PUTTING THE OTHER FIRST; PSYCHOTHERAPISTS' LIVED EXPERIENCES OF AGAPE IN THE THERAPEUTIC RELATIONSHIP

by

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This study is concerned with the lived experiences of psychotherapists' and counseling psychologists' love (agape) towards their clients. Different theorists refer to the agape as a type of love that is suitable in the therapeutic context. Therapist's agape could be a necessary and sufficient condition in order for what Bowlby named a secure attachment between therapist and client, a model of relationship that predicts improved therapy outcome. The individual meaning of the therapist's agape for the client is examined by interviewing five Greek experienced psychotherapists. Major themes include Love in the Therapeutic Relationship, Manifestations of Therapist's Love , Effects of Love on the Client, Therapist's Experience of Love, Risks and Dangers of Love and Train to Love. Results are discussed as well as implications for psychotherapeutic practice and further research.

Keywords: love, therapists' experience, therapeutic relationship, IPA, agape

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Introduction

Love and the Therapeutic Relationship

According to the dictionary of the American Psychological Association (2023), 'Love is a complex emotion involving strong feelings of affection and tenderness for the love object, pleasurable sensations in their presence, devotion to their well-being, and sensitivity to their reactions to oneself". In the following lines of the definition of love by the American Psychological Association (2023), we can see that love can take many forms, including '.. concern for one's fellow humans (brotherly love), parental love, erotic love, self-love, and identification with the totality of being (love of God)'. In addition, the APA (2023) dictionary mentions research in the field of social psychology which has mostly concentrated on two types of love: *passionate love*, characterized by intense sexual desire and excitement, and *companionate love*, characterized by a comparatively weaker passion and a strong sense of commitment. Nevertheless these are not the only ways that love could be conceptualized as. The theory of love is a complex and multifaceted topic that has been explored and analyzed throughout the ages by individuals in many communities, including philosophers, theologians, historians, authors, poets, painters, and musicians, who have engaged in profound reflections on the concept of love, both in its abstract and tangible manifestations (Karandashev, 2022).

Psychotherapy outcome research has examined the relation between patient improvement and different variables (Lambert and Barley, 2001). One of the most intriguing breakthroughs in the field of psychotherapy is the notion that there may be some common factors shared by all different counselling and psychotherapy approaches, all of which contribute to patient outcome (Orlinsky and Howard,1987; Lambert,2013; Cuijpers et al,

2019), the therapeutic relationship appearing to be according to recurring research evidence the critical variable determining beneficial outcomes (Beutler and Harwood, 2011; Mearns and Cooper, 2005; Bernecker et al., 2014; Flückiger et al., 2018). Research over decades suggests that therapy provision is an interpersonal process and the conclusions of the Third Interdivisional American Psychological Association Task Force on Evidence-Based Relationships and Responsiveness (Norcross and Lambert ,2019) were that: 'The psychotherapy relationship makes substantial and consistent contributions to outcome independent of the type of treatment' or as one of the most famous existential psychotherapists and author Irvin Yalom (2012) wrote: 'It's the relationship that heals, the relationship that heals, the relationship that heals'.

It is acknowledged that the therapeutic relationship is the most critical factor in determining the outcome of therapy. Consequently**,** it is essential to define the therapeutic relationship and comprehend its determinants of success. A general and at the same time precise definition of the therapeutic relationship would be according to Gelso and Hayes (1998): '… the feelings and attitudes that therapist and client have toward one another, and the manner in which these are expressed'.

Gelso and Carter (1994) proposed that all counseling and therapeutic relationships, irrespective of their theoretical approach, comprise three essential elements: a *working alliance*, a *transference configuration* (which encompasses therapist *countertransference*), and a *real relationship*.

In the context of the therapeutic relationship, the *working alliance* which is viewed as the alignment of the reasonable self of the client with the therapist for the purposes of the work, is the most significant of the three elements as its strength impacts the level of agreement between the therapist and client on work goals, activities to achieve those goals, and their emotional connection. (Gelso and Carter, 1994). According to Bordin (1979), it is

the *working alliance's* strength that determines therapy outcome and that strength is a function of the closeness of fit between the personal characteristics of the therapist and the client, and of the demands of the particular working alliance.

