

## **‘A Glimpse of Love’: The Therapist’s Experience of Love in the Therapeutic Relationship – An Interpretative Phenomenological Analysis Research Study**

**Melita Rova, Del Loewenthal, Betty Bertrand & Catherine Altson**  
Southern Association for Psychotherapy and Counselling (SAFPAC)

### **Summary**

This paper explores the therapist’s experience of love in the consulting room. Six experienced therapists were interviewed and analysed following Smith’s interpretative phenomenological analysis (IPA). A literature search showed that love provokes a debate and a dilemma between the view that love can only be accepted as transference or a defence, and the view that love actually exists as genuine care within the therapeutic relationship. The findings revealed four master themes: a) love as a notion; b) love within culture; c) love within the therapeutic relationship; d) the meaning of experience of love, all with sub-themes. Findings corresponded with literature in that the common denominator is the conundrum between love’s impossibility and love’s inevitability. This research makes the tentative claim that through an exploration of love, what is illuminated is the psychological significance of language, embodiment and political awareness for therapeutic research and practice. The conclusion is that a question about love can help the examination of the depths of the therapeutic relationship and its potential.

**Keywords:** love, relational, experience, therapists’ experience, therapeutic relationship, meaning-making, phenomenology, interpretative phenomenological analysis

### **Introduction**

The researcher’s curiosity on the question under investigation, ‘the therapist’s experience of love in the therapeutic relationship’, was kindled by her experience of practice as a psychotherapist. There were some occasions when she found herself, as a therapist, in an encounter with different clients during which instances, time and space would disappear in a moment of a deep recognition and apocalyptic vision of the other. These moments of deep connection and recognition would usually make an impact on therapeutic change and possibility that the client

could experience. In other words, when the psychotherapist could experience this feeling of deep recognition, the client would gradually feel more clear about themselves and would feel as if they had more options with regards to therapeutic change. Something was happening in the therapist that was activating a deeper experience of the other that at the same time it was difficult to define or link up with theory without feeling the tension that by doing the latter, she betrays the particular essence of the experience of otherness. Through reflection, clinical supervision and discussion with the principal researchers, the

researcher/psychotherapist came closer to an approximate description of what it could be that had sparked that experience in the therapeutic work; and the word that came up was ‘love’.

This study is therefore interested in revisiting the word ‘love’ in the context of a therapist’s experience in the consulting room, particularly, from the therapist’s point of view. The researcher’s theoretical background draws from humanistic, existential and analytic traditions. In addition, there is a central vein that runs through the researcher’s relationship with these traditions inspired by philosophy and in particular, phenomenology.

### **Aim of the Study**

This study asks: ‘What is the therapist’s experience of love in the therapeutic relationship?’ The scope of this study is twofold: first, to help future therapists as well as researchers ask questions that may arise from their immediate experience of their therapeutic practice with their clients in the consulting room; and secondly, to see if experience can be researched in a way that can inform theory, rather than being reduced to it at the expense of human variety and idiosyncrasy.

### **Background**

The researcher’s intent was to try and promote experience over theory, and that is why she approached theory with a broad lens. Most of the short-listed works were either self-explorative case studies or bibliographical and conceptual efforts. Further, the majority were of an analytic or existential background. A lack of person-centred and humanistic papers was identified; this was because ‘love’ was rather implicit in linguistic disguises or different concepts that have been constructed around terms like ‘unconditional positive regard’ and ‘empathy’ (e.g. Schmid, 2006).

The selected studies were further refined through an exclusion process; for example, the researcher decided to rule out literature (e.g. Verhaeghe, 1999) concerned with ‘love’ as a theme brought up in therapy for discussion by patients/clients. Although analysing problems related to love,

between parent–child, partners or lonely people could easily create the springboard for an experience of love within the therapeutic dyad, and more specifically, for the therapist’s experience, the latter was not the focus in these excluded studies. The researcher also excluded resources on the theme of erotic transference (e.g. Hayes, 2014) because this would merit a different research question and study of its own.

What emerged from the literature review was that the theme of love is a complex notion and therefore authors had to go to great lengths when they investigated and shared their findings. In what follows, the researcher is trying to bring attention to some examples of the literature findings that set as lively a scene as possible for what seems to be a nebulous notion emerging as a varied experience, described by perhaps polarised views with the opposing ends stretching from the impossible to the inevitable.

Many thinkers took as their starting-point Freud’s belief in the power of love and its curative power – Mendelsohn (2007), Coen (1996) and Gabbard (1996). These thinkers confirmed that love plays a significant role within the therapeutic relationship, but it can only be accepted as ‘love transference’. Freud defined love as ‘the confluence of two currents – the affectionate and the sensual’ (Freud, 1912, in Gay, 1995, p. 395). Throughout his work, Freud arguably signified the importance of the sexual instinctual forces. Freud termed love, in the consulting room, as ‘transference-love’.

