowered to set those boundaries. For example, one participant described this shift in attitude as moving from being a

servant—sacrificing themselves for work and others—to serving in a way that honours their own needs and values.

Ultimately, the theme of Identity and Burnout reflects the deep interconnection between one's sense of self and the experience of burnout and recovery that are not just about overcoming work-related stress; they are about striving for authenticity in the face of social and professional pressures that often demand conformity.

5.4.4.1 Killing one's fire: splitting identities at work

The participants' narratives provide a look into how personal identity, particularly being gay, shape their workplace experiences and influence perceptions of performance, leading to burnout. Within these stories lies a rich exploration of identity, belonging, and the quest for authenticity in environments the participants believe to be often characterised by traditional masculine norms and implicit expectations of conformity. The voices we hear speak to their deep psychological toll of navigating these spaces, where constant self-monitoring and the suppression of one's self become everyday exigencies.

David describes navigating workplaces that he perceives as “technical and quite masculine dominated” (David, 382), feeling pressured to conform to behaviours and interests that are alien to his authentic selves. This struggle is not merely about fitting in; it is about the deep psychological toll of constant self-monitoring and suppression of one's identity. "It's quite masculine dominated get-on-with-it kind of sector[...] not much scope for my caring or what feels more natural." (David, 385) Similarly, Henry talks about his workplace environment being straight: And [...] I guess isolation is a big part of it and that's what that time, certainly, because it was quite a straight kind of environment. (Henry, 81)

Paul reports how in work and study environments, homophobia can be present, making everyday life exhausting, as he avoids facing prejudiced comments or the feelings of being judged for his sexual orientation:

I thought I don't know if it's okay to come out or not. Anyway, I found myself coming out again. As if I hadn't been like, I found I had to press the issue. And that was exhausting. [...] I do remember feeling quite exhausted ... (Paul, 576)

The sense of isolation, compounded by the fear of discrimination or the devastating consequences of being outed, lays bare the emotional complexities of managing professional and personal identities in spaces that may not affirm one's truth. Henry, for example, shares the fear of losing his job, career, and reputation for being gay when standing up for himself: "Whether that be a snitch because you've called out somebody for being homophobic... everything you've worked to achieve being taken away because of who you are." (Henry, 487)

The yearning for a workplace where one can be authentically oneself without fear of judgment or repercussion resonates through these stories, painting a picture of the ongoing negotiation between professional expectations and personal identities. Although Jack, for example, shares a positive experience when deciding to start a new job already disclosing his sexuality and finding that it increased his confidence and helped him to connect with colleagues, especially female colleagues (Jack, 198), it is also implicit that a gay men need to consider each situation carefully when deciding to come out or not. Similarly, Leo identifies his workplace as a "safe environment for LGBTQI community" (Leo, 107). However, he is also able to identify an uncomfortable situation with a work colleague around his sexuality, which he links as a "tiny contributor" (Leo, 123) for his burnout.

Michael shared that this longing for authenticity is often met with the harsh reality of workplace cultures that make individuals feel like outliers, exacerbating feelings of not belonging and intensifying the stress at the workplace: “And I was trying to fit to the context. Losing myself and just literally killing parts of myself.” (Michael, 375). Moreover, he shares that “there was no concept of self. Just a part of me at work. And then another part of me with my partner and sometimes friends and family, but really tiny one.” (Michael, 103)

At the heart of these experiences is the struggle with internalised homophobia, where the fear of being perceived as weak or inadequate because of one's sexuality fuels a relentless drive for overachievement. Henry shares:

I suppose that there was a component of internalised homophobia with myself. And that was playing out against the need for me to demonstrate that I can be in charge and be, I don't know, I suppose, be a good person and good kind of role model for myself. To kind of prove that I wasn't useless, I suppose, I kind of grown-up feeling...different. Not just because I'm gay, but because of the circumstances of my upbringing. But I suppose that isolation and that's sense of kind of never being true to yourself for such a long time has its impact. Because you develop, I suppose, that the easiest way to put it would be I was failing to kind of validate my own internal belief in myself by failing and by letting HR or my bosses know that I was struggling would be a failure of myself and this kind of façade. (Henry, 84)

This pressure to prove oneself, often at the cost of personal well-being, is a thread that runs deep, highlighting the emotional labour involved in simply being present in the workplace. This exploration into the intersection of work, identity, and societal norms illuminates the implications for the participant's mental health and organizational well-being.

Moving on from the stress that managing multiple identities encompasses, we will turn our attention towards the profound experience of loss that is created when the participants reach their breaking points in their burnout.

5.4.4.2 The burning question to recovery: Can I be myself?

In the journey to recover from burnout, particularly for gay men, the process transcends the mere cessation of work-related stress; it embodies a profound quest for authenticity and the courage to establish boundaries in personal and professional spheres. The narratives shared by research participants illuminate the complexity of navigating recovery while grappling with intersecting identities. These stories reveal not just a return to functionality but a reclamation of self and a renegotiation of how one engages with the world.

Being able to ask oneself, "Can I be myself?" emerged as a central theme. This question underscores the struggle to integrate one's gay identity with other aspects of life, particularly in environments that may not always be welcoming or understanding. David says:

I think the invitation of to not burnout, if I'm being honest, the invitation, which doesn't seem always possible, is "But can I be myself? With every person. In every situation". I think that's probably the invitation. So, I'm free to put my boundaries down. To say what I need to interact in ways that don't feel constrained, like I'm trying to be a certain identity. (David, 368)

The participant's ability to establish boundaries and interact authentically without feeling constrained by a particular identity is a testament to the courage and self-assurance that recovery can foster. It speaks to the broader challenge of navigating societal expectations while striving to remain true to oneself.

Moreover, the differentiation between being a servant and being of service highlights a re-evaluation of one's role in work and personal life, as illustrated by Michael. This distinction reflects a deeper understanding of value and purpose, moving beyond the depersonalization that can accompany burnout. The realization that being of service is about human connection and contribution rather than self-sacrifice speaks to a redefined sense of self-worth and a rejection of dehumanizing work practices.

Participants also expressed a newfound ability to set limits and prioritise their well-being, indicating a shift from external validation to internal contentment. This transition plays a key role in the recovery process, marking a shift from relentless self-giving to a more balanced and self-compassionate approach to work and relationship. Michael illustrates his journey through therapy as a process of self-discovery that helped him understand who he was and regain his value to be able to establish healthier limits between him and the world:

And it helped me to feel okay and accept it and validate it. Which I probably never felt anywhere else before [...] And then it helped me to discover who I am. What are the healthy boundaries to protect myself, my needs (Michael, 228)

Moreover, an interesting effect of the different recovery strategies employed by the participants, was the repositioning of fear in their lives. Previously, during burnout, participants lived with a constant fear of underperforming or facing negative consequences if they did not exceed expectations. However, the recovery process helped participants transform fear into confidence and trust, which paved the way for more balanced relationships, with others and with their work. Paul says:

I think that... doing that was the number one thing. Contact with other people.

So that was the number one thing for me. And then taking time off, for sure. Nothing happened, my employer was still okay, alive, and kicking, and my clients are fine. Nothing horrible will happen. (P1, 399)

Similarly, Mario mentions:

And the next phase is that difficult thing. Sometimes you need to have the confidence to stand up and say stop. And if you haven't got that confidence, for yourself, you need to have a friend and that's what I'm saying about, reaching out to somebody. (Mario, 407)

The shared narratives underscore the importance of social support, engaging in enjoyable activities, and professional help in navigating the recovery journey. Whether through therapy, building a supportive network, or finding solace in hobbies, these strategies not only alleviate the symptoms of burnout but also aid in the construction of a more authentic and fulfilling life.

Paul shared the joy in rediscovering the pleasure of ordinary experiences, such as enjoying a movie or simply taking a bus ride. Similarly, when talking about the experience with recovery, Leo comments that “now I feel much more joy and more opening [at work]”. This moment of realization signifies more than the resumption of normalcy; it marks a reconnection with aspects of life once dulled by burnout, suggesting that recovery is as much about rekindling lost passions and simple joys as it is about reducing work stress.

In essence, the recovery narratives of gay men from burnout are not just stories of overcoming work-related stress but are profound journeys of self-discovery, authenticity, and resilience. They illuminate the ways in which individuals renegotiate their relationships with work, with others, and, most importantly, with themselves.

These stories offer valuable insights into the complexity of burnout recovery and the diverse strategies individuals employ to reclaim their sense of self and well-being. The courage to be oneself, in the face of societal and professional pressures, emerges not only as a strategy for recovery but as a form of resistance and self-affirmation.

5.4.5 Summary of Stage 4 Findings

This section delved into the intricate themes derived from a thematic analysis focusing on the nuanced experiences of gay men navigating personal challenges, with a spotlight on the profound effects of burnout and the distinctive work-related struggles they faced. The aim of this segment was to illuminate the subjective experiences underpinning the research focus, adopting mainly an idiographic and inductive approach through a thematic analysis process.

Central to this section was the exploration of three primary themes: Inadequacy and Burnout, Coping and Burnout, and Identity and Burnout. Under the major theme “Inadequacy and Burnout,” the sub-theme "Under Fire: An Old Feeling of Inadequacy" discussed how participants identified a deep-seated sense of inadequacy within themselves, often originating from their sexuality, from a young age. This persistent feeling of defectiveness drove many participants to adopt diligence and overwork as coping mechanisms, a dynamic further explored in the sub-theme "Playing with Fire: Overworking to Compensate Inadequacy." This sub-theme highlighted how their drive to compensate for these feelings, coupled with a work environment that emphasised performance over well-being, contributed significantly to their experiences of burnout.

The second major theme, “Coping and Burnout,” examined the maladaptive coping strategies participants employed as they grappled with overwhelming stress and exhaustion. The sub-theme “Burning Bridges: Maladaptive Coping” unpacked how participants resorted to

harmful coping mechanisms, such as denial and social withdrawal, which ultimately exacerbated their burnout. The sub-theme "Where There's Smoke, There's Fire: Recovery and Relapse Prevention Strategies" then shifted focus to the recovery phase, detailing the specific strategies participants used to regain their well-being and prevent future burnout. These strategies were categorised into solution-focused and emotion-focused coping, offering a structured understanding of the recovery process.

Finally, the third major theme, "Identity and Burnout," addressed the complex interplay between identity management and burnout. The sub-theme "Killing One's Fire: Splitting Identities at Work" explored how participants often felt compelled to split or conceal aspects of their identity, particularly their sexual orientation, in professional settings. This emotional labour was a significant contributor to their burnout. The sub-theme "The burning question to recovery: Can I be myself?," revisited the recovery process with a focus on how participants navigated the challenges of integrating their authentic identities into their personal and professional lives, highlighting the importance of self-compassion and authenticity.

This segment, through its comprehensive thematic analysis, offered profound insights into the personal and professional challenges faced by individuals, particularly highlighting the nuanced experiences of gay men within the workplace. It not only addressed the descent into burnout but also charted a course towards recovery, underscoring the resilience and introspection required to navigate these complex journeys.

5.5 Stage 5: destabilizing the narrative

5.5.1 A critical perspective on resilience

Critical Narrative Analysis (CNA) combines phenomenological narrative methods with critical theory, as outlined by Langdridge (2007). From a phenomenological perspective, CNA

honours the subjectivity of individuals and carefully considers their narratives about lived experiences. Meanwhile, its critical aspect involves a political examination of these narratives, questioning the underlying assumptions and ideological positions that shape them. The critique is thus not directed at the participants by imposing an assumed superior understanding of their experience. Instead, it serves to help the researcher recognise how certain narratives might limit future possibilities rather than expand them, thereby offering a fresh lens to examine the subject of study. Therefore, CNA aims to integrate phenomenology and critical theory dialectically, allowing each to inform the other.

In this context, burnout, as characterised by the World Health Organization, arises from prolonged workplace stress that remains unresolved. Within academic discourse, resilience is frequently highlighted as a key strategy for managing such stress (World Health Organization [WHO], 2021). In the following section, we will delve into the participants' narratives to explore their expressions of resilience in relation to their experiences of recovering from burnout. Subsequently, we will analyse how their stories align with or diverge from traditional notions of resilience and consider alternative frameworks that emphasise the importance of external support systems and broader social contexts in shaping their resilience.

5.5.1.1 Resilience as bouncing-back

The narrative of resilience as an individual accomplishment is deeply ingrained as a dominant view (Ungar & Jefferies, 2021). Resilience is often depicted as an individual's capacity to recover from adversity, a trait that enables people to "bounce back" from challenges (APA, 2018). The term started gaining traction in psychological sciences during the 1980s, serving as a metaphor for an individual's capacity to recover from both chronic and acute stress (Ungar,

2011). This conceptualization of resilience, prevalent in both academic literature and popular discourse, tends to focus on personal strength, self-reliance, and internal coping mechanisms.

This view is reflected in the participants' accounts, where resilience is frequently described as the ability to endure and overcome personal challenges. For instance, when sharing his experience of having a panic attack at his workplace Jack says:

When I go to the stage of the panic attack I felt like I wasn't good enough and that was a feeling that I had when I was a teenager and when I was a kid as well and it actually made a lot of sense for me because I think that it was such a high-pressure environment that it literally took from, for me to kind of recognise I needed to stop and just accept things that really were and to try and say no a bit more and it took for me to actually have a physical reaction to it and maybe that's a bit of stubbornness on my part, but I'm not sure and yeah, I think that sort of resilience I've built up over time has been from my own sort of personal experience. (Jack, 67)

This narrative aligns with the idea of resilience as a process of “bouncing back”, in this case through a journey of recovery. Similarly, Peter shares about the experience of recovering as reaching that state of being “good enough to go”:

Burnout takes years, take years to get to a full recovery. And then, at the same time, you need to obviously continue to be in challenging places and environments and sometimes it will hit back at you, but I've definitely made significant improvements compared to this time last year. So, I'm in a place where I can talk about it from a clear space in my head as to where I am, what I've experienced,... I'm sure there are still things that I need to go through but It's a bit like when you've had the flu you've recovered, but

you still a little bit, you feel a little bit fatigued, but you're good enough to go. I'm confident you will go entirely eventually but... (Peter, 311)

Paul described his commitment to attending therapy sessions three times a week, despite finding it difficult to sustain. His determination to engage in therapy, even when it felt overwhelming, exemplifies the idea of resilience as an individual's ability to persevere through adversity.

And therapy at the time and still is three times a week. So, I found that quite hard to sustain. I then pushed or tried to push through. And became more and more anxious... So, we're now beginning of 2022. When I finally said to myself that you know I'm already.. this burnt out and I'm already quite far gone into it. And that I just couldn't you know? I couldn't continue working I couldn't continue. Like I had to take time off to recover. (Paul, 51)

Moreover, when talking about his burnout recovery journey, Henry shares:

Because it proven to myself that I can do it and now I'm a little bit more resilient when things aren't going well, and I can have a talk to myself and... put things into perspective. There is all of these things going on. You're taking on too much work and I am vulnerable to do that. I still do it to a degree, but I'm much more fair to myself now. I will boundary my time. (Henry, 304).

Henry also describes his resilience by standing up for himself when he experienced bullying at work. This marked a turning point where he took control of his situation by seeking a new job that better suited his needs and allowed him to thrive in a less toxic environment:

I got bullied in a job where the boss had a disagreement with me about the management and one of the patients and decided to use that as a character assassination.

And at that point I kind of stood myself for the first time... "I'm leaving I've had enough".
(Henry, 274)

A different example of coping is given by David when he mentioned that the at the core of his burnout recovery was the reflection on his authenticity at his workplace. For him, the recovery began when he reflected on whether he could be himself, positing his resilience in his personal and individual thrive:

So, the ongoing experience is, I think the invitation of to not burnout. In, if I'm being honest. The invitation, which doesn't seem always possible. But can I be myself? With every person. In every situation. I think that's probably the invitation. So, I'm free to put my boundaries down. To say what I need to interact in ways that don't feel constrained, like I'm trying to be a certain identity. (David, 10)

Definitely counselling, which I have to have as part of my training, so I keep going. To that helps. Having... having a passion. Which more allows me to be myself a profession where I feel it's about. More about being oneself. (David, 430)

The participants' narratives primarily depict resilience as a personal achievement, relying on individual strategies and actions. The "just be yourself" narrative, which aligns with the common idea of "bouncing back," (Bartos & Langdridge, 2019) is evident in several instances where participants draw upon their internal resources, self-awareness, and personal development to manage burnout and stress.

Nevertheless, there are also indications of a broader, more ecologically nuanced view of resilience, where participants utilise external support systems such as therapy, social connections, and adjustments within their work environment.

5.5.1.2 Resilience as an interaction, an ecological process

Although the examples above illustrate the strengths and strategies those men utilised when recovering from burnout, this emphasis on individual resilience can inadvertently reinforce a cultural norm that places the burden of overcoming adversity squarely on the individual and their “mental toughness”. As noted in the literature (Ungar & Jefferies, 2021), this perspective can obscure the broader social, cultural, and environmental factors that contribute to an individual's ability to cope with stress, which lies in the core of the burnout phenomenon.

The narratives of the gay men who have participated in this study suggest that resilience is not merely a matter of personal strength but is deeply influenced by external support systems and the broader social context in which those gay men live and work. For instance, while Paul engaged in individual activities such as therapy and yoga, these practices were closely linked to external structures like professional support and community activities. This interplay between personal coping strategies and external resources highlights an ecologically complex understanding of resilience, where the individual's well-being is supported by a network of relationships and resources. Similarly, Henry's narrative illustrates how his decision to seek professional help and make a significant medical career adjustment after a conversation with a boss, was not just about personal strength but also about navigating and changing his environment to reduce stress and enhance his resilience.

This broader, more relational understanding of resilience challenges the traditional view that resilience is solely an individual trait. Instead, it suggests that resilience is a dynamic process that involves the interaction between individuals and their environments. This perspective is particularly relevant for LGBTQ+ individuals, whose experiences of resilience are often shaped

by their interactions with heteronormative structures and the availability of supportive communities.

For example, David found solace in a good friend who encouraged him to be himself and provided emotional support that he felt he might not have received from his family. Additionally, he engaged in counselling, which he found helpful in processing his experiences and in making the decision to leave his job when it was no longer good for him. His resilience was greatly strengthened by the combination of social and professional support he received:

At the time I had the support of a good friend. Who really encouraged me to kind of be myself and kind of saw me quite deeply and was supporting me in a way that maybe I wouldn't have got from my family... As well as counselling. (David, 348)

This narrative underscores the importance of external support and the role of the environment in shaping an individual's capacity to cope with stress. Moreover, the participants' narratives reveal the limitations of the "bounce back" metaphor in the context of LGBTQ+ resilience. For numerous LGBTQ+ individuals, especially gay men, there is not a prior state of normalcy they can revert to. Instead of regaining a former sense of stability, their resilience involves continuously adapting to persistent social threats and pressure (Bartoş & Langdridge, 2019). This adaptation often involves creative strategies for navigating environments that may not fully accept or support their identities.

