

Imagine If We Could All Love This Way: Connection, Healing and Love in the Therapeutic Relationship

by Anna Zonen

Therapist Anna Zonen is not afraid to love her clients.

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People Fascinate Me

Stories fascinate me. The mind, spirit, and the richness of the human condition have always captivated me. I came into this field at a unique time in my life — I was older, with a different life behind me of working in advertising and media for 10 years, a marriage and three children. My childhood was that of an immigrant with extraordinarily devoted parents who gave me a lot of love and nurturance, a good education, and a zest for helping others. Yet the loneliness that accompanied me as an only child often felt overwhelming. I created a vast, imaginary world from my yearning to understand, love, and connect with other humans. I had a deep, intrinsic ache in my soul that made me want to look at the horrors of the world and not turn away, but instead to try to “love it away.” There was, and is, so much love in my heart that it hurt. I wanted to give it to as many people as I possibly could — almost in desperation — constantly questioning if this was some unmet need longing to be filled. I still question this sometimes.

If we really think about it, we will never truly know the internal climate of any other human being.

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I often wonder, does anyone get to witness or know the innermost thoughts or feelings of another? Can we know what somebody is thinking as they drift off to sleep? Can we step into their deepest longings and most genuine desires? Do we get to witness their silent tears and harrowing, aching pain? Can we understand how they look at a sunset and

appreciate the beauty of its rays? Can we feel the love they experience when their cup is so full that their heart is about to burst? What are they afraid of? What do they search for? What do they experience? The work of therapy is the closest I have come to truly understanding another's heart. It is the closest thing that I have come to finding a pure, soul-to-soul connection. When this happens, it's magical. I can feel the energy shift and, for that moment, come to understand why we are all here: to connect and be seen — truly seen.

Human beings are born into this world to connect. The autonomic nervous system is a relational system tuned in and to experience others. Throughout the course of our lifetimes, we rely on connections with others to find meaning in our lives (Dana, 2018). In his work on attachment theory, John Bowlby masterfully explains that human beings have an innate need and instinct to attach and form bonds and relationships with those closest to us. These bonds become a mirror for all the interactions we have later on in life. And what happens when this innate need and biological longing are unmet and there are various forms of mis-attunement? If the very people who are supposed to love and nurture you are seen as a source of terror and neglect, the impact is profoundly shattering. Hence, we cannot look at the darkest and deepest pain outside of human relationships and the wounds they cause in human connection. At its very core, trauma involves incredibly painful relational loss (Perry, 2006).

A Very Personal Journey

This was the reason why I changed my life and decided to become a psychotherapist. I went through my schooling eating up all the knowledge and information I could gather, breathing into my internships, feeling anger, frustration, pain, and sorrow for the system, my clients, the calamities of the world, and sometimes my utter helplessness to stop it all. But above all else, I felt an immense love — a love for the people I treated, who were brave enough to share their stories and trust me to walk beside them through their journey. I moved through my clinical hours at hospitals, private practices, intense higher level of care at an IOP/PHP, and finally owning my own group practice. I met amazing and wonderful people in the field who are dedicated and loving and want to help the ones they so diligently serve. But more often than not, I felt outside of it all — an ode to my childhood feelings of “aloneness.” I felt my ideals and ideas were out of the box; my perception of healing was not always in line with what the majority was prescribing as adequate care. I questioned, scratched my head, and felt confused by the notion of the us vs. them attitude that so many in the field still seemingly live by. In essence, the very core of the social work

profession is equality — so how could we possibly think we know more about people's lives, experiences, and what they need to heal than they do? Evidence-based practice, boundaries, protocols, treatment plans, and so on. I came into the field having been drilled with these teachings — entering treatment spaces robotically, feeling that if I followed this script of CBT, or that script of DBT, or any other three or four letter abbreviation for a theory, that I would somehow magically be able to do my job and change people's brain chemistry. But how does that constitute the essence and core of what we are actually supposed to do?

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Thankfully, I discovered wonderful theories and “giants” I felt aligned with — the work of [Irvin Yalom](#), Diana Fosha and her AEDP model, [Daniel Siegel](#), Daniel Gottlieb, *Relational-Culture Theory*, to name just a few — which gave me the platform to understand my own deep instincts around what helps people heal. I went to work at an IOP/PHP, treating individuals with substance abuse and mental health concerns. Working there often felt like a free fall. Running multiple groups per day with a variety of individuals who often didn't even fit in with one another, intakes, evaluations, family sessions, and crisis, crisis, crisis. Every day, my fellow colleagues and I had to follow the check-in script during group sessions — “What is your mood? Do you have any suicidal thoughts? Homicidal thoughts? What was the time of your last use?” Intake evaluations asked questions like “Have you ever been sexually, physically, or emotionally abused?” This, after meeting the person 10 minutes ago. I had to get as many people in and out as I could — individualized care was looked down upon, and if I spent too much time with a client, I was somehow “over-involved.” I felt confused and bewildered practicing something I felt innately in my heart was wrong to do. My heart told me to sit and listen to these people's stories, to move my chair closer to them, look into their eyes, hold their hands, and listen — sometimes not asking any questions at all, but just holding space when tears fell, anger erupted, or laughter ensued.

