How the therapist can stay connected when they are "overwhelmed" by the client's experience

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Abstract

In psychotherapy, it is common for therapists to become participants in their clients' unbearable emotional experiences and to become emotionally overwhelmed. It is at this crucial point that the therapists must process their own distressing emotions while also remaining supportive and helpful. This paper deals with the case where, in such a condition, the therapist distances himself from the client, and their connection is lost. The concepts of being overwhelmed, connection, empathy, compassion fatigue, and containment are explored as the issue is elaborated. The key question with which this paper is concerned and attempts to provide answers to is how a connection in therapy can be sustained while the therapist is overwhelmed.

Keywords: Overwhelmed, disconnection in psychotherapy, containment, compassion fatigue.

Introduction

In psychotherapy, the therapist may become emotionally overwhelmed by a variety of situations. Such cases might involve clients with psychopathology (affect disorders, panic attacks, psychosis, etc), borderline or narcissistic personality disorders, chaotic individuals who spread their disorganization, or

those who transgress the boundaries. Therapists can also feel overwhelmed in cases when clients dramatize their feelings as a learnt manner of trying to be heard. Also, overwhelming is a learned way for some to alleviate their excess tension. Another case is when clients drag the therapist into their version of the problem, to such a degree that the therapist cannot think of any alternative ideas that can lead them out of the impasse. It is what we might call “being sucked in”.

The present paper focuses on the situation in which the therapist becomes overwhelmed when the client discloses one of their own overwhelming experiences. An experience that destabilizes them and forces them to confront unbearable pain and anguish, as well as existential fears such as fear of annihilation, fragmentation, and madness. Such experiences might include traumatic occurrences, victimizations, separations, major illness diagnoses, terrible deaths of loved ones, and other types of loss. The therapists' own painful experiences intensify their resistance, and they may find themselves unable to overcome their tendency to disconnect.

This paper addresses the following questions:

How can we therapists, be truly present when we are overwhelmed by listening to the client's overwhelming experience while also attempting to process what is going on within ourselves, and simultaneously processing the client’s experience? How can we function as containers for our clients while maintaining a safe environment? And, by staying connected to the client, how can we manage our emotional overload and respond in a differentiated way?

What does "being overwhelmed" mean?

Clients frequently seek psychotherapeutic help when they are having an intolerable emotional experience. During the therapeutic encounter, an osmosis of feelings such as paralyzing anxiety, sweeping panic, numbing shock, explosive rage, abandonment, loneliness, overpowering sadness and despair, etc., occurs. On the other hand, therapists may have intense emotional reactions that can be traced back to their past and their own unresolved issues. For instance, when a client discloses that she has experienced physical or sexual abuse, the therapist may become repulsed by what has happened to her, and this might manifest in various ways of acting-out or withdrawing from the client (Plakun, 1998).

When therapists are overwhelmed, they may become embarrassed to say or do something. This can cause feelings of inadequacy in them.

The therapist's ability to regulate their emotional overcharge might have an impact on the therapy process and progress. It is a critical and challenging time

where the therapist must preserve a connection with the client. Clients frequently change therapists because their former therapist was aloof during such a crisis.

Emotional and mental distancing from the suffering person to prevent the misery of intrusive empathetic strain is an understandable and predictable reaction to the suffering of others (Sinclair et al., 2017).

In non-therapeutic settings, this emotional detachment may be an adaptive response that allows the specialist to cognitively identify the optimum solution. For example, when presented with the patient's dying agony, the physician must not panic but rather over-function cognitively in order to try his best to "save" him.

There is a significant distinction between silence that is perceived as supportive and silence that is perceived as abandonment. Clients can feel this, and may feel that the therapist is not fully present with them. Oftentimes, clients "test" the therapist's emotional resilience by bringing up distressing topics. If the therapist's reaction indicates embarrassment or a difficulty bearing the content, the client may instinctively withdraw to protect herself or the therapist (Opland & Torrico, 2024).