For instance, Henry's decision to engage in an LGBTQ+ work network and to reflects a proactive approach to creating a more supportive environment that acknowledges and addresses the unique challenges faced by LGBTQ+ individuals, even though he also attributes this initiative as derived from a "just be yourself" attitude:

I am part of [...] that the leather community. So, I'm kind of leather gay, if you want to use pejorative kind of stereotypes, and I built the confidence to when I went to support work at Pride I wore my stuff. And I was expecting...I was really really nervous about it. But I was “fuck it. I'm gonna do it” because I built up all this confidence about myself and we talk about living our authentic selves a lot of work. In the LGBT Network. And...I did it and the chief executive of the organization came and he was just not bothered at all, and completely the opposite, his wife loved it. So however, a lot of it's in your head but nevertheless despite that positive experience and I know I still think there are people who are less open-minded, more bigoted, who will utilise a difference or minority to further themselves if the opportunity took to present yourself. (Henry, 509)

Similarly, when asked about what recovering from burnout looks like, Jack talks about his experience of “returning to his old self”:

I guess recovery would probably be stepping our sight of that dark room and actually into light and actually being comfortable there and not having really either panicky feelings or feeling numb or whatever. It is just essentially being back to my old self, that was obviously quite a process to get back to that point. (Jack, 298)

Conversely, he also acknowledges that his own resilience might have influenced his difficulties in reading that he was pushing himself too hard:

Not necessarily the resilience, but too much of a belief in my own resilience that actually this is not gonna affect me and it really, really did and it hit me really hard. (Jack, 361)

I was sat there and I convinced myself that I was really strong and that I knew the job and stayed out and I wasn't really accepting what I was feeling at the time and I think

that's ultimately will lead to me to get to that point where just I couldn't take it anymore.
(Jack, 381)

A more subtle narrative in Jack's account, but which illustrates a more ecological form of resilience, is when Jack talks about how he reconfigured his return to work: Jack changes sectors and becomes head of Well-being Policies, to help other people not go through what he went through.

And I basically said, "I can't change the system, but I can certainly make changes in the workplace", so I moved to another job and as a stepping stone now, it was just six months ago. I moved into the role for head of well-being in the courts. So, it's just kind of flipped on his head enough used as a kind of like a motivation almost and to not only better myself, but also to kind of make sure that there's things in place that people don't get the same way that I did, essentially. (Jack, 152)

This narrative demonstrates that LGBTQ resilience is not about reverting to a previous state, but rather about adapting and creatively finding new ways to navigate life in the face of persistent social threats and stress (Bartos & Langdridge, 2019).

5.5.1.4 Conclusion

In conclusion, while the participants in this study often narrate resilience as an individual accomplishment, their stories also suggest a more ecologically complex understanding of resilience that involves external support systems and environmental adjustments. This broader perspective challenges the dominant cultural norm that views resilience as a solely personal achievement and highlights the importance of considering the relational and systemic dimensions of resilience in LGBTQ+ lives.

By moving beyond the individualistic framework, we can better understand the resilience of LGBTQ+ individuals, particularly gay men, in a way that acknowledges the full complexity of their experiences. This approach not only honours the narratives of the participants but also opens up possibilities for imagining alternative stories of resilience that are more inclusive of external support and systemic change.

5.6 Stage 6: synthesis

The findings of this study can be understood as an overarching story of struggle, striving, collapse, and renewal, where individual voices and collective patterns intersect. The narratives, their tones and rhetorical functions, and the identities that participants constructed were not isolated features but deeply interwoven. Together with the thematic analysis, they reveal how personal experience was shaped by, and also resisted, wider cultural scripts and canonical stories.

The story began in childhood and adolescence, where feelings of inadequacy, shame, and exclusion were central. Participants narrated how the embedded message of “not being enough” took root early, linked to family expectations and the cultural codes of masculinity. Some sought to protect themselves through excelling, being the “good boy,” achieving high grades, or performing in sports, strategies that offered safety but also reinforced the demand to prove their worth. The tone of these stories was often reflective and sombre, but also infused with resilience, presenting the young self as resourceful in hostile environments. The rhetorical function of these accounts was to situate inadequacy not solely in the individual, but in family structures and cultural scripts that measured worth against narrow ideals of normality and masculinity. The identity work here was defensive yet adaptive, as participants constructed themselves as diligent, disciplined, and determined to survive.

This pursuit of legitimacy carried forward into adulthood, where the professional arena became the main stage for negotiating self-worth. Work was not simply about employment, but about belonging, safety, and proving competence. Narratives here echoed the canonical story of success as productivity and career achievement. The tone shifted between pride in resilience and weariness with the relentless demand to perform. The rhetorical function worked in two directions. On the one hand, stories reinforced the internalised pressure to excel. On the other hand, they critiqued workplaces as toxic and dehumanising, places where discrimination, microaggressions, and suppression of authenticity eroded wellbeing. The identity work in this phase was split. Participants spoke as tireless workers striving to achieve, but also as silenced individuals managing how much of themselves could be shown in environments where being gay risked exclusion or hostility.

Over time, the relentless pursuit of worth through work led to maladaptive coping strategies and eventually the breaking point. Participants described cycles of numbing, compulsive behaviours, and withdrawal. These strategies offered short-term relief but reinforced their distress, gradually eroding coherence and connection. Burnout was narrated not only as exhaustion but as disintegration: a collapse of joy, agency, and identity. Some stories echoed cultural scripts of personal failure, admitting to being unable to cope or feeling paralysed, yet these were countered by critiques of systemic exploitation and neglect. The tone was heavy and despairing, often accompanied by metaphors of emptiness and collapse. The rhetorical function of these narratives was double edged. They acknowledged the internalisation of responsibility while at the same time reframed burnout as the outcome of toxic systems and impossible expectations. The identities constructed at this stage were fractured, oscillating between collapsed selves and emerging critics of the structures that had harmed them.

Recovery was narrated as a process of reconstruction rather than return. Participants resisted the cultural metaphor of “bouncing back” and instead described recovery as building a new way of living, where boundaries, authenticity, and connection were central. Strategies such as therapy, community support, acceptance, and redefinition of success were important, but what mattered most was the meaning participants attributed to these shifts. Recovery was told as the gradual return of dreaming, enjoyment, and imagination, coupled with the courage to live more authentically. The tone here was cautious yet hopeful, with rhetorical work that advocated for gentler, more humane understandings of wellbeing. The identity work was transformative, moving from collapsed workers to boundary setters, self-accepters, and in some cases, advocates who used their experience to speak back to power. Recovery thus became not only personal healing but also an ethical stance, where authenticity was restored and participants positioned themselves as agents of change.

Taken together, the synthesis reveals a layered narrative arc. Early experiences of inadequacy fuelled overcompensation, which in adulthood was channelled into relentless striving at work. The costs of this striving became evident in cycles of coping and eventual collapse, leading to burnout as a loss of coherence. From this collapse emerged new stories of recovery, framed not as restoration but as transformation. To capture this trajectory, the discussion in **Chapter 6** concentrates the analysis into two key moments: Section **6.3 Burning out as a gay man** examines how inadequacy, overworking, and identity splitting shaped the experience of burnout, while Section **6.4 Recovery from burnout as a gay man** explores how participants described moving beyond collapse, highlighting the shift from maladaptive strategies to constructive approaches and the role of identity reconstruction. Across the findings, the participants’ voices show how personal histories, cultural scripts, and systemic structures

intersect to shape both burnout and recovery, and how identities can be reworked to reclaim authenticity.

6. DISCUSSION

6.1 Overview of the chapter

In the next sections, I will discuss the key areas that emerged from the participants' stories, connecting them to existing research and reflecting on their implications for future studies. Section **6.2 Reflection on the research aim and findings** is a self-reflexive account of how I perceived the results of the study, situating my interpretations within the broader research process. Section **6.3 Burning out as a gay man** examines how experiences of inadequacy, overworking, and identity splitting shaped participants' encounters with burnout. Section **6.4 Recovery from burnout as a gay man** then considers how participants described coping with and moving beyond burnout, highlighting the interplay between maladaptive strategies, constructive approaches, and identity reconstruction in their recovery journeys. Section **6.5 Implications and contributions to the field** discusses the theoretical, clinical, and social contributions of the study. Section **6.6 Limitations of the study** acknowledges the constraints and boundaries of the research process. Section **6.7 Recommendations for future research** identifies potential directions for further investigation that build on the findings. Finally, Section **6.8 Conclusion** brings the chapter to a close, drawing together the discussions and emphasising the significance of the study's contributions.

6.2 Reflection on the research aim and findings

This study set out to explore how gay men experience and make sense of recovery from burnout, an area that has received little attention in research so far. The goal was to understand better what it means to go through and recover from burnout, focusing on the personal perspectives of those who lived it. Specifically, the research looked at three main objectives: how participants define burnout, including what they saw as its causes and how it might be prevented;

how burnout affected their lives, including what made it worse or helped ease it; and finally, how they approached recovery, what it meant to them, what helped, and how they worked to avoid falling back into burnout.

I went into this study expecting to hear practical tips, strategies, and maybe some inspiring stories of overcoming challenges and what I found was something much more profound - their stories revealed a strong connection between their identities and their experiences with burnout. Recovery was not just about rest or lifestyle changes but about confronting and embracing their sense of self as navigating and integrating their diverse identity was inseparable from recovery.

This process was also personal for me. Listening to their stories, I could not help but reflect on my journey with burnout. Their experiences made me pause and consider parts of my recovery that might still need attention and full integration. More than being interesting and important academic contributions, their narratives were personal reminders of the work and growth we all continue to navigate after experiencing burnout.

6.3 Burning out as gay man

This section discusses the findings of the study in dialogue with relevant literature, organised around three interrelated themes that together illuminate how burnout was experienced by participants in the context of their sexual identities. The analysis moves through three dimensions of this experience, each connected to the broader framework of minority stress and stigma.

The first subsection, **6.3.1 The experience of feeling inadequate**, explores how participants described the origins of inadequacy in a heteronormative world. It considers how cultural and familial expectations shaped early feelings of being “less than,” and how these

experiences resonate with theoretical perspectives on stigma, minority stress, and family acceptance.

The second subsection, **6.3.2 Overworking to manage inadequacy**, examines how participants translated these feelings into patterns of relentless striving in professional contexts. Here, overwork and perfectionism are considered not only as compensatory strategies for internalised stigma but also as protective mechanisms against the risks of exposure, discrimination, and rejection. The discussion draws on psychological and sociological frameworks to contextualise how this pursuit of legitimacy both shielded and harmed participants, contributing to burnout.

The third subsection, **6.3.3 Work life for gay men: splitting identities at work**, looks at how participants managed their identities in professional spaces by separating personal and professional selves. It highlights the narratives of concealment, vigilance, and role fragmentation that shaped their day-to-day work lives, situating these findings within existing scholarship on identity management, covering, and workplace discrimination.

Together, these three subsections provide a comprehensive analysis of how the participants' lived experiences of inadequacy, overwork, and identity splitting intersect to shape burnout among gay men.

6.3.1 The experience of feeling inadequate

To live in a heteronormative world is to inhabit a system in which heterosexuality is not only assumed, but enforced as the natural and rightful standard. Heteronormativity defines what is seen as acceptable, desirable, and worthy, framing all that falls outside of it as deviant or lesser. This system operates through cultural, legal, and institutional practices that elevate heterosexual experience while marginalising or erasing other forms of identity and desire. Herek

et al. (1992) define heterosexism as the ideological and structural privileging of heterosexuality, maintained through social norms, institutional policies, and interpersonal behaviours. In such a context, LGBTQ+ individuals live in a social world that is already coded against them. Heterosexual people benefit from unmarked, unchallenged legitimacy, while LGBTQ+ individuals must navigate constant exposure to messages that who they are is inadequate, threatening, or invalid.

These ideological conditions are not abstract. They are embedded in everyday interactions, family dynamics, school environments, religious spaces, and workplaces. They shape what is considered an appropriate way of being, and by contrast, what is viewed as inappropriate, shameful, or wrong. From a young age, the participants in this study learned that being gay could provoke disappointment, shame, or outright rejection. They internalised this early, often before naming their own sexual identities. As they recounted their stories, a consistent thread emerged: a feeling that who they were might not only be unacceptable to the outside world, but worse, unlovable to those closest to them.

This perception was deeply connected to experiences within the family. Across several narratives, participants described a complex relationship with parental expectations. These expectations were rarely articulated explicitly, but rather inferred through silences, casual remarks, and implicit moral codes that guided what was permissible. To fail at heterosexuality often felt like failing at sonhood. The perceived threat was not only to one's identity, but also to one's role in the family system. Being gay was imagined not simply as different, but as a betrayal of unspoken family ideals.

The literature on family acceptance offers important insight into this dimension. Ryan et al. (2009, 2010) demonstrated that family rejection of sexual minority youth is associated with

higher rates of depression, substance use, and suicide attempts, while family acceptance has been shown to mitigate these outcomes significantly. Padilla et al. (2010) also found that family acceptance functions as a protective factor, reducing psychological distress. In contrast, environments marked by rejection or erasure contribute to a climate where LGBTQ+ individuals must suppress, hide, or reshape themselves in order to maintain a semblance of familial belonging. Baiocco et al. (2015) observed that negative parental responses to coming out often stem from rigid traditional values and poor emotional resources to handle deviation from those norms.

These dynamics were clearly echoed in participants' stories. Their rhetorical tone often shifted between shame, grief, and silent resilience. Several narratives functioned as retrospective acts of reinterpretations, moments where participants reflected on what they could not express at the time. One participant described how he learned to anticipate his parents' disappointment long before any conversation about sexuality had occurred. Another spoke of overhearing homophobic jokes while watching television with family and feeling instinctively that something about him was being targeted, even if no one had said it outright. Lin et al. (2022) found that familial sexual stigma increases internalised homonegativity and erodes self-concept clarity. This mirrors the stories shared by participants, in which the home became not only a place of physical shelter but also a source of psychological vulnerability. The possibility of rejection, whether enacted or imagined, hung over many of their formative experiences.

The experience of inadequacy was not confined to the family environment; participants described how this sense of not belonging extended into other key social settings, particularly schools and peer groups, where normative expectations around gender and sexuality were reinforced and where daily interactions often echoed the same messages of exclusion and

difference. These findings align closely with the framework of minority stress, which helps explain the long-term psychological impact of systemic and interpersonal stigma. Meyer (2013) distinguishes between distal stressors, such as direct experiences of discrimination or rejection, and proximal stressors, which include internalised stigma, fear of rejection, and the need for concealment. The participants' feelings of inadequacy were not simply psychological states; they were embodied responses to the social world. Goffman (1963) theorised stigma as a process through which certain identities are marked as undesirable, leading to social devaluation. These processes, as lived by the participants, contributed to enduring narratives of shame and defectiveness.

A recent meta-analysis by Bridge et al. (2019) found that sexual minority youth report significantly lower self-esteem than their heterosexual peers, with minority stress identified as a major contributing factor. Self-esteem, in this context, should not be understood as a stable personality trait, but rather as a relational and context-dependent phenomenon. The qualitative data in this study show how self-esteem shifts in response to interpersonal dynamics and broader social environments. Participants described periods of emotional collapse following instances of familial or social rejection, as well as moments of tentative self-affirmation that emerged in more accepting spaces. These oscillations reflect a more ecological understanding of self-worth, one that aligns with Husserl's concept of the lifeworld as a space shaped by intersubjective meaning and embodied experience.

The link between social rejection and internalised stigma is supported by research showing that environments lacking acceptance amplify internalised homonegativity (Cox et al., 2010; Lin et al., 2022). While some studies (Hossain & Ferreira, 2019) suggest that positive contexts alone may not guarantee a healthy self-concept, the participants' narratives suggest that

negative contexts, especially when combined with the absence of visible support or positive representations, can be particularly damaging. In these cases, the rhetoric of inadequacy was not only internal, but also socially constructed, reinforced through repeated cues about who counts as worthy, respectable, or successful.

What emerges across the data is a lived sense of dissonance. The participants were not simply struggling with abstract ideas of identity. They were navigating real environments where failure to conform carried social and emotional consequences. To be seen as inadequate was to risk being left out, not only by peers but also by one's own family. This section has explored the origins and lived experiences of this sense of inadequacy. The next section will examine how participants responded to it—how they attempted to manage, conceal, or compensate for the threat of rejection, and what strategies they developed in pursuit of safety, validation, and belonging.

6.3.2 Overworking to manage inadequacy

The strategy of overcompensation in professional settings emerged as a critical finding in this study, revealing how participants used overwork and perfectionism not only as coping mechanisms to manage the internalised stigma associated with their sexual identity but also as protective strategies in environments where disclosure could expose them to discrimination or harm. Participants' narratives consistently highlighted a relentless drive to achieve, rooted in the fear of inadequacy, the desire to prove their worth, and the need to shield themselves from the potential consequences of being fully seen.

This dynamic can be further understood through the concept of ontological insecurity. Laing (1960) described ontological insecurity as a fragile sense of being in which individuals feel constantly at risk of disintegration or exposure. Giddens (1991) later developed the concept

in relation to modern identity, highlighting how individuals construct protective routines to sustain a coherent sense of self under conditions of uncertainty. Several participants' stories reflected this instability. They described living double lives—masking their sexual identity in professional contexts, striving for legitimacy through flawless performance, and fearing that a single mistake might not only undermine their career but also expose them to judgment or rejection. Their accounts often carried a tone of vigilance and self-surveillance, functioning rhetorically as both description and justification: to work without rest was not only a way to compensate for perceived inadequacies but a way to feel temporarily safe in hostile or uncertain environments.

For some, this need to overwork was experienced as compulsion. Several participants described the feeling with phrases such as *"I can't stop"*, linking their relentless drive to the fear of what might happen if they slowed down. This was not only anxiety about productivity but about survival: stopping work threatened to remove the protective shield they had built against distal stressors such as violence, rejection, and discrimination. Overworking became not just a way of managing feelings of inadequacy, but a strategy to reduce the risks of being outed or targeted. The anxiety of losing this protective mechanism infused their stories with a tone of urgency and dependence, as though work itself had become a lifeline against instability.

Aziz et al. (2018) found that individuals with low self-esteem are more likely to engage in workaholism as a means to enhance their perceived value, leading to greater stress. Similarly, Pachankis and Hatzenbuehler (2013) showed that sexual minority men often invest heavily in achievement-related domains to cope with stigma, which takes a significant toll on mental health. These findings resonate with participants' descriptions of exhausting themselves at work not simply to prove their worth but to keep themselves shielded from external threats.