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The Zulu term *Ubuntu* perfectly describes the importance of relationships in helping us thrive. *Ubuntu* means that a person becomes a person only because of other people. I am human because I belong. As a result of decades of studies, we know that being separated from social connection and isolated from other people is a lifelong risk factor affecting both physical and emotional health. We live in a culture that encourages autonomy and

independence, and yet we need to remember that we are wired to live in connection (Fosha, 2000). I felt guilty that I wanted to sit with these people and hear their stories, to pay a little closer attention to them, to tell them I cared, to show them love, compassion — to go the extra mile. After all, we aren't supposed to do that. It shows poor boundaries and can cross ethical lines. Our administrators instructed us to limit the amount of time spent with our people and abide by clinically sound evaluations. I once snuck a tea kettle and put it in my office. What would one simple gesture of asking somebody if they wanted some tea mean to another human soul? It meant that “somebody actually cares about me.”

There was a thread that ran through almost every story that I heard — unimaginable trauma. To this day, I am still shocked and surprised to witness and hear about the triumphs of the human spirit and what people can live through. Don't get me wrong, there were some people (and still are) who completely infuriated me. It seemed like it was the same problems over and over again, the same excuses, consistent behaviors that had no end in sight. I fought hard to fix them because I thought fixing it for people was what would make it better. I thought fixing it was the right thing — but it was the very thing that actually went against what I intuitively knew was the cornerstone of healing: connection. Why did I fight against this so? Why was I so afraid that my love for my clients was wrong? That being tenderhearted was a weakness and not an asset? I examined my own psyche and self, judging myself for feeling deeply and knowing all too well that I was doing something that I told my clients not to do: harshly judging myself.

Not Afraid to Love

Once, a client I had been working with for a long time and was going through a particularly difficult moment became extraordinarily physically sick in my office, in front of me. It was at night, when the only other staff members were the receptionist and another clinician running group. My client was evidently not well. She had recently been through a series of incredibly difficult traumatic incidents in the span of several days, was temporarily homeless, and was now vomiting profusely into any and every garbage can I could find, incoherent, barely able to stay awake. I did not know what was going on, but I knew I needed to get her to the hospital. I called an ambulance, and they arrived through the back door to take her to the nearest emergency room. After the ambulance took her, I noticed one of her bags left sitting in my office. I grabbed it and, without thinking, got in my car to take it to the hospital. As I was walking out the door, I told my fellow counselor where I was going — she looked at me and nodded — I still think of that and thank her in my heart for not questioning my intentions. I got to the hospital and sat with my client while she lay on a

gurney until one of her family members arrived. I sat with her mostly while she slept, but I still sat with her. As Bonnie Badenoch so eloquently stated in *The Heart of Trauma*, “the essence of trauma isn't the events but our aloneness with them.” I am not afraid to say I loved her, and I did not want her to be alone.

It is during these types of “ethical dilemmas” not taught in school that we must decide how we are to proceed when we enter the real world of the client. When I told a couple of my friends in the field about the incident, I got a few raised eyebrows and snide remarks, which of course made me question my own judgment. Boundary crossing. Went too far. But when I go back to that incident, I know that the only place it came from was from a place of love, from a place of humanity — that in that moment, the boundary separating client and therapist had no meaning. It was purely two people being human. Always, human first.

Don't get me wrong — I don't approach any situation with my clients lightly. I theorize, ponder, contemplate, go to supervision, examine and think about some things before and after they happen. I can utilize the most up-to-date techniques and skills, the most provocative questions, and evidence-based treatment that is “proven” effective for the specific issues the person is facing. Do they have results? Absolutely. But do they resonate? It is attunement that is the real language of love. Having another person deeply feel that they are not just understood, but that the other feels with them, and can internalize them, as Diana Fosha explains “existing in the mind and heart of the other.” I have found that the great difference for our people is knowing that somewhere out there is another soul that *sees them* and is ok with it. This person (therapist) cares deeply, is brave enough to talk about anything, can call you out but not make you feel small, and can sit with the darkest demons and still stick around. It's this feeling that resonates — that feeling of being gotten and understood. Those are truly the moments that envelop the therapy relationship with healing.

