



## The Psychotherapist, the Client, and Loneliness: A Mini Review

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### Abstract

The present article examines the interaction between loneliness and psychotherapy; the salient features of psychotherapy, the needs of the lonely client, and the promise in the therapeutic process of being an agent of help to the lonely survive and aim at helping them emerge from their ordeal, emotionally strengthened and spiritually enriched.

### Keywords:

Loneliness; Psychotherapy;  
Clients; Intimacy;  
Rapport; Cognitive Strategies.

### Article History:

**Received:** 12 May 2018  
**Accepted:** 26 July 2018

## 1- Introduction

Psychotherapy conjures up, at least in the Western culture, the concepts of emotional pain and "disturbed" patients (or clients). Commonly psychotherapy involves a trained and, hopefully, skilled therapist who attempts to help the clients alleviate their problem/s. However, the therapist also aims to enhance his client's further growth and future development through the interaction and relationship that develops between them.

Psychotherapy includes a trained and knowledgeable professional [the therapist] who utilizes a specific procedure of intervention intended to help the client remedy his problems (Rokach, 1986). It is clear, from the outset, that both aim at helping only one of them, following which their affiliation will be terminated. Additionally, the professional's training allows him to understand another's emotional difficulties and help him/her address it; a skill not necessarily mastered by the general population. The therapist and the client agree to meet on a regular basis in a 'neutral' environment at a specifically designated time and place, and to continue meeting for as long as they agree to do so. They meet only when and where agreed upon and focus the client's emotional difficulties and personal growth. A main difference between psychotherapy and, say, friendship is that the two sets of relationships is that in non-therapeutic interpersonal relationships, the needs of each participant to be understood, respected and helped are equally considered. Psychotherapy focuses on the client and his needs, and the assistance is unidirectional (Schamess, 1983).

Whereas in non-therapeutic relationships both participants are open about themselves and vulnerable (a mutuality which serves to strengthen their bond), according to Schamess (1983) only the client is expected to do the "risky revealing" in psychotherapy. That being said, it does not have to diminish from the intimacy between the two participants. The therapist can greatly contribute to that intimacy by being truly interested in and caring about the client (Rokach, 1986).

While it is assumed that the therapist is a reasonably secure person and that his life is not bleak or desolate, the client on the other hand may be [and commonly is] a lonely and alienated individual. The therapist may serve as an almost ideal confidant to the lonely client, someone who is with and for the client quite intensively. Small wonder, then, that

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**DOI:** <http://dx.doi.org/10.28991/esj-2018-01140>

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often the emotional feelings involved in therapy rise to a crescendo where either or both parties may be frustrated that their time together is up, and they must go their separate ways (Klopper, 1974).

Intimacy, while welcomed in therapy, may become an issue if the therapist and client are of the opposite sex (Rokach, 1986; see also Shaw Austad, 2009). It is not unusual--or unexpected--to find a client who glamorizes his/her male and fantasizes about him becoming her lover. That may lead to a sexually provocative behaviour on the client's part, as an attempt to deepen their connection and stabilize it, possibly outside of the treatment room (see also Holroyd, Lerman, Forer and Greenberg, 1983).

Commenting on the essence of psychotherapy and referring to the role the therapist plays in the change and growth of the client, Peck (1978) noted that it is impossible to truly understand another without letting that person within yourself. In my experience as a clinical psychologist, that process affects not only my clients, but me as well. As a therapist, I am privileged to enter the client's world and have access to his or her private life and even secrets. Consequently, I witness their pain and assist them in addressing it. While the client is expected to be committed to therapy, the therapist must make the same commitment. This commitment entails understanding and supporting whatever stage the client is at, and he must be willing to grow and learn from the client. Psychotherapy requires courage not only of the client, but of the therapist as well. He needs courage to risk change and make interpretations which would be accurate and assist the client. Most importantly, the therapist must strive to nurture the therapeutic relationship by making room for the client within himself. And that very commitment is, in my experience, one of the most rigorous, demanding and all-consuming requirements a therapist has to fulfil (Rokach, 1986).