In his famous paper ‘Observations on transference-love’ (1915), Freud offered a ‘useful warning against any tendency to a countertransference’ (Freud, 1915, in Gay, 1995, p. 379) in the mind of the analyst. He translated that ‘transference-love’, or the ‘falling in love’ of the patient, is induced by the analytic situation and is not real. Freud recommended neutrality, and ‘abstinence’, and even appealed to the morality of the analyst whilst proposing the treating of transference as a form of resistance and an ‘agent provocateur’ of deeper repressed workings (Freud, 1915, in Gay, 1995, pp. 382, 381, 386).

Cabré (1998), Bodenheimer (2010), Bernstein (2001) and Shaw (2003) discussed Ferenczi’s

criticism of Freud’s distant positioning and neutrality. They also acknowledge love’s significance, but they also embrace the idea that there is love beyond transference. Ferenczi and Rank (1924, in Cabré 1998), remarked that it is the analyst’s love that ultimately heals the patient. Ferenczi was not referring to the same kind of love that Freud wrote about in his papers. He stated: ‘The idea of therapeutic love is close to the un-possessive, un-manipulative love of the happy self-possessed and self-confident mother for her child’ (Forest, 1954, p. 186). Finally, ‘Ferenczi’s contribution lies in his persistent effort to understand and make therapeutic use of his feelings about his analysands, at a time in analytic history when countertransference feelings were considered a sign only of the analyst’s insufficiently eradicated neurosis’ (Shaw, 2003, p. 259).

Eisendath (2007) and Celenza (1991) suggested that sometimes, love is a manifestation of the patient’s regressive wish for dominance, submission, fear of abandonment, struggles of attachment, separation and fantasies of infantile dependence. A therapist can experience love to defend against disappointment, hate or other intolerable affects to sustain a positive, perhaps even idealising transference (Celenza, 1991). Therefore, according to these thinkers love is viewed and examined as a defence against some inner conflict.

The coincidence of love and hate was the focus of Winnicott’s seminal paper ‘Hate in the countertransference’ (Winnicott, 1975). Within a gap that is created, when giving becomes inconsistent in a person’s developmental history, there is now a space in which hate manifests, an aggressive, resentful and destructive force against union and loving connectedness. This ambiguous origin of love is compulsively repeated and manifested in the patient’s symptoms later in life, and the therapist, as a human being, is not exempt from the same destiny, notwithstanding his training and personal therapy (Winnicott, 1975, pp. 196–7). Klein also commented upon the ‘constant interaction between love and hate, where feelings of love and tendencies to reparation develop in conjunction with aggressive impulses and despite them’ (Klein, 1975, p. 310). Klein understood that

when the infant’s need for milk is frustrated, they can have aggressive phantasies of biting and tearing apart the breast that feeds them. From the majority of the reviewed papers, then, it appears that love is defined either as a human drive or as a feeling and emotion.

Thinkers from the existential school of thought, however, see love from a different standpoint altogether, thinking of love as an ontological concern. An example is Kierkegaard’s view (1847/1998), who suggested the inevitability of loving (Miller, R., 2004). He was not blind to hate, but he insisted that there is a form of love – in the Kierkegaardian world, that would be Christian love – that is pure in that it is the outcome of a painstaking and honest struggle towards a purity, the denial of which is a most terrible eternal loss (Kierkegaard, 1847, in Hong & Hong, 1998). He referred to this pure love as true and eternal beauty, recognisable by its fruits – that is, by human actions and ways of being in the world with others.

What the literature review showed is that when love is upheld as a notion, it seems to have a transcendental quality, and forms an almost primordial philosophical question that returns to Plato’s idea of love as truth and beauty (Miller, A. (2015); Badiou (2012, pp. 16–17)). When love is experienced in the consulting room, it provokes a debate between those who believe love to be a constructed defence against primordial inner conflicts, and those who believe that love is a genuine feeling of care that has transformative power for the client.

Another significant finding was the role of civilisation in the shaping of human experience and the experience of love (Shaw, 2003; Mendelsohn, 2007; Coen, 1996; Cole, 2007; Rabin, 2003). An interesting finding amongst these studies was that professional tradition seemed to represent an authority that holds the power to approve or condemn what is acceptable and unacceptable professional behaviour and attitude. Over-involvement, closeness, love and intimacy are to be treated with suspicion and to be cautioned against.

Reflecting on the contemporary state of affairs, some studies raised questions regarding the integrity of governments calling for greater

consumer involvement, asking for rapid outcomes at the expense of quality, when the helping professions are founded upon building relationships. ‘Little wonder then that practitioners experience fear in the delivery of their daily practice, the fear of reprisal for demonstrating love’ (Freshwater (1999), in Stickley & Freshwater, 2002, p. 254).

## Method

By considering a phenomenological method, the researcher has privileged experience over theory. As Loewenthal and Snell (2003: 3) maintain,

Not that phenomenology is not theory, but it is arguing for something else. It is a theory that throws theorising into question. To start with phenomena, with return to Husserl’s phrase, ‘to the things themselves’, in their unique particularity, in the present moment.