Rimes et al. (2023), revising Fennell's (1997) model of low self-esteem, argue that conditional beliefs such as "If I don't perform exceptionally at work, I will be seen as a failure" drive overworking as a behavioural strategy. For gay men, these conditional beliefs were often tied to both internalised stigma and external threats: excelling at work became a way to remain above suspicion, to avoid scrutiny, and to maintain an acceptable front. The participants' words revealed how failure at work was not only professional failure but also felt as a collapse of the mask that protected them from exposure.

This reliance on external validation can be understood through Crocker's (2002) concept of "contingencies of self-worth." For participants, self-esteem became contingent upon professional success and recognition, creating a vulnerability where minor setbacks triggered disproportionate anxiety. Their stories often carried tones of urgency and desperation, underscoring how precarious self-worth felt when it depended entirely on external approval. Hill and Curran's (2016) distinction between perfectionistic strivings and perfectionistic concerns illuminates this pattern: while striving sometimes buffered against burnout, concerns about making mistakes amplified stress, particularly in environments perceived as unsupportive or unsafe.

From a sociological perspective, Goffman's (1963) concept of "covering" helps frame this behaviour. Participants' overworking paralleled covering strategies in which individuals minimise or conceal stigmatised traits to fit more comfortably into dominant cultural norms. As Yoshino (2006) argues, covering is not simply a personal choice but an expectation imposed by institutions and workplaces. For participants, overworking was both a form of covering and an exhausting strategy to offset stigma: to avoid being reduced to their sexuality, they aimed to become untouchable through flawless performance. Their narratives often took on tones of

fatigue and resignation, but also of defiance, highlighting the double bind of wanting authenticity while fearing its costs.

Drawing on Adler's notion of "striving for superiority" (2013) and Rogers' (1959) concept of "conditions of worth," the participants' behaviours illustrate how social devaluation was internalised and then transformed into perfectionistic striving. One participant's insistence that he "could not afford to make mistakes" encapsulated the rhetorical function of these narratives: they were not just accounts of hard work but testimonies of survival strategies in an environment where inadequacy and exposure felt inseparable.

In conclusion, the participants' stories of overcompensation show that overworking was not merely about compensating for internal feelings of defectiveness. It was also a protective mechanism against real risks of violence, discrimination, and rejection. The refrain of "*I can't stop*" illustrates how deeply work had become tied to safety, showing overachievement as both armour and burden. Their narratives reveal how professional overwork functioned as a shield while at the same time intensifying exhaustion and fuelling burnout. These findings underscore the tension between self-protection and self-erasure, a tension that sets the stage for the next section, which examines more explicitly how gay men navigate work life by splitting identities in professional contexts.

6.3.3 Work life for gay men: splitting identities at work

Identity management, particularly the suppression of sexual identity, emerged as a significant issue in this study, illustrating that for LGBTQ+ individuals, to navigate heteronormative work environments involves complex strategies. Early models of LGBTQ+ identity development, such as those proposed by Cass (1979) and Coleman (1982), positioned disclosure as a critical milestone of identity integration. However, the findings of this study

challenge the assumption that disclosure is always beneficial. Some participants described the exhausting nature of managing when, how, and to whom they disclose their identities, while other participant's experience of working in a "technical and masculine dominated" environment highlights the psychological toll of constant self-monitoring and identity suppression. These stories align with Pachankis et al.'s (2020) findings that the decision to conceal or reveal one's sexual identity involves complex psychosocial trade-offs. While concealing one's identity can protect against discrimination, it also generates significant stress due to the constant need to hide.

The participants' experiences also underscore the challenges of maintaining authenticity in environments that do not fully embrace their identities. The sense of isolation and fear of discrimination described by some participants illustrates the emotional complexity of managing professional and personal identities. This supports existing theories on the negative psychological impacts of identity suppression and the double life many LGBTQ+ individuals lead in the workplace (Beagan et al., 2022; Lindsey et al., 2019). For instance, one participant's narrative of feeling that his authentic self was "killed" in the workplace vividly illustrates the psychological distress caused by these conflicting identities, which is further fuelled by the identity crisis provoked by burnout (Bernier, 1998).

Hermans and Gieser's (2011) Dialogical Self Theory, which posits that the self is a dynamic and multilayered entity, composed of multiple "I-positions" that engage in internal dialogues, provides further insight into participants' account of identity fragmentation. Some narratives illustrate how these conflicting I-positions, professional identity versus personal authenticity, can lead to psychological distress when they cannot be reconciled. This aligns with the findings of Seiler-Ramadas et al. (2021), who highlight the mental health risks associated with concealing one's sexual identity in unsupportive work environments, and what Viehl et al.

(2017) refer to as the synthesis of identities. The participant's struggle with internalised homophobia further highlights the role of societal norms in shaping the internal conflicts experienced by gay men in the workplace. This finding challenges the narrative that disclosure alone can resolve these tensions. While self-verification theory suggests that being open about one's identity can lead to greater life satisfaction (Lindsey et al., 2019), the participants' experiences suggest that in certain environments, this openness can exacerbate stress rather than alleviate it.

The challenges of identity management among gay men in the workplace might be further informed by Sartre's concept of "the Other" (1943). His notion of "the look" posits that our awareness of being observed by others forces us to see ourselves through their eyes, leading to self-objectification. This dynamic was evident in some participants' accounts who described how the gaze of their colleagues, rooted in heteronormative expectations, compelled them to suppress or alter their true selves to fit into the workplace. This suppression is not just a response to external pressures but also an internalised process where these men see themselves as the "Other," further reinforcing their sense of alienation and loss of freedom. The constant need to monitor their behaviour and presentation in the workplace mirrors Sartre's existential struggle, where the presence of the Other limits personal autonomy and fuels a sense of existential conflict.

The discussion on authenticity might be extended and complicated by drawing on the works of Glissant (1990) and Guignon (2004), who challenge the conventional understanding of authenticity as complete self-disclosure. Guignon argues that the ideal of authenticity, which emphasises looking inward to find and express the "true self," is inherently flawed if it does not recognise the social contexts that shape identity. This resonates with the participants' narratives,

where the demand to be "authentic" in a heteronormative workplace often leads to psychological distress rather than fulfilment. For gay men, the pressure to disclose and align with workplace norms can undermine their well-being, suggesting that authenticity is not simply about revealing the self but about navigating complex social relationships and expectations.

Glissant's concept of opacity offers a valuable counterpoint, one grounded in postcolonial theory but likely applicable to other contexts, to the demand for transparency in the workplace. In his "Poetics of Relation" (1990), Glissant advocates for the "right to opacity," the idea that individuals should not be required to fully reveal or explain themselves to others. Some participants in this study expressed the difficulty of maintaining boundaries between their personal and professional lives. For these gay men, opacity, remaining partially hidden or misunderstood, can be a protective strategy against the intrusive demands of a workplace that often fails to recognise or respect their full humanity. By embracing opacity, individuals thereby can resist the reductive pressures of identity disclosure and preserve aspects of themselves that are not easily categorised or understood by others.

Sundén's (2023) work on "kink obscurity" extends this further by arguing that marginalised groups might, at times, benefit from maintaining a degree of invisibility as a form of resistance. In this context, the participants' strategies of selectively disclosing their sexual identity or compartmentalizing their lives can be seen as acts of resistance rather than failure. By choosing when and how to reveal their authentic selves, they navigate a delicate balance between visibility and invisibility, maintaining control over their narrative in a world that often seeks to define them through a heteronormative lens.

6.4 Recovery from burnout as a gay man

In examining the stories of coping within the context of burnout among gay men, this section explores the complex relationship between maladaptive strategies, constructive approaches, and processes of recovery. The discussion is organised into three interrelated subsections.

The first, **6.4.1 Maladaptive coping and constructive approaches**, considers how participants relied on behaviours that offered temporary relief but ultimately exacerbated distress, as well as the practices and resources that supported well-being. This subsection highlights the coexistence of harmful and restorative strategies, showing how participants navigated both simultaneously.

The second, **6.4.2 The transition: moving from maladaptive to constructive approaches**, focuses on the turning points and processes that enabled participants to shift from strategies that deepened exhaustion toward approaches that fostered resilience and recovery. This transition is examined as a gradual and often uneven process, informed by personal reflection, relational support, and broader contextual changes.

The third, **6.4.3 Identities and recovery from burnout**, explores how recovery was not only about alleviating symptoms but also about reconfiguring personal and social identities. Participants' narratives revealed how the process of recovery involved reclaiming authenticity, reinterpreting past experiences, and re-establishing a sense of coherence between self and world.

6.4.1 Maladaptive coping and constructive approaches

Comparing accounts of maladaptive coping and recovery/relapse prevention strategies within my findings reveals a complex interplay between the detrimental and restorative approaches participants employed in response to their burnout experiences. Maladaptive coping,

characterised by behaviours such as denial, overworking, and social withdrawal, contrasts starkly with the constructive strategies participants later adopted for recovery, including therapy, social support, and boundary-setting. These divergent coping mechanisms offer significant insights into the process of managing and mitigating burnout, particularly within the context of sexual minority stress.

Participants frequently described how maladaptive coping behaviours, such as pushing themselves beyond their limits, social isolation, and engaging in compulsive behaviours like binge eating, initially exacerbated their burnout. This aligns with existing literature, which highlights how maladaptive coping, including avoidance and overworking, is strongly associated with increased burnout risk (Estephan et al., 2023). For example, one participant shared using food as a means of comfort during times of stress reflects a common pattern in maladaptive coping where individuals seek temporary relief from emotional distress, only to aggravate their underlying issues. Similarly, the habit of going the extra mile despite unsustainable demands resonates with the literature on avoidant coping strategies, which are correlated with emotional exhaustion and decreased personal accomplishment (Welbourne et al., 2007).

However, as participants progressed through their burnout journey, many transitioned from these maladaptive strategies to more adaptive coping mechanisms that facilitated recovery and helped prevent relapse. The narratives of recovery emphasise the pivotal role of therapy, social connection, and setting boundaries. Therapy emerged as a transformative process where participants learned to establish healthy boundaries and recognise their self-worth, addressing the root causes of their stress rather than merely alleviating symptoms. This shift from maladaptive to adaptive coping mirrors the progression described in the literature, where effective burnout interventions, such as counselling and mindfulness practices, significantly reduce emotional

exhaustion and enhance long-term well-being (Isaksson Rø et al., 2003; Suleiman-Martos et al., 2020).

The transition from maladaptive to adaptive coping strategies also highlights the importance of self-awareness and proactive mental health management. Participants shared that they became more attuned to the physical and psychological signs of burnout, exemplifying how recovery is not just about addressing past damage but also involves ongoing strategies to prevent relapse. This proactive stance is reflected in the literature, where coping is identified as a critical factor in both the prevention and treatment of burnout (Shin et al., 2014). Moreover, the study's emphasis on the unique experiences of gay men in this context contributes to the broader field by underscoring how sexual minority stress can shape both the onset of burnout and the pathways to recovery.

While the literature often focuses on the role of coping in either preventing or treating burnout, my findings suggest that these processes are not mutually exclusive but rather interdependent. The same coping mechanisms that aid in recovery, such as establishing boundaries and seeking social support, also serve as preventive measures against future burnout. This dual function is particularly evident in participants' narratives, where actions taken to recover from burnout, such as reducing work demands or cultivating supportive relationships, also act as safeguards against relapse.

6.4.2 The transition: moving from maladaptive to constructive approaches

This section examines the psychological dynamics that drive participants to identify ineffective coping strategies and adopt approaches that support authentic recovery and resilience. The psychological journey of shifting from maladaptive to healthier coping strategies is marked by a complex process of self-awareness, resilience, and an evolving sense of personal meaning.

For many individuals, the experience of burnout functions as a catalyst, forcing them to confront the limitations of their existing coping mechanisms and explore alternatives that align more closely with their values and well-being. Abedini et al. (2018), for instance, distinguish between circumstantial and existential burnout among medical residents, revealing how burnout can spur a re-evaluation of personal purpose, especially for those grappling with existential questions around their career paths. This aligns with participants in the present study, who, despite differences in occupation, similarly found burnout as a turning point that prompted a deeper search for meaning. Furthermore, Levillain et al. (2024), in a study of athletes, demonstrated how resilience can mediate the adverse effects of maladaptive coping on burnout, emphasising the importance of adaptive strategies in fostering recovery. These insights underscore how resilience, reflection, and, often, external support reshape individuals' approach to work and life, ultimately leading to healthier ways of managing stress.

A common factor in the shift away from maladaptive coping is the re-evaluation of personal strengths. Participants often initially leveraged qualities such as perseverance, empathy, or a strong work ethic to excel professionally, even at the cost of their own health. However, burnout illuminated the need to apply these strengths in ways that prioritised self-care. Verhavert et al. (2023), in a study of Flemish schoolteachers, identified that moderate to vigorous physical activity was associated with reduced burnout levels, suggesting that channelling energy into personal wellness could counteract burnout. Similarly, one participant's tenacity, initially contributing to overwork, later fuelled their dedication to a structured recovery plan. Although Verhavert et al. (2023) used a cross-sectional design, limiting causality, their findings align with the present study's finding that rethinking personal strengths can transform former sources of burnout into tools for healing.

The resilience demonstrated by participants throughout their journeys highlights a remarkable capacity to recover from adversity, even as they encountered repeated challenges. Burnout often forced these individuals to confront their limits and make necessary changes, often only after reaching a personal “rock bottom.” For instance, Sullivan et al. (2022) found that Missouri clinicians exhibited high burnout levels but seldom sought support due to organizational barriers, showing how systemic issues affect resilience. Comparatively, participants in the current study sought resilience not only by adjusting personal expectations but also by engaging in practices that fostered balance, even when internalised norms about productivity posed obstacles. Korhonen and Komulainen (2023) similarly observed that cultural expectations in Finnish healthcare often framed burnout recovery as an individual’s responsibility, reflecting participants’ challenges with balancing resilience and external support.

The redefinition of meaning and purpose also emerged as a transformative aspect of coping. Ayala (1993), drawing from Viktor Frankl’s existential perspectives, argues that finding meaning in life and work is essential. According to Ayala (1993), individuals who see work as a duty to make a difference in the world achieve a sense of existential fulfilment. However, when professional stressors overwhelm their ability to succeed in this quest for significance, disillusionment sets in, leading to burnout. This is consistent with the present study’s participants, who initially sought fulfilment in professional achievements but found burnout to be a turning point toward a balanced and holistic sense of purpose. Längle (2003) expands on this by suggesting that burnout often results from a non-existential and utilitarian approach to work, where the job becomes merely a means to an end. This contrasts with an orientation that aligns work with fundamental existential values, potentially preventing the “existential vacuum” that contributes to burnout.

He et al. (2023), studying counselors through the “Work as a Calling Theory”, found that “living a calling” significantly mitigated burnout, but only when work meaning aligned with everyday engagement. This resonates with the current study’s participants, who began perceiving work as one part of a fulfilling life rather than its entirety, allowing room for personal interests, relationships, and well-being. For example, one participant’s joy in simple activities like watching movies or engaging in hobbies illustrates a shift from functional survival to genuine engagement with life. Jin et al. (2023) further highlight the buffering effect of career calling in reducing stress for nurses, aligning with the observed process of reevaluating personal identity and purpose in fostering a more sustainable approach to self-care. Vos (2016) further underscores the essential role of meaning in resilience by noting that many chronically ill individuals face psychological stress from the search for a meaningful life despite physical limitations. The clinical–aetiological model developed by Vos (2016) suggests that integrating meaning-centred approaches, such as adapting one's worldview or sense of purpose, can significantly enhance the quality of life and psychological well-being for individuals facing chronic illness, a concept that parallels the importance of purpose in burnout recovery.

An essential part of this psychological transition involved self-acceptance and the integration of personal identity within one’s professional role. For several participants, entwining their identities with their roles initially drove maladaptive coping behaviours, as they felt their worth was inextricably linked to professional success. Studies like Marín-Farrona et al. (2021) suggest that engaging in non-occupational activities (NOPA) can create a psychological detachment from work, fostering a stronger sense of self outside professional identity. In this study, as in Marín-Farrona et al. (2021), self-acceptance was key to setting boundaries, with

participants reporting they felt empowered to acknowledge challenges without constantly conforming.

This journey of recognizing, accepting, and reframing one's coping mechanisms also required participants to redefine their relationship with work itself. Rather than seeing work as the primary source of self-worth or validation, they began to view it as one of many aspects of a meaningful life. By shifting their focus to encompass personal fulfilment, they experienced a reduction in stress and an increase in overall satisfaction. Veldhuis et al. (2020) used a system dynamics model to analyse burnout feedback loops, showing how occupational reinforcement of identity impacts burnout trajectories. This finding supports the current study's view that reevaluating the centrality of work can lessen stress and enrich self-worth. Bauernhofer et al. (2018) underscore that burnout is multifaceted and varies by individual, suggesting that such re-evaluation may hold unique benefits depending on burnout subtype, adding a nuanced layer to understanding recovery trajectories.

In conclusion, the comparison of these coping strategies not only aligns with existing literature on coping and burnout but also extends it by highlighting the dynamic interplay between maladaptive and adaptive strategies within the lived experiences of the participants and the transition from the former to the latter. This evolving view of coping as fluid and adaptable offers valuable insights for researchers and practitioners supporting individuals in their recovery from burnout. The findings emphasise the need for tailored interventions addressing both immediate and long-term burnout challenges, as highlighted by Pladdys (2024) and Byun et al. (2022), who advocate for environments that support structured recovery activities. Comparing these insights reveals opportunities for more inclusive, context-sensitive approaches that consider the unique stressors faced by marginalised groups.

6.4.3 Identities and recovery from burnout

As burning out imposes a terrible defeat or a collapse in one's professional identity (Bernier, 1998), burnout recovery requires redefining it. For the participants, it was characterised by a profound reorganization and integration of their identities, grounded in increased self-awareness and authenticity. Their narratives illustrate that recovery was not simply about overcoming burnout but about reclaiming and reintegrating aspects of the self that had been suppressed or fragmented during the burnout period. This process resonates with Meyer's (2003) Minority Stress Theory, which emphasises how the chronic stress of managing a stigmatised identity can exacerbate psychological distress. In this study, the participants' experiences of shifting from fear to confidence and self-assurance during recovery underscore the transformative potential of this process, highlighting the critical role of identity integration in mitigating the psychological impacts of minority stress.

Building on this, the findings adds to the broader literature on identity and recovery, particularly concerning the importance of authenticity and boundary-setting. Studies by Chung et al. (2009) and Velez et al. (2013) similarly highlight the stigma and stress linked to balancing a marginalised identity within the mental health profession. For instance, in Vieh et al.'s (2017) study, those who managed to avoid complete burnout cited their ability to integrate their identities as a critical factor in mitigating burnout symptoms, a finding that aligns closely with the narratives of the participants in this study.