I read once that every love relationship involves therapy, and every psychotherapy includes love. Peck (1978) observed that "the essential ingredient of successful, deep, and meaningful psychotherapy is love" (p. 173). Love, as we understand it, calls for a continuous and close alliance. However, being a therapist means being ready to sacrifice and give of oneself, not only while sharing the client's pain and sorrow during therapy, but also by not submitting to the heart's desire to continue and enjoy the company of a person I became close to in my office. Much has been written about therapist burnout (i.e. Figley, 1993; Rothschild, 2006; Steele, Macdonald, Schroeder and Mellor-Clark, 2015). However, very little, if anything, has been written about psychotherapy as a lonely journey for the therapist. I find it difficult, and at times painful, to say goodbye to a client which, most probably, I will never see again. No other relationship, I submit, is so teasingly painful. Kahlil Gibran (1951) wrote about child-rearing, pointed out that the primary parental responsibility is to offer love, which should guide, but not consume their children. Parents must be forever available to them, yet at the same time allow them to grow independently; be their coach but let the children themselves run the marathon of life. Psychotherapy appears to demand similar love, giving, and availability, as a parent is expected to offer.

## 2- Helping the Lonely

Loneliness is a multidimensional experience, and consequently, therapy for it is multifaceted (Rokach, 1988a). For instance, loneliness that is experienced following the death of a loved one, might call for resolving the grief process as a prerequisite to the alleviation of loneliness and formulation of new social relationships (Lopata, Heinemann and Baum, 1982; Rokach, 2015). On the other hand, loneliness which is evoked by a divorce may call for an intervention that is initially directed at feelings of personal inadequacy and insecurity and only then can the loneliness be addressed (Weiss, 1975). Schultz (1976) lamented that "many of the problems and much of the pain I felt came from trying to resist my loneliness. The moment we begin to build a wall against it, we have already lost... before we can look at our loneliness, we must stop trying to resist it. We must stop blaming husbands or wives, children or bosses for our feelings of loneliness and [the] alienation in our lives (p. 169). That is an accurate description of what lonely people commonly do. They tend to run away, hide or deny their loneliness, ashamed to admit that they are in pain, or frightened of the stigma which is attached to loneliness (Moustakas, 1972; Rokach, 1990; 2015). However, when the lonely finally decide to talk about their suffering from being lonely, they often go on a rampage, blaming everyone around them for it. Doing therapy with the lonely, my purpose is to empower the client to recognize and admit that he is lonely and take full responsibility for it; meaning that it is his problem and thus he and only he can do something about it. Once that has been done through nurturing within the therapeutic relationship, the client is on her way to lessening the pain.

In helping the lonely, I see myself as a father or a friend who is attempting to teach a child to swim while the child is terrified to even approach the water. That analogy, for me, encapsulated the trust the child must first have in the parent for her to be able to place her hand in the father's. The courage the child needs to approach the water, and the effort they will both need to invest to teach the child the series of co-ordinated movements that will allow him to float and move in whatever direction he chooses, and eventually, be able to swim.

## 3- What is Psychology to do? Therapeutic Implications

Social workers, more than psychologists, are cognizant of the importance of community and social forces on the individual and incorporate them in their attempts to help the public. Psychotherapy tends to overlook the client's social

milieu and do not aim to help the client cultivate a strong sense of belonging to that community. The therapeutic relation can model the importance of connection and support and may empower people to reach to others to connect (Blow and Timm, 2002).

Therapists must realize that social integration and interpersonal intercourse are the basis for healthy functioning, and should refrain from valorizing the isolated, and self-sufficient individual. Friedman (2007) wrote about just that. The need to query the client and, if needed, address the significant community experiences and community-building efforts. Accordingly, the therapist should deal with the client's disconnect from family and community and encourage, empower, and guide the client in rebuilding damaged relationships or creating ones to enrich the individual's life. Being alone, disconnected, and isolated do not contribute to a satisfying life or a healthy existence. Examining the client's ties to the community and helping to cultivate a strong sense of belonging are important, but often overlooked therapeutic goals when that therapy is offered by psychologists. To begin, reminded us Friedman, the therapeutic alliance can serve as a way of belonging which can be nurtured and developed; and that can serve as a model of what is valued and what can be created in the outside reality. Especially for people who experience difficulty in connecting with others, the experience of belonging that takes root in therapy, may be a significant achievement for them and be further extended to their lives outside of therapy. It is therefore easy to see that a close, intimate therapeutic alliance is the cornerstone not only of a fruitful therapy, but of educating the client of the value and benefit of belonging. Doherty (1995) eloquently declared that "there is no fundamental contradiction between pursuing personal needs and promoting the welfare of the community. When we promote clients' positive involvement in the community, we promote their own well-being as well" (p. 100). Friedman (2007) added that what is needed is a sort of a holistic approach which together with helping the client explore his inner self also be aware of the outer realm.

