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ME AND MY BOUNDARIES – A THERAPIST’S TALE



by Anonymous

The issue of boundaries had always been a non-issue for me: I saw my clients for 50 minutes; there was no contact between sessions (no need for contact between sessions, surely?); it was a purely professional relationship. No dramas, no big deal. And then I started work with my first really traumatised client, and everything was called into question for me, and I understood for the first time what terms like ‘relational depth’ and ‘attachment’ and ‘counter-transference’ really meant.

Perhaps it was because I said on my website that I had had some training in dissociation that this new client was drawn to me. She was pleased as punch that I had even heard of the term. She had been working with another therapist for three years, and all of a sudden the therapy had ended. She

had turned up for therapy one week and was told at the beginning of the session, with no prior warning, that this would be the last session. She had struggled to make sense of the reasons and had only really taken in words like ‘not ethical’ and ‘beyond competency’. She was understandably distressed by the abandonment.

I was shocked that a fellow professional would dump a client in this way, but assumed that there was something that I didn’t know, so determined not to pass judgment. It didn’t occur to me that I would ever be tempted to do the same – all my clients had finished either because they wanted to, or because we had worked towards it together and it had been a mutual decision with a proper ending. I couldn’t see any reason to terminate



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therapy so suddenly, so reassured my new client that it wouldn't happen with me.

Within two or three sessions, different parts of her personality started to appear. I would have been freaked out had I not been on a number of training courses. Instead, it seemed logical and I was curious as to their purpose and what was causing the switches. I wasn't fazed. The work progressed and we worked slowly to build up trust and to focus on safety and stabilisation. I grew steadily in confidence. My supervisor gave me positive and reassuring feedback.

Bit by bit the trauma narrative came out. My client often switched to younger parts of herself, and we worked hard to settle and reassure and to provide some affect regulation strategies for them, so that it wasn't completely overwhelming. But I found it increasingly difficult to close the session after 50 minutes. For several weeks, I reasoned to myself that 'the therapeutic hour' could just as well be 60 minutes as 50. She was my last client on a Thursday, and as I didn't work on Fridays I always left myself plenty of time to write up notes and deal with any admin before going home, so I could stretch the session a little without any real consequence.

Over the next few weeks, the therapeutic 'hour' became an hour and a quarter, sometimes an hour and a half. I always tried to bring things to a close at the agreed time, but often my client was too distressed just as I was about to point out the time. It felt callous and cruel to close her down when what she was describing was so awful. Sometimes she remained as a younger part of herself and I struggled to bring her back to adult. The sessions crept longer.

Then one week she 'went there' in describing a particularly horrific traumatic event. I watched it unfold in front of me. In silent horror, partly in a freeze response myself, I watched as she relived it in front of me. She seemed to be feeling the actual pain. I did what I could to soothe her and ground her. The time slipped by. Feeling slight panic as she showed no signs of calming and coming back to the here-and-now again, I shook myself into action. 'Our time's gone for today,' I said. Nothing – no response. She was rocking, stuck in trauma time. 'Can we get adult you back?' Again, nothing. She was far, far away. I tried various mantras: 'It's okay, nothing bad is going to happen now. You're safe.' I tried asking her to ground by looking around and seeing where she was. Nothing. She was practically catatonic.



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Eventually I figured that if I stood up and went to the door, she might 'snap out of it'. It did stir something in her, but not much. I kept reiterating that it was time to go. At the same time, I felt absolutely awful – this was my fault, because I hadn't been able to ground her sufficiently. What was that thing about safety and stabilisation first, before 'going there' with the trauma? Suddenly I felt very inexperienced and incompetent. As I stood holding the door, willing her to come back to me and willing her to move, I wondered if I was completely out of my depth and should refer on. And it occurred to me, that maybe this was what her previous therapist had felt. Was I was going to end up failing her too? I determined that I would not abandon her. I would be there for her, no matter what happened.

