

To Be or Not To Be: A Therapist's Burden in the Theatre of Suicidal Despair

Panthangi Veda Varshitha & Uday Kumar Gupta

Students, The Bhopal School of Social Sciences

Abstract

Dealing with suicidal clients is an extremely challenging task, especially in current times where a lot of people exercise autonomy, saying they do have the right to kill themselves. But what stands in the face of a Therapist who is trying to save a life? When sitting face to face with a client, that one is so sure, feels helpless and is stubborn about their decision, a therapist might face extreme emotional burden too. Because as long as a client is theirs, they would feel responsible for their death as much as they feel for their healing. How do therapists navigate their way through this emotional dilemma of respecting client's autonomy, sometimes going as far as comforting them or intervening in saving their life.

This study is for therapists, psychologists, counsellors and other mental health professionals, the ones seeking to become like them, and for anyone seeking to understand them. This study aims to understand and put to light the emotional dilemma a mental health professional faces while the client declares their decision to suicide. And it might just be the beginning of a revolution because this research's core lies in making therapists feel understood and seen. Using a qualitative approach, semi-structured interviews were conducted with (8) licensed therapists experienced in crisis intervention.

Thematic analysis revealed key patterns in therapists' decision-making, the emotional impact they face, and their personal beliefs and drives. Each participant seemed to have different ways to cope with dealing with extreme suicidal cases, however, they all emphasised the importance of practicing "attachment with detachment." Findings indicate that while therapists strive to balance their emotions as humans and duties as emphasized professional, many experience emotional distress, burnout, and feelings of anxiety, helplessness and frustration. This study highlights the need for enhanced support systems and training for therapists, while also bringing to notice the emotional and psychological impact they face behind the scenes.

Keywords: Suicidal cases, Therapist, Emotional Distress, Burnout, Feelings of anxiety, Helplessness and Frustration.

Introduction

Background of the Study

When one's standing on the thin ironic line between life and death, where the former is more dreaded to step back into, the last line of defense for such individuals are often therapists and mental health professionals. However, therapy involves more than simply persuading clients to live; it comes with necessary values and ethics that might hold one back, including respecting client's autonomy, emotions and lived experiences. Therefore, in situations where the client feels extremely helpless and has decided to end their life, rises the question: Should a therapist comfort their client in their desire for death if they appear resolute, or should they persist in efforts to prevent suicide, even when both of them feel helpless?

This question not only places therapists in a morally conflicting position, but also puts them in an emotional dilemma, forcing them to reconcile professional obligations with personal values. Sometimes, this may leave a scar on them. Working with suicidal clients often leads to emotional exhaustion, moral injury, and in certain cases, PTSD-like symptoms too for therapists (Joiner, 2005). Moral injury occurs when a therapist feels as if they have violated their own beliefs, either by pushing the client to live against their will or by feeling helpless/powerless to prevent suicide (Litz et al., 2009).

A Therapist may try to persuade their client to continue living, but the client may sometimes backfire at the Therapist and get more triggered. Or, the Therapist may choose to comfort the client in their decision to die, and somehow the client manages to survive, which in turn may cause the Therapist to question their morals and decisions. It is a tough world, a 'darker' one filled with great risk and uncertainty, where dealing with suicidal clients feels like them placing their heart in the Therapist's bare hands to mend it.

Constant exposure to such cases, or a single time extreme case, both have the capability to leave immense scar on Therapists' moral, emotion and ethics. Research also highlights institutional failures in providing adequate support to therapists and lack of adequate training to handle the extreme emotional, moral and ethical impact that comes from dealing with extreme suicidal cases.

Research Problem & Rationale

Attention, however less, has been given to understanding the trauma that therapists might face upon hearing their client's suicide; but no one ponders upon the emotional and psychological burden therapists face when managing such extreme cases. This study aims to put that gap in light by exploring the decision-making process therapists go through and how it affects their mental well-being and their coping mechanisms. Understanding these deep challenges and scars that a therapist might face can inform better ethical guidelines, mental health policies, institutional support for therapists, better training and most importantly, make therapists feel understood and seen.

Research Questions

This study caters to therapists, psychologists, counsellors and mental health professionals with experiences in suicide intervention. The main questions this paper seeks to answer are as follows:

1. How do therapists navigate the dilemma of respecting a suicidal client's autonomy versus intervening to prevent suicide?
1. What emotional and psychological impact does handling such cases have on therapists?
2. What coping mechanisms and support systems exist for therapists dealing with this moral distress?