Heidegger, though, asserted that human beings never seem to have an option to jump out of a context and impose meaning on to it from outside, because from the moment of their birth they find themselves thrown into a ‘there being’, or ‘being there’, the so-called ‘Dasein’ in German, meaning that people are always somewhere, always located within a culture, an era, a tradition, a time and always amidst and involved with meaningful context (Heidegger, 1962). Interpretative phenomenological analysis (IPA) follows Heidegger’s departure from Hegel’s possible belief in pure meanings (Larkin et al., 2006).

The interpretative task offers to the researcher an opportunity to interact with the data by using a hermeneutic approach, which means that she can take an active and transparent position of both an empathic understanding but also a critical appreciation of the participant’s experience. Understanding is different from explanation, in that the former is keeping the ‘aporia’ open, whereas the latter seems to conclude in closed answers. Following on from Ricoeur (1981, p. 43), ‘aporia’ denotes a point of indecision, a puzzlement over something. Therefore, the realisation of understanding as ‘aporia’ opens the way for an interpretation that is hermeneutic, meaning that

interpretation is a step into a world of possibilities. To interpret thus becomes to wonder for possible meanings, rather than to explain what someone means. Finally, to quote Ricoeur (ibid.) again: ‘hermeneutics itself puts us on guard against the illusion or pretension of neutrality’. Ultimately the attempt of this work is to promote the value of paying attention to the subjective lived experience of being in the world as a way of coming closer to the meaning of human experience, without colonising it.

## Participants

This research study is based on semi-structured interviews of a small sample of four female and two male experienced therapists, recruited from the researcher’s professional network. The age range is between 30 and 60 years of age. What is common between the selected participants is that they had all received and given therapy for at least two or more years. In addition, they had all had an experience of supervised open-ended therapy as therapists. Lastly, they all had work and life experience to draw upon while investigating their experiences of love, inside and outside the consulting room. Although the participants’ theoretical background ranged from analytic, psychodynamic, existential and humanistic schools, while one participant had additional cognitive behavioural training on top of their existential studies, they all described their practice as ‘relational’. That relationship as key became another unified characteristic of the sample. Three of them had parallel experience of working in the National Health Service (NHS), one of them had experience of counselling within an educational institution, and all of them had experience of working both in the third sector as well as in private practice.

## Process and Ethics

All names used here are pseudonyms. Building rapport was imperative for the co-creation of an atmosphere of ease and trust. Participants were also explained the risks involved in the process, namely possible emotional distress through difficult client

case material being discussed and their right to request the discontinuation of further recording.

Each interview lasted a maximum of 50 minutes and entailed six open questions. Each question related to areas of interest influenced not only by the literature review but also by the researcher’s concerns and curiosities – specifically:

- 1 Can you tell me a little bit about you and how did you come to become a psychotherapist?
- 2 Can you tell me a little bit about your practice?
- 3 I was wondering if we could now move to the central theme of this research study and start from the word ‘love’. What comes to mind?
- 4 Can you share with me an experience of love – as you describe it – for a client?
- 5 Has it been possible for you to share this experience before?
- 6 What did you learn from the experience?

The questions were generally asked in the same order; however, there were occasions where a participant would cover all questions after responding to the third question, which was the opening question on the theme of love. The researcher tried to listen in such a way that when a participant would say something that mattered to them, he or she was asked a follow-up question to enable them to open up the meaning of what they’d said and speak about it. Follow-up questions like, ‘Can you say a little bit more about x?’ or ‘What does it look like?’, or ‘How was it?’, were consistent with the phenomenological commitment to allowing the individual to talk about their experience as it had meaning for them, rather than having the researcher deciding on what their experience meant for them.

This research abides by the Universities Psychotherapy and Counselling Association (UPCA) code of ethics, which promotes practice within a framework of the alleviation of patients’ suffering and the promotion of their well-being. The researcher is expected to apply her skills and abilities to the advantage of the participants, without prejudice or favouritism on any basis (UPCA, 2000).

The interviews were recorded and transcribed one by one. The process of transcribing was also the initiation into the first step of the analysis. No

software or other technical aids were used for the transcription. This was a deliberate choice, to promote the idea that the individual voice deserved individual attention, rather than to be treated as an object of data production.

Smith et al. (2009) recommend six steps that the researcher undertake to be able to analyse the transcripts: reading and re-reading, initial coding, developing emergent themes, searching for connections across emergent themes, moving to the next case, and repeating previous steps – looking for patterns and relationships across participants to discover what may be the common shared themes, whilst also looking for antinomies and contradictions besides agreements. This was experienced as a difficult process because some individual themes had to be abandoned in the interest of more mutually potent themes. Another observation was that looking from the view of the whole, a different light was shed on to the parts, and some previously opaque themes became clearer. This led to the reconfiguring and re-labelling of the themes.