The overwhelmed client can manifest it in various ways. In addition to the emotional outburst, their turbulence can be manifested with incessant talking, in a reasonable-sounding speech, associated with emotional neutrality. There can be isolation of emotion, but there can also be dissociation. The intensity and tone of the voice, the rhythm, flow, and speed of speech, and perhaps some unstructured associations all contribute to the emotional charge that reaches the therapist.

A client experienced the anguish of her dying mother. Her mother's death left her feeling fragmented. Behind her calm, polite narration, I can hear her scream.

What does "being connected " mean in psychotherapy?

The therapist-client connection, in the therapeutic context, has a vital significance for therapy, for deepening their experiences, exploring patterns of relating and unconscious conflicts, and promoting personal development. The connection provides a safe space for vulnerability. It is a space where clients feel comfortable sharing their thoughts and feelings, without fear of criticism.

The truth emerges through this relationship. Containment is a part of the treatment process. It is the commitment through complete attention to the client, with all of the therapist’s senses and emotions. Therapists engage all their psychic functions in an intensive mode to facilitate therapy. They listen and keep their attention on the other person until they hear the unspoken utterances of childhood. Simultaneously, the therapists intensively observe themselves,

without becoming self-centered, as this disrupts the connection. They monitor their resistances and are aware of their countertransference.

Therapists are concerned about how deep this connection is. The degree of connection can be openly explored throughout the therapy session. This is a radical way of exploring the client's patterns of connection and separation in their interactions with others. By studying the pattern of connection in a deep and stable connection, we can determine which relationship from their close family the client enacts in the therapeutic relationship.

Through this connection, the **intermediate** (or third) **space** emerges, which arises from the interaction of transference, countertransference, and the exploration of the unconscious material. In this space, new meanings, ideas, and ways of understanding the self and the other emerge, as well as new perspectives that foster personal growth and change. The intermediate space is the space that mediates between the inner and the outer world, and is related to Winnicott's[1] concept of transitional space (1951).

Often, the problems brought by the clients may resonate with the therapist's experiences (e.g., having grown up with an emotionally distant parent or the death of a relative from the same type of cancer). When this occurs, we as therapists must recognize when the similarities indicate that we identify deeply with a client in order to avoid projecting our own experiences onto theirs, and lose the intersubjective intermediate space between us (Benjamin, 2004). A level of differentiation is essential. A differentiated attitude preserves the intermediate space. In other circumstances, the strong potential of emotional overload can force the therapist to act reactively or with an emotional cutoff, causing them to disengage from the client, despite their best intentions to be professionally adequate and helpful.

Even if the therapist responds immediately and does not remain silent, their inclination to disengage can be exhibited by involuntarily redirecting the client's attention away from the material that overwhelms them to less painful material. Thus, by avoiding to confront their own distress, therapists lead their clients to stray from painful points and establish defenses. Instead of symbolization and meaning-making, one can quit the subject through intellectualization or rationalization.

Compassion fatigue

[1] According to Winnicott, there is an intermediate region - or potential space - between the inner and outer worlds, that is, the transitional space. The outer world is the physical reality in which we live. The inner world encompasses our internalized relationships.

Etymologically, "compassion" means "to suffer together" and has been defined as "a deep awareness of the other's pain combined with a desire to alleviate them through 'relational understanding and action'" (Sinclair et al., 2016). The concept of compassion is linked to empathy, but it is not identical.

Compassion fatigue, also known as vicarious trauma, is a state of emotional, physical, and mental exhaustion caused by prolonged exposure to traumatic experiences and the emotional pain of others (Bentley, 2022). Therapists, due to the nature of their work, are particularly vulnerable to this condition, which can significantly affect their psyche and their ability to provide effective care.

Compassion fatigue is caused by repeated exposure to trauma, bereavement, and other types of pain. Over-identification (a decrease in the ability to differentiate between oneself and others) that causes personal distress might contribute to compassion fatigue (Valent, 2002). Additional elements that can contribute to compassion fatigue include the therapist feeling overly responsible for the client's outcomes, combined with doubt that they are doing enough to help, and guilt over everything that goes wrong (Fulton, 2015).

