

Climate, ethics, politics and economy of loving in therapy

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'If you didn't have the love for me you wouldn't do what you did.' (Keys, 2006)

This feedback from a student I'd had a difficult working relationship with as a therapist was part of what inspired me to explore what 'love' might mean in the context of therapy. What did he mean by 'love'? What was going on that meant he felt the love and I didn't? Can I own up to therapy relationships being about loving without feeling fear or shame or embarrassment? Certainly love is a much abused term and can be open to misinterpretation and misunderstanding but this is all the more reason to define it in the context of my work. I have also found doing workshops on this subject throughout Europe that many practitioners do think of their work as being, at heart, about loving. It is all the more challenging in a professional culture where fear of client over-involvement and dependency and the consequent judgments and complaints procedures is on the increase.

Climate of loving in therapy.

Rogers' climate, or 6 conditions, (1959) for therapeutic growth and change form a basis for me to look at the interplay of the different aspects of love. Rogers himself equated unconditional positive regard with the Greek word 'agape' (1962: 94), which led me to think about the different Greek words for love. Agape is about compassionate love, an open-hearted, open-armed, receptive acceptance of what is, as well as seeing the potential, or the transcendent, in the other

and in situations. In my work my embodied experience of this kind of loving is in warm, irradiating sensations particularly in the heart area. The soundtrack would be something like Bob Marley's 'could you be loved?'

But love in counselling is not just about 'tender, positive' feelings (Rogers, 1980: 20) although these may be overwhelming and frightening enough (Bohn in Rogers, 1951: 160-171), it is also about the struggle to connect. The Greek word for love I equate with this kind of loving is 'storge' or parental love. This aspect of loving in therapy is about commitment to being there in spite of ambivalent feelings and about allowing myself to be depended upon and to depend upon others – both as client and therapist. It is about being 'a part of' but also 'apart' and the continual push and pull of coming in and out of contact and of each other's perceptual field and both being changed and formed by the encounter. It is about nurturing – one body in response to another body like the breastfeeding response in a woman to her baby. The human 'acts of kindness' in therapy which can be therapeutic turning points for clients and completely unremarked or 'natural' for some therapists or actively avoided by others. The lack of such humanity can be harmful for some clients (see e.g. Bates, 2006; Ironside, 2003). The soundtrack to this kind of loving might include Robbie Williams' 'Feel'. So, a holding and a struggling where love and hate can co-exist in a relationship where interdependence is recognized: 'ubuntu', the South African term meaning 'I am because you are'. When talking about this recently with an Arab speaking colleague she said that this kind of loving in Arabic would be like jihad al – Hobb – the term which has connotations for some with war and violence but also means the struggle for/to love.

'Philia' the Greek word for friendship love is the empathic aspect of loving in therapy relationships: walking alongside, accompanying, coming together in comm-union, transcending the here and now of two individuals, without merging. This is about finding a shared, common understanding and language. Its embodiment is resonance and attunement, where we are physiologically changed through empathic connection (Lewis et al, 2001). The sound track to this kind of loving might include Black-Eyed Peas 'Where is the Love?' or Tupac's 'When Thugz Cry' or Elbow's 'Friend of Ours'.

The desire for connection comes from the Eros aspect of loving. Reaching beyond, transcending self in response to the other as well as yearning for the other. It's the life force and energy or tendency to actualize and be in 'right relationship' (congruence) not only with self and other but with the world we are interdependent with. This longing for connection and the inevitable experience of disconnection and incongruence is the erotic dynamic in our lives and our

therapy relationships, with fleeting moments of congruence, coming together, flow or epiphany. The soundtrack for this kind of loving might include U2's 'I still haven't found what I'm looking for' or Iggy Pop's 'Lust for Life'. This is the creative, playful, turned on, generative aspect of our therapy relationships and also a feared aspect of loving within a professional context as it inevitably can manifest in embodied sexual attraction. The apparent difficulty in talking openly with colleagues in training and supervision about the erotic charge in therapy relationships replicates and reinforces the shame around ourselves as sexual beings and the degradation of the erotic in contemporary western cultures. However the risk is that less we talk about and acknowledge the erotic in supervision and training the more dangerous and unsafe it can become not only in terms of the wellbeing of both therapists and clients but also in terms of our inability to pick up on and challenge where clients are at risk of being harmed.

