

When Another Person's Feelings Stir Our Own

Emotional presence, unconscious participation, and the therapist's inner work

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A client tells the therapist, “Last week, when you explained why I do this, I felt you had stopped listening.” The therapist remains attentive in appearance. Inside, an answer is already forming: the explanation was tentative; the client had asked for help understanding; the formulation was clinically reasonable. Before the client has finished, the therapist is preparing to be understood.

There may be a small tightening in the chest, a flush of embarrassment, or a sudden precision in thought. The therapist might not recognize any feeling at all. What becomes conscious first is an explanation of why the intervention made sense. A familiar capacity for thinking has arrived quickly, perhaps helpfully, perhaps also as protection from the experience of having missed someone.

This is a fictional encounter, but the question it raises belongs to ordinary clinical work. Can we notice what another person's experience awakens in us without making our response the center of the session? Can we remain available when understanding them requires revising an understanding of ourselves?

Emotional presence includes this willingness to be reached. It also requires discernment: what belongs to the client, what is happening between us, what we have brought into the room, and what remains unknown. These distinctions rarely arrive neatly separated. We learn them through participation, reflection, correction, and return.

The present arrives with a history

There is no clinical listening position outside the listener's life. We hear through capacities and expectations shaped by earlier relationships, training, culture, bodily condition, and present circumstances. A disappointed voice may become an accusation before we have examined the words. Someone's dependence may feel like a demand; their distance may feel like freedom, exclusion, or failure.

Much of this can happen before deliberate reflection. Peter Rober's account of the therapist's inner conversation distinguishes the spoken exchange from the clinician's internal responses, including associations, moods, and memories. He treats reflection on that inner conversation as part of understanding a therapeutic impasse. [1] The room contains more than the conversation we can transcribe.

Gendlin offers a complementary account. Experiencing includes a person's felt engagement with a situation, already carrying learning and interpretation, rather than an isolated emotion waiting for a correct label. [2] For therapists, the implication is humbling: the feeling that something is obvious may have a history within it. Certainty can be experienced before its sources are understood.

We therefore need care with the idea of a pure present moment. Past experience can mingle with current perception without announcing itself as memory. Yet this does not mean every response is a repetition of childhood, or that present harm is merely historical material reappearing. The client may be describing an actual failure of attention. Fatigue, racism, economic strain, disability, or a real disagreement may explain more than an inferred old wound.

The task is to become more able to recognize our participation and test its meaning. We need access to our history without making it the explanation for everyone else.

When understanding takes the place of meeting

Iain McGilchrist's *The Master and His Emissary* offers a way to think about how attention shapes what becomes available to us. His account concerns differing hemispheric contributions to engagement with the world. It is not the familiar division of a rational left brain from an emotional right brain: both hemispheres contribute to reason, emotion, language, and imagination. [3]

His emphasis is on manner of engagement, "the way in which each uses them, and to what end." [3] Focused analysis can isolate, categorize, and make explicit. Broader attention remains receptive to context, ambiguity, relationship, and the particular person. In his account, the difficulty arises when an abstraction becomes sufficient unto itself and loses contact with the fuller world from which it was drawn.

There is a useful clinical application here. A formulation allows us to recognize a pattern, organize treatment, and communicate clearly. But we can become so occupied with the recognizable pattern that the living person has less room to surprise us. "Anxious attachment" may organize what we expect to hear while this client is trying to tell us about our actual unavailability.

We need the precision that thinking provides and the receptivity that allows thinking to be corrected. A useful movement is to encounter, formulate, and return to the encounter: does this understanding help us hear more, or has it begun deciding what the person must mean?

This is an application of McGilchrist's framework, not a claim that a therapist's explanation reveals which hemisphere is active. His broader thesis and its clinical implications require judgment; they do not replace the client's account or an assessment of the treatment.

The meaning carried beneath our words

Schore's right-brain psychotherapy model directs attention to rapid, implicit emotional communication through expression, voice, gesture, and timing. His 2022 review brings laterality research into a developmental and clinical synthesis about relational communication outside conscious awareness. [4] It helps explain why the words of empathy may be only one part of how our response is received.