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And yet there are some of our people whose wounds run so deep that even our best efforts can't seem to penetrate. Day after day, year after year, the magnitude of the experience, the heaviness of the ghosts don't go away. At this moment, I often break down and sob for my own limitations in helping others move out of grief — for thinking I had some omnipotent cure that will rescue them. It's ok to have those moments. Having them means I've been human. Having them means I have love in my heart. I think when we start to push them away and resist the feeling — even towards our client — is when we deny the very essence

of the complexity of every human relationship. I hate to admit that I often still want to find a way to “fix it,” thinking that if I do then everything will be ok. But I have found that this is not what my people need. Instead, even after months or years have passed and I feel like I am stuck and question my own competence, they communicate growth, resilience, and gratitude for my simple act of being a witness to their stories and not turning away in fear, not giving up, and not looking away.

As I look at my clients and myself in the context of relationships, I realize the process of both our spirits, not just theirs. Therapy is as much my own journey as it is that of my clients. I would be foolish to say that my clients do not deeply impact me, change me, make me grow, and play a profoundly important part of my life. As a clinician, I must be expertly aware of my emotions, body sensations, and reactions to and from the people I sit with day in and day out. I don't always hit the mark — I often mis-read, mis-attune, and just don't get it. My hope is when I realize these things, that I have the courage to share them with my people. After all, where else than within this relationship do we get to talk about it, all of it, and still go on? The great dance of rupture and repair is some of the most impactful work I do in therapy. The social construct of the relationship between therapist and client is that of power. I set the limits of what I want to share and when, what I am willing to give or not. Does that not defeat the entire purpose of healing? If I am mad and frustrated with my clients, am I to hold back or to be open with the feelings and sensations that are evoked, to notice how we each conduct a dance, how we both have to shift to come to connection? How both of our vulnerabilities often get in the way of moving forward in the work we are entrusted to do. Furthermore, I worry over getting stuck in “cookie cutter therapy” — one glove fits all approaches, evidence-based practice, staying within the lines of “normal practice.” This may work for some, but in recognizing the truly complex nature of every individual that walks through my door, I see that the needs and wants of what will facilitate their healing may be different for all of them. To practice “in the box therapy” is unethical — there, I said it.

And what about love? I love my people, I truly do. Do I say this to all of them? No, I don't. Have I said it to some of them? Yes, I certainly have. Why wouldn't I? If we are free to express anger, frustration, concern, and all the other things within the therapeutic relationship, why not love, the most powerful force on this planet? And yet, as I write these words, I fear the judgement and criticisms of so many who are probably reading this — my own insecurity I guess, I'm working on that. I'm working on knowing it's ok to feel and give love to somebody purely for being human, especially in this work.

One of the most amazing and painful realizations I've had while doing this work is that

I get to see people as they really are — in their rawest, purest form, in anger, in tears, in laughter, and in pain

I get to see people as they really are — in their rawest, purest form, in anger, in tears, in laughter, and in pain. I see them like most people in their lives do not. I so long for others to see these humans as I do. To me, the unfairness of this situation and the mourning I have learned needs to happen when entering this relationship is the fact that this type of connection can only exist in this sort of vacuum. This place where the storms and influences of the outside world don't have as much influence to touch the sacred resonance that is often created. This makes me incredibly sad for the world we live in — that some of the most authentic relationships we can have with another human being have to be sealed in this cup and tucked away far from anyone else to actually know about. That these powerful moments of painful magic and deep connection only live in the safe confines of this relationship. I sometimes long to scream from the rooftops, “Look at all these amazing people I know!!! They are breathtaking! Look at the courage they have to take me into the depth of their souls and trust me to hold their stories!” I only get to scream this inside my own heart. Perhaps these moments only have the capacity to survive within this type of safety — but, just like John Lennon, I'm a dreamer, imagining a world where everyone gets to be seen and to connect on that level. How would things be different?

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Bio



Anna Zonen, LCSW, is a clinical social worker in private practice in Little Silver, NJ. Anna mainly works with adults dealing with a variety of mental health concerns and complex trauma. Anna is a passionate advocate of trauma informed care, and finds her work with young females and women to be the most rewarding. Her approach to treatment is relational and she believes that secure, loving relationships, and deep meaningful connections are the greatest catalysts to change. She is trained in Eye Movement Desensitization Reprocessing (EMDR) and is a Certified Trauma Professional (CTP).

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