She did eventually stand up, and she walked, robot-like, out of my therapy room. I wasn't quite sure what to do. I tried talking to her as normal, but there was a faraway look in her eyes. We went down the corridor and to the front door, which opened directly onto the street. I wondered if she'd be okay. Then I panicked that she wouldn't be okay. She had never left like this before. Should I go with her to her car? Should I even be allowing her to drive like this? Should I call her husband? Should I call an ambulance? I desperately wished there was some kind of step-by-

step protocol to follow, to save me from having to make the decision myself. My heart was full and heavy with her pain and trauma. I felt absolutely terrible that I was kicking her out onto the street like this. Everything in me said that it wasn't the right thing to do.

The problem was that, as it so happened, I had another client afterwards. He had rearranged from his usual slot earlier in the week due to a hospital appointment. Normally he came after work on a Tuesday, so I offered him the late slot on the Thursday. It was getting perilously close to the time when he would arrive. I imagined him turning up at the door, to find this client stuck there, disoriented and helpless. I also imagined her terror at a strange man arriving. I really didn't know what to do. I didn't want her to feel that I was kicking her out and abandoning her, and I certainly didn't want to leave her like this, still stuck in trauma time. I felt very helpless, and all of a sudden had a glimpse into how helpless she must be feeling too. I asked her again if she was okay to leave. She nodded, and I thought I caught a glimpse of the adult coming back to take control. Or at least I hoped that I caught a glimpse. I watched from the doorway as she crossed the street, which fortunately was empty, and got into her car. I closed the door and wanted to burst into tears. I only didn't let myself because I didn't



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want my mascara to run and for me to look to my next client as if I wasn't coping. There was such a heavy terror in me. I was certain I'd done the wrong thing. I remembered back to what I'd heard: that dissociation is a survival strategy, and our clients have been using it all their lives, so it's not going to desert them now when we can't be there for them. But I was shocked at how hard I found it to let her go. Everything in me wanted to look after her, make it better for. There was something about her smallness and vulnerability that yanked on my heartstrings. In five years of counselling, seeing dozens of clients, I'd never experienced anything as powerful as this before.

I managed to get back into myself, and into the right space within myself, before my next client came. But as soon as he'd gone, the fretfulness returned. I wanted to phone my client, to check she was okay. I wanted to drive around to her house. I wanted to phone her GP, her husband, her employer. I wanted to do anything at all so that I wasn't left alone with this awful terror, and the overwhelming sense of her helpless aloneness. I wanted to rescue her. I'd never wanted to rescue any of my clients before. Was I losing the plot, and was this kind of work really beyond me? I tried to talk about it at supervision, but I came out feeling that I'd just been told off. I decided not to bother trying to discuss

it at my next session. I imagined that my supervisor was thinking that I evidently wasn't very good at this counselling malarkey and if I didn't watch myself then she'd be reporting me to BACP. It made me clam up and I found myself bringing other clients to supervision, and dismissing this particular one as 'making good progress'.

By the end of the next session I had given the client my private mobile number and asked her to text me to let me know that she'd got home safely. I knew at one level that I was doing this for my own benefit, to allay my anxiety, but I rationalised it as a way of making her feel valuable and cared for. But then I'm not sure what happened. Looking back, it was as if my brain took a vacation and my attachment and caregiving system took command. Within a week, she was texting me every day. They were short, earnest texts, checking in with me, touching base, making a connection. I didn't say much in reply, just a quick reassurance, but I did reply, often within minutes. I didn't think about it. It seemed the human thing to do.

I could go into great detail about the ensuing weeks and months, but partly to protect my client – and partly because I'm too ashamed – I'll just summarise it by saying that I 'flexed' my boundaries more and more, and became my client's sole attachment figure. Each session went



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on for as long as it needed to go on for. She started seeing me twice weekly. We began to schedule phone calls in between sessions, and made many more as the need arose. We texted and emailed daily, and often several times daily. I went with her to medical appointments. I drove her home on several occasions after therapy when I didn't feel she was safe to be alone, let alone drive. She was spiralling into chaos, and I spiralled into it with her.

