

When Care Arrives and Something in Us Pulls Away

Receiving care, retaining authorship, and making room for belonging

Brian Kennedy, MA, LMFT
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A person tells us that someone brought dinner during a difficult week. The gesture mattered. For a moment, they felt less alone. Then, almost before the warmth could become recognizable, they were planning what to buy in return.

We might hear this as difficulty receiving. That may be a useful beginning, provided we remain interested in what receiving means to this particular person. Perhaps the meal felt generous. Perhaps it arrived with questions they did not want to answer. Perhaps accepting it awakened a longing they usually keep well managed. Perhaps repayment is an ordinary, pleasurable expression of reciprocity. The outward movement can look similar while the inward experience differs considerably.

There is a small interval worth meeting here: the moment between being touched and moving away. Our task is to help that interval become available to experience, without turning openness into another performance. Sometimes the important discovery is that care can reach someone. Sometimes it is that the offer needs to change.

My client article *When Being Loved Feels Like Owing Something* explores the difficulty of accepting care without immediately repaying, minimizing, or performing. Here the clinical question concerns what makes an offer receivable, and how the therapist can remain open to finding that the offer itself needs to change.

What we offer and what arrives

Diana Fosha's account of receptive affective experiences gives this distinction clinical weight. Expressing care and taking care in are different events. A therapist may feel moved, attentive, and deeply committed while the client experiences scrutiny, pressure, or very little at all. The work includes discovering what actually reaches the person, rather than assuming that our intention has become their experience. ^[1]

"What happens as you hear me say that?" can be a useful question when it is asked with genuine room for an unwelcome answer. The answer might be, "I don't believe you," or, "I'm worried you'll want me to feel better now." We need to be able to receive that response. Otherwise, an invitation to take in care quietly becomes an instruction to validate the therapist's caring.

Consider a fictional client who describes carrying a family responsibility through a period of exhaustion. The therapist says, “I’m struck by how much you have been holding.” The client smiles, looks down, and begins explaining why it was not especially difficult.

Rather than interpret the smile immediately, the therapist slows down: “Something changed just then. Did what I said fit, or did I miss you?” The client answers, “It fits. But I don’t want you to think I’m admirable for never needing anything.”

That correction changes the encounter. Admiration, however sincere, has approached the very role the client is tired of occupying. The therapist might respond, “You want room to be exhausted, too.” Now the client can discover whether this second response comes closer. The possibility of receiving grows through being able to alter what is offered.

When care carries a history

Bowlby’s attachment framework helps us understand why offers of support meet an already organized world of expectation. Mikulincer and Shaver’s contemporary account describes working models through which people anticipate availability, rejection, and their own worthiness of care. A safe haven supports us in distress; a secure base also supports exploration. These expectations can change, and their expression depends on context. ^[2]

Clinically, we can ask what someone expects will follow an act of kindness. Will the giver later invoke it? Will need become evidence of incompetence? Will a request for less attention be treated as ingratitude? A history may emerge through the person’s own associations. It should not be supplied simply because accepting help is difficult.

We also need to ask where the difficulty is absent. Someone may receive easily from a friend and struggle with a parent, accept practical assistance but dislike public praise, or welcome company while refusing touch. These differences help us find the particular emotional and relational conditions involved. They also keep a useful formulation from becoming a description of the person’s entire character.

There may have been considerable intelligence in becoming the reliable one. Competence protected dignity. Generosity made connection possible. Self-sufficiency reduced exposure to unreliable help. We can honor these capacities while wondering whether they still leave room for fatigue, pleasure, and the wish to be accompanied.

Receiving without becoming smaller

Winnicott’s account of the capacity to be alone places relational support within the development of inward freedom. The capacity to exist in one’s own experience need not be opposed to another person’s presence; it can be supported by that presence. His developmental formulation offers a way to think about dependence that does not equate maturity with needing no one. ^[3]

In the therapy room, this raises a practical question: can the client remain in contact with themselves while we care about them? Can they think quietly without reassuring us, disagree without managing our disappointment, or accept help without becoming the version of themselves we appear to prefer?

A client may need less intensity from us rather than more reassurance. They may want a pause, a concrete answer, or permission to leave something unresolved. A warm voice can be welcome; it can also feel unbearably close. We discover its meaning by staying interested in the person who hears it.

Research on social support gives a modest empirical foothold for this attention to fit. In a daily-experience study of 67 cohabiting couples, Maisel and Gable found that received support was associated with more favorable emotional and relationship outcomes when it was responsive to the recipient's needs. The study does not establish a therapy technique or prove this pathway's effectiveness. It supports asking about the quality and responsiveness of help, rather than counting help alone. ^[4]

That question becomes quite concrete: "Was it helpful that they came over, or would it have helped more if they had left dinner at the door?" Receiving may become easier when a person can have a say in the form of care.