In the end, a table with master themes was produced which also reflected the position of each participant in relation to themes as well as other participants. If the method were the notes on the score, the findings would be the music.

## Findings

The analysis revealed that ‘love in the therapeutic space’ is not a straightforward experience. The nature of the subject is such that some participant extracts on a theme or sub-theme were spread out in large portions of text which could not be reduced into one line phrase without losing their meaning. What qualified certain data to become themes was the re-appearance of that data across three to six participants; however, percentages and numeration have been avoided because it was deemed as dissonant to the phenomenological commitment of the writer. Arguably the focus of this section is to offer proportionate samples without yielding to a reduction of the human experience in favour of an evidence-based report. The synthesis of the voices by the researcher

constitutes the actual findings of this study, and issues arising from this are considered later.

### Master Theme A: Love as a Notion

In search for meaning, therapists were seen as taking a philosophical stance second – inquiring themselves about ‘what is’ and finding themselves at the edge of a boundary, in a transcendental, all-encompassing space almost out of context.

#### *Sub-theme: Love as transcendence*

Frida illustrates how love can be a matter of perception, a way of experiencing that lifts the person to a different way of seeing the other. It is rather a ‘looking again’ that illuminates the familiar, the ordinary as well as the ugly, and raises it to a place where its beauty is revealed. The word ‘beauty’ goes beyond the physical appearance.

**Frida: ‘when I was looking at the really annoying woman sitting opposite me on the bus... it was “look at her as if” and then looking again and finding there was something beautiful there, in a way’** (FT2: 12).

#### *Sub-theme: Love as dialectic of existential struggle*

**Irene: ‘love and pain is [sic] inevitable’.** When love was transferred within the world of being with others, love was apparently compromised in its all-encompassing essence. The approximate generalisation here might be that when love falls from the realm of non-duality and eternity to the realm of duality and worldly relationships, it becomes angst and struggle. It may also be that love is a reaction to a deeper or underlying fear of a vacuum and meaninglessness.

#### *Sub-theme: Love as reminiscence of primary attachment*

All participants expressed that their notion of love comes, for the most part, from their primary experience of their relationship to their parents.

**Carmen: ‘my parental love that I have experienced from my mum’.** Most participants could recall how both a presence and an absence of love shaped their personality, as well as the framework from which they drew to make sense of their world and of love. Besides experiences of parenting, there are also alternative significant relationships that somehow bear a resemblance to aspects of the parenting experience, for example as **Gabriel said: ‘my tutor... as good father figure’.**

Both the primary and the substitute relationships had such significance that they became points of reference.

#### *Sub-theme: Struggle with meaning*

Participants found that there is a variety of reasons which get in the way of a clear and simple definition of love. For Christopher, the problem is linguistic. **Christopher: ‘there is something about the word “love” that I struggle with a little bit’.** For example, the word ‘intimacy’ offers more options: it can indicate the sexual, but also the closeness. Love, on the other hand, seems too loaded with content that might not be appropriate for the therapeutic space. Besides the language barriers and love’s associations with sex that muddle the picture, and make love even ‘**a little bit of a dirty word?**’ as Carmen states, Irene sheds light to yet another dimension of the same problem. **Irene: ‘this is a subject, that is weirdly under-investigated; ...it is because we don’t know how to quantify it and we don’t know how to manage it and we don’t know how to contain love’.**

### Master Theme B: Attention to Love within Culture

When it comes to talking about love in the therapeutic relationship, therapists appear to become sceptical, and pause before they speak. The word ‘culture’ was chosen to include the professional, educational and societal factors that create a perceived ‘noise’ that seems to lead to a devaluation or fear of the subject.

#### *Sub-theme: Theoretical impact on love’s discourse*

Starting from theory can complicate practice. When **Carmen** is invited to explore in depth her feeling of ‘**coming from a place of feeling shame around love**’, she talks about how the theoretical tradition of psychoanalysis has reduced experience into the constructs of transference and countertransference: **Carmen** explains that: ‘**the word transference and countertransference is [sic] used a lot, and sometimes, with a slight negative connotation rather than the idea that actually what’s happening is genuine love**’.