Eventually after about six months of this, I suddenly terminated the therapy with her, on the grounds that I was unwell and wasn't able to work. And it was true – I went off work with stress, and let down not just this client (although she had the greatest needs) but all my clients. I was signed off by a doctor (mainly to alleviate my guilt – being self-employed, I didn't need the medical note for anything) and I ended with all my clients on the basis that I didn't know when I'd be able to return to work, if ever. For all of my clients, there was no ending session, because I was judged to be too unwell. I cut contact with this particular client as the only way to cope with her distress. I'm ashamed to say I changed my mobile number and didn't tell her. It was a disaster for everyone, and I was appalled at myself.

I was off work in the end for eighteen months. I felt completely burnt out and I

had unwittingly replicated all of my client's physical symptoms of trauma: I couldn't sleep, I didn't want to eat, I couldn't relax or calm down, I felt irritable and angry and I burst into tears frequently. I had nightmares and was wary and paranoid and didn't want to leave the house. I told myself for several weeks that it was the menopause (it wasn't – I'm too young) and then came up with every excuse under the sun for why I was reacting in this way. Eventually, when I had pretty much alienated everyone who was trying to help me, I gave in and admitted that I needed to go back into therapy and that there was a painful blistering boil of trauma from my own childhood, related to my mother's sudden death when I was six years old. My client's traumatic past was in too many ways a reflection of my own, and I was trying to solve my trauma by solving hers. Instead, I was adding to her trauma, and beginning to relive my own.

At least, that is the sanitised version and the narrative and meaning that I have put to those events which happened three years ago. I eventually managed to re-regulate and I went back to work part-time with a much lighter caseload, much more self-awareness, and much clearer and firmer boundaries. I realised – albeit too late – that the boundaries are there to protect the client; in my confusion I had ended up believing, with my client, that



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boundaries are innately punitive and that any reasonable human being would have flexed the boundaries like I did, because she needed me to. What a mess I made of it all.

So why am I telling you this?

I’m sure there will be some clients reading this who feel that I’m stigmatising them, and blaming them, because they are in some way ‘too needy’. That’s not my intention at all. You come to therapy because you have unresolved attachment issues and trauma, and as therapists we’re here to help with that. In no way am I blaming the client. What I’m doing is trying to reflect on my own process of how I went from being very steady and boundaried, to being more or less out-of-control in the space of just a few months.

I was drawn into seeing myself as the rescuer of this poor client who had had so many abandonments and such little love. But I tumbled out of control, not because of my client’s history, but because of me. Yes, the client came with attachment issues, but that’s the nature of the work. The issue was in me, and I hadn’t realised that it was even there. It was my own unresolved attachment issues that started to take priority and were driving my actions and responses. I needed to be the mother to this client that I myself had lost.

But even while I thought I was doing the right thing, I was putting myself first, and in retrospect the warning signs were there when I started being less than honest in supervision.

It has been a humbling process, and one that not only led me back into my own personal therapy, but for me to wonder if this is the right work for me to do at all. I think there’s tremendous pressure, once you start work as a therapist, to pretend that your issues are ‘sorted’ and to have to be the one who is steady and calm and together. But you don’t know who is going to walk through your door next, and in what way the stuff that they bring will impact on your own hidden, unacknowledged stuff. I don’t think we are disqualified from the work because we have stuff. I think we just need to be able to own it and find the right way of dealing with it. I’ve had to take a long, hard look at myself and question why I want to do this work, and what it is that I get out of it. I have learned the hard way that we can only ask our clients to be honest and congruent with us to the extent that we are able to be honest and congruent with ourselves.