Stories of the participants' recovery involved a dynamic reorganization of multiple "I-positions", the various identities they navigate in different social contexts (Hermans, 2015). Hermans' theory posits that the self is not a singular entity but a polyphonic system, with different voices or identities that interact, conflict, and harmonise based on cultural and social

contexts. During burnout, the participants experienced a dissonance between these I-positions, particularly between their professional selves and their other selves. Recovery, therefore, was a process of repositioning, allowing these multiple identities to coexist more harmoniously. This repositioning often involved setting new boundaries and asserting their needs more clearly in both personal and professional spheres, as highlighted by participants who described their recovery as a process of "finally being able to bring my whole self to work."

While the literature on burnout recovery often focuses on stress reduction and work-life balance, this study's findings suggest that the integration of fragmented identities might be equally critical. Guignon's (2004) argument that authenticity involves recognizing oneself as fundamentally embedded in social relationships and that true recovery requires a re-evaluation of these relationships is seeing in the participants' account in the possibility to ask, "Can I be myself?". Therefore, their recovery marks a turning point for participants, where they transition from merely coping with burnout to actively redefining their identity and boundaries.

6.5 Implications and contributions to the field

This study aimed to investigate the lived life of gay men who have experienced burnout and recovered from it. From this fresh, novel look into the field of burnout, I believe that the findings could be helpful for professionals working with gay men who might be going through stress and burnout and also for gay men themselves. This study's findings contribute to the Counselling Psychology field by clarifying the psychological mechanisms underlying burnout among gay men, especially as related to feelings of inadequacy, coping styles, identity management, and recovery strategies.

6.5.1 Implications for individuals

Burnout in gay men often occurs in the context of conflict between feeling able to fully express their identities versus the need to meet social expectations. This is compounded by the difficulty of dealing with their own identities in environments where they feel they cannot express themselves. In this context, self-reflection and self-development provide meaningful pathways to address burnout, allowing clients to explore and reconcile the often disparate facets of their identities.

Self-reflection invites clients to explore who they are in relation to their professional and personal lives, encouraging them to confront issues of meaning, authenticity and inadequacy. Rather than a deficiency or failure, the experience of burnout is an opportunity to invest in self-reflection on boundaries, particularly for individuals experiencing identity-related stress. Clients can benefit from assessing where and how their boundaries are being crossed, especially in environments that place high demands on them and how their life experiences shape their responses to external pressures. This helps them build a clearer sense of self-directed purpose and understand how, in what contexts, and driven by what feelings and emotions they push their boundaries.

This self-reflection, reported by the participants in this study, was crucial to strengthening their internal confidence, helping them to promote greater integration between their personal values and their identities at work, thus facing professional challenges with more purpose and autonomy, which contributes to long-term well-being and reduces the risk of burnout.

6.5.2 Theoretical Implications

Traditional theories of burnout, which often focus on balancing work demands with the presence/absence of resources, as well as individual resilience as a way to manage burnout, often

overlook the nuances of stress experienced by those with minority identities, such as the impact of potential microaggressions at work, expectations of hiding one's sexual orientation, of fear of retaliation or discrimination for expressing oneself authentically. My study, thus, reveals the need for theoretical frameworks to understand burnout that consider specific stressors - such as pressure to adhere to hegemonic masculinity norms, exclusion from social circles in the workplace, and exposure to homophobic comments.

In this sense, the findings of this study question the idea that burnout in gay men can be explained solely by individual factors, advocating for a more comprehensive approach that considers the interaction between the men's personal stories together with the social pressure (such as discrimination, prejudice, and expectations of masculinity) and structural factors (such as inequality in access to professional opportunities, lack of representation in leadership positions, and non-inclusive organisational policies or practices). A more holistic view of the burnout phenomenon, for example through a Bio-Psycho-Socio-Spirit-Cultural framework (Listopad et al., 2021), reinforces the impact of identity management, including sexual identity, on mental health, and the intersectionality of these identities in relation to the environments they live in, which can be both unhealthy and nourishing. For example, companies with discriminatory practices and a lack of inclusive policies contribute to an unhealthy scenario, while organisations that promote diversity and psychological safety create nourishing environments. This is necessary in professional contexts where heteronormative norms demand behaviours that deny aspects of sexual identity, forcing gay men to suppress their self-expression to avoid judgment or exclusion.

Instead of models that focus solely on the individual, I propose integrating minority stress theory (Meyer, 1995), which addresses issues such as structural homophobia and

microaggressions, with an ecological perspective on resilience (Bastos & Langdridge, 2019). This model recognises that resilience is not simply about returning to a previous state, as the "bounce back" metaphor suggests, especially since marginalised individuals often face ongoing social threats rather than isolated crises. Ecological resilience emphasises adaptive and innovative ways of living and building support networks, such as through forming chosen families, engaging in activism, or creating inclusive communities that provide emotional and practical support. This allows for a greater focus on collective and sustainable strategies for coping with persistent stressors, promoting long-term growth and well-being.

6.5.3 Practical implications for Counselling Psychologists

The following subsections (6.5.3.1 to 6.5.3.6) present a set of counselling recommendations that are directly informed by the findings of this research. Each recommendation reflects one of the key themes or take-home messages identified in the synthesis and is grounded in the narratives shared by participants. These sections aim to support counselling psychologists in engaging more effectively with gay men recovering from burnout, by attending to the cultural, relational, and identity-based dimensions that shaped participants' experiences and recovery processes.

6.5.3.1 Attending to social and cultural contexts

The findings of this study showed that burnout among gay men cannot be understood without reference to wider social and cultural contexts. Participants described how heteronormativity and minority stress shaped their everyday lives, creating constant vigilance and feelings of being "less than" in family, educational, and occupational environments.

Counsellors working with gay men should therefore move beyond a focus on individual coping and explicitly acknowledge how discrimination, exclusion as well as the fear of them,

intensify exhaustion. Situating clients' experiences in this context can help them understand that burnout is not simply a personal weakness but a response to systemic pressures, an insight that participants described as central to their recovery.

6.5.3.2 Exploring narratives of inadequacy

A dominant theme in the findings was inadequacy, often rooted in family rejection and reinforced by heteronormative environments. This sense of defectiveness was carried into professional life, where participants sought to compensate through perfectionism and relentless striving. Counsellors can work with clients by exploring these narratives as socially produced stories rather than personal truths. In my clinical work, for example, a client who feared that a single mistake would reveal him as unworthy was encouraged to see this belief as part of a cultural script around masculinity and productivity. Reframing inadequacy as a narrative rather than an essence allowed him to begin constructing alternative stories of self-worth and competence.

6.5.3.3 Supporting boundary setting and functional coping

The discussion highlighted how maladaptive strategies such as overworking and withdrawal initially exacerbated burnout. Recovery became possible when participants developed constructive approaches, including boundary setting, asking for help, and building routines that valued rest alongside productivity. In therapy, this means supporting clients to identify when their coping strategies have become harmful and guiding them toward healthier alternatives. One client in my practice came to therapy believing that refusing excessive work tasks meant failure. Through exploring this belief against the backdrop of minority stress theory, he began to see boundary setting as a constructive strategy rather than a threat to his identity.

6.5.3.4 Reframing authenticity and success

Participants described recovery as a process of redefining authenticity and success. Instead of equating worth with professional achievement or constant visibility, recovery involved recognising inadequacy as a socially imposed story and imagining new ways of living. Counsellors can help clients identify the cultural narratives that link value to being the most productive, the busiest, or the one who never says no. Therapy can be a space to question these assumptions and support clients in constructing new definitions of success that aligned with their values, relationships, and wellbeing.

6.5.3.5 Resilience as building new patterns

The findings challenge the idea of resilience as “bouncing back” to previous ways of living. For participants, resilience meant creating new patterns that honoured identity and authenticity. Community support was particularly important, with partners, friends, and LGBTQ+ networks described as anchors of recovery. For counsellors, this underscores the value of helping clients to recognise and strengthen these sources of support. Therapy should encourage connection rather than isolate resilience as an individual responsibility.

6.5.3.6 Identity, disclosure, and the right to opacity

The findings also showed that identity management in the workplace was a significant contributor to burnout. Participants described the psychological toll of hiding their sexuality, but also the risks of full disclosure in hostile environments. Counsellors should respect this complexity and support clients to find strategies that allow for authenticity without demanding full openness. Drawing on Glissant’s idea of the “right to opacity,” therapy can help clients make choices about disclosure that prioritise psychological safety and personal integrity.

6.5.4 Policy Implications for Organizations.

This research recommends organizational practices such as regular diversity training, clear anti-discrimination policies, and the creation of LGBTQ+ support networks in the workplace. These initiatives support flexible approaches to identity management, allowing gay men and other LGBTQ+ individuals to choose how and when to share aspects of their identity, including whether or not to disclose their sexuality, and can reduce identity-related stress, a factor often linked to burnout.

This study also suggests that organisations should invest in training programs to raise awareness of the unique challenges faced by LGBTQ+ employees, particularly the pressure to overcompensate or conceal parts of their identity. Inclusive training initiatives can reduce the psychological toll on LGBTQ+ employees and help create environments that ultimately decrease burnout risks. Employers can also implement wellness programs that align with existential principles, focusing on holistic well-being and individual purpose. For example, companies can offer stress management workshops that encourage self-reflection and personal meaning.

My study encourages counselling psychologists to approach burnout among gay men from a perspective that considers psychological and social factors, through a more ecological lens. This means that therapists need to help gay men experiencing burnout look more closely at how they are living out their identities and the barriers to more authentic expression.

6.5.5 Dissemination of the findings

In terms of dissemination, I see this project as contributing to both academic and professional conversations about burnout and recovery among gay men. I have already presented preliminary findings at conferences and have registered to present at future congresses to continue sharing the outcomes of this research with a wider audience. My intention is also to

publish parts of the findings in peer-reviewed journals that focus on counselling psychology, LGBTQ+ mental health, and narrative research. Alongside these academic routes, I am committed to reaching professional audiences through seminars and events aimed at practitioners, ensuring that the insights are accessible and relevant for clinical work. Beyond these formal settings, I maintain social media accounts where I raise awareness about burnout and the experiences of sexual minorities, which allows me to connect with broader communities outside academia. In this way, the research extends beyond the thesis itself, serving as both an academic contribution and a resource to inform practice and raise public awareness

6.6 Limitations of the study

While this study offers valuable insights through its use of a phenomenological approach and Critical Narrative Analysis (CNA), certain limitations must be acknowledged.

Firstly, while the qualitative nature of the research impedes the establishment of cause-and-effect relationships, this is an intentional aspect of the study design, not a limitation. Some readers may prefer research that establishes causal links or allows for statistical generalization; however, this study's purpose is distinct. Rather than aiming to prove causation, the study seeks to illuminate the nuanced and complex experiences contributing to burnout among gay men, as well as the influences that facilitated recovery. This phenomenological approach allows for a deeper understanding of these lived experiences, providing insights that would be less accessible through purely quantitative methods.

For readers who prioritise statistical generalization, especially in fields like health and social sciences, the study's value lies in its ability to capture the depth of individual experiences rather than in the generalizability of its findings. The knowledge gained here contributes meaningfully to the exploration of human experiences by uncovering the singularity and

contextual richness of burnout as experienced by gay men. Thus, the study provides a unique and valuable form of knowledge that enhances our understanding of identity, stress, and recovery, focusing on aspects that are often overlooked by research methodologies that prioritise causation and generalization.

Secondly, the voluntary nature of participation may have introduced a self-selection bias. Individuals who chose to participate may have characteristics or perspectives not shared by those who opted out, potentially influencing the data collected. Some participants might also have been hesitant to fully disclose their experiences of burnout due to personal or professional concerns, which could have affected the comprehensiveness of the narratives captured. While this is a common limitation in qualitative research, it does not diminish the value of the findings. Rather than aiming to generalise across all experiences of burnout, this study provides detailed insights into the unique challenges and recovery processes faced by gay men. The participants' narratives offer valuable, in-depth perspectives that contribute to a more nuanced understanding of burnout as it relates to identity and social context.

Moreover, to be included in the sample, this study relied on participants' self-reported memories of past burnout experiences as assessed by the OLBI questionnaire. Given that participants considered themselves recovered, the use of a single instrument to assess both past and present burnout may have limitations. Additional measures could have been used to validate self-reported burnout experiences and recovery, particularly in light of participants' subjective perceptions of having recovered, even though the study was designed as a phenomenological investigation of participants' sense-making of their experiences of burnout and recovery.

Furthermore, the use of CNA as a narrative and phenomenological approach relies heavily on participants' ability to reflect on and articulate their experiences. As Polkinghorne

(2005) notes, the study is limited by the participants' capacity to discern and communicate their experiences through language. Willig (2013) further argues that language constructs rather than describes experience, meaning that the data collected represents how participants talk about their experiences rather than the experiences themselves. However, the use of semi-structured interviews mitigated this limitation by capturing the richness and variability of participants' narratives.

It is also noteworthy that three of the eight participants were mental health and health workers, including therapists, psychotherapists, psychologists, psychiatrists, and psychiatric nurses. All of these participants had undergone therapy themselves. A potential limitation of the findings is the presence of therapy language in the participants' accounts. This therapeutic discourse may be so deeply ingrained in their narratives that it becomes challenging to distinguish their personal experiences from the professional language and concepts they have internalised. This overlap may influence the way these individuals articulate their experiences, potentially affecting the interpretation of the data.

Additionally, the study's findings are also influenced by the small, purposive sample of eight gay cis men, all of whom were white and aged between 34 and 55 years. While the study was not designed to produce statistically generalizable results, this demographic homogeneity limits the exploration of how factors such as race, culture, and disability might interact with the experiences studied. Due to the study design, we cannot disconfirm that, for instance, participant's perception of inadequacy were not linked to different aspects of their identities rather than their sexuality. Nonetheless, qualitative research, as argued by Lewis et al. (2014), can provide a conceptual framework that offers insights into broader population trends and variations, providing a foundation for future research to build upon and explore further.

Moreover, the lack of focus on the intersectionality of the participants' identities and their relationship with burnout constructs another limitation of this study. Intersectionality, as an analytic perspective (Cho et al., 2013), highlights that various systems—such as racism, classism, sexism, heterosexism, and cissexism—work together to shape distinct experiences of oppression. Two of the four participants who were not born in the UK did mention their perceptions regarding this matter. For instance, they discussed how their professional identity and cultural background intersect with their sexual identity to create unique pressures. Although this aspect was not a central focus of the study design, the lack of a fully incorporated intersectional framework may have limited the study's ability to capture the full range of nuanced pressures experienced by the participants. Overlapping systems of identity and oppression likely contribute to burnout in complex and distinct ways that extend beyond the scope of this analysis.

The next session will discuss how future studies could investigate these relationships within gay men over time and across different contexts to bridge those limitations and other aspects found within this study.

6.7 Recommendation for future research

Building on the findings of this study, several avenues for future research might be suggested to further our understanding of burnout and recovery specifically among gay men.

First, future research could explore the intersectionality of identity and burnout by examining how intersecting factors such as race, culture, disability, and socioeconomic status influence the experiences of gay men. Investigating these intersecting identities could provide a more nuanced understanding of how various dimensions of identity interact with burnout, offering insights that are essential for developing more inclusive and effective support systems.

Second, given that several participants in this study were mental health professionals who had undergone therapy, it is important to consider how therapeutic discourse influences the narratives of burnout and recovery among gay men. Future studies could investigate how this discourse affects the participants' understanding of their experiences. Understanding the impact of this professional language could lead to more personalised therapeutic interventions for gay men recovering from burnout.

Additionally, while this study primarily highlighted feelings of inadequacy among participants, future research should also focus on the positive dimensions of being a gay man, such as resilience, activism, and connectedness. Exploring how these positive aspects correlate with burnout could provide a more balanced understanding of the challenges and strengths that gay men navigate. This could lead to the development of strengths-based interventions that harness these positive dimensions to foster resilience against burnout.

Longitudinal studies that track the experiences of gay men over time could offer valuable insights into the long-term effects of burnout and the recovery process. Such research could explore not only the factors that contribute to sustained recovery or relapse but also how the experience of burnout evolves over different stages. By examining periods when individuals are not coping and how these experiences change (or remain consistent) over time, longitudinal studies could shed light on the cyclical or progressive nature of burnout. This approach would allow for a deeper understanding of the fluctuations in coping capacity and resilience, ultimately informing more targeted strategies for preventing burnout recurrence and supporting individuals at various stages of recovery within this population.

Comparative studies could also be conducted to explore differences in the experiences of burnout and recovery between gay men and other demographic groups, such as heterosexual men

or LGBTQ+ individuals from different cultural backgrounds. Such research could help identify unique challenges and strengths across various populations, leading to more tailored and culturally sensitive approaches to addressing burnout among gay men. However, it is important to note that while comparative studies can offer valuable insights into the diverse experiences of burnout and recovery across different demographic groups, it is important to approach such research with sensitivity to avoid positioning one group as the norm and the other as the 'Other.' In sexuality studies, comparing minority groups to majority groups can inadvertently frame the minority experience as secondary or inferior, which can reinforce marginalization. To mitigate this, any comparative work should aim to highlight the unique contexts and strengths within each group, rather than positioning one as a benchmark. Researchers must exercise care to ensure that findings are interpreted in ways that respect and affirm the distinct experiences of all groups involved.

Finally, future research could benefit from using mixed methods approaches that combine qualitative and quantitative methodologies. While qualitative interviews with gay men offer rich, nuanced insights into personal experiences of burnout, quantitative measures of burnout severity and recovery outcomes could add a different layer of understanding. Such an approach, which often emphasises pragmatic concepts, could complement the depth of qualitative findings. This balance could help develop interventions that are both evidence-based and sensitive to the complex, lived experiences of gay men facing burnout.

By pursuing these research directions, scholars can deepen our understanding of the unique experiences of gay men in relation to burnout and recovery, ultimately contributing to more effective and inclusive practices within the field of counselling psychology.

6.8 Conclusion

This study set out to explore the subjectively lived experiences of burnout and recovery among gay men, a group whose experiences have been underrepresented in existing literature. Through a phenomenological approach and the use of Critical Narrative Analysis (CNA), the research uncovered significant insights into how feelings of inadequacy and overworking as a compensatory strategy shape the experience of burnout of the participants. By focusing on identity, coping mechanisms, and the recovery process, the study provides a nuanced understanding of the psychological challenges faced by gay men, particularly within professional environments.

Key topics emerged throughout the analysis, including the deep-rooted sense of inadequacy stemming from early experiences of rejection and societal stigma, and the subsequent development of overworking to compensate for these feelings. The findings highlighted how these behaviours, while providing short-term relief, ultimately lead to greater psychological distress and burnout. The study also emphasised the critical role of identity management, revealing that the fragmentation of identities in the workplace exacerbates stress and hinders the recovery process.