Objectives of the Study

- To analyze how therapists balance ethical responsibility and respect for client autonomy
- To explore the emotional toll and long-term psychological effects on therapists
- To make Therapists feel understood and seen
- To recommend better support systems and ethical guidelines for professionals handling suicidal clients

Significance of the Study

By shedding light on the moral and emotional burden of suicide intervention, this study will:

- Inform ethical debates on therapist obligations
- Provide insights for mental health institutions to develop better therapist support systems

- Encourage further research into the long-term impact of suicide-related therapy on mental health professionals

Methodology

Research Design

This study adopts a qualitative approach, using semi-structured interviews to explore various therapists' personal experiences in dealing with suicidal clients, the emotional challenges and dilemma that they face in the face of client's decision. This research design allowed for deep insights into personal experiences, space for more questions and data in order to cater to the study's purpose.

Participants

To fulfil the purpose of the present study, various licensed therapists, counsellors and psychologists were contacted within the college institution, and in professional settings using snowball sampling. All of these professionals were experienced in suicide intervention, and therefore fit to contribute to the current research. Out of 15 mental health professionals who were contacted, a sample of 8-10 professionals agreed to participate. All of them were informed of the purpose of the study, promised confidentiality and anonymity.

The participants' experiences ranged from 3-28 years in dealing with suicidal clients. All of them offered their personal stories and thoughts openly and spontaneously, however, some participants showed signs of guilt and sadness.

Data Collection

Asking therapists' to share their personal experiences in dealing with suicidal clients puts them in a vulnerable place. They were all assured anonymity and confidentiality, and the interview began after informed consent. Semi-structured interviews were conducted via google meet, phone call and in-person, the time ranging from 15-30 minutes depending how detailed or brief each therapist was willing to give answers in. The questions asked explored how therapists navigate autonomy vs intervention dilemmas, the emotional impact and challenges they face, and the coping mechanisms they use. All the interviews were permissibly recorded, transcribed and anonymised.

Data Analysis

- Thematic analysis was done on all participants' interviews to identify patterns in therapist responses.
- Personal insight and understanding.

Ethical Considerations

Confidentiality: Pseudonyms used to protect therapists' identity

Informed consent: Participants were briefed on study purpose, right to withdraw and recording

Psychological safety: referral sources were provided for therapists in distress

Result & Findings

The results and findings from the qualitative interviews conducted with therapists, focusing on their decision-making process, emotional experiences and coping mechanisms when working with suicidal clients, brought to surface themes of emotional dilemmas, internal struggles and coping methods of therapists.

Decision-making

One of the key-themes emerging from interviews was decision-making when dealing with clients who have lost all will to live. Relying on training (no matter how many years), various techniques, ethical frameworks and protocols, doesn't save mental health professionals from being challenged in their decision-making, often by situational constraints, personal emotions, and the unpredictable nature of suicidal ideation. The participants were imposed with questions lying in the area of autonomy vs intervention.

It is one of the most crucial skills to be entirely present and be empathetic towards one's client in Therapy. When it comes to dealing with stubbornly suicidal clients, this empathy may lead to emotional dilemma that is characterised by a mixture of understanding the client and feeling helpless or frustrated. TherapistS noted that working with suicidal clients sometimes feels like "looking in a mirror," or "looking at your past self," which helps them confront their own vulnerabilities while helping others. This deep empathy, while valuable in therapy, also makes the decision making process exhausting. It is also understood that in the end, the decision to live or not is that of the client's themselves. Therefore, the set of questions asked to understand a therapists' perspective, included their views on comforting the client over persisting them to live despite their suffering.

After all the emotional and psychological effects on Therapists, and despite all logical reasoning, here is what they said, “As a therapist, you must never reinforce your client’s suicidal ideations. Even when you understand them,” “a hundred percent no, I would never be okay with someone ending their lives,” “Always persuade them to live. There is a solution for everything,” “People don’t want to end themselves, they want to end the pain they feel. We always have reasons to live,” “I would never give up on my client to their last breath.”