The therapeutic relationship needs to be established, strengthened, and be supportive and empowering of the client. Via such a relationship we can explore the client's pain depression, and most importantly – loneliness. Some clients attempt to distance themselves from the pain, they suppress or even deny that they are lonely and experience the accompanying negative feelings and cognitions. It is essential that they face their loneliness, admitting to themselves that they, indeed, experience it and not run away. The client is then helped to understand the nature of his loneliness. Is it a transient one where he reacts to events in his life, or is it a chronic, long term, experience that is more troublesome and requires a concerted effort to resolve. We next explore the causes of the client's loneliness, for only then addressing it can be possible. We then aim to empower the client to explore ways to address the loneliness. We explore and address any possible learned helplessness that the client may exhibit, and which prevents a free and courageous exploration of coping strategies. We also highlight the importance of a steady and committed approach, which while it may not always succeed, the client will persevere and have the inner conviction that she can diminish her loneliness and reduce its pain.

It was suggested – counter intuitively perhaps -that loneliness, just like pain, can be a beneficial force in one's growth and development (Moustakas, 1961; Rokach, 1988b; 2015). It may do so by directing us to look inwardly (an experience which the extroverted way of life in North America does not encourage), assists us in taking "personal stock," and evaluate our relationships, goals and priorities. I would equate loneliness to the effects of intense fire on gold. It clears and purifies our understanding of who we are and what we want out of life. After experiencing the intense pain of loneliness, suggested Moustakas (1961), we may emerge knowing that our resources for coping and living are appropriate, discover new capabilities within ourselves, gain a better understanding of the wondrous and beautiful things in nature and the universe, and learn anew to fully appreciate human contact, intimacy, and love. In working with the lonely, I aim to help my clients realize it and renew their hope that fruitful human interaction and personal fulfillment are indeed a real possibility.

Offering group approaches to loneliness are, naturally, somewhat different in that the group members can serve as an invaluable source of insight, support, direction, and 'quality control' of the client's journey in addressing his loneliness. Group members may provide [if not prohibited by group rules], aside from support and insight during group sessions, also friendship outside of the group and encourage the person to explore relationships and social intercourse.

#### **4- Cognitive Strategies**

Cognitive approaches are the current zeitgeist. Deshawn Besse (2016) reviewed the self-deprecating manner of the lonely, leading to their feeling inferior, unattractive, less socially skilled or overall worthless. Cognitive approaches suggest that the lonely tend to perceive the world as negative and others as not trustworthy or accepting (Luhmann, Schonbrodt, Hawkley, and Cacioppo, 2014). Being so unhappy with themselves and their surroundings, the lonely become, consequently, quite hypervigilant and that further impacts their negative perceptions of the world and viewpoints about others. These biases, may intensify their loneliness, confirm their negative view of the world and of others (Cacioppo and Hawkley, 2009). As a result, the lonely tend to believe that they are helpless and incapable of changing their situation, being convinced that their loneliness is the result of stable personality characteristics (such as, for example, shyness or low social competence) rather than circumstances and traits that may be more malleable and changeable (Heinrich and Gullone, 2006). Because of this vicious cycle, treatment strategies aim at educating the lonely

that their negative and unrealistic thoughts may bring about their current situation. By reducing such negative thoughts and biases, it is possible that feelings of loneliness may subsequently be reduced, a strategy that has been shown to be effective and helpful to the lonely (Cacioppo et al., 2015; Hawkley and Cacioppo, 2010; Masi et al., 2011). Another approach utilized in working with the lonely is reframing the situation by helping them turn loneliness into solitude, and thus opening the possibility of the experience being a welcomed, positive and beneficial one (Conoley and Garber, 1985; Rokach and Sha'ked, 2013). These are some of the available treatment approaches, admittedly the more common ones.

## 5- Future Directions

Where do we go from here, in assisting the lonely? Weir (2018) discussed the need of more research in the area of social connection, with leading psychology research in the area, and offered some suggestion. For instance, he suggested that we need to identify which strategies can help us strengthen our social connections, and measure their health benefits, which we know exist. Formal guidelines for social activities, similar to nutritional guidelines are needed, and the government can do that, for the benefit of all.

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