The implications of this research are multifaceted. Theoretically, it advances our understanding of the psychological mechanisms driving burnout among gay men, particularly the interplay between internalised inadequacy, compensatory behaviours, and identity fragmentation. Practically, the study offers valuable guidance for counselling psychologists, urging them to recognise these patterns and support clients in developing healthier coping strategies and more integrated identities. At the policy level, the findings advocate for more inclusive workplace

practices that support diverse identity management strategies and create environments where gay men can express their identities without fear of discrimination.

In conclusion, this study makes a significant contribution to the field of Counselling Psychology by providing a deeper understanding of the unique challenges faced by gay men in relation to burnout and recovery. It underscores the importance of addressing both the psychological and social dimensions of identity in therapeutic practice and calls for continued research to further explore these complex dynamics. By integrating these insights into practice, counselling psychologists can better support gay men in navigating the intricate interplay of identity, societal expectations, and mental health, ultimately promoting more sustainable and healthy approaches to well-being.

7. REFERENCES

- Abedini, N. C., Stack, S. W., Goodman, J. L., & Steinberg, K. P. (2018). “It’s Not Just Time Off”: A Framework for Understanding Factors Promoting Recovery From Burnout Among Internal Medicine Residents. *Journal of Graduate Medical Education*, 10(1), 26–32.
<https://doi.org/10.4300/JGME-D-17-00440.1>
- Abes, E. S., Jones, S. R., & McEwen, M. K. (2007). Reconceptualizing the Model of Multiple Dimensions of Identity: The Role of Meaning-Making Capacity in the Construction of Multiple Identities. *Journal of College Student Development*, 48(1), 1–22.
<https://doi.org/10.1353/csd.2007.0000>
- Ackerley, G. D., Burnell, J., Holder, D. C., & Kurdek, L. A. (1988). Burnout among licensed psychologists. *Professional psychology: Research and practice*, 19(6), 624.
- Adamczyk, A., & Liao, Y. C. (2019). Examining public opinion about LGBTQ-related issues in the United States and across multiple nations. *Annual Review of Sociology*, 45(1), 401-423.
- Adler, A. (2013). *Understanding human nature (Psychology revivals)*. Routledge.
- Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: a systematic review of 25 years of research. *International journal of nursing studies*, 52(2), 649-661.
- Affuso, G., Picone, N., Costa, P. A., Bacchini, D., De Angelis, G., Esposito, C., & Aparicio-García, M. E. (2024). Minority Stress and Mental Health in Gay and Lesbian Youth: A Comparative Study of Italy and Spain. *American Journal of Orthopsychiatry*, 94(2), 148–158.
<https://doi.org/10.1037/ort0000709>

- Ahola, K., Honkonen, T., Virtanen, M., Kivimäki, M., Isometsä, E., Aromaa, A., & Lönnqvist, J. (2007). Interventions in relation to occupational burnout: The population-based health 2000 study. *Journal of occupational and environmental medicine*, 49(9), 943-952.
- Akachar, S. (2015). Stuck between Islamophobia and Homophobia: Applying Intersectionality to Understand the Position of Gay Muslim Identities in the Netherlands. *DiGeSt. Journal of Diversity and Gender Studies*, 2(1–2), 173–187. <https://doi.org/10.11116/jdivegendstud.2.1-2.0173>
- Alarcon, G., Eschleman, K. J., & Bowling, N. A. (2009). Relationships between personality variables and burnout: A meta-analysis. *Work & stress*, 23(3), 244-263.
- Amanullah, S., & Ramesh Shankar, R. (2020). The Impact of COVID-19 on Physician Burnout Globally: A Review. *Healthcare*, 8(4), 421. <https://doi.org/10.3390/healthcare8040421>
- American Psychological Association (2018). Resilience. In *APA dictionary of psychology*. Retrieved August 15th, 2024, from <https://dictionary.apa.org/resilience>
- Anderson, E., & McCormack, M. (2010). Intersectionality, Critical Race Theory, and American Sporting Oppression: Examining Black and Gay Male Athletes. *Journal of Homosexuality*, 57(8), 949–967. <https://doi.org/10.1080/00918369.2010.503502>
- Androsiglio, R. J. (2009). *Workplace climate, job stress, and burnout among gay men*. ETD Collection for Fordham University. AAI3361347. <https://research.library.fordham.edu/dissertations/AAI3361347>
- Arab, P. T., & Suhonic, D. (2017). Solidarity, Selective Indignation, and Queer Muslims. *Etnofoor*, 29(2), 105–114.

- Aronsson, G., Theorell, T., & Grape, T. et al. (2017). A systematic review including meta-analysis of work environment and burnout symptoms. *BMC Public Health*, 17, 264.
<https://doi.org/10.1186/s12889-017-4153-7>
- Atakere, D. (2018). Identity integration and mental health in older black gay men. *Innovation in Aging*, 2(suppl_1), 646–646. <https://doi.org/10.1093/geroni/igy023.2411>
- Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counselling*, 78(2), 184-190.
<https://doi.org/10.1016/j.pec.2009.04.008>
- Ayala, M. P. (1993). Burnout: An Existential Perspective. In: Schaufeli, W. B.; Maslach, C.; Marek, T. (Eds.). *Professional Burnout: Recent Developments in Theory and Research* (pp33-51). Washington DC: Taylor and Francis.
- Badgett, M. L., Carpenter, C. S., Lee, M. J., & Sansone, D. (2024). A review of the effects of legal access to same-sex marriage. *Journal of Policy Analysis and Management*.
- Baiocco, R., Fontanesi, L., Santamaria, F., Ioverno, S., Marasco, B., Baumgartner, E., ... & Laghi, F. (2015). Negative parental responses to coming out and family functioning in a sample of lesbian and gay young adults. *Journal of Child and Family Studies*, 24(5), 1490-1500.
- Bakker A. B., Demerouti E., & Verbeke W. (2004). Using the job demands-resources model to predict burnout and performance. *Hum. Resour. Manage.* 43, 83–104.
- Bakker, A. B., & Demerouti, E. (2007). The job demands–resources model: State of the art. *Journal of Managerial Psychology*, 22, 309–328.

- Bakker, A. B., & Schaufeli, W. B. (2000). Burnout contagion processes among teachers 1. *Journal of applied social Psychology*, 30(11), 2289-2308.
- Barker, M.-J. (2019). *Gender, sexual, and relationship diversity (GSRD)*. British Association for Counselling and Psychotherapy.
- Barnes, D. M., & Meyer, I. H. (2012). Religious Affiliation, Internalized Homophobia, and Mental Health in Lesbians, Gay Men, and Bisexuals. *American Journal of Orthopsychiatry*, 82(4), 505–515. <https://doi.org/10.1111/j.1939-0025.2012.01185.x>
- Bartos, S. E., & Langdridge, D. (2019). LGBTQ resilience: A thematic meta-synthesis of qualitative research. *Psychology & Sexuality*, 10(3), 234-247.
- Bauernhofer, K., Bassa, D., Canazei, M., Jiménez, P., Paechter, M., Papousek, I., Fink, A., & Weiss, E. M. (2018). Subtypes in clinical burnout patients enrolled in an employee rehabilitation program: differences in burnout profiles, depression, and recovery/resources-stress balance. *BMC psychiatry*, 18(1), 10. <https://doi.org/10.1186/s12888-018-1589-y>
- Beagan, B. L., Bizzeth, S. R., Pride, T. M., & Sibbald, K. R. (2022). LGBTQ+ identity concealment and disclosure within the (heteronormative) health professions: “Do I? Do I not? And what are the potential consequences?”. *SSM-Qualitative Research in Health*, 2, 100114.
- Bell, J. G., & Perry, B. (2015). Outside looking in: The community impacts of anti-lesbian, gay, and bisexual hate crime. *Journal of homosexuality*, 62(1), 98-120.
- Ben-Zur, H., & Michael, K. (2007). Burnout, social support, and coping at work among social workers, psychologists, and nurses: The role of challenge/control appraisals. *Social Work in Health Care*, 45, 63–82. doi: 10.1080/13594320444000281.

- Bernier, D. (1998). A study of coping: Successful recovery from severe burnout and other reactions to severe work-related stress. *Work & Stress: An International Journal of Work, Health & Organisations*, 12(1), 50–65. <https://doi.org/10.1080/02678379808256848>
- Bianchi, R., Schonfeld, I. S., & Laurent, E. (2015). Burnout–depression overlap: A review. *Clinical psychology review*, 36, 28-41.
- Bianchi, R., Truchot, D., Laurent, E., Brisson, R., & Schonfeld, I. S. (2014). Is burnout solely job-related? A critical comment. *Scandinavian Journal of Psychology*, 55(4), 357-361.
- Bianchi, R., Verkuilen, J., Schonfeld, I. S., Hakanen, J. J., Jansson-Fröjmark, M., Manzano-García, G., Laurent, E., & Meier, L. L. (2021). Is Burnout a Depressive Condition? A 14-Sample Meta-Analytic and Bifactor Analytic Study. *Clinical Psychological Science*.
<https://doi.org/10.1177/2167702620979597>
- Bilodeau, B. L., & Renn, K. A. (2005). Analysis of LGBT identity development models and implications for practice. *New directions for student services*, 111(111), 25-39.
- Bogin, R., & Loewenberg, B. J. (1976). Black Women in Nineteenth Century American Life.
- Bond, T. (2004). *BACP guidelines for research ethics in counselling and psychotherapy: Principles and cases*. Lutterworth: British Association for Counselling and Psychotherapy (BACP)
- Bowleg, L. (2013). “Once You’ve Blended the Cake, You Can’t Take the Parts Back to the Main Ingredients”: Black Gay and Bisexual Men’s Descriptions and Experiences of Intersectionality. *Sex Roles*, 68(11–12), 754–767. <https://doi.org/10.1007/s11199-012-0152-4>
- Bracho, C. A., & Hayes, C. (2020). Gay voices without intersectionality is White supremacy: narratives of gay and lesbian teachers of color on teaching and learning. *International Journal of*

Qualitative Studies in Education, 33(6), 583–592.

<https://doi.org/10.1080/09518398.2020.1751897>

Braun, S. E., Auerbach, S. M., Rybarczyk, B., Lee, B., & Call, S. (2017). Mindfulness, burnout, and effects on performance evaluations in internal medicine residents. *Advances in medical education and practice*, 591-597.

Braun, V., & Clarke, V. (2012). *Thematic analysis*. American Psychological Association.

Brewer, E. W., & Shapard, L. (2004). Employee Burnout: A Meta-Analysis of the Relationship Between Age or Years of Experience. *Human Resource Development Review*, 3(2), 102–123. <https://doi.org/10.1177/1534484304263335>

Brewster, M. E., Motulsky, W., Chan, A., Berg, E., & Kim, V. (2023). Romantic attachment, LGB minority stress, and mental health. *Journal of Gay & Lesbian Social Services*, 1–22. <https://doi.org/10.1080/10538720.2023.2286367>

Bridge, L., Smith, P., & Rimes, K. A. (2019). Sexual orientation differences in the self-esteem of men and women: A systematic review and meta-analysis. *Psychology of Sexual Orientation and Gender Diversity*, 6(4), 433–446. <https://doi.org/10.1037/sgd0000342>

British Psychological Society. (2021a). *BPS Code of Human Research Ethics*. Retrieved July 08, 2023, from <https://explore.bps.org.uk/content/report-guideline/bpsrep.2021.inf180>

British Psychological Society. (2021b). *Code of Ethics and Conduct*. Retrieved July 08, 2023, from <https://www.bps.org.uk/guideline/code-ethics-and-conduct>

Brooks, J., & King, N. (2017). *Applied qualitative research in psychology*. Bloomsbury Publishing.

- Bruce, D., Harper, G. W., & Bauermeister, J. A. (2015). Minority stress, positive identity development, and depressive symptoms: Implications for resilience among sexual minority male youth. *Psychology of sexual orientation and gender diversity*, 2(3), 287.
- Bruner, J. (2004). Life as narrative. *Social research: An international quarterly*, 71(3), 691-710.
- Burke, M. (2021). *Burnout Among Sexual Minorities: The Role of Concealment, Rumination, and Organizational Non-Discrimination Policies*. Illinois Institute of Technology.
- Buunk, P., & Schaufeli, W. B. (1993). Burnout: A Perspective from Social Comparison Theory. In: Schaufeli, W. B.; Maslach, C.; Marek, T. (Eds.) (1993). *Professional Burnout: Recent Developments in Theory and Research* (pp 53-66). Washington DC: Taylor and Francis.
- Byun, K., Aristizabal, S., Wu, Y., Mullan, A. F., Carlin, J. D., West, C. P., & Mazurek, K. A. (2022). Investigating How Auditory and Visual Stimuli Promote Recovery After Stress With Potential Applications for Workplace Stress and Burnout: Protocol for a Randomized Trial. *Frontiers in psychology*, 13, 897241. <https://doi.org/10.3389/fpsyg.2022.897241>
- Canu, G., Marca, S., C., Dell'Oro, F., Balazs, A., Bergamaschi, E., Besse, C., Bianchi, R., Bislimovska, J., Koscec Bjelajac, A., Bugge, M., Busneag, C. I., Çağlayan, Ç., Cernițanu, M., Costa Pereira, C., Dernovšek Hafner, N., Droz, N., Eglite, M., Godderis, L., Gündel, H., Iordache, R. M., Wahlen, A. (2020). Harmonized definition of occupational burnout: A systematic review, semantic analysis, and Delphi consensus in 29 countries. *Scandinavian Journal of Work, Environment & Health*, 47(2), 95–107. <https://doi-org.ezproxy.mdx.ac.uk/10.5271/sjweh.3935>
- Caprara, G.V., Vecchione, M., Alessandri, G., Gerbino, M., & Barbaranelli, C. (2011). The contribution of personality traits and self-efficacy beliefs to academic achievement: a longitudinal study. *Br J Educ Psychol*, 81, 78-96.

- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4(3), 219–235.
- Chang, T. C., Rafael, A., Candelario, C., Berrocal, A. M., Briceño, C. A., Chen, J., Shoham-Hazon, N., Berco, E., Valle, D. S. & Vanner, E. A. (2023). LGBTQ+ identity and ophthalmologist burnout. *American journal of ophthalmology*, 246, 66-85.
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE Publications.
- Chen, S., & van Ours, J. C. (2022). Mental health effects of same-sex marriage legalization. *Health economics*, 31(1), 42–56. <https://doi.org/10.1002/hec.4441>
- Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of women in culture and society*, 38(4), 785-810.
- Chung, Y., Williams, W., & Dispenza, F. (2009). Validating work discrimination and coping strategy models for sexual minorities. *Career Development Quarterly*, 58, 162–170. doi:10.1002/j.2161-0045.2009.tb00053.x.
- Cohen, M. Z. (1987). A historical overview of the phenomenologic movement. *Image: The Journal of Nursing Scholarship*, 19(1), 31-34.
- Coleman, E. L. I. (1982). Developmental stages of the coming-out process. *Career Development Quarterly*, 25(4), 469–482.
- Collins, K. M., & Levitt, H. M. (2021). Heterosexism and the self: a systematic review informing LGBTQ-affirmative research and psychotherapy. *Journal of Gay & Lesbian Social Services*, 33(3), 376-405

- Cox, N., Dewaele, A., van Houtte, M., & Vincke, J. (2010). Stress-Related Growth, Coming Out, and Internalized Homonegativity in Lesbian, Gay, and Bisexual Youth. An Examination of Stress-Related Growth Within the Minority Stress Model. *Journal of Homosexuality*, 58(1), 117–137. <https://doi-org.ezproxy.mdx.ac.uk/10.1080/00918369.2011.533631>
- Coyle, A., & Rafalin, D. (2000). Jewish gay men's accounts of negotiating cultural, religious, and sexual identity: A qualitative study. *Journal of Psychology & Human Sexuality*, 12, 21-48.
- Crawford, E. R., Lepine, J. A., & Rich, B. L. (2010). Linking job demands and resources to employee engagement and burnout: a theoretical extension and meta-analytic test. *The Journal of applied psychology*, 95(5), 834–848. <https://doi.org/10.1037/a0019364>
- Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167.
- Crocker, J. (2002). Contingencies of Self-Worth: Implications for Self-Regulation and Psychological Vulnerability. *Self and Identity*, 1(2), 143–149. <https://doi.org/10.1080/152988602317319320>
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Sage
- D'Augelli, A. R. (1994). Identity development and sexual orientation: Toward a model of lesbian, gay, and bisexual development. In E. J. Trickett, R. J. Watts, & D. Birman (Eds.), *Human diversity: Perspectives on people in context*, 312–333. Jossey-Bass/Wiley

- Dai, M., & Chen, T. (2023). Stress Contagion and Proliferation in Diverse Cisgender Gay Couples: Influences of Sexual Minority Stressors and Race on High-Risk Behaviors. *Sex Roles*, 89(1–2), 48–64. <https://doi.org/10.1007/s11199-023-01378-6>
- Daniels, D. E., Boyle, M. P., & Archer, B. E. (2023). Stuttering, Intersectionality, and Identity: A Qualitative Analysis of the Experiences of Lesbian, Gay, and Bisexual Individuals Who Stutter. *Language, Speech & Hearing Services in Schools*, 54(1), 82–95. https://doi.org/10.1044/2022_LSHSS-22-00036
- Davis, A. (1981). *Women, race, and class*. New York: Random House.
- Della, B., Wilson, M., & Miller, R. L. (2002). Strategies for Managing Heterosexism Used among African American Gay and Bisexual Men. *Journal of Black Psychology*, 28(4), 371–391. <https://doi.org/10.1177/009579802237543>
- Demerouti, E., & Bakker, A.B. (2008). The Oldenburg Burnout Inventory: A good alternative to measure burnout and engagement. In J. Halbesleben (Ed.), *Stress and burnout in health care* (pp65–78). Hauppauge, NY: Nova Science Publishers.
- Demerouti, E., Bakker, A.B., Nachreiner, F., & Schaufeli, W.B. (2001). The job demands-resources model of burnout. *J Appl Psychol*, 86 (3), 499 –512. <https://doi.org/10.1037/0021-9010.86.3.499>
- Demerouti, E., Bakker, A.B., Peeters, M.C.W., & Breevaart, K. (2021) New directions in burnout research. *European Journal of Work and Organizational Psychology*, 30(5), 686-691, DOI: 10.1080/1359432X.2021.1979962
- Demerouti, E., Bakker, A.B., Vardakou, I., & Kantas, A. (2003). The convergent validity of two burnout instruments. *Eur. J.Psychol.Assess*, 19, 12–23.