#### *Sub-theme: Professional impact on love’s discourse*

Inhibited discourse emerged out of fear of being perceived as unprofessional or even insane, and therefore unfit for practice. It is possible that this suppression of individual expression in favour of a professional persona fosters professional loneliness, working in isolation, and limits creativity and development of practice. **Irene** elaborates:

**...in my professional working life, it’s not that easy to say things like, ‘God, I want to kill my mother’, and not have people look at you, as if you are a complete psychopath that needs to be locked up!... It’s interesting, isn’t it? Love is an absolute taboo subject! it’s – just... not... on! You just don’t go there!**

And **Christopher** echoes: **‘I think when you think about love initially, there is almost a repulsion, almost a sense of “oh no, I don’t want to go there”, because you know, “am I being un-professional?”, “am I getting too involved?”.’**

*Sub-theme: Societal impact on love’s discourse*  
Societal trends seem to permeate the development of the value systems that weigh upon most of participants’ experience of love in the therapeutic space. **Irene:**

**‘To be needy is to be repulsive’ ...in a world, where we really have to be tough nuts to live in this society... it’s just too dangerous to be a loving vulnerable human being. Neediness is the most awful of all sense!**

Finally, whether it comes from media coverage, from professional authorities or word of mouth among various social groups, it seems that the social dialogue about protection and potentially safeguarding has provoked fear and caution to how therapists conduct themselves. **Christopher:**

**there is such a societal discussion around abuse, and boundaries, and people taking advantage of those who are vulnerable in a professional relationship, and I think, increasingly, that makes it more difficult to talk about love in the therapeutic relationship.**

## **Master Theme C: Attention to Love in the Therapeutic Relationship**

Therapists appeared to share strong experiences of love with a client in the immediacy of the moment. However, to narrate and convey those stories beyond the immediate momentum seemed almost a communication-struggle. Each experience was unique and deeply idiosyncratic. However, certain threads of meaning were understood as shared, as can be seen below.

*Sub-theme: Love as response to suffering and lack*  
Love in the therapy room for the most part seemed to be an active response to lack and suffering. This was a striking finding because of the way it emerged with such clarity and unanimity. It also shed an interesting light on the way therapists experience love in the consulting room. **Irene: ‘what I most loved about her, was her struggle’.** In the face of someone who aches, hurts or struggles, the therapist rushes to protect. Those who have fallen from love’s embrace are picked up by the therapist, who then takes on a role of repairing this loss or lack of love.

*Sub-theme: Love as specialness*  
In addition, the therapist’s love for a client seems to be experienced as a special relationship – **‘what’s happening between us is special’**, to use Frida’s expression (FT2:14). The relationship is special also because it is a merging that is exclusive and private. No one outside of the dyad can grasp what the code is, because the pair has developed an in-depth intimacy. **Anna** sums it up :

**it has to be something that is alive / in the moment / that does not exist anywhere else / but it is only between the pair of you; there is this thing that only the two of you create... it is immediate experience that sort of chimes very deeply.**

Therapists spoke here in an embodied and lively way. To be able to convey the experience of love, participants seemed to revisit and relive the immediacy of the moment.

*Sub-theme: Therapeutic action and therapeutic frame*  
Sometimes the therapeutic frame is experienced limited for an experience of love, because it seems that the therapist who feels love for the client sometimes walks the extra mile or responds in a way that might seem as if it overrides the boundary

of the professional contract. **Irene: ‘I don’t know if this is breaking the boundary, but I sent her the pictures of the flowers.’** Or as **Christopher** experienced: **‘I just thought he just wants me to hug him and I didn’t’.**

*Sub-theme: Separation and loss*

Participants are understood to agree that loss is at the heart of love, and love is at the heart of loss. The experience of the ending in therapy seems to hold the tension between an experience of love and loss. **Christopher:**

**‘what happens when we say goodbye to clients, to the love?’ I am not sure I have an answer to that [laughter] ... he suddenly went, and that left me... [pause] bereft is probably too strong a word, but it left me very confused. So, what happens to love when therapy ends, it’s for us as well.**

Interesting assumptions arise from this finding. For example, could it be a concern that if something is lost, it never existed? Further, is it that love’s reality should be permanent in order to be valid? Or if love is not lived any more, does it mean that love does not exist any more? These possibilities may highlight that an experience of separation and loss seems to cause anxiety and grief. It also seems to wound something in the confidence of the therapist, leaving him confused about the meaning of the experience.

*Sub-theme: Oh, my goodness... boundaries*

The word ‘boundary’ prevailed across the speech of all participants. **Christopher: ‘my goodness, we have to be so terribly, terribly careful’.** **Carmen: ‘Oh, my goodness I think it is absolutely imperative.’** The message that was received under the varied appearances and expressions was that boundaries are associated with fear of trespassing from both sides, therapist and client.

A radical voice comes from Irene’s account, when she describes the impediment that boundaries put in the efficiency of the work. **Irene: ‘you can’t fit that relationship into a box, it is messy and it is going to fall outside the boundary lines, it’s inevitable... when she emailed me how awful she was feeling that week, I encouraged her to write’.** Later, she clarifies that although she had

encouraged this client to send an email, she would not repeat that with every client, and that it would ultimately depend on who is the other in the relationship that determines such choices.

*Sub-theme: Love (does not) conquer all*

Sometimes the other cannot be loved. Not only that, but the client can be resented, feared, disliked. **Carmen: ‘to be scared, of your client, it means that you are not going to be able to do good work’.** The absence or lack of love in the therapist concerns them about the efficiency of their work. As **Frida** wonders: **‘how do I do therapy with someone I dislike so much?’** The realisation and the getting in touch with the adverse feelings inside are experienced as costly and painful. It appears that when the therapist is unable to perceive the other in a loving light, therapy is experienced as likely to be unsuccessful.