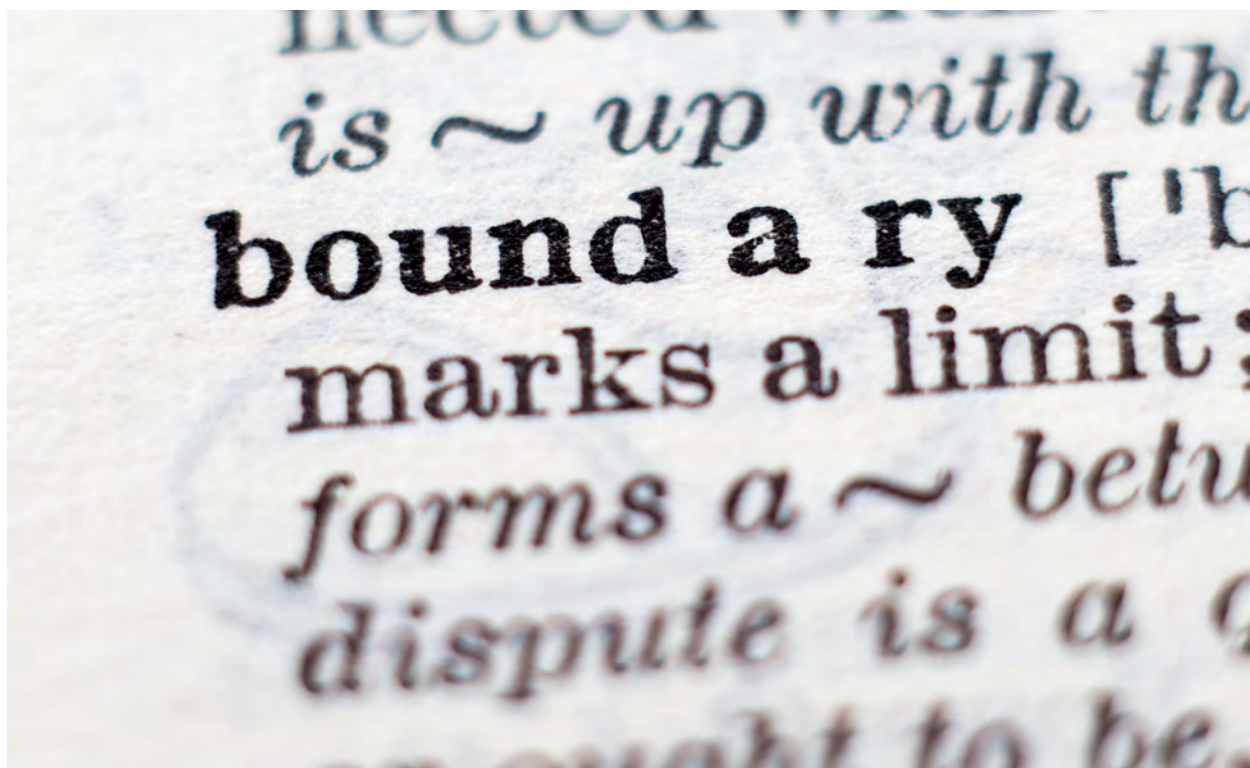
Trauma seems to have this way of igniting other trauma, even that which is hidden and buried. I caused great damage to a number of clients because I had only dealt



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with mine at a very superficial level. I think we have to be able to be ruthlessly honest if we're going to do this work. It worries me when I see counsellors in training who haven't come anywhere near resolving their own stuff first, and I hope that my own experience will be an encouragement to all professionals to consider their own emotional health and their motives for this work, before they cause the kind of damage I did.

Fortunately, I am in the minority – most therapists are able to hold their boundaries and be of great therapeutic

benefit to their clients. But sometimes we look around at our colleagues and we daren't admit that we're struggling. I'm writing this because I want others to know that, if they've still got 'stuff', it's okay to admit to it – and it's more than okay to deal with it. We mustn't let our own unprocessed and unresolved trauma lay dormant inside us. We must resolve it before we try to help others resolve theirs.

I have chosen to remain anonymous as a safeguard to my clients, past and present. •