- Denning, M., et al. (2021). Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study. *PloS one*, 16(4), e0238666. <https://doi.org/10.1371/journal.pone.0238666>
- Dewa, C. S., Jacobs, P., Thanh, N. X., & Loong, D. (2014). An estimate of the cost of burnout on early retirement and reduction in clinical hours of practicing physicians in Canada. *BMC health services research*, 14, 254. <https://doi.org/10.1186/1472-6963-14-254>
- Dupree, P., & Day, H. (1995). Psychotherapists' job satisfaction and job burnout as a function of work setting and percentage of managed care clients. *Psychotherapy in Private Practice*, 14, 77–93.
- Dürrbaum, T., & Sattler, F. A. (2020). Minority stress and mental health in lesbian, gay male, and bisexual youths: A meta-analysis. *Journal of LGBT Youth*, 17(3), 298–314. <https://doi.org/10.1080/19361653.2019.1586615>
- Dyrbye, L. N., Eacker, A. M., Harper, W., Power, D. V., Massie Jr, F. S., Satele, D., Thomas, M. R., Sloan, J. A., & Shanafelt, T. D. (2012). Distress and empathy do not drive changes in specialty preference among US medical students. *Medical Teacher*, 34(2), e116–e122. <https://doi.org/10.3109/0142159X.2012.644830>
- Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022). Burnout: A Review of Theory and Measurement. *International journal of environmental research and public health*, 19(3), 1780. <https://doi.org/10.3390/ijerph19031780>
- Edwards, O. W., Lev, E., Obedin-Maliver, J., Lunn, M. R., Lubensky, M. E., Capriotti, M. R., ... & Flentje, A. (2023). Our pride, our joy: An intersectional constructivist grounded theory analysis of resources that promote resilience in SGM communities. *Plos one*, 18(2), e0280787

- Emlet, C. A., Shiu, C., Kim, H. J., & Fredriksen-Goldsen, K. (2017). Bouncing back: resilience and mastery among HIV-positive older gay and bisexual men. *The Gerontologist*, 57(suppl_1), S40-S49.
- Estephan, L., Pu, C., Bermudez, S., & Waits, A. (2023). Burnout, mental health, physical symptoms, and coping behaviors in healthcare workers in Belize amidst COVID-19 pandemic: A nationwide cross-sectional study. *The International journal of social psychiatry*, 69(4), 1033–1042.
<https://doi.org/10.1177/00207640231152209>
- Feinstein, B. A., Wadsworth, L. P., Davila, J., & Goldfried, M. R. (2014). Do Parental Acceptance and Family Support Moderate Associations Between Dimensions of Minority Stress and Depressive Symptoms Among Lesbians and Gay Men? *Professional Psychology, Research and Practice*, 45(4), 239–246. <https://doi.org/10.1037/a0035393>
- Fennell, M. (1997). Low self-esteem: a cognitive perspective. *Behavioral and Cognitive Psychotherapy*, 25, 1–26. <https://doi.org/10.1017/s1352465800015368>
- Fennell, M. (1997). Low self-esteem: a cognitive perspective. *Behavioral and Cognitive Psychotherapy*, 25, 1–26. <https://doi.org/10.1017/s1352465800015368>
- Ferlatte, O., Salway, T., Hankivsky, O., Trussler, T., Oliffe, J. L., & Marchand, R. (2018). Recent Suicide Attempts Across Multiple Social Identities Among Gay and Bisexual Men: An Intersectionality Analysis. *Journal of Homosexuality*, 65(11), 1507–1526.
<https://doi.org/10.1080/00918369.2017.1377489>
- Figley, C. R. (1997). *Burnout in families: The systemic costs of caring*. Boca Raton: CRC Press
- Fine, M. (1992). *Disruptive voices: The possibilities of feminist research*. University of Michigan Press.

- Fingerhut, A. W., Peplau, L. A., & Gable, S. L. (2010). Identity, minority stress and psychological well-being among gay men and lesbians. *Psychology and Sexuality, 1*(2), 101–114.
<https://doi.org/10.1080/19419899.2010.484592>
- Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "phenomenological psychological attitude". *Journal of Phenomenological Psychology, 39*(1), 1-32.
- Fish, J. N., Kapostasy, S., & Russell, S. T. (2023). Be YOU!: A collaborative effort to address minority stress for LGBTQ + youth in school settings. *Journal of Gay & Lesbian Social Services, 35*(4), 434–455. <https://doi.org/10.1080/10538720.2022.2148036>
- Foucault, M. (1980). *Language, counter-memory, practice: Selected essays and interviews*. Cornell University Press.
- Frankl, V. E. (1985). *Man's search for meaning*. Simon and Schuster.
- Freudenberger, H. J. (1974). Staff burn-out. *J. Soc. Issues, 30*, 159–165.
- Friedman, E. (1997). Health Care for Lesbians and Gay Men: Confronting Homophobia and Heterosexism; Gay and Lesbian Mental Health; A Sourcebook for Practitioners. In *Lambda book report* (Vol. 5, Number 7, pp. 23-). Lambda Book Report.
- Friedman, I. A. (1999). *Teacher burnout: The concept and its measurement*. Henrietta Szold Institute: Jerusalem, Israel.
- Frost, D. M., Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine, 38*(1), 1–8.
<https://doi.org/10.1007/s10865-013-9523-8>

- Frost, D.M., & LeBlanc, A.J. (2014). Nonevent stress contributes to mental health disparities based on sexual orientation: Evidence from a personal projects analysis. *American Journal of Orthopsychiatry*, 84(5), 557-566. doi: <http://dx.doi.org/10.1037/ort0000024>.
- Future Forum. (2022, October). *Future Forum Pulse report: Fall 2022*. Retrieved from <https://futureforum.com/wp-content/uploads/2022/10/Future-Forum-Pulse-Report-Fall-2022.pdf>
- García Johnson, C. P., & Otto, K. (2022). Illegitimate tasks: obstacles to trans equality at work. *Gender in Management: An International Journal*, 37(6), 763-781.
- Gates, T. G., Bills, K. L., Bennett, B., & Kelly, B. L. (2023). Cyberbullying, Mental Health, and Lesbian, Gay, and Bisexual Youth with Disabilities: Intersectionalities and Environmental Risks. *Journal of Child and Family Studies*, 32(10), 3159–3166. <https://doi.org/10.1007/s10826-023-02679-w>
- Gil-Monte, P. R. (2011). *CESQT Cuestionario para la Evaluación del Síndrome de Quemarse por el Trabajo*. Madrid, España, TEA Ediciones.
- Giorgi, A. (2000). Concerning the application of phenomenology to caring research. *Scandinavian Journal of Caring Sciences*, 14(1), 11-15.
- Giorgi, A. (2002). The question of validity in qualitative research. *Journal of phenomenological psychology*, 33(1), 1-18.
- Giorgi, A. (2005). Phenomenology as a method for qualitative research. *Journal of Phenomenological Psychology*, 36(2), 142-152.
- Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing science quarterly*, 18(1), 75-82.

- Giorgi, G., Arcangeli, G., Perminiene, M., Lorini, C., Ariza-Montes, A., Fiz-Perez, J., Di Fabio, A., & Mucci, N. (2017). Work-Related Stress in the Banking Sector: A Review of Incidence, Correlated Factors, and Major Consequences. *Frontiers in psychology*, 8, 2166. <https://doi.org/10.3389/fpsyg.2017.02166>
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.
- Glick, P., & Fiske, S. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70(3), 491–512.
- Glissant, É. (1990). *Poetics of relation* (B. Wing, Trans.). Ann Arbor: University of Michigan Press.
- Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. Englewood Cliffs, NJ : Prentice Hall .
- Goldbach, J. T., Schrager, S. M., Mamey, M. R., & Rhoades, H. (2021). Confirming the Reliability and Validity of the Sexual Minority Adolescent Stress Inventory in a National Sample of Sexual Minority Adolescents. *Frontiers in psychology*, 12, 720199. <https://doi-org.ezproxy.mdx.ac.uk/10.3389/fpsyg.2021.720199>
- Gonçalves, J. A. R., Costa, P. A., & Leal, I. (2020). Minority Stress in Older Portuguese Gay and Bisexual Men and Its Impact on Sexual and Relationship Satisfaction. *Sexuality Research & Social Policy*, 17(2), 209–218. <https://doi.org/10.1007/s13178-019-00385-1>
- Gorter, R. C., Eijkman, M. A. J., & Hoogstraten, J. (2001). A career counseling program for dentists: Effects on burnout. *Patient Education and Counseling*, 43(1), 23–30.
- Greene, Graham (1961). *A burnt-out case*. The Viking Press. New York.

- Griffith, A. K. (2022). Parental burnout and child maltreatment during the COVID-19 pandemic. *Journal of family violence*, 37(5), 725-731.
- Guignon, C. (2004). *On being authentic*. Routledge.
- Han, B. C. (2015). *The burnout society*. Trans. Butler, E. Stanford University Press. California
- Han, S., Shanafelt, T.D., Sinsky, C.A., Awad, K.M., Dyrbye, L.N., Fiscus, L.C., Trockel, M., & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Ann. Intern. Med.* 170, 784–790.
- Handlovsky, I., Bungay, V., Oliffe, J., & Johnson, J. (2018). Developing resilience: Gay men's response to systemic discrimination. *American journal of men's health*, 12(5), 1473-1485.
- Harris, A. C. (2009). Marginalization by the Marginalized: Race, Homophobia, Heterosexism, and “the Problem of the 21st Century.” *Journal of Gay & Lesbian Social Services*, 21(4), 430–448.
<https://doi.org/10.1080/10538720903163171>
- Harris, J. I., Cook, S. W., & Kashubeck-West, S. (2008). Religious Attitudes, Internalized Homophobia, and Identity in Gay and Lesbian Adults. *Journal of Gay & Lesbian Mental Health*, 12(3), 205–225. <https://doi.org/10.1080/19359700802111452>
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, 135(5), 707–730.
<https://doi.org/10.1037/a0016441>
- Hatzenbuehler, M. L., Nolen-Hoeksema, S., & Erickson, S. J. (2008). Minority Stress Predictors of HIV Risk Behavior, Substance Use, and Depressive Symptoms: Results From a Prospective Study of

Bereaved Gay Men. *Health Psychology*, 27(4), 455–462. <https://doi.org/10.1037/0278-6133.27.4.455>

He, S., Kang, H., Ren, L., & Li, Y. (2023). Structural Relationships between Counselors' Sense of Calling, Meaning of Work, Living a Calling, and Psychological Burnout. *Behavioral sciences (Basel, Switzerland)*, 14(1), 24. <https://doi.org/10.3390/bs14010024>

Heard Harvey, C. C. C., & Ricard, R. J. (2018). Contextualizing the Concept of Intersectionality: Layered Identities of African American Women and Gay Men in the Black Church. *Journal of multicultural counseling and development*, 46(3), 206–218. <https://doi.org/10.1002/jmcd.12102>

Heidegger, M. (1998). Letter on humanism. In W. McNeill (Ed. & Trans.), *Pathmarks* (pp. 239–276). Cambridge University Press. (Original work published 1947)

Herek, G. M. (1988). Heterosexuals' attitudes toward lesbians and gay men: Correlates and gender differences. *The Journal of Sex Research*, 25(4), 451–477. <https://doi.org/10.1080/00224498809551476>

Herek, G. M. (1989). Hate crimes against lesbians and gay men. *American Psychologist*, 44, 948-955.

Herek, G. M. (1992). The social context of hate crimes: Notes on cultural heterosexism. In G. M. Herek & K. T. Berrill (Eds.), *Hate crimes: Confronting violence against lesbians and gay men* (pp. 89-104). Newbury Park: Sage.

Herek, G. M. (2000). The Psychology of Sexual Prejudice. *Current Directions in Psychological Science: A Journal of the American Psychological Society*, 9(1), 19–22. <https://doi.org/10.1111/1467-8721.00051>

- Herek, G. M., Berrill, K. T., & Berrill, K. (Eds.). (1992). *Hate crimes: Confronting violence against lesbians and gay men*. Sage.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *Journal of consulting and clinical psychology*, 67(6), 945.
- Hermans, H. J. M. (2001). The dialogical self: towards a theory of personal and cultural positioning. *Culture and Psychology*, 7(3), 243-281.
- Hermans, H. J. M. (2015). Dialogical Self in a Complex World: The Need for Bridging Theories. *Europe's Journal of Psychology*, 11(1), 1–4. <https://doi.org/10.5964/ejop.v11i1.917>
- Hermans, H. M., & Gieser, T. (2011). Introductory chapter: History, main tenets and core concepts of dialogical self theory. In H. M. Hermans & T. Gieser (Eds.), *Handbook of dialogical self theory* (pp. 1–22). Cambridge: Cambridge University Press.
- Hewitt, D.B., Ellis, R.J., Hu, Y.Y., Cheung, E.O., Moskowitz, J.T., Agarwal, G., & Bilimoria, K.Y. (2020). Evaluating the association of multiple burnout definitions and thresholds with prevalence and outcomes. *JAMA Surg.* 155, 1043–1049.
- Hiles, D. & Čermák, I. (2008). Narrative Psychology. In C. Willig & W. Stainton-Rogers (Eds.), *Sage Handbook of Qualitative Research in Psychology*, 147-164. London: Sage.
- Hill, A. P., & Curran, T. (2016). Multidimensional perfectionism and burnout: A meta-analysis. *Personality and social psychology review*, 20(3), 269-288.
- Hill, K. A., Samuels, E. A., Gross, C. P., Desai, M. M., Sitkin Zelin, N., Latimore, D., Huot, S. J., Cramer, L. D., Wong, A. H., & Boatright, D. (2020). Assessment of the Prevalence of Medical

Student Mistreatment by Sex, Race/Ethnicity, and Sexual Orientation. *JAMA internal medicine*, 180(5), 653–665. <https://doi.org/10.1001/jamainternmed.2020.0030>

Hill, M. J. (2013). Is the Black Community More Homophobic?: Reflections on the Intersectionality of Race, Class, Gender, Culture and Religiosity of the Perception of Homophobia in the Black Community. *Journal of Gay & Lesbian Mental Health*, 17(2), 208–214. <https://doi.org/10.1080/19359705.2013.768089>

Hobfoll, S. E., Freedy, J. (1993). Conservation of Resources: A General Stress Theory Applied to Burnout. In: Schaufeli, W. B., Maslach, C., & Marek, T. (Eds.) (1993). *Professional Burnout: Recent Developments in Theory and Research* (pp 115-129). Washington DC: Taylor and Francis.

Honkonen, Ahola, K., Pertovaara, M., Isometsä, E., Kalimo, R., Nykyri, E., Aromaa, A., & Lönnqvist, J. (2006). The association between burnout and physical illness in the general population—results from the Finnish Health 2000 Study. *Journal of Psychosomatic Research*, 61(1), 59–66. <https://doi.org/10.1016/j.jpsychores.2005.10.002>

Horowitz, J. L., & Newcomb, M. D. (2002). A Multidimensional Approach to Homosexual Identity. *Journal of Homosexuality*, 42(2), 1–19. https://doiorg.ezproxy.mdx.ac.uk/10.1300/J082v42n02_01

Hossain, F., & Ferreira, N. (2019). Impact of social context on the self-concept of gay and lesbian youth: A systematic review. *Global Psychiatry*, 2(1), 51-78.

Hoy-Ellis, C. P. (2021). Minority Stress and Mental Health: A Review of the Literature. *Journal of Homosexuality*, 70(5), 806–830. <https://doi.org/10.1080/00918369.2021.2004794>

- Huffman, A. H., Mills, M. J., Howes, S. S., & Albritton, M. D. (2020). Workplace support and affirming behaviors: Moving toward a transgender, gender diverse, and non-binary friendly workplace. *International journal of transgender health*, 22(3), 225–242.
<https://doi.org/10.1080/26895269.2020.1861575>
- Humborstad, S. I., Humborstad, B., & Whitfield, R. (2007). Burnout and service employees' willingness to deliver quality service. *Journal of Human Resources in Hospitality & Tourism*, 7(1), 45-64.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Northwestern University Press. (Original work published 1954)
- Isaksson Rø, K. E., Gude, T., Tyssen, R., & Aasland, O. G. (2003). Counselling for burnout in Norwegian doctors: one year cohort study. *Medicine Today*, 4(11), 12.
<http://doi.org/10.1136/bmj.a2004>
- Isaksson Rø, K. E., Gude, T., Tyssen, R., & Aasland, O. G. (2010). A self-referral preventive intervention for burnout among Norwegian nurses: One-year follow-up study. *Patient Education and Counseling*, 78(2), 191–197. <http://doi.org/10.1016/j.pec.2009.07.008>
- Isay, R. A. (1986). The development of sexual identity in homosexual men. *The psychoanalytic study of the child*, 41(1), 467-489.
- Jain, S., Kuppili, P. P., Pattanayak, R. D., & Sagar, R. (2017). Ethics in Psychiatric Research: Issues and Recommendations. *Indian journal of psychological medicine*, 39(5), 558–565.
https://doi.org/10.4103/IJPSYM.IJPSYM_131_17

- Jin, T., Zhou, Y., & Zhang, L. (2023). Job stressors and burnout among clinical nurses: a moderated mediation model of need for recovery and career calling. *BMC nursing*, 22(1), 388.
<https://doi.org/10.1186/s12912-023-01524-1>
- Johnson Shen, M., Freeman, R., Karpiak, S., Brennan-Ing, M., Seidel, L., & Siegler, E. L. (2019). The Intersectionality of Stigmas among Key Populations of Older Adults Affected by HIV: a Thematic Analysis. *Clinical Gerontologist*, 42(2), 137–149.
<https://doi.org/10.1080/07317115.2018.1456500>
- Jones, M., Smith, J. C., Moore, S., Newman, A., Camacho-González, A., Harper, G. W., Del Río, C., & Hussen, S. A. (2022). Passion, commitment, and burnout: Experiences of Black gay men working in HIV/AIDS treatment and prevention in Atlanta, GA. *PLoS one*, 17(8), e0264680.
- Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion. *Narrative Inquiry*, 14(1), 1–28.
- Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021). Relationship between nurse burnout, patient, and organizational outcomes: Systematic review. *International journal of nursing studies*, 119, 103933.
- Kaggwa, M. M., Kajjimu, J., Sserunkuma, J., Najjuka, S. M., Atim, L. M., Olum, R., Tagg, A., & Bongomin, F. (2021). Prevalence of burnout among university students in low- and middle-income countries: A systematic review and meta-analysis. *PloS one*, 16(8), e0256402.
<https://doi.org/10.1371/journal.pone.0256402>
- Kaschka, W., P., Korczak, D., & Broich, K. (2011). Burnout: a fashionable diagnosis. *Deutsches Ärzteblatt Int*. 108, 781. <https://doi: 10.3238/arztebl.2011.0781>

- Kelleher, C. (2009). Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counselling Psychology Quarterly*, 22(4), 373–379.
<https://doi.org/10.1080/09515070903334995>
- Kimmel, S. B., & Mahalik, J. R. (2005). Body image concerns of gay men: the roles of minority stress and conformity to masculine norms. *Journal of consulting and clinical psychology*, 73(6), 1185.
- King, J. O. (1981). Christopher Lasch, *The Culture of Narcissism: American Life in an Age of Diminishing Expectations* (New York: WW Norton, 1978) & 11. 95. *Social Science History*, 5(3), 343-346.
- Klein, K., Holtby, A., Cook, K., & Travers, R. (2014). Complicating the Coming Out Narrative: Becoming Oneself in a Heterosexist and Cissexist World. *Journal of Homosexuality*, 62(3), 297–326. <https://doi-org.ezproxy.mdx.ac.uk/10.1080/00918369.2014.970829>
- Korhonen, M., & Komulainen, K. (2023). Individualizing the burnout problem: Health professionals' discourses of burnout and recovery in the context of rehabilitation. *Health (London, England: 1997)*, 27(5), 789–809. <https://doi.org/10.1177/13634593211063053>
- Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The Relationship Between Burnout, Depression, and Anxiety: A Systematic Review and Meta-Analysis. *Frontiers in psychology*, 10, 284. <https://doi.org/10.3389/fpsyg.2019.00284>
- Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & stress*, 19(3), 192-207.
- Kubicek, K., McDavitt, B., Carpineto, J., Weiss, G., Iverson, E. F., & Kipke, M. D. (2009). God Made Me Gay for a Reason: Young Men Who Have Sex With Men's Resiliency in Resolving

Internalized Homophobia From Religious Sources. *Journal of Adolescent Research*, 24(5), 601–633. <https://doi.org/10.1177/0743558409341078>

Kuyper, L. (2015). Differences in workplace experiences between lesbian, gay, bisexual, and heterosexual employees in a representative population study. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 1.