A therapist can say "Take your time" while leaning forward with visible urgency. A careful question can carry an impatience the therapist has not recognized. A pause can communicate welcome, uncertainty, distraction, or displeasure. We need to learn how it landed rather than infer its meaning from our intention.

Schore's clinical emphasis and McGilchrist's account of attention can illuminate one another without becoming interchangeable. Nor should unconscious and conscious processes be assigned wholesale to opposite hemispheres. A bodily response does not identify its origin or tell us what the client secretly feels. Our task is to notice, reflect, and check.

Slowing down can make that checking possible. It need not mean speaking with an artificially soothing voice or prolonging every silence. Sometimes the most available response is direct: "I think I am explaining myself before I have understood what happened for you." The person can then tell us whether that description fits.

The person we bring is the person available today

The Person-of-the-Therapist Training model gives this inquiry a disciplined home. Aponte and Kissil emphasize knowing oneself, accessing one's personal experience during clinical work, and using oneself purposefully in relationship, assessment, and intervention. They describe recurring vulnerabilities as signature themes: characteristic struggles that can shape both sensitivity and reactivity. [5]

The model does not require a finished therapist. Aponte and Kissil write that "our clients get who we are today." [5] In the preface to their training book, Aponte describes learning through personal and professional encounters that self-reflection needed to become usable in the immediacy of clinical work. He includes cultural background and lived social experience in that account. [6]

This matters because pursuing personal growth and using oneself responsibly now are related tasks. One cannot wait indefinitely for the other. A wish to be needed may support devotion and make a client's independence difficult. Familiarity with loneliness may support recognition and encourage an assumption of similarity. The vulnerability can become a resource when we understand its influence and retain choice about how to respond.

POTT's signature theme is a formulation within its training model, not a requirement to find one hidden injury that explains a therapist's whole life. Used thoughtfully, it asks where our familiar concerns enter the work and how we can take responsibility for them without shame or self-exemption.

In the opening encounter, the useful question is not whether the therapist has finally overcome sensitivity to criticism. It is whether they can recognize enough of their response to hear this client now.

How do we treat our own uncomfortable feelings?

A therapist who repeatedly asks clients to remain with sadness needs some acquaintance with what happens when sadness appears in their own life. Do they make room, seek company, become efficient, or begin explaining? When anger arrives, can they recognize a limit without turning anger into permission to attack? When tenderness appears, can they receive it without immediately becoming useful?

These are inquiries rather than entrance examinations. Capacity varies across feelings, relationships, and days. We may be comfortable with grief and deeply uneasy with dependency; familiar with anger and embarrassed by affection. Sometimes the feeling we can discuss most elegantly is the one we have learned to keep at a distance.

Siegel's *The Mindful Therapist* places the cultivation of awareness and therapeutic presence within professional development. [7] Its broad invitation is relevant here: our internal responses need enough room to become noticeable before they determine our participation. Reflection should support engagement with the client rather than absorb attention into prolonged self-observation.

Leaning into discomfort can mean allowing a small amount of embarrassment to exist while continuing to listen. It can mean admitting loneliness to ourselves instead of becoming indispensable to a client. It may also mean noticing that we are exhausted and arranging support or reducing a workload. Capacity is not built solely through inward effort.

The useful question is what contact makes possible. Can I feel this and still hear you? Can I acknowledge an impulse without following it? If I cannot, what support or change does responsible practice require? Greater emotional intensity is not an achievement in itself.

An inner pause that leaves room for the client

Return to the fictional encounter. Call the client Mira. As the therapist begins defending the earlier explanation, Mira's expression becomes less open. The therapist notices rehearsing a second justification and recognizes the wish to remain a competent, caring person in Mira's eyes.

There may be no need to discover where that wish began during the session. A small internal acknowledgment can be enough: I am embarrassed, and I want to explain. The therapist notices the chair, allows an ordinary breath, and turns attention back toward Mira. The feeling does not have to disappear.

"I moved quickly into explaining last week. I want to understand what I missed." Mira says the explanation was not entirely wrong. It simply came before the therapist seemed to understand how lonely the situation felt. The account becomes more specific. Clinical knowledge had not necessarily failed; its timing and use had.