Ethics of loving in therapy

The erotic aspect of loving in therapy is a clear example of how unethical and abusive practice is not located in the love dynamic but in the power dynamic. The lust for life of eros is not the same as a lust to possess, appropriate or dominate the other. These are all abuses of power, which may involve a lack of awareness on the part of the counselor of the inevitable asymmetrical role power of the therapist. Likewise philia or empathy loving can be subverted to manipulation and exploitation if it does not go alongside agape or unconditional positive regard love, where awe and respect for human beings are central. With empathy comes awareness and knowledge of the other which calls for a quality of wisdom on the part of the therapist in terms of discernment and an awareness of the powerfulness that comes with this knowledge.

The four aspects of loving I've outlined (agape, storge, philia and eros) work together to maintain ethical therapy relationships. If I was talking to my supervisor, for example, about a relationship purely in terms of the erotic, I could helpfully ask myself where the other aspects of loving were in the relationship. Likewise if there was no erotic there at all I might be wondering whether in fact I was able to engage in a meaningful relationship with this client. I'm thinking for example of times when I've been depressed and carried on working and my relationships, in retrospect, lacked the vital hope, joy and energy of this kind of loving. Often my therapy relationships have a lot of the struggling kind of storge loving – the turning up and being there and not really knowing why but having some hope that hanging in there is somehow worth it. Sometimes I experience huge tension between agape loving and eros loving: an open, receptive accepting alongside a yearning, wanting longing for change. I am coming to see that it is these very tensions, the interplay

of these often contradictory aspects of loving in therapy which are at the heart of an ethic of love in therapy relationships. So there is the integrity of the truthful holding of tensions of eros, the courage of the struggle of contact of storge, the humility of the non-possessive agape and the wisdom of the non-exploitative philia.

Politics of loving in therapy

So the ethics of loving are political in that they are about the power dynamic within the relationship but the loving which I see at play in the therapy relationship is also political in the broader sense that, on the one hand, it cannot be contained by the literal or metaphorical walls of a therapy room and, on the other hand, it cannot but lead to action and change. So philia love is about solidarity and advocacy, agape love about equality and diversity, erotic about justice and being the change you want to see in the world and storge about mutuality and struggle. If I take the student at the beginning who I was a therapist with in a sixth form college for two years, he was in a wheelchair and brought a lot of issues about inequality, prejudice, oppression and injustice as part of his rage and pain to the therapy. I learnt with him how I could take what I knew from being alongside him and understanding his world (philia) into action beyond therapy not only, but including, being an advocate and facilitator for him within the institution, but also into how I challenge and address prejudice in my whole life and the political domain. Likewise he made clear to me that accepting him as he was (agape) was also to accept that, in his words, 'it wasn't a level playing field' and that my position in the organization and also as a middle class, middle-aged white woman brought influence power and privilege with it which I could be aware of and use or choose to ignore. His passion and anger was a life force both creative and destructive for him and for our relationship (eros) but was based on a shared desire for justice or right relationship in the world and a despair that things were not as they could be. His powerlessness and hopelessness was often echoed by me when I talked about him in supervision. But the relationship forced me to walk my talk and in the struggle (storge) we were both changed. How I am in the world is now different because of the therapy with him. This is mutuality (Heyward, 1999; Jordan, 2004)

However, the most radical political and ethical impact of this multi-dimensional understanding of loving in therapy for me is that it is underpinned by an awareness of the interconnectedness and interdependence not only of human beings on each other but also on the 'animate' and 'inanimate' world they are part of. So, for example, erotic loving, cannot be confined to a human dyad as it is about transformative life force and energy and desire for social and environmental justice. Storge loving acknowledges our powerlessness to exist on our own, our inability to be self-sufficient and our struggles with our dependence, powerlessness and vulnerability. Agape recognizes

difference and commonality and philia is based on awareness of otherness and contextual knowing.