**Master Theme D: Attention to the Meaning of a Love-experience: Finding Your Own Voice**

Towards the end of the interview process, many therapists realised the lack of opportunities for open reflection upon the subject of love, and how the experience of thinking and speaking about love, during this interview, had empowered them to find their own voice and their own stance with regards to their experience.

*Sub-theme: Self-awareness*

Love confronts the therapist with his and her own limitations. **Anna: ‘continually faced with your own limitations and that’s tough, that actually, therapy can’t really make any difference, there is a futility sometimes, which I think it is very painful to face’.** And **Gabriel** seconds that: **‘what I learned is to first learn to love yourself and start processing the hate and the nastiness inside and, and that it is OK to be yourself’.**

*Sub-theme: Ethical practice*

Love alerts the therapist towards the significance of an ethical stance towards the other. **Christopher: ‘a constant reminder, that... [pause] we need to tread carefully, and we need to be constantly aware of boundaries, ethics’.**

*Sub-theme: A call for humanity*

Love educates the therapist as to what it means to be human. It also reveals that humans have more in



common than that which divides them. **Anna: ‘it’s a common interest of humanity, which is irrespective of background’.**

## Discussion

Due to a large amount of data and participant voice that were omitted because of word-count limitations, it is inevitable that this study will always be shadowed by its unseen possibilities.

The findings of this study were broadly consistent with the literature findings. Although they were clustered and located differently, that seemed to be more a difference in form rather than in content. For example, in the first theme, love also appeared with an inner ambivalence. Gabriel highlights how love is co-existing with hate, and Irene cannot think of love without feeling the pain that love provokes or inflicts upon the lover. This is consistent with theory when Winnicott (1975) and Klein (1975) discuss the co-existence of love and hate.

An argument was found in literature that psychotherapy has developed in theory and practice in such a way as to privilege neutrality over spontaneity and to level professionalism with boundaries and relational distance (Shaw, 2003; Mendelsohn, 2007; Coen, 1996; Cole, 2007; Rabin, 2003). The same argument was echoed in the participants’ accounts. Professional tradition seemed to represent an authority that holds the power to approve or condemn what is acceptable and unacceptable professional behaviour and attitude. Over-involvement, closeness, love and intimacy are to be treated with suspicion and to be cautioned against. As one participant stated: you ‘just don’t go there because you know, “am I being un-professional?”, “am I getting too involved?” (IT2: 21–22, CHT2: 6). It seems that something of the individual expression must be lost for the individual to participate in the collective discourse. The suggestion here is perhaps that the individual loses a certain degree of self-determination to become a member of a community. Following from that, participants’ concerns were particularly pragmatic, and linked with issues around professional credibility.

The findings also revealed the limitations of this study. The question ‘What is the therapist’s experience of love in the therapeutic relationship?’ already posed limits to what could be known. The first problem with this question was that it started from taking an experience of love as a given, which stems from the researcher’s own bias that views life as a series of encounters where the presence or absence of love was the underlying meaning. However, the absence of love was not honoured as much as the presence of love in this research.

Besides the much-needed humane impact that an experience of love brings in therapeutic practice, what also emerged was the negation of love, in the form of the ambivalence that lies in the heart of love, the repulsion it provokes, the futility of the feeling of love that the end of the ephemeral therapeutic relationship triggers. The researcher has contemplated whether a new question could be developed, that might ask, ‘What is love’s relevance – if any – in therapeutic practice?’. Such a question feels less territorial and more open to the diversity of the therapists’ experience. It would also perhaps offer more in-depth results.

The second limitation of this study concerns the breadth of the sample and the method. The analysis of the data revealed that each interview functioned as a complete and unique research within the research. Alternatively, the researcher’s recommendation would be to use IPA in a single case-study. It feels that the idiographic commitment was compromised because of the quantity and breadth of data. ‘A detailed analysis of a single case may be well justified if rich and meaningful data has been collected, which allows the researcher to present original problems, mechanism, or experiences’ (Smith, 2004, quoted in Pietkiewicz & Smith, 2012, p. 364). This would offer an opportunity to learn a lot more about the individual and their relationship with love’s complexity and ambiguity.

These limitations notwithstanding, the experience of this investigation revealed its valuable potential, with implications for both therapeutic practice as well as research. It is the researcher’s view that this study has three major strengths; it promotes the

psychological significance of language, experience and political awareness.

With regards to language, it is hoped that this study has accounted for the construction of meaning through language, and has demonstrated the complexity of language in the meaning-making of the experience (Smith et al., 2009). The implication for psychotherapy is that to carefully attend to the language may help the client, as well as the therapist, to open up towards a more democratic dialogue that does not label nor colonise the other, allowing them to retain their mystery and freedom.