With the above statements, it is clear that despite everything, Therapists’ are willing to help their clients against all hope. This at times, may require, going beyond any protocols they have been taught. One such instance presented by TherapistD, was when a client had called them up at 11:30 in the night, claiming that their suicidal impulses were incredibly strong and that they might end up doing something. The said Therapist stayed on call with them the whole night, even though that goes against any protocol, and indeed a life was saved. TherapistH, also quoted, “*the core of a therapist is giving hope.*”

When it comes to the tension between respecting a suicidal client’s autonomy and the therapists’ duty to preserve life, it poses a lot of stress on the psyche of someone. While therapy is rooted in the principle of client autonomy, suicide presents a unique challenge— should a therapist prioritize comforting a client who sees no reason to live over always intervening to persist them to live despite immense suffering? To understand the question better, one may relate it with cancer-patients who are severely and terminally ill, the chemo therapies causing them a lot of pain, and yet the treatment being carried on despite their suffering. It is hard for humans to see other humans suffer that way, and so becomes the case with tough suicidal clients sometimes.

The findings suggest that therapists overwhelmingly reject the idea of comforting a client into death. Instead, they rely on:

1. Persuasion and identifying reasons to live
2. Setting clear ethical boundaries on autonomy
3. Intervening through active support when necessary
4. Creating emotional detachment for self-preservation

Most therapists agreed that while autonomy is fundamental, it does not extend to suicide. TherapistX was particularly firm in their stance: *“There is no autonomy when it comes to killing oneself.”* This suggests that when a client expresses active suicidal intent, intervention becomes necessary, even if it means overriding their autonomy. TherapistD further added that clients tend to see suicide as a solution to a perceived problem, stating, *“no client is helpless.”* TherapistR, however, said that it is important to recognize that every person is autonomous; even after said and done everything as a therapist, in the end, it is a client’s decision whether to live or that.

Continuing that thought, Therapist-S, also highlighted a very harsh pill to swallow: *“You cannot save everyone.”* This statement alone highlights the emotional weight of being a therapist, especially the ones that deal with suicidal clients. It is important to acknowledge the harsh reality that there might be times where a therapist wouldn’t be able to change the client’s mind, especially in cases of long-term, premeditated suicidality. While therapists acknowledge that clients often feel helpless, and that there is nothing more one can do to save someone, they reject the idea that therapists should ever passively comfort a client into their decision to die.

Emotional & Psychological impact

When it comes to dealing with suicidal clients, only few of the therapists’ claimed to have experienced extreme cases. However, all of them admitted to feeling emotional distress. One of the cases presented by TherapistS included dealing with a suicidal client coming from an unprivileged background, and an abusive family. From a therapists’ perspective, after a certain extent, their hands are indeed tied. Therefore, cases where the client grows up to suicidal ideation due to dreadful circumstances, are much harder to deal; because the unchanging circumstances have the potential to constantly make a person relapse back to suicide as solution. TherapistX gave an account of a case that had left them feeling extremely helpless due to the client’s constant tendencies to self-harm as a cry for help. In this particular case, no type of therapy or practice was bearing any fruit, therefore, demanded much effort, patience and deeper insight in order to find the root cause of suicidal ideation and work through it.

When asked about what kind of emotions these therapists go through, the answers varied, yet confirmed that all therapists, no matter how well-versed in their practice, do go through distress. As reported by the therapists, these emotions include anxiety, helplessness, fear, frustration, worry, rumination, and so on. TherapistD noted that *“the most difficult case is always with a client who declares they have an intent to die.”* When such situations are

presented, especially in extreme cases, to help heal in therapists' hands, they do go through a certain amount of doubts and fears, hence leading to anxious feelings. Most of the participants also agreed to thinking about their client even after their session is over, sometimes even being tempted to check upon them. It is also seen that situations that put the therapists' limitations to spotlight (as described above in case of TherapistS) tend to cause feelings of frustration. At times, when a client comes in with a clear and planned intent to suicide, the therapist in such cases might feel helpless too.

For some therapists', like TherapistG and TherapistD, dealing with suicidal clients came from particularly personal and heavy experiences with suicide, which made them more vulnerable yet more resilient in never giving up on their clients.

TherapistA, shared an instance where a particular suicidal case 'played havoc' with their emotions, and they had to take a month's break later on in order to recover and be back to practicing therapy. They also stated that while dealing with suicidal clients, *"You have to remind yourself again and again that you have the tools, you just have to use them—without getting emotional or scared, because fear is the most powerful emotion in that moment."*

Another story, highlighting the emotional distress that a therapist goes through, was presented by TherapistR. The case involved a female drug addict who had gone through the standard detoxification process, lived at the therapists' boss's place being treated as one of his children, and was under therapists' care. TherapistR had done their best to counsel her and help her, but no matter what, the client couldn't seem to be able to recover from her demons, especially suicidal tendencies. This had left the therapist feeling highly incompetent and "failed as a person."