This is a proposed illustration, not a measured therapeutic result. Its learning lies in the sequence: an internal response becomes recognizable, the therapist regains some choice, the

client corrects the account, and the response changes. The therapist's own emotional life becomes part of clinical judgment rather than something the client must manage.

There is a cost to inviting correction if we cannot bear the answer. Clients may become skilled at protecting our good intentions. Our inquiry becomes credible through what happens after they disagree.

An experience of being met

Early in my career, I had an experience with Doug Anderson in supervision that has stayed with me. I was presenting a case, and something in his response left me embarrassed. My immediate narrative was that Doug thought I had missed something. The embarrassment deepened into shame. I did not tell him what was happening inside me. I left his office feeling hurt and a little angry.

Over the following week, I realized I needed to tell him. Before our next meeting, I rehearsed what I would say and imagined his response. Perhaps he would explain himself or tell me I had misunderstood him. What I feared most was that he would turn toward my earlier intrapsychic wounds before making room for what I had experienced with him.

When I told him, he made room for my feelings and my account of the encounter. He did not explain them away or move immediately toward an interpretation of my past. His presence allowed my experience to exist between us. I felt the kind of attunement and repair I had not received in childhood.

My history was already part of that meeting: it was present in the shame, in what I expected his response to mean, and in what I feared would happen when I spoke. Yet understanding that history was not the first thing I needed from him. I needed to discover what would happen when I let him know I was hurt. His response gave me an experience that an explanation alone could not have supplied.

That encounter belongs in my understanding of emotional presence. Our earlier relationships can shape what happens within us, and the person before us still has an opportunity to meet us differently. Recognizing the influence of the past does not remove the importance of how we respond to one another now.

Following experience without making a map sovereign

Fosha's AEDP writing brings relational safety and experiential attention together, including attention to what unfolds from moment to moment. Her account of deliberate practice also makes room for "rigor without shame." [8] There is a useful parallel in the therapist's inner work: we can examine a miss closely without turning it into a verdict on our worth.

Gendlin's instruction is concise: "We follow the client's experiential track." [2] An interpretation or invitation must remain answerable to what the client actually experiences next. If it misses, our task is to recover contact, not enlist the client in defending our ingenuity.

Schwartz's writing about therapists' protective reactions offers another vocabulary for this work. A reaction that wants to rescue, prove competence, or retreat can be noticed and

understood without being put in charge of the encounter. His clinical illustration explicitly includes the therapist's own work in becoming less governed by such responses. [9]

These traditions do not become one model because they meet at this point. POTT emphasizes purposeful use of the present self; AEDP organizes a particular experiential and relational practice; IFS offers a parts-based understanding; Gendlin follows unfolding felt meaning. Their shared usefulness here is a question they help us ask: is our framework enlarging our contact with this person, or narrowing it?

The client need not adopt our vocabulary. They may simply need us to hear that our silence felt absent, that our question came too quickly, or that practical assistance matters more than further exploration.

Countertransference is material for judgment

Clinical traditions differ in how broadly they define countertransference. For this discussion, the concern is the therapist's emotional participation and the personal patterns that may influence it. A reaction can provide a question worth exploring without becoming privileged knowledge about the client.

Hayes, Gelso, Goldberg, and Kivlighan's 2018 meta-analyses found that countertransference reactions were modestly associated with poorer outcomes, while successful management was associated with better outcomes. The analyses included substantial heterogeneity. [10] These findings support attention to management; they do not establish that one self-work model is superior or that a particular personal revelation will improve treatment.

It is important to keep our reasoning open. Irritation may involve our fatigue, a missed boundary, an interactional pattern, or several conditions together. Feeling protective does not prove the client is helpless. Feeling attacked does not prove the client intended an attack. A familiar feeling may illuminate something without settling whose history it reflects.

Our personal resonance can deepen empathy precisely when we recognize its limits. "I know something of loneliness" can help us listen. "I know your loneliness because I have felt mine" risks taking away the difference we need to discover.

A place for self-discovery beyond the session

Some inquiry belongs outside the room. The immediate task may be restoring attention; afterward, supervision or personal therapy can help us examine what made that difficult. We can reconstruct a moment slowly: what was said, what we noticed first, what meaning arrived, what we wanted to do, and what we actually did.