This study has given primacy to experience, via its ethical and philosophical underpinnings. This is consistent with the claims that participants made in their accounts, viz. that learning is acquired by practising and reflecting rather than by applying distant and generic theories on to practice and thinking about practice. The double-hermeneutic attitude of the researcher trying to make sense of the participant making sense of ‘love’ is a reflective and, therefore, cognitive activity. However, what this study showed is that there are some peak experiences, or moments within the experiences, when the individual enters an almost pre-reflexive state, losing themselves in what they are saying. Some participants referred to such moments as immediate experience. At the same time, during moments like these, there was a visceral impact on the researcher’s experience, and the researcher was moved by the participant who was felt to be lively, present and embodied. What has also been learned from this practice is that there is no such thing as a pure or objective observation. This realisation seems consistent with Ricoeur’s (1981, p. 43) caution: ‘hermeneutics itself puts us on guard against the illusion or pretension of neutrality’.

Another implication is that with IPA, what is also enabled is embodiment and emotion. With embodiment, experience is not reduced to a summary of words, shapes and sounds, as fixed symbols, but it becomes a container of diverse historical or current experiences filled with bodily sensations. It is the researcher’s opinion that by promoting experience, this IPA study of love attempted to provide space into the lived moments of therapists whose voices had not been heard

before, or else, as Smith upholds, would be constructed quite differently by mainstream theoretical models (Smith et al., 2009).

Finally, this research project probably answers to a criticism that was found in Langdridge (2007). According to what Langdridge conveys, phenomenological methods have ‘been accused of being politically naïve, paying insufficient attention to the sociocultural conditions in which the phenomenon being investigated is embedded’ (Langdridge, 2007, p. 164). In this research, the emergent second theme of the findings is dedicated to the impact that professional and social culture has on love’s discourse. To borrow Christopher’s voice, it was found that a discussion about love ‘goes against the grain’.

It is the researcher’s view that this study raised a different voice which sought to disrupt a possible societal pre-assumption that the therapist’s territory is one of distant neutrality, that almost condescends to a market of health care that promotes managing vulnerability and improving human resources. What is upheld, instead, is that the therapist has a say and an agency in the liberation of psychotherapeutic practice from any modern socio-political tendencies that condemn difference. Future research can lend itself to an endeavour to explore the ambivalence between love and its negation.

## Conclusion

This study hopefully showed that love cannot be grasped but in glimpses. However, it is ever-present like a light that permeates the space in between objects, bodies, figures of language, thoughts and psyche. By acknowledging it, we enter possibility. A psychotherapy of possibility might contribute to a therapeutic practice and attitude that will be committed to re-invent itself, always being surprised by human experience, its otherness and its mystery.

