

You cannot pour from an empty cup, ensure that your own cup is full first: A state of turmoil

In the realm of helping professions, particularly in social work, the axiom 'You cannot pour from an empty cup' resonates profoundly. Nowhere is this truer than when navigating the intricate intersection of clinical services, including psychiatric and neurological illness, with the principles and demands of social work practice. The challenges inherent in this space amplify exponentially, demanding a delicate balance of self-care, resilience, and professional efficacy. Clinical social workers integrate the foundational principles of social work into their daily practice to comprehensively address the needs of clients facing diverse medical challenges, including psychiatric and neurological illnesses. Central to their role is the cultivation of empathy towards clients and their families, as well as providing support to navigate everyday difficulties in a constructive manner. From the outset of their training, clinical social workers are instilled with the principle of maintaining controlled emotional involvement with clients and their families, ensuring professionalism and effective therapeutic relationships. Empathy is thought to be a vital factor in effective helping,¹ and accounts for about 10% of psychotherapy outcomes.² Thomas et al., have stated empathy involves a complicated set of capacities such as affective, cognitive, and self-regulatory³. While also practicing accurate empathy can be a double-edged sword,⁴ for it might help us in effectively assisting our clients, and it also has the aftereffect of leaving us feeling burnt-out and jilted.

Clinical social workers are regularly exposed to the suffering of others across diverse settings. Controlling their own emotions and being empathetic at the same are challenging tasks for clinical social workers in their day-to-day practice. Rutledge et al.⁵ have reported that empathy can be so powerful and yet so dangerous, and it has a biological process behind it.⁵ In their book "Neurobiology for Clinical Social Work: Theory and Practice." Applegate and colleagues have stated that mirror neurons are the neurobiological foundations responsible for being empathetic to connect with others and witness their struggles pain or trauma.⁶ Accurate empathy comes from being able to experience a client's ordeal vicariously, in that sense, it involves having to walk in the client's shoes and view the world

from their vantage point. The process of therapy, contrary to popular beliefs, is a two-way street. While, the clients open themselves up to a professional, who they trust to have the requisite competencies, the therapist also opens themselves up to narratives, realities, and traumas of the client, that they may or may not have lived with. Being empathetic with the clients would help to establish a meaningful therapeutic relationship. Research studies have demonstrated that the cause of psychotherapy works because of the quality of the therapeutic relationship.⁷

There is a great deal of emotional and cognitive work involved in both scenarios. In case, the therapist is dealing with something that is not their own lived experience, they need to be on a constant lookout for their own biases that come into play and interfere with effective rapport formation with the client. On the other hand, in case of a psychosocial trauma that the therapist himself/herself has gone through, there is the inevitable possibility of feeling emotionally triggered and composing oneself before any help can be offered to the client. In both scenarios, the inner world of the therapist is not at homeostasis and eventually, this process of endlessly learning and seeing the world and the people in a certain light, while being enriched on the one hand, can also end up taking a toll on the overall well-being of the therapist. Eisenberg and Eggum et al., have suggested that high emotionality and low self-regulation were most associated with the personal distress of the therapist.⁸

The most considerable risk that the therapist runs, in this case, is the eventual blurring and fading away of the boundaries between the personal and the professional realm, which might make the process of providing care and support to other people feel like a never-ending task, where demand consistently exceeds the supply of emotional and intellectual bandwidth and understanding and compassion. Decety et al.⁹ have reported that the nature of the empathetic response of the therapist would depend upon situational and dispositional factors such as the empathizer's current emotional state, pre-existing arousal, and regulatory patterns.⁹ Thomas et al. have demonstrated that higher personal distress of the therapist (clinical social workers) was

associated with higher compassion fatigue and burnout and lower compassion satisfaction.³ Applegate & Shapiro have testified that how backfire can happen during the process of transfer of healing energy between two brains and stressed the significance of clinical social workers' mental health care, otherwise, the therapists would begin to take on their client's pain, headache, stress, and trauma.⁶ Gulfi et al. have reported that a client's mental illness was associated with the therapist's mental health, which can have an emotional and professional impact.¹⁰

Notwithstanding all the "occupational hazards" associated with the process of providing therapeutic support to another person, engaging with those in distress to provide solutions and help is a highly rewarding process and enriches one's emotional and intellectual life. To conclude, the only message that therapists need to send out to themselves constantly is to affirm and believe in the virtue of their work constantly. They need to give themselves credit for where it is due, and identify, and address any emotional or physical burnout signs. In a pursuit to help others live fuller lives, the therapist must ensure that their cup is full first. Hence clinical social workers should focus on their mental health too (self-management strategies), to provide medical, and psycho-social interventions to their clients and family members.

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