In Rober's account, bringing the inner conversation into reflection with another person can help loosen an impasse. [1] A supervisor can ask about a pause, a sudden certainty, or a change in tone that we did not notice. With appropriate consent and confidentiality, reviewing clinical work can expose a difference between what we intended to communicate and what our participation made possible.

We might discover that disappointing someone becomes almost unbearable, that anger feels dangerous, or that not knowing feels like incompetence. Such discoveries deserve tenderness

and examination. They may also reveal strengths: persistence, sensitivity, loyalty, or a capacity to imagine what others need. We want those capacities available by choice rather than organized around avoiding a feared experience.

Personal work can include learning to ask for support, grieving a loss, acknowledging envy, or tolerating affection. It also includes examining power, cultural assumptions, and whose emotional expression we find reasonable. Earlier relationships shape us, but so do professional hierarchies, privilege, material pressures, and the lives we are living now.

Our clients should not become responsible for this development. Their feedback matters; their suffering is not an assignment designed for our growth. We arrange the support through which we can learn and remain accountable.

Presence without an ideal of purity

Welwood's discussion of spiritual bypassing warns about using spiritual ideas to pass over unresolved emotional life. [11] An ideal of being the calm, open, compassionate therapist can become another way of refusing what is actually present. We may be distressed beneath an appearance of serenity, or describe ourselves as accepting while quietly requiring the client to stop challenging us.

Nouwen offers another image of welcome: "Hospitality is not to change people, but to offer them space where change can take place." [12] In clinical work, that space includes our willingness to recognize the limits of our understanding. It does not erase professional aims, judgment, or responsibility; it asks how those responsibilities are inhabited.

We can be affected and thoughtful. We can acknowledge a feeling and decide that its expression would burden the client. We can remain curious while setting a firm limit. Presence sometimes requires action, a referral, a consultation, or a pause with a credible return. It should never require enduring threats or overlooking danger.

In Mira's session, the therapist's acknowledgment may help, or Mira may remain unconvinced. "I have heard that before" would be an important response. The next work concerns actual conduct and whether the therapist responds differently over time. A moving exchange cannot do that work in advance.

What the pathway can bring into therapy

The client article, [Staying With What You Cannot Fix](#), connects inner and relational presence. The [Emotional Presence pathway](#) follows that movement. Its first three modules develop contact with one's own experience; the final two extend that contact into relationship. It would be misleading to describe it only as training in listening to someone else.

What Happens Before You Leave Yourself invites noticing the move into explanation, pleasing, joking, or withdrawal. A therapist can help distinguish a useful, chosen action from a departure the client wanted another option around. An explanation may be intelligent and still arrive before a personal feeling has become recognizable.

Staying Near Difficult Emotion explores an amount of contact that leaves orientation and choice available. What felt manageable? What required distance or company? The therapist can respect the actual limit rather than treat longer inward attention as evidence of progress.

Feeling Without Being Overtaken distinguishes feeling, interpretation, impulse, and conduct. The therapist can practice the same distinction when a client's disappointment evokes shame. Neither person's feeling needs to be denied for the facts and responsibilities of the encounter to be examined.

Letting Another Person Have Their Experience brings difference and correction forward. The client may notice preparing a rebuttal while someone speaks. We can explore that movement without making agreement the goal, and remain open to whether a comparable moment occurs between us.

Being With Someone Without Fixing Them asks what the situation calls for: company, practical assistance, a limit, or protection. It also invites consolidation. What became possible, what conditions supported it, and what would the person keep or revise? The learning remains answerable to ordinary life.

These practices overlap with other foundational pathways. [Enough Steadiness to Feel](#) addresses regulation; [From Implicit Experience to a Different Relationship With Self](#) explores inward contact; [A Presence That Helps Without Taking Over](#) develops responsive support. Here the emphasis is on noticing how our relationship with feeling shapes our availability, inwardly and with others. The overlap deserves continued curricular review rather than artificial certainty about categorical boundaries.

The therapist's invitation is therefore personal and professional at once. Can we become more familiar with the life within us, including the feelings we would rather explain than encounter? Can that familiarity help us leave more room for a person whose experience is not ours? We need not become empty of history. We can become more responsible for how our history joins the meeting.

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