Economy of loving in therapy.

The economy of therapy, or the 'give and take' dynamic' is fascinating when seen in terms of the kind of loving I have been describing. Love, like power, is often objectified. It becomes a 'thing' external to me which I can possess, which I give and/or receive. My experience of love in therapy is that it is an emergent property of the relationship. It 'occurs' (Buber, 1970 translation: 66). Thus throughout this article I talk of 'loving' rather than 'love' to try and emphasise the emergent, relational and process nature of the experience I am trying to define. Likewise when thinking of the dominant economic paradigm of capitalism that we live and work within we can see that therapy can become a part of the commodification of love, where there is an exchange of a product we consume and are meant to profit from and in which we invest. It is a limited resource and so has a market value and once depleted it becomes even more precious and costly. This model of love in therapy is based on scarcity and at the end of a long day, when I feel exhausted by the demands of being there for increasing numbers of young people in extreme distress I can feel burnt out, like the planet, not living in a sustainable way. I often think that I mirror capitalism's onwards and upwards growth model: I boom or bust. I see colleagues within the institution similarly working within that economy. I'm not surprised when I hear more and more bipolar diagnoses of people's mental distress.

And yet there is another economy at work within the model of loving in therapy I've described which is based on abundance and 'enoughness' rather than scarcity and 'not enoughness'. Here, loving emerges relationally, is freely available in relatedness, does not have to be bought or possessed. It is costly but in a different way. It doesn't deplete or have to keep growing in a particular direction or have to be seen in terms of loss and gain but it does mean staying with uncertainty and not knowing, with dying as well as living, Even if that doesn't fit the dominant 'growth' and 'health' models. The pain and the joy are in the surrendering, living with our utter dependence on others and the world and having faith in sufficiency beyond self.

Hyde's (1983) exploration of the gift economy in the context of creative artists work is relevant to therapists and an economy of loving in terms of its emphasis on momentum and flow. It is summed up for me in his phrase 'You can't have your cake

unless you eat it' (1983: 22). This is a different kind of understanding of consumption and satisfaction. Here as he says you are not paying to balance the scale or to horde and achieve stasis but you are taking in the gift like air, making use of it (on the one hand dependent on it to survive and on the other relishing the pleasure of it) and then letting it go, passing it on to be part of what others need but without knowing what will become of it. It is not reciprocal but rather circular so it is transformed in the exchange but the outcome is not within the control of the receiver or the giver. It's not on a tit for tat or conditional basis. In other words I do not necessarily know what my clients 'receive' or take from me but in opening myself in the relationship I am part of a bigger cycle, which Rogers would term the 'formative tendency' in the universe (Rogers, 1980).

'Satisfaction derives not merely from being filled but from being filled with a current that will not cease. With the gift, as in love, our satisfaction sets us at ease because we know that its use at once assures its plenty. Scarcity and abundance have as much to do with the form of exchange as with how much material wealth is at hand. Scarcity appears when wealth cannot flow' (Hyde, 1983: 22)

In these terms I think that loving in therapy is about a form of exchange where there is flow as long as flow does not mean privileging connection and fluidity over and above disconnection and stuckness in the moment to moment of the relating. It has more to do with the natural cycles we see replicated around us in terms of death and birth, where entropy is as important as syntropy and therapist, client and relationship resilience is about staying with what emerges, tolerating contradiction and holding both/and rather than swinging between either or.

In the same way therapy does not exist outside the capitalist economy but we can be aware of the different ways that we operate and relate and how we articulate who we are and what we do and live with the tension of different, often contradictory economies at work within the relational dynamic.