Compassion fatigue is characterized by feelings of exhaustion and emotional alienation from the client, inability to feel empathy or compassion, difficulties concentrating, anger, loneliness, and even psychosomatic symptoms.

The difficulty in delineating boundaries between personal and professional life, and a lack of personal care, also contribute to compassion fatigue.

Central to the concept of compassion fatigue for therapists is the reduction in the ability to participate in the therapeutic relationship (Turgoose & Maddox, 2017).

How can one stay connected when being overwhelmed?

At the critical moment when being overwhelmed, the therapists still feel obligated to act. They are expected to synthesize what has been stated, validate and empathize with their client's story, and provide some meaningful feedback. But the most important — and difficult — thing is to remain connected. Instead of sinking into their own stress about not knowing what to do, and wasting energy wondering if they are adequate, they must focus their attention on the other person.

When they tell the client the cliché *"I'm here to listen to you,"* they ask themselves. "Do I mean this? "Can I bear to listen?"

We must listen profoundly to our clients and "be" with them in their uncertainty and pain. To some level, the client is aware that the therapist has had comparable experiences, but they believe they have been "healed" enough to guide the

process to a favorable outcome. Through therapeutic work, the client is assisted in discovering their inner therapist.

Therapists can communicate their feelings to their clients, but it is their responsibility to process them effectively. It is not in the client's best interests for the therapists to disclose their feelings in a way that makes the client feel compelled to care for them. This should always be a conscious intervention intended to provide the client with more insight or a new, beneficial experience. Every manifestation of countertransference concludes with a return to the client and their experience.

By conveying their sentiments to the clients, the therapists can help them better understand the impact they have on significant people in their lives and why it is difficult for them to be heard.

The therapist could say: "*I must admit that with all this, I feel overwhelmed. I wonder if your partner feels the same when you try to tell him how you feel? What do you think?"*.

The transmission of the sense of "being overwhelmed" from the client to the therapist can be viewed as a containment process involving the projective identification mechanism (Bion, 1962).

In this reframing, my role as a therapist is:

> "To tolerate the client's anxiety, as well as my uncertainty and inability to respond and offer a solution. I don't intervene, but I am actively involved and looking for ways to help them discover a sense of their ability. Knowledge does not reside inside the therapist; it is rather a product of therapist/client interaction and a process in which both can develop emotionally. In this process, the client internalizes a human being — which they will compare to the parent person — who can generate meaning in the here and now; thought is not simply the verdict of a scientific authority, but a leap into the unknown and the ability to endure the void while waiting for meaning to take shape". (Sandler, 2005).

What keeps us connected to the client is **empathy**. It is more than just a professional competence; it is intrinsic and motivated by a strong desire for the well-being of others. It is connected to a profound universal consciousness of common human destiny, in which what happens to one affects all. We approach the other person with no biases or intentions to interpret. What matters most is that the other person feels understood and valued.

What can therapists do when they are unable to manage their own emotional overload?

Therapists have a moral obligation to monitor their functioning and seek support or referral when their ability to help is hindered. Ignoring emotional overload can harm the therapeutic relationship and lead to moral errors.

A therapist who feels overwhelmed can request supervision. Peer consultation and support groups also offer a space to discuss challenges, provide feedback, and get new perspectives. This support network is important for coping with difficult emotions.

Many professionals seek therapy to process their feelings, acquire insight, and build coping skills for anxiety and overthinking.

If they are unable to stay attached while overwhelmed, they may consider referring the client to another therapist.

Conclusion

The main concept of this essay concerns the question of how the therapist will stay connected when they are overwhelmed by the client's emotional "wave". It is vital that the client acknowledges that the therapist is there for them throughout their most difficult moments. It is still therapeutic even if the client recognizes that the therapist is blocked but does not make desperate attempts to escape and instead strives to maintain the connection. This contrasts with the pressure that therapists often feel to provide solutions and positive results for their "clients".

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