Two people, with room for both

Jessica Benjamin's work on mutual recognition brings another dimension into view. Each person has a distinct center of experience; relationship becomes constricted when one is positioned as the actor and the other chiefly as the recipient of what is done. Her account of a shared third describes a relational space in which neither person's perspective has to erase the other's. ^[5]

Applied here, this invites us to notice whether care permits a response. "Thank you; I would prefer something different" needs to remain possible. So does, "I appreciate the intention, and I don't want this." In therapy, recognizing two subjectivities does not make the client responsible for our emotional needs. The professional responsibility for boundaries, repair, and reflection remains ours.

Outside therapy, the giver's limits matter as well. A partner may care and be unable to provide every form of support. A friend may offer an evening rather than a weekend. The work is to make needs and possibilities clearer, while distinguishing an optional favor from an existing responsibility. Calling a shared duty a gift can conceal an unequal burden.

Receiving with authorship includes learning what is available, what is wanted, and what has actually been agreed. It leaves room for disappointment without requiring either person to disappear.

The wish to deserve a place

For some people, receiving becomes difficult because worth has become attached to usefulness. They may know how to host, soothe, solve, organize, and anticipate. Being wanted while doing very little is less familiar. An illness or a quiet afternoon with a friend may expose the question: if I am not contributing, why would anyone want me here?

Mary Oliver opens “Wild Geese” with the sentence, “You do not have to be good.” The line interrupts a world organized around relentless deserving. As poetry, it can give language to the possibility of belonging before achievement. It is not a clinical finding or permission to disregard another person’s experience. ^[6]

For a client who has survived by being exceptionally good at caring for others, even imagining that possibility can be moving. It can also provoke skepticism. We need not ask the poem to persuade them. We might ask what happens as they consider being welcome on a day when they have nothing impressive to offer.

Henri Nouwen approaches this question through his Christian understanding of being beloved. In his recorded teaching, he examines identities built around accomplishment, possessions, and other people’s judgments, and places belovedness on different ground. Readers need not share his faith to consider the human question he opens: does a person’s worth survive a day of diminished usefulness? ^[7]

The clinical challenge is to let this question become personal without handing the client another ideal. A person who cannot yet feel worthy has not failed to receive our teaching. We can stay beside the uncertainty and look for an actual relationship in which their presence, however briefly, seems wanted.

Dependency has a material life

Eva Feder Kittay’s philosophy of dependency prevents this conversation from floating above the conditions in which care is given. Dependency is integral to human life. Meeting it involves labor, obligations, and resources, often distributed unequally. Her work asks us to consider the person needing care and the conditions of those providing it. ^[8]

Someone may hesitate to ask because they have an accurate understanding of another person’s exhaustion. Someone else may be unable to refuse an intrusive offer because housing or essential assistance depends on the giver. Neither difficulty can be understood adequately as an internal barrier to love.

Our formulation needs ordinary facts: who has time, money, transportation, privacy, and alternatives? Who already carries the work? Who can safely say no? Cultural traditions of reciprocal care deserve understanding rather than automatic translation into unhealthy indebtedness.

The therapist may help someone find words for a need. They may also need practical advocacy, a clearer division of work, additional services, or protection from coercion. Emotional permission matters, and so does having somewhere for the need to go.

Why kindness can bring grief

When an offer is wanted and sufficiently trustworthy, it may bring us closer to what has been missing. A person who feels genuine tenderness may suddenly notice how long they have lived without it. The experience can hold relief and sorrow together.

Welwood's writing on intimate relationship as a spiritual crucible takes relational vulnerability seriously and warns against using spiritual aspiration to bypass psychological hurt. His contribution here is a reminder to remain with the human difficulty that an ideal of openness can hurry past.^[9]

We can ask whether a little of the feeling is manageable now. We can notice whether the client remains present, wants less intensity, or would prefer to talk rather than focus inward. There is no requirement to locate a childhood scene, become tearful, or remain with a sensation until it changes.

Returning to the fictional client, imagine the therapist's revised response brings tears. "I'm relieved you don't want me to keep being impressive," the client says. A moment later: "But I don't know whether I trust it."

The mistrust deserves a place beside the relief. "You don't have to decide that today" may offer more room than another declaration of commitment. The next useful experience might be discovering that doubt does not make the therapist withdraw. Its meaning will depend on what the client experiences over time, including the occasions when the therapist misses them.

Can we witness without needing to be effective?