Conclusion

What defining loving in therapy has helped me to do is to recognise how often I experience simultaneous and contradictory feelings and thoughts. So, in the relationship with the client I mentioned at the beginning I could feel intense irritation, powerlessness, passion and warmth at the same time and one did not negate the other or mean there was more or less love or care. It has helped me value the struggle for contact aspect of therapy as well as the playful and creative aspects. I have learnt

that loving in therapy is as much about disconnecting as connecting and being able to stay with breakdown as well as break through.

Defining loving has above all helped me find a framework to integrate what I would call the spiritual, political and embodied nature of my work as a therapist and to hold some of the tensions and uncertainty inherent in being fully human in relationship.

To talk about my work as being about loving seems risky and exposing but to ignore and deny it seems equally harmful both to myself and the people I work with. To be under-involved is as damaging to all concerned as to be over-involved. We cannot opt out of involvement, engagement and loving if we are therapists. Ultimately loving is about our humanity and to deny it and leave it undefined in therapy is to risk dehumanising our work and risk being unprofessional and unethical. It is the core of the revolutionary and transformative potential of therapy.

‘true revolutionaries must perceive the revolution, because of its creative and liberating nature as an act of love ... What, indeed, is the deeper motive which moves individuals to become revolutionaries, but the dehumanization of people?’ (Friere, 1970: 70)

‘Love and intimacy are at a root of what makes us sick and what makes us well, what causes sadness and what brings happiness, what makes us suffer and what leads to healing. If a new drug had the same impact ... it would be malpractice not to prescribe it’ (Dr Dean Ornish, 1998: 3)

References

- Bates, Y. (ed) (2006). *Shouldn't I be feeling better by now? Client views of Therapy*. Basingstoke: Palgrave Macmillan.
- Buber, M. (1st English translation 1937). *I and Thou*. Translated by Kaufman, 1970, W. Edinburgh: T&T Clarke.
- Friere, P. (1970). *The Pedagogy of the Oppressed*. (1996) London: Penguin.
- Heyward, C. (1999). *When Boundaries Betray Us*. Cleveland: The Pilgrim Press.
- Hyde, L. (1983). *The Gift. How the creative spirit transforms the world*. (2007) Edinburgh: Cannongate Books.

Ironside, V. (2003). *Experiences of Therapy*. In *Ipnosis*, an independent journal for practitioners., number 11, autumn 2003 and number 12, winter 2003.

Jordan, J., Walker, M., Hartling, L. (2004). *The complexity of connection. Writings from the Stone Center's Jean Baker Miller Training Institute*. New York: The Guilford Press

Keys, S. (2006). Disability, Multidimensionality and Love: The politics of a counselling relationship in Further Education. In G Proctor, M Cooper, P Sanders, B Malcolm (eds) *Politicising the person-centred approach. An agenda for social change*. Ross-on-Wye: PCCS Books.

Lewis, T., Amini, F., & Lannon, R. (2001). *A General Theory of Love*. New York: Vintage Books.

Ornish, D. (1998). *Love and Survival. The Scientific Basis for the Healing Power of Intimacy*. London: Vermilion.

Rogers, C. (1951). *Client-Centered Therapy*. London: Constable.

Rogers, C. R. (1959). *A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework*. In S Koch (ed) *Psychology: a study of science: vol .3 Formulation of the Person and the Social Context*. New York: McGraw Hill, pp. 184-256.

Rogers, C.R. (1962). The interpersonal relationship. The core of guidance in Rogers CR and Stevens B *Person to Person. The Problem of Being Human* 1967, 89–104, Moab: Real People Press.

Rogers, C.R. (1980). *A Way of Being*. New York: Houghton Mifflin.

Suzanne lives and works in London as a counsellor/therapist at Newham Sixth Form College and as a counselling course facilitator at City Lit. Not surprisingly she keeps discovering relevant and stimulating literature interweaving with her themes. Since writing this article she has enjoyed Jocelyn Chaplin's 'Love In An Age Of Uncertainty' (1993) and Maia Szalavitz and Bruce Perry's 'Born for Love' (2010).

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