Kuyper, L., & Fokkema, T. (2010). Loneliness Among Older Lesbian, Gay, and Bisexual Adults: The Role of Minority Stress. *Archives of Sexual Behavior*, 39(5), 1171–1180. <https://doi.org/10.1007/s10508-009-9513-7>

Kuyper, L., Iedema, J., & Keuzenkamp, S. (2013). Towards tolerance. Exploring changes and explaining differences in attitudes towards homosexuality in Europe. *Sociaal en Cultureel Planbureau*.

Kwon, P. (2013). Resilience in lesbian, gay, and bisexual individuals. *Personality and Social Psychology Review*, 17(4), 371-383.

Laing, R. D. (1960). *The divided self: An existential study in sanity and madness*. London: Tavistock Publications.

Langdrige, D. (2003). Hermeneutic phenomenology: Arguments for a new social psychology. *History & Philosophy of Psychology*, 5(1), 30–45.

Langdrige, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. London: Pearson Education.

Langdrige, D. (2014). Are you angry or are you heterosexual?: A queer critique of lesbian and gay models of identity development. In *Feeling queer or queer feelings?* (pp. 23-35). Routledge.

- Langdrige, D. (2016). Benevolent heterosexism and the “less-than-queer” citizen subject. *The Oxford handbook of social psychology and social justice*, 205-219.
- Längle, A. (2003). Burnout – Existential Meaning and Possibilities of Prevention. *European Psychotherapy*, 4 (1),107-122)
- Lapinski, J., Yost, M., Sexton, P., & LaBaere, R. J. (2016). Factors Modifying Burnout in Osteopathic Medical Students. *Academic Psychiatry*, 40(1), 55–62. <https://doi.org/10.1007/s40596-015-0375-0>
- Lawrence, J. A., Davis, B. A., Corbette, T., Hill, E. V., Williams, D. R., & Reede, J. Y. (2022). Racial/Ethnic Differences in Burnout: A Systematic Review. *Journal of racial and ethnic health disparities*, 9(1), 257–269. <https://doi.org/10.1007/s40615-020-00950-0>
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer publishing company.
- Lebert-Charron, A., Dorard, G., Boujut, E., & Wendland, J. (2018). Maternal burnout syndrome: Contextual and psychological associated factors. *Frontiers in psychology*, 9, 885.
- Lent, J., & Schwartz, R. (2012). The impact of work setting, demographic characteristics, and personality factors related to burnout among professional counselors. *Journal of Mental Health Counseling*, 34(4), 355–372.
- Levillain, G., Vacher, P., de Roten, Y., & Nicolas, M. (2024). Influence of Defense Mechanisms on Sport Burnout: A Multiple Mediation Analysis Effects of Resilience, Stress and Recovery. *Sports (Basel)*, 12(10), 274-. <https://doi.org/10.3390/sports12100274>
- Lewis, J., Ritchie, J., Ormston, R., & Morrell, G. (2014). *Qualitative research practice: A guide for social science students and researchers* (2nd ed.). SAGE Publications.

- Li, C., Zhu, Y., Zhang, M., Gustafsson, H., & Chen, T. (2019). Mindfulness and Athlete Burnout: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, 16(3), 449. <https://doi.org/10.3390/ijerph16030449>
- Li, Y., Cao, L., Mo, C., Tan, D., Mai, T., & Zhang, Z. (2021). Prevalence of burnout in medical students in China: A meta-analysis of observational studies. *Medicine*, 100(26), e26329. <https://doi.org/10.1097/MD.00000000000026329>
- Lin, C. Y., Griffiths, M. D., Pakpour, A. H., Tsai, C. S., & Yen, C. F. (2022). Relationships of familial sexual stigma and family support with internalized homonegativity among lesbian, gay and bisexual individuals: the mediating effect of self-identity disturbance and moderating effect of gender. *BMC public health*, 22(1), 1465.
- Lindsey, A., King, E., Gilmer, D., Sabat, I., & Ahmad, A. (2019). The Benefits of Identity Integration across Life Domains. *Journal of Homosexuality*, 67(8), 1164–1172. <https://doi.org/10.1080/00918369.2019.1607683>
- Listopad, I. W., Michaelsen, M. M., Werdecker, L., & Esch, T. (2021). Bio-Psycho-Socio-Spirito-Cultural Factors of Burnout: A Systematic Narrative Review of the Literature. *Frontiers in psychology*, 12, 722862. <https://doi.org/10.3389/fpsyg.2021.722862>
- Loewenberg, B. J., & Bogin, R. (1976). *Black women in nineteenth-century American life*. University Park: Pennsylvania State University Press.
- Lorde, A. (1984). *Sister, outsider*. Trumansburg, NY: Crossing Press.
- Luken, M., & Sammons, A. (2016). Systematic review of mindfulness practice for reducing job burnout. *The American Journal of Occupational Therapy*, 70(2), 7002250020p1-7002250020p10.

- Lyons, A. (2015). Resilience in lesbians and gay men: A review and key findings from a nationwide Australian survey. *International review of psychiatry*, 27(5), 435-443.
- Lyons, H. Z., Brenner, B. R., & Fassinger, R. E. (2005). A multicultural test of the theory of work adjustment: Investigating the role of heterosexism and fit perceptions in the job satisfaction of lesbian, gay, and bisexual employees. *Journal of Counseling Psychology*, 52, 537--548.
<https://doi.org/10.1037/0022-0167.52.4.537>
- Malach Pines, A. (2000). Treating Career Burnout: A Psychodynamic Existential Perspective. *Journal of Clinical Psychology*, 56(5), 633–642. [https://doi.org/10.1002/\(SICI\)1097-4679\(200005\)56:5<633::AID-JCLP5>3.0.CO;2-#](https://doi.org/10.1002/(SICI)1097-4679(200005)56:5<633::AID-JCLP5>3.0.CO;2-#)
- Malach Pines, A. (2002). The Female Entrepreneur. *Clinical Case Studies*, 1(2), 170–180.
- Malyon, A. K. (1982). Biphasic aspects of homosexual identity formation. *Psychotherapy: Theory, Research & Practice*, 19(3), 335.
- Marchand, A., Blanc, M. E., & Beauregard, N. (2018). Do age and gender contribute to workers' burnout symptoms?. *Occupational medicine*, 68(6), 405-411.
- Marciano, A., David, Y., & Antebi-Gruszka, N. (2024). The interplay of internalized homophobia, compulsive use of dating apps, and mental distress among sexual minority individuals: Two moderated mediation models. *Computers in Human Behavior*, 156, 108241-.
<https://doi.org/10.1016/j.chb.2024.108241>
- Maricuțoiu, L. P., Sava, F. A., & Butta, O. (2016). The effectiveness of controlled interventions on employees' burnout: A meta-analysis. *Journal of Occupational and Organizational Psychology*, 89(1), 1– 27. <https://doi-org.ezproxy.mdx.ac.uk/10.1111/joop.12099>

- Marín-Farrona, M. J., León-Jiménez, M., García-Unanue, J., Gallardo, L., Liguori, G., & López-Fernández, J. (2021). Influence of non-occupational physical activity on burnout syndrome, job satisfaction, stress and recovery in fitness professionals. *International Journal of Environmental Research and Public Health*, 18(18), 9489.
- Marine, A., Ruotsalainen, J. H., Serra, C., & Verbeek, J. H. (2006). Preventing occupational stress in healthcare workers. *Cochrane Database of Systematic Reviews*, 4, Art. No. CD002892. doi:10.1002/14651858.CD002892.pub2
- Maske, U. E., Riedel-Heller, S. G., Seiffert, I., Jacobi, F., & Hapke, U. (2014). Prevalence and comorbidity of self-reported diagnosis of burnout syndrome in the general population. *Psychiatrische Praxis*, 43(1), 18-24.
- Maslach, C. (2003). Job burnout: new directions in research and intervention. *Current directions in psychological science*, 12(5), 189-192.
- Maslach, C., & Jackson, S. E. (1981a). The measurement of experienced burnout. *J Occup Behav* 2(2):99–113. [https://doi: 10.1002/job.4030020205](https://doi.org/10.1002/job.4030020205)
- Maslach, C., & Jackson, S. E. (1981b). MBI: Maslach Burnout Inventory Manual, Consulting. Palo Alto, CA: University of California.
- Maslach, C., & Leiter, M.P. (1976). Burnout. *Hum. Behavior*, 5, 16–22.
- Maslach, C., Jackson, S., & Leiter, M. P. (1997). *Maslach Burnout Inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologist.
- Maslach, C., Schaufeli, W., & Leiter, M. (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422.

- Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). *Job burnout. Ann Rev Psychol.* 52(1), 397–422.
<https://doi.org/10.1146/annurev.psych.52.1.397>
- Masoodi, M. (2017). A comparative analysis of two qualitative methods: Deciding between grounded theory and phenomenology for your research. *Profesinis rengimas: tyrimai ir realijos*, (28), 23-40.
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The counseling psychologist*, 24(3), 508-534.
- McCormack, M. (2012). *The declining significance of homophobia: How teenage boys are redefining masculinity and heterosexuality*. New York, NY: Oxford University Press.
- McGeary, C. A., & McGeary, D. D. (2012). Occupational burnout. In *Handbook of occupational health and wellness* (pp. 181-200). Boston, MA: Springer US.
- McLeod, J. (2003). *Doing counselling research*. Sage.
- Melamed, S., Kushnir, T., & Shirom, A. (1992). Burnout and risk factors for cardiovascular diseases. *Behavioral Medicine*, 18(2), 53–60. <https://doi.org/10.1080/08964289.1992.9935172>.
- Melamed, S., Shirom, A., Toker, S., & Shapira, I. (2006). Burnout and risk of type 2 diabetes: a prospective study of apparently healthy employed persons. *Psychosomatic medicine*, 68(6), 863-869.
- Metin, U. B., Taris, T. W., & Peeters, M. C. (2016). Measuring procrastination at work and its associated workplace aspects. *Personality and Individual Differences*, 101, 254-263.

- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of health and social behavior*, 38-56.
- Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674- 697.
<https://doi.org/10.1037/0033-2909.129.5.674>.
- Milton, H. L., & MacDonald, G. J. (1984). Homosexual identity formation as a developmental process. *Journal of homosexuality*, 9(2-3), 91-104.
- Mink, M. D., Lindley, L. L., & Weinstein, A. A. (2014). Stress, Stigma, and Sexual Minority Status: The Intersectional Ecology Model of LGBTQ Health. *Journal of Gay & Lesbian Social Services*, 26(4), 502–521. <https://doi.org/10.1080/10538720.2014.953660>
- Molina, Y., Dirkes, J., & Ramirez-Valles, J. (2017). Burnout in HIV/AIDS Volunteers: A Socio-Cultural Analysis among Latino Gay, Bisexual Men, and Transgender People. *Nonprofit and voluntary sector quarterly*, 46(6), 1231–1249. <https://doi.org/10.1177/0899764017718632>
- Montero-Marín, J., Skapinakis, P., Araya, R., Gili, M., & García-Campayo, J. (2011). Towards a brief definition of burnout syndrome by subtypes: development of the " burnout clinical subtypes questionnaire"(BCSQ-12). *Health and Quality of Life Outcomes*, 9, 1-12.
- Moon, K., & Blackman, D. (2014). A Guide to Understanding Social Science Research for Natural Scientists. *Conservation Biology*, 28: 1167-1177.
<http://onlinelibrary.wiley.com/doi/10.1111/cobi.12326/full>
- Morales Rodríguez, F. M., Rodríguez Clares, R., & García Muñoz, M. R. (2020). Influence of Resilience, Everyday Stress, Self-Efficacy, Self-Esteem, Emotional Intelligence, and Empathy

- on Attitudes toward Sexual and Gender Diversity Rights. *International Journal of Environmental Research and Public Health*, 17(17), 6219-. <https://doi.org/10.3390/ijerph17176219>
- Moreno-Jimenez, B., Barbaranelli, C., Galvez Herrer, M., & Garrosa Hernandez, E. (2012). The Physician Burnout Questionnaire: A new definition and measure. *TPM: Testing, Psychometrics, Methodology in Applied Psychology*, 19(4).
- Moura, A. (1989). *Phenomenology and its origins*. Philosophical Press.
- Murray, M. (2003). Narrative psychology and narrative analysis. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95-112). APA.
- Nadon, L., De Beer, L. T., & Morin, A. J. S. (2022). Should Burnout Be Conceptualized as a Mental Disorder? *Behavioral sciences (Basel, Switzerland)*, 12(3), 82. <https://doi.org/10.3390/bs12030082>
- Neisen, J. H. (1990). Heterosexism: Redefining homophobia for the 1990's. *Journal of Gay and Lesbian Psychotherapy*, 1 (3), 21-35.
- O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, 53, 74-99. doi: 10.1016/j.eurpsy.2018.06.003
- Oginni, O., Robinson, E., Jones, A., Rahman, Q., & Rimes, K. (2019). Mediators of increased self-harm and suicidal ideation in sexual minority youth: a longitudinal study. *Psychological Medicine*, 49(15), 2524–2532. <https://doi.org/10.1017/S003329171800346X>

- Okanlawon, K. (2024). Suicidal ideation, suicide attempts, suicide methods, and correlates of suicidality among Nigerian LGBT persons: The role of minority stress. A narrative literature review. *Journal of Gay & Lesbian Mental Health*, 1–23. <https://doi.org/10.1080/19359705.2024.2371784>
- Otto, M. C., Van Ruysseveldt, J., Hoefsmit, N., & Van Dam, K. (2021). Investigating the temporal relationship between proactive burnout prevention and burnout: A four-wave longitudinal study. *Stress and Health*, 37(4), 766-777.
- Pachankis, J. E., & Hatzenbuehler, M. L. (2013). The Social Development of Contingent Self-Worth in Sexual Minority Young Men: An Empirical Investigation of the “Best Little Boy in the World” Hypothesis. *Basic and Applied Social Psychology*, 35(2), 176–190. <https://doi.org/10.1080/01973533.2013.764304>
- Pachankis, J. E., Mahon, C. P., Jackson, S. D., Fetzner, B. K., & Bränström, R. (2020). Sexual Orientation Concealment and Mental Health: A Conceptual and Meta-Analytic Review. *Psychological Bulletin*, 146(10), 831–871. <https://doi.org/10.1037/bul0000271>
- Padilla, Y. C., Crisp, C., & Rew, D. L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work*, 55(3), 265-275.. <https://doi-org.ezproxy.mdx.ac.uk/10.1093/sw/55.3.265>.
- Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. London: Routledge.
- Penz, M., Stalder, T., Miller, R., Ludwig, V. M., Kanthak, M. K., & Kirschbaum, C. (2018). Hair cortisol as a biological marker for burnout symptomatology. *Psychoneuroendocrinology*, 87, 218-221.

- Pereira, H., Silva, P., & Beatriz, C. (2022). The Impact of Psychological Distress on the Occupational Well-Being of Sexual and Gender Minorities. *Healthcare (Basel, Switzerland)*, 10(4), 699. <https://doi.org/10.3390/healthcare10040699>
- Pérez-Fuentes, M. D. C., Molero Jurado, M. D. M., Martos Martínez, Á., & Gázquez Linares, J. J. (2018). New burnout evaluation model based on the brief burnout questionnaire: Psychometric properties for nursing. *International journal of environmental research and public health*, 15(12), 2718.
- Pines, A., Aronson, E., & Kafry, D. (1981). *Burnout: From tedium to personal growth*. New York: Free Press.
- Pladdys J. (2024). Mitigating Workplace Burnout Through Transformational Leadership and Employee Participation in Recovery Experiences. *HCA healthcare journal of medicine*, 5(3), 215–223. <https://doi.org/10.36518/2689-0216.1783>
- Polit, D. F., & Hungler, B. P. (1999). *Nursing research: Principles and methods* (6th ed.). Lippincott.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of counseling psychology*, 52(2), 137.
- Purvanova, R. K., & Muros, J. P. (2010). Gender differences in burnout: A meta-analysis. *Journal of Vocational Behavior*, 77(2), 168-185. <https://doi.org/10.1016/j.jvb.2010.04.006>.
- Rabelo, V.C. & Cortina, L.M. (2014). Two sides of the same coin: Gender harassment and heterosexual harassment in LGBTQ work lives. *Law and Human Behavior*, 38(4), 378-391. <https://doi:10.1037/lhb0000087>.

- Raedeke, T. D., & Smith, A. L. (2001). Development and preliminary validation of an athlete burnout measure. *Journal of sport and exercise psychology*, 23(4), 281-306.
- "Ragins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology*, 92(4), 1103–1118."
- Ragins, B.R. (2008). Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review*, 33, 194–215. doi: 10.5465/AMR.2008.27752724
- Rahman, M. (2010). Queer as Intersectionality: Theorizing Gay Muslim Identities: Special Issue on Sexuality. *Sociology (Oxford)*, 44(5), 944–961.
- Reed, S. J., & Miller, R. L. (2016). Thriving and adapting: Resilience, sense of community, and syndemics among young Black gay and bisexual men. *American journal of community psychology*, 57(1-2), 129-143.
- Reid, K., Flowers, P., & Larkin, M. (2005). Interpretative phenomenological analysis: An overview and methodological review. *The Psychologist*, 18(1), 20-23.
- Reygan, F., & Moane, G. (2014). Religious homophobia: The experiences of a sample of lesbian, gay, bisexual and transgender (LGBT) people in Ireland. *Culture and Religion*, 15(3), 298–312. <https://doi.org/10.1080/14755610.2014.942329>
- Ricoeur, P. (1970). *Freud and Philosophy: An Essay on Interpretation* [trans. D. Savage]
- Ricoeur, P. (1981). *Hermeneutics and the human sciences* (J. B. Thompson, Ed. & Trans.). Cambridge University Press.

- Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Sage Publications.
- Rimes, K. A., Smith, P., & Bridge, L. (2023). Low self-esteem: a refined cognitive behavioral model. *Behavioral and Cognitive Psychotherapy*, 51(6), 579–594.
doi:10.1017/S1352465823000048
- Ritchie, J., & Lewis, J. (2003). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications.
- Robertson, S., & Gow, K. (2011). Resourcefulness and recovery in rundown and burned out health professionals. In M. J. Celinski & K. M. Gow (Eds.), *Continuity versus creative response to challenge: The primacy of resilience and resourcefulness in life and therapy* (pp. 395–412). Nova Science Publishers.
- Robinson, O.C. (2016). Emerging adulthood, early adulthood and quarter-life crisis: Updating Erikson for the twenty-first century. In R. Žukauskiene (Ed.) *Emerging adulthood in a European context* (pp.17-30). New York: Routledge.
- Rodriguez, E. M., & Oulette, S.C. (2000). Gay and lesbian Christians: Homosexual and religious identity integration in the members and participants of a gay-positive church. *Journal for the Scientific Study of Religion*, 39, 333-347.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science*. Vol. 3: Formulations of the person and the social context (pp. 184–256). McGraw-Hill.
- Roskam, I., Raes, M. E., & Mikolajczak, M. (2017). Exhausted parents: Development and preliminary validation of the parental burnout inventory. *Frontiers in psychology*, 8, 163.

- Rotenstein, L. S., Torre, M., Ramos, M. A., Rosales, R. C., Guille, C., Sen, S., & Mata, D. A. (2018). Prevalence of Burnout Among Physicians: A Systematic Review. *JAMA*, 320(11), 1131–1150. <https://doi.org/10.1001/jama.2018.12777>
- Rowen, C. J., & Malcolm, J. P. (2003). Correlates of Internalized Homophobia and Homosexual Identity Formation in a Sample of Gay Men. *Journal of Homosexuality*, 43(2), 77–92. https://doi-org.ezproxy.mdx.ac.uk/10.1300/J082v43n02_05
- Ryan, C., & Futterman, D. (1997). Lesbian and gay youth: care and counseling. *Adolescent medicine (Philadelphia, Pa.)*, 8(2), 207–374.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352.. <https://doi-org.ezproxy.mdx.ac.uk/10.1542/peds.2007-3524>.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of child and adolescent psychiatric nursing*, 23(4), 205–213.. <https://onlinelibrary-wiley-com.ezproxy.mdx.ac.uk/doi/full/10.1111/j.1744-6171.2010.00246.x>.
- Ryus, C. R., Samuels, E. A., Wong, A. H., Hill, K. A., Huot, S., & Boatright, D. (2022). Burnout and Perception of Medical School Learning Environments Among Gay, Lesbian, and Bisexual Medical Students. *JAMA network open*, 5(4), e229596. <https://doi.org/10.1001/jamanetworkopen.2022.9596>

- Salfas, B., Rendina, H. J., & Parsons, J. T. (2018). What is the role of the community? Examining minority stress processes among gay and bisexual men. *Stigma and Health*. Advance online publication.
- Salmela-Aro, K., Kiuru, N., Leskinen, E., & Nurmi, J. E. (2009). School burnout inventory (SBI) reliability and validity. *European journal of psychological assessment*, 25(1), 48-57.
- Salmela-Aro, K., Näätänen, P., & Nurmi, J. E. (2004). The role of work-related personal projects during two burnout interventions: a longitudinal study. *Work & Stress*, 18(3), 208–230.
<http://doi.org/10.1080/02678370412331317480>
- Salminen, S., Andreou, E., Holma, J., Pekkonen, M., & Mäkikangas, A. (2017). Narratives of burnout and recovery from an agency perspective: A two-year longitudinal study. *Burnout Research*, 7, 1-9.
- Salvagioni D.A.J., Melanda, F.N., Mesas, A.E., González, A.D., Gabani, F.L., & Andrade, S.M. (2017). Physical, psychological, and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS ONE*, 12(10): e0185781. <https://doi.org/10.1371/journal.pone.0185781>
- Samuels, E. A., Boatright, D. H., Wong, A. H., Cramer, L. D., Desai, M. M., Solotke, M. T., Latimore, D., & Gross, C. P. (2021). Association between sexual orientation, mistreatment, and burnout among US medical students. *JAMA network open*, 4(2), e2036136-e2036136.
- Sartre, J-P. (1943) *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. H. E. Barnes, London: Methuen, 1956.
- Savin-Williams, R. C. (2011). Identity development among sexual-minority youth. In *Handbook of identity theory and research* (pp. 671-689). New York, NY: Springer New York.

- Savin-Williams, R. C. (2011). Identity development among sexual-minority youth. In S. J. Schwartz, K. Luyckx, & V. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 671–689). New York, NY: Springer.
- Saxena, M. (2024). Burnout and Attention Failure in STEM: The Role of Self-Control and the Buffer of Mindfulness. *International Journal of Environmental Research and Public Health*, 21(8), 1000.
- Schaufeli, W. B. (2017). *Burnout: A short socio-cultural history. Burnout, fatigue, exhaustion: An interdisciplinary perspective on a modern affliction*, 105-127.
- Schaufeli, W. B. (2018). Burnout in Europe: Relations with national economy, governance, and culture. *Research Unit Occupational & Organizational Psychology and Professional Learning (internal report)*. KU Leuven.
- Schaufeli, W. B., Desart, S., & De Witte, H. (2020). Burnout Assessment Tool (BAT) —development, validity, and reliability. *International journal of environmental research and public health*, 17(24), 9495.
- Schaufeli, W. B., Leiter, M. P., Maslach, C., & Jackson, S. E. (1996). MBI-General Survey. In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *Maslach Burnout Inventory Manual* (3rd ed). Consulting Psychologists Press
- Schaufeli, W. B., Maslach, C., & Marek, T. (Eds.) (1993). *Professional Burnout: Recent Developments in Theory and Research*. Washington DC: Taylor and Francis.
- Schwartz, M. S., & Will, G. T. (1953). Low morale and mutual withdrawal on a mental hospital ward. *Psychiatry*, 16(4), 337-353.

- Sears, B., & Mallory, C. (2011). *Documented evidence of employment discrimination & its effects on LGBT people*. Los Angeles, CA: The Williams Institute, UCLA School of Law.
- Seiler-Ramadas, R., Markovic, L., Staras, C., Medina, L. L., Perak, J., Carmichael, C., ... & Grabovac, I. (2021). "I don't even want to come out": the suppressed voices of our future and opening the lid on sexual and gender minority youth workplace discrimination in Europe: a qualitative study. *Sexuality Research and Social Policy*, 1-21.
- Shin, H., Park, Y., Ying, J., Kim, B., Noh, H., & Lee, S. (2014). Relationships between coping strategies and burnout symptoms: A meta-analytic approach. *Professional Psychology: Research and Practice*, 45(1), 44–56. doi:10.1037/a0035220.
- Shoman, Y., Marca, S. C., Bianchi, R., Godderis, L., Van der Molen, H. F., & Canu, I. G. (2021). Psychometric properties of burnout measures: A systematic review. *Epidemiology and psychiatric sciences*, 30, e8.
- Singh, R. S., Watford, T. S., Cotterman, R. E., & O'Brien, W. H. (2020). A pilot study of acceptance and commitment therapy for sexual minorities experiencing work stress. *Journal of Contextual Behavioral Science*, 16, 25–29. <https://doi.org/10.1016/j.jcbs.2020.02.001>
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39–54. <https://doi.org/10.1191/1478088704qp004oa>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE Publications.

- Smith, N. G., & Ingram, K. M. (2004). Workplace Heterosexism and Adjustment Among Lesbian, Gay, and Bisexual Individuals: The Role of Unsupportive Social Interactions. *Journal of Counseling Psychology, 51*(1), 57–67. <https://doi.org/10.1037/0022-0167.51.1.57>
- Spall, S. (1998). Peer debriefing in qualitative research: Emerging operational models. *Qualitative inquiry, 4*(2), 280-292.
- Starks, H.; & Trinidad, S. B (2007). Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research. 17*(10), 1372-1380.
- Stead, G.B., Perry, J.C., Munka, L.M., Bonnett, H.R., Shiban, A.P., & Care, E. (2011). Qualitative research in career development: Content analysis from 1990 to 2009. *International Journal for Educational and Vocational Guidance, 12*(2), 105–122.
- Suleiman-Martos, N., Gomez-Urquiza, J. L., Aguayo-Estremera, R., Cañadas-De La Fuente, G. A., De La Fuente-Solana, E. I., & Albendín-García, L. (2020). The effect of mindfulness training on burnout syndrome in nursing: A systematic review and meta-analysis. *Journal of Advanced Nursing, 76*(5), 1124-1140. <https://doi.org/10.1111/jan.14318>
- Sullivan, E. E., McKinstry, D., Adamson, J., Hunt, L., Phillips, R. S., & Linzer, M. (2022). Burnout among Missouri primary care clinicians in 2021: roadmap for recovery? *Missouri medicine, 119*(4), 397.
- Sundén, J. (2024). Digital kink obscenity: A sexual politics beyond visibility and comprehension. *Sexualities, 27*(8), 1461–1475. <https://doi.org/10.1177/13634607221124401>
- Tavarez, J. (2022). 'There's people out there doing more than me...': Activist burnout among bisexual college students within LGBTQ campus spaces. *Journal of Diversity in Higher Education.*

- Tement, S., Ketiš, Z. K., Mirošević, Š., & Selič-Zupančič, P. (2021). The Impact of Psychological Interventions with Elements of Mindfulness (PIM) on Empathy, Well-Being, and Reduction of Burnout in Physicians: A Systematic Review. *International journal of environmental research and public health*, 18(21), 11181. <https://doi.org/10.3390/ijerph182111181>
- Teshome, B. G., Desai, M. M., Gross, C. P., Hill, K. A., Li, F., Samuels, E. A., Wong, A. H., Xu, Y., & Boatright, D. H. (2022). Marginalized identities, mistreatment, discrimination, and burnout among US medical students: cross sectional survey and retrospective cohort study. *BMJ (Clinical research ed.)*, 376, e065984. <https://doi.org/10.1136/bmj-2021-065984>
- Troiden, R. R. (1979). Becoming homosexual: A model of gay identity acquisition. *Psychiatry*, 42(4), 362-373.
- Ungar, M. (2012). Introduction to the volume. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 13–32). Dordrecht, Netherlands: Springer."
- Ungar, M., & Jefferies, P. (2021). *Becoming More Rugged and Better Resourced: The R2 Resilience Program's*© *Psychosocial Approach to Thriving*. *Frontiers in psychology*, 12, 745283. <https://doi.org/10.3389/fpsyg.2021.745283>
- Vaccaro, A., & Mena, J. A. (2011). It's Not Burnout, It's More: Queer College Activists of Color and Mental Health. *Journal of Gay & Lesbian Mental Health*, 15(4), 339–367. <https://doi.org/10.1080/19359705.2011.600656>
- Van Beusekom, G., Bos, H. M., Kuyper, L., Overbeek, G., & Sandfort, T. G. (2018). Gender nonconformity and mental health among lesbian, gay, and bisexual adults: Homophobic stigmatization and internalized homophobia as mediators. *Journal of Health Psychology*, 23(9), 1211-1222.

- Van Dam, A. (2021). A clinical perspective on burnout: diagnosis, classification, and treatment of clinical burnout. *European Journal of Work and Organizational Psychology*, 30(5), 732-741.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, ON: Althouse Press
- Veldhuis, G. A., Sluijs, T., van Zwieten, M. H. J., Bouwman, J., Wiezer, N. M., & Wortelboer, H. M. (2020). A Proof-of-Concept System Dynamics Simulation Model of the Development of Burnout and Recovery Using Retrospective Case Data. *International journal of environmental research and public health*, 17(16), 5964. <https://doi.org/10.3390/ijerph17165964>
- Velez, B.L., Moradi, B., & Brewster, M.E. (2013). Testing the tenets of minority stress theory in workplace contexts. *Journal of Counseling Psychology*, 1-11. <https://doi:10.1037/a0033346>.
- Verhavert, Y., Van Hoof, E., Zinzen, E., De Martelaer, K., Van Cauwenberg, J., & Deliens, T. (2023). O. 1.1-1 Burnout and recovery need among Flemish secondary school teachers: what type of physical activity-intensity matters?. *European Journal of Public Health*, 33(Supplement_1), ckad133-077.
- Viehl, C. & Dispenza, F. (2015). Burnout and coping: An exploratory comparative study of heterosexual and sexual minority mental health practitioners. *Journal of LGBT Issues in Counseling*. <https://doi:10.1080/15538605.2015.1112337>.
- Viehl, C. J., Dispenza, F., McCullough, R., & Guvensel, K. (2017). Burnout among sexual minority mental health practitioners: Investigating correlates and experiential themes. *Psychology of Sexual Orientation and Gender Diversity*.

- Viehl, C. J., Dispenza, F., Smith, J., Varney, M., Guvensel, K., Suttles, M., McCullough, R., Chang, C., Kaufmann, J., & Brack, J. (2017). How do sexual minority men experience burnout in the mental health field? A grounded theory study. *Journal of Gay and Lesbian Mental Health*.
- Visser, A. (2019) *How do people make sense of their recovery from academic burnout during their undergraduate studies? An interpretative phenomenological inquiry into the experience of young adults*. Other thesis, Middlesex University / New School of Psychotherapy and Counselling.
- Volpone, S. D., Avery, D. R., & Hurrell, J. J. (2013). It's Self Defense: How Perceived Discrimination Promotes Employee Withdrawal. *Journal of Occupational Health Psychology*, 18(4), 430–448. <https://doi.org/10.1037/a0034016>
- Vos, J. (2016). Working with meaning in life in chronic or life-threatening disease: A review of its relevance and the effectiveness of meaning-centred therapies. *Clinical perspectives on meaning: Positive and existential psychotherapy*, 171-200.
- Vos, J. (2021). Systematic Pragmatic Phenomenological Analysis: Step-wise guidance for mixed methods research. *Counselling and Psychotherapy Research*, 21(1), 77–97. <https://doi.org/10.1002/capr.12366>
- Vos, J. (2023a). *Doing Research in Psychological Therapies. A Step-by-Step Guide*. Sage: London
- Vos, J. (2023b). *Existential psychological therapies: An overview of empirical research*. Pratiques Psychologiques.
- Waldo, C. R. (1999). Working in a Majority Context: A Structural Model of Heterosexism as Minority Stress in the Workplace. *Journal of Counseling Psychology*, 46(2), 218-232

- Wandrekar, J. R., & Nigudkar, A. S. (2020). f do we know about LGBTQIA + mental health in India? A review of research from 2009 to 2019. *Journal of Psychosexual Health*, 2(1), 26–36. <https://doi-org.ezproxy.mdx.ac.uk/10.1177/2631831820918129>
- Wang, B., & Gorman-Murray, A. (2023). International students, intersectionality and sense of belonging: a note on the experience of gay Chinese students in Australia. *Australian Geographer*, 54(2), 115–123. <https://doi.org/10.1080/00049182.2023.2174652>
- Welbourne, J., Eggerth, D., Hartley, T., Andrew, M., & Sanchez, F. (2007). Cop- ing strategies in the workplace: Relationships with attributional style and job satisfaction. *Journal of Vocational Behavior*, 70, 312–325.
- What We Know Project. (2019). *What does the scholarly research say about the effects of discrimination on the health of LGBT people?* Cornell University. Retrieved from <https://whatweknow.inequality.cornell.edu>
- Wight, R. G., LeBlanc, A. J., de Vries, B., & Detels, R. (2012). Stress and mental health among midlife and older gay-identified men. *American Journal of Public Health*, 102, 503–510. <https://doi:10.2105/AJPH.2011.300384>
- Williams, E., Rathert, C., & Buttigieg, S. C. (2020). The Personal and Professional Consequences of Physician Burnout: A Systematic Review of the Literature. *Medical Care Research and Review*, 77(5), 371–386. <https://doi.org/10.1177/1077558719856787>
- Williams, M. J. (1988). Gay men as “buddies” to persons living with AIDS and ARC. *Smith College Studies in Social Work*, 59(1), 38–52. <https://doi.org/10.1080/00377318809516649>

- Williams, M. T. (2020). Microaggressions: Clarification, Evidence, and Impact. *Perspectives on Psychological Science, 15*(1), 3-26. <https://doi.org/10.1177/1745691619827499>
- Willig, C. (2008). *Introducing qualitative research in psychology*. Open University Press.
- Wolfe, A. (2023). Incongruous identities: Mental distress and burnout disparities in LGBTQ+ health care professional populations. *Heliyon, 9*(4).
- Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *Journal of psychiatric research, 123*, 9-20.
- Woody, I. (2014). Aging Out: A Qualitative Exploration of Ageism and Heterosexism Among Aging African American Lesbians and Gay Men. *Journal of Homosexuality, 61*(1), 145–165. <https://doi.org/10.1080/00918369.2013.835603>
- Woolgar, S. (2019). *Resolving occupational burnout: Exploring factors in personal recovery through an enhanced critical incident technique* (Doctoral dissertation, University of British Columbia).
- World Health Organization. (2021). *Burn-out an "occupational phenomenon": International Classification of Diseases*. Retrieved July 08, 2023, from <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>
- Worrell, S., Waling, A., Anderson, J., Lyons, A., Pepping, C. A., & Bourne, A. (2022). The Nature and Impact of Informal Mental Health Support in an LGBTQ Context: Exploring Peer Roles and Their Challenges. *Sexuality Research & Social Policy, 19*(4), 1586–1597. <https://doi.org/10.1007/s13178-021-00681-9>
- Xin, Y., Schwarting, C. M., Wasef, M. R., & Davis, A. K. (2023). Exploring the intersectionality of stigma and substance use help-seeking behaviors among lesbian, gay, bisexual, transgender,

queer, questioning or otherwise gender or sexuality minority (LGBTQ+) individuals in the United States: A scoping review. *Global Public Health*, 18(1), 2277854-.

<https://doi.org/10.1080/17441692.2023.2277854>

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215–228.

<https://doi.org/10.1080/08870440008400302>

Yoshino, K. (2006). *Covering: The hidden assault on our civil rights*. New York: Random House.

Yousaf, S. (2021). Travel burnout: Exploring the return journeys of pilgrim-tourists amidst the COVID-19 pandemic. *Tourism Management*, 84, 104285.