While sharing their stories, some participants showed signs of guilt and sadness while talking about their client, their voices turning a notch heavier and some seemed to almost relive those moments too; indicating that the emotional toll that dealing with such extreme cases take, have left certain scars on therapists.

Therefore, it is clear that though the therapists' emotions may not be as noticeable to the ordinary eye, it is characterised greatly by feelings of helplessness, incompetence, anxiety, worry, fear, distress, frustration, and exhaustion.

Coping Mechanisms

At last, therapists were interviewed on their ways to cope up with all the emotional weight and dilemma that falls on them. It is of utmost cruciality to emphasise the reality that a therapist is a human being too, and feels just as much as others do (unless they're Hannibal), and needs to be in the right headspace in order to help the client to the best of their abilities and possibilities. Working with suicidal clients is emotionally draining, and requires therapists to develop coping strategies to protect their mental well-being. It isn't to say that the client is harming the therapist, instead, it's simply the byproduct of actually caring for the client.

Findings indicate that therapists cope through a combination of self-care, professional support and reflection. Many therapists emphasized engaging in activities that bring happiness as a way to bring themselves back to their own reality and counterbalance the emotional weight of their work. Having a separate counselling space that one does not visit after counselling hours can help create balance too, especially while taking therapy at home, as practiced by TherapistS. TherapistX highlighted the importance of practicing self-healing, mediation and self-reflection can also help in dealing with the emotional weight.

One of the most important skills mentioned by most therapists in different framing was the art of practicing attachment with detachment. TherapistV emphasised that it comes with a lot of practice, and is one of the most valuable skills to learn- to be completely present and empathise with one's client while also recognising that those emotions aren't their own.

TherapistD emphasis on reading as her way to ease her mind and cope with the emotional weight of such cases. They also emphasised on the importance of self care. TherapistF also mentioned that it is important to have hobbies that make one feel happy, be it reading, playing video games, travelling, watching movies, or simply talking to loved ones. It is crucial to acknowledge that while therapy sessions may be filled with pain, life itself is not solely defined by those moments. By engaging in daily activities that spark joy and practicing mindfulness, therapists can maintain a more balanced perspective on life.

When asked whether enough training is provided to therapists in order to deal with such cases, most of them disagreed. It is found that training to deal and cope with suicidal patients isn't provided to all professionals, and therapists' emphasised that it should be provided,

implemented in courses even for undergrad students. However, TherapistV added that enough training is indeed provided to deal with clients' effectively, though it might not be in everyone's capacity to absorb and practice the same.

In the end, the therapists were asked to give advice to other therapists to cope with the emotional weight of dealing with suicidal clients. These suggestions include, mainly, as emphasised by TherapistV, to not be afraid to reach out for help, especially other counsellors. Other suggestions included being properly trained, being fine with referring a client to another therapist when needed, investing in self-care, to remind oneself of who they are and what they're capable of.

Conclusion

Therapy is a profession where balancing work and life, rules and humanity can look alike a lot. It is very easy to lose sight of what one is there for, while listening to heavy and dark stories at times. However, perhaps such adversities are how the heroes we never thought we wanted, but needed, are born. The present study, not only brings therapists' emotions out of the dark, but also unknowingly, proves how hopeful they are. How they'd never give up on their client no matter what. How willing they are to save them, and care for them and understand them. This, at the core, seems to persuade their decision-making. However, despite their professional commitment to preventing suicide, therapists face a significant emotional toll, as evidenced by their descriptions of feeling helpless, frustrated, and deeply responsible for their clients. Across all interviews, it became clear that decision-making when it comes to dealing with suicidal clients is not just a logical process but is also marked by being deeply emotional, challenging and mentally exhausting. The key skill highlighted by most participants was the art of practicing attachment with detachment while in therapy. Coping mechanisms like having lively hobbies, practising mindfulness, meditation, self-healing, reminding oneself of their capabilities, and reaching out to others when needed has found to be of great help in order to deal with the emotional heaviness that comes with dealing with extremely suicidal clients.

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