David Whyte writes in "Friendship" that "the ultimate touchstone is witness." His emphasis on being seen and accompanied offers a needed question for therapists whose commitment to change can become urgent. Can we value this person's experience while it remains unfinished?^[10]

Therapy has purposes beyond companionship, but the wish to help can narrow our attention. We may become more expressive when a client feels little, offer repeated reassurance when they remain doubtful, or quietly feel rejected when they decline our suggestion. At that point, our own discomfort may begin organizing the encounter.

Our personal work belongs here. How do we experience being unable to make someone feel loved? What happens when our care is misunderstood, when gratitude does not arrive, or

when a client finds us too much? Can we acknowledge the sting without asking them to remove it?

Supervision and our own therapy can help us meet the longing to be useful, the fear of inadequacy, and the protective habits that gather around them. This is ongoing work rather than a qualification we acquire once. We may need to notice our next hurried explanation, soften our insistence, and return to what the client actually said.

Being able to receive correction is part of being able to give care. “I can see that my response put you back in the role of taking care of me” may begin a repair, if it is accurate and followed by a change. The client should not have to reward the acknowledgment.

Receiving and shaping

In conversation with Krista Tippett, John O’Donohue speaks of “receiving and shaping.” He also attends to the depth of another person’s inner world, which remains partly unknown even in closeness. His philosophical language offers a useful resonance here: reception can be active, and intimacy does not give us complete knowledge of another person. ^[11]

In this essay’s clinical application, the recipient helps shape the encounter. They decide what fits, what remains private, and what meaning an experience has. We can be close enough to matter without claiming to know their experience better than they do.

This changes how we review a small experiment. Suppose our fictional client chooses to accept a friend’s offer of dinner, asking that it be left at the door. They predict relief, followed by pressure to repay. The friend agrees. Afterwards, the client reports neither a breakthrough nor a strong feeling: “I was glad not to cook. I still felt awkward.”

There is something useful to learn without enlarging the result. The requested form of help was respected; one practical burden was reduced; awkwardness remained. The person can consider whether they would want that arrangement again. We do not yet know whether receiving has become easier more generally, and the friend’s later conduct still matters.

Bringing the five modules into the room

A companion to *When Being Loved Feels Like Owing Something* and the five modules of the BKL Receiving pathway.

The Receiving pathway gives clients a place to notice these moments between sessions. Its value in therapy depends on what their experience brings back into the conversation, including disagreement with the teaching. The modules invite exploration; they do not certify trust, establish a history, or obligate anyone to accept care.

1. Why Receiving Can Feel Vulnerable

Begin with one actual encounter. Separate what was offered, what the client noticed, and what they believed would happen next. Ask what made the offer feel welcome, exposing, or unwelcome. Keep historical associations beside present evidence. A client's account of why the offer did not fit may be the most important information.

2. The Urge to Repay, Perform, or Minimize

Explore the urgency rather than treating reciprocity itself as a problem. What would feel risky about waiting before repaying? What does giving back express when it is freely chosen? The aim is a little more choice while preserving generosity, cultural meaning, and responsibilities that are genuinely shared.

3. Letting Appreciation Land

Stay with a credible, specific expression of appreciation. Does the person feel recognized, idealized, or misunderstood? If they want to notice its effect, allow an ordinary or mixed response. The therapist can help distinguish acknowledging one good experience from declaring the whole relationship safe.

4. Depending Without Disappearing

Help clarify a particular need and a possible arrangement. What would useful help look like? What can be requested, what is already owed, and what can the other person realistically provide? Review whether the person retained a voice in the arrangement and whether the help actually happened.

5. Belonging Without Earning Your Place

Consider whether there is room to be present without continually performing a role. Preserve the pleasure of contributing while examining its compulsory edge. A small experiment might involve accepting company while tired. Review how the person felt and how others responded, rather than measuring success by how relaxed they appeared.

What becomes possible beyond receiving

Feeney and Collins's theoretical model of thriving through relationships widens the horizon beyond relief from distress. They distinguish support during adversity from support that encourages exploration and growth. Helpful relationships may sustain a person through difficulty and make more of life available to them. This is a research-informed theoretical model, not a trial of the practices proposed here. ^[12]

For our clients, the question may gradually become what receiving makes room for: rest, play, an honest disagreement, an interest postponed, or a less defended evening with

someone they love. We can ask about these ordinary consequences without deciding in advance what growth should look like.

A person might still feel awkward accepting dinner. They might thank the friend and later reciprocate with real pleasure. What has changed may be the absence of an immediate demand to erase the need. Care was allowed to help, and the recipient remained a person with preferences, limits, and something to say.

That possibility asks something of us, too: enough steadiness to offer care, enough humility to let its form be questioned, and enough warmth to remain interested when the answer is complicated. We accompany the person as they discover whether this moment of being met can become part of how they live.

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Clinical illustrations are fictional. This essay offers an integration for clinical consideration, not a validated treatment protocol.