## References

- Badiou, A. (2012). *In Praise of Love*. London: Profile Books.
- Bernstein, A. (2001). Beyond countertransference: the love that cures. *Modern Psychoanalysis*, 26: 249–55.
- Bodenheimer, D. (2010). An examination of the historical and current perceptions of love in the psychotherapeutic dyad. *Clinical Social Work Journal*, 39 (1): 39–49.
- Cabré, L.J.M. (1998). Ferenczi's contribution to the concept of countertransference. *International Forum of Psychoanalysis*, 7 (4): 247–55.
- Celenza, A. (1991). The misuse of countertransference love in sexual intimacies between therapists and patients. *Psychoanalytic Psychology*, 5 (4): 501–9.
- Coen, S.J. (1996). Love between therapist and patient: a review. *American Journal of Psychotherapy*, 50 (1): 14–27.
- Cole, W.G. (2007). Love and work: analysis and ordinary ongoingness. *Psychoanalytic Inquiry*, 27 (3): 348–65.
- Eisendarth, P.Y. (2007). Learning about love through the therapeutic action of psychoanalysis. *Psychoanalytic Inquiry*, 27 (3): 310–25.
- Ferenczi, S. & Rank, O. (1924). The development of psycho-analysis. Cited in L.J.M. Cabré, Ferenczi's contribution to the concept of countertransference. *International Forum of Psychoanalysis*, 7 (4), 1998: 247–55.
- Forest, D.I. (1954). *The Leaven of Love: A Development of the Psychoanalytic Theory and Technique of Sandor Ferenczi*. London: Victor Gollancz.
- Freshwater, D. (1999). Communicating with self through caring: the student nurses' experience of reflective practice. Cited in T. Stickley & D. Freshwater, The art of loving and the therapeutic relationship. *Nursing Inquiry*, 9 (4), 2002: 250–6.
- Freud, S. (1912). On the universal tendency to debasement in the sphere of love. In P. Gay (ed.), *The Freud Reader* (pp. 394–9). London: Vintage, 1995.
- Freud, S. (1915). Observations on transference-love. In P. Gay (ed.), *The Freud Reader* (pp. 378–86). London: Vintage, 1995.
- Gabbard, G.O. (1996). *Love and Hate in the Analytic Setting*. Northvale, NJ: Jason Aronson.
- Hayes, J.A., (2014). 'Well I got a few of my own: therapists' reactions to attraction, sex, and love in psychotherapy. *Journal of Clinical Psychology*, 70 (2): 119–22.
- Heidegger, M. (1962) *Being and Time*, trans. J. Macquarrie & E. Robinson. Oxford: Blackwell.
- Kierkegaard, S. (1847). You shall love. In H.V. Hong & E.H. Hong (eds), *Works of Love* (pp. 17–43). Princeton, NJ: Princeton University Press, 1998.
- Klein, M. (1975). *Love, Guilt and Reparation and Other Works 1921–1945: The Writings of Melanie Klein* (vol. 1). New York: The Free Press.
- Langdridge, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Harlow, Essex: Pearson Education.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3 (2): 102–20.
- Loewenthal, D. & Snell, R. (2003). *Post-modernism for Psychotherapists: A Critical Reader*. Hove, East Sussex: Routledge.
- Mendelsohn, E. (2007). Analytic love: possibilities and limitations. *Psychoanalytic Inquiry*, 27 (3): 219–45.
- Miller, A. (2015). Loving our clients: can we share all the fruits? *Existential Analysis*, 26 (1): 119–31.
- Miller, R. (2004). Some aspects of Kierkegaard's 'Works of Love'. *Existential Analysis*, 15 (2): 275–84.
- Pietkiewicz, I. & Smith, J.A. (2012). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal*, 18 (2): 361–9.
- Rabin, H.M. (2003). Love in the countertransference: controversies and questions. *Psychoanalytic Psychology*, 20 (4): 677–90.
- Ricoeur, P. (1981). *Hermeneutics and the Human Sciences*, trans. and ed. J.B. Thompson. New York: Cambridge University Press.
- Schmid, P. (2006). The challenge of the other: towards dialectical person-centred psychotherapy and counselling. *Person-centred and Experiential Psychotherapies*, 5 (4): 240–54.
- Shaw, D. (2003). On the therapeutic action of analytic love. *Contemporary Psychoanalysis*, 39 (2): 251–78.
- Smith, J., Larkin, M., & Flowers, P. (2009). *Interpretive Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Stickley, T. & Freshwater, D. (2002). The art of loving and the therapeutic relationship. *Nursing Inquiry*, 9 (4): 250–6.
- Universities Psychotherapy and Counselling Association (UPCA) (2000). *Code of Ethics*. Available at: <https://tinyurl.com/ycavyxdt> (accessed 1 May 2020).
- Verhaeghe, P. (1999). *Love in a Time of Loneliness: Three Essays on Drive and Desire*. London: Rebus Press.

Winnicott, D.W. (1975). *Through Paediatrics to Psychoanalysis: Collected Papers*. London: Karnac.

## About the contributors

**Melita Rova** is a professional psychotherapist (MSc, MBACP accredited) who works in private practice and in the NHS. She originally trained as a social worker and an actress in Greece, her native land, and worked as a social worker from 2004 until 2015, when she started working as a therapist. She continues her development as a clinical member of UPCA and UKCP with the Southern Association for Psychotherapy and Counselling (SAFPAC) in existential-analytic psychotherapy.

**Del Loewenthal** is Chair of existential-analytic training SAFPAC ([www.safpac.co.uk](http://www.safpac.co.uk)), co-founder of the Critical Psychotherapy Network ([www.criticalpsychotherapy.wordpress.com](http://www.criticalpsychotherapy.wordpress.com)) and Emeritus Professor of Psychotherapy and Counselling, University of Roehampton, UK. His current books (all Routledge, 2020): *Towards Transcultural Histories of Psychotherapies* (with Shamdasani); *Beyond the Therapeutic State* (with Ness and Hardy); and *Love, Sex and Psychotherapy in a Post-Romantic Era*. Del

has a private practice in Wimbledon and Brighton ([www.delloewenthal.com](http://www.delloewenthal.com)).

**Betty Bertrand** is a French psychotherapist in private practice in London and the South of France. Her experience covers a wide range of institutions including prisons. Her current work focuses on the psychological implications of expatriation. Betty practises mainly online with expats from various nationalities who live across the world. Betty is an associate member of the Southern Association for Psychotherapy and Counselling (SAFPAC) and was previously a lecturer at the Research Centre for Therapeutic Education, University of Roehampton.

**Catherine Altson** (MSc, BACP Accred) is a counsellor and lecturer, currently working in private practice in Kingston-upon-Thames and as a lecturer in humanistic-existential counselling at Guildford College. Her main research interests revolve around the ways in which counsellors’ and psychotherapists’ lives are influenced by their clinical practice. Catherine is an associate member of the Southern Association for Psychotherapy and Counselling (SAFPAC) and previously lectured at the Research Centre for Therapeutic Education, University of Roehampton.