Transference refers to the recurrence of previous conflicts with significant others, resulting in the displacement of emotions, attitudes and behaviors that originally belonged to those earlier relationships onto the therapist while *countertransference* describes the therapist's own *transference* towards the client's experiences, encompassing both the transference and non-transference communications expressed by the client (Gelso and Carter, 1994). *Transference* and *countertransference* are present in all therapeutic interactions, starting from the initial contact and even before, in the case of pre-existing transferences. Both factors can have varying effects on the therapy, ranging from positive, neutral, to negative, depending on their characteristics, emotional charge and how the therapist handles them (Gelso and Carter, 1994).

The term *real relationship* denotes the fundamentally non-transferential aspect of the overall relationship, which is consequently relatively unaffected by *transference* (Gelso and Carter, 1994). It is important to point out that, while the *real relationship* is defined as separate from *transference*, any definition or depiction of reality is subjective and therefore constantly influenced by all factors that impact the perceiver, including *transference*. The *real relationship* consists of genuineness and realistic perceptions. Genuineness involves being authentic, open, and honest, while realistic perceptions are uncontaminated by transference distortions and other defenses transference (Gelso and Carter, 1994). Both therapist and client see each other accurately and realistically, fostering a genuine and open relationship. Throughout the duration of therapy, the *working alliance*, the *transference* configuration and the *real relationship* interact continuously and to some degree, overlap.

Clarkson (1995) proposes a five dimensions model for defining and understanding of the therapeutic relationship. It is possible for all of them to be present at any given time during therapy and communication to occur at any of those dimensions. The first dimension is the working alliance which is the set of professional boundaries that are jointly agreed and guarantee safety, maintenance of this genuine relationship and carrying out the necessary work to be done in an ethical way. The second dimension is the transferential/ counter-transferential relationship which is the sum of all the experienced unconscious fears and wishes transferred on to or into the relationship. The third dimension is the person-to-person relationship which is the core and real relationship. The fourth dimension is the reparative/ developmentally needed relationship which the intention or provision of the therapist for a 'corrective, reparative or replenishing relationship or action where the original experience was deficient, abusive or over-protective'. Finally, the fifth dimension is the transpersonal relationship, referring to the spiritual element of the relationship.

The therapeutic relationship contributes not only to establishing a fundamental basis of trust, teamwork and support that enables the process of development and change but essentially is what actually heals. Therefore, refining the ability to establish a relationship with clients and tailoring that relationship to each individual may represent the most efficacious approach to improving the outcome of psychotherapy. In order for a therapeutic relationship to produce results, a strong therapist-client bond needs to be formed and a necessary condition for this formation is the mutually agreed ethical and operational framework that is referred to as working alliance. When this condition is met the core real relationship can be realized and this is where genuineness, authenticity, openness and honesty take place, deepening the relationship and leading to improved therapeutic outcome. The real relationship is the domain where the real feelings that therapist and client have toward one

another exist and are expressed in diverse ways. If anywhere, it is within the context of the real relationship that different forms, manifestations and expressions of love could take place.

The Therapeutic Value of Love

The rising domain of neuroscience has bolstered our comprehension of the significance of love and its therapeutic value. Mikulincer and Shaver (2004) have shown that the absence of a nurturing bond throughout childhood has an impact on the formation of neural pathways in the brain. Other research in neuroscience demonstrated the significance of love in the progression of overall human development, as well as in the repairment of the brain long after initial neglect or abuse has hindered normal development (Cozolino, 2010). This neuroscientific research evidence validates the attachment theories proposed by Bowlby and Ainsworth, affirming the enduring significance of love and relationships across the lifespan (Paul & Charura, 2018).

Attachment theory has been very influential as an empirically based model for understanding psychotherapy, emphasizing the relational aspects of the therapeutic dyad (Levy and Johnson, 2019). Bowlby's attachment theory offers a framework for examining the relationship between the client and therapist, encompassing the client's emotional requirements, the therapist's sensitivity to those requirements, and the reciprocal dyadic elements (Wiseman & Atzil‐Slonim, 2018). Bowlby (1969) proposed that during childhood, the primary caregiver serves as a model for future relationships through what he referred to as the *internal working model*. This internal working model regulates the child's emotional attachment to his primary caregivers, his self-perception, his expectations of how he should be treated, and his intentions for interacting with others.

Bowlby (1988) posits that the therapist's responsibility is to provide the client with a *secure base*, facilitating a secure and risk-free exploration. Managing the therapeutic relationship can be difficult due to clients' long-established beliefs about how available and

responsive others should be, as well as their own self-perception. These beliefs, known as *attachment representations*, can result in various outcomes in the development of the therapeutic relationship (Farber & Metzger, 2009; Mallinckrodt, 2010). In fact, establishing a robust therapeutic relationship with clients is far more effortless when their initial attachment representation is secure.

Mallinckrodt and Jeong (2015) in a meta-analysis, demonstrated a positive correlation between clients' secure internal model and their secure attachment to their therapists. Additionally, they found a positive correlation between clients' insecure internal models and their insecure attachment to the therapist, specifically in the forms of avoidance and preoccupation. Additional research has demonstrated that clients' insecure internal model is associated with a less strong alliance (Bernecker et al., 2014), as well as challenges in resolving alliance ruptures (Miller‐Bottome et al., 2018). Moreover, there is empirical evidence suggesting that establishing a secure attachment with the therapist has a beneficial impact on the therapeutic relationship (Mallinckrodt & Jeong, 2015). Finally, it has been found that secure attachment may serve as a more reliable indicator of the therapeutic alliance compared to the individual's attachment representations before to treatment (Taylor et al., 2015). These findings highlight the necessity of identifying ways by which therapists can create a secure attachment with the client, irrespective of the client's original attachment representation.

The significance of love and attachments in primary relationships and their influence on the mental and physical well-being of children is extensively supported by research (Gerhardt, 2012). According to Kahn (1997), providing the suffering individual with a profound experience of the love that they lack can alleviate their confusion and agony. Fairburn (1941) claims that the basic endopsychic situation is the result of whether an infant is genuinely loved and has his love towards their parents accepted and that only when the

infant is assured that those conditions are met, that they are able to gradually renounce infantile dependence and the most significant trauma that an infant may undergo is the frustration of their need to be loved and have their love reciprocated. Fairbairn's (1941) prioritization of love inevitably suggests that the therapist's love, and the manner in which it is reciprocated and controlled within the therapeutic relationship, will significantly influence the clients' ability to experience and reciprocate love. The findings suggest that therapist's love could be a necessary and sufficient condition for what Bowlby (1988) named a *secure attachment* to be formed and therefore for improved therapy outcome. Nevertheless the ways that this is implemented in practice is not clear and involves significant ethical risks.

Ethics of Therapists' Love

While it is understood from anecdotal evidence gathered from therapists' supervisions or individual therapy sessions that therapists are capable of experiencing love for their patients, this topic is rarely addressed in public discourse and in research (Novick et al, 2000). Gelso (2014) advocated for the crucial need to openly and intelligently address the subject of the therapist's love in the therapeutic relationship, as it has the capacity to significantly help, impair, or ruin the treatment relationship. According to Paul & Charura (2012), it is considered common for therapists to develop feelings of love for their clients, and the research community should be transparent and accepting of this phenomenon. In the United Kingdom Council for Psychotherapy (UKCP) magazine there was a special issue on The Theory of Love (Charura, 2012; Paul & Charura, 2012) where it was proposed that ethics is the starting philosophical point in working with the client, and that the boundary and setting of the therapeutic relationship provides a safe space for authentic meeting and working with a client.

Gelso et al. (2014) propose that therapists may have both sexual and affectionate feelings towards clients. While the sexual emotions frequently arise from the dynamics of

transference and countertransference and can lead to conflicts, love, namely in the form of agape, frequently plays a significant role in a solid and genuine relationship, typically resulting in favorable outcomes. It is therefore crucial for the therapist to actively explore and comprehend their own and the patient's affectionate and sexual emotions, and to carefully distinguish between genuine interpersonal dynamics and those influenced by transference and countertransference. While Gelso et al. (2014) recognize the importance for the therapist to acknowledge and comprehend their own loving and sexual emotions towards the patient, they have significant reservations over the therapeutic benefit of disclosing these feelings to the patient.

Instances of exploitation in therapy and counselling may be detrimental to both the client and the profession. Exploitation in therapy can manifest as psychological, covert, or overt abuse and the act of engaging in sexual or any other exploitation within the context of therapy is an abuse of the power held in the therapist by virtue of their professional position (Hetherington, 2000). Ethical guidelines and codes of conduct stress the significance of upholding objectivity and avoiding dual relationships (De Sousa, 2012). Consequently, therapists must establish and uphold distinct professional boundaries to ensure that the expression of therapeutic love remains within the ethical and professional framework of therapy.

Engaging in loving practice, necessitates adherence to ethical principles, and therapists should undergo supervision in order to manage their own emotions and ensure that their therapeutic presence stays helpful and beneficial rather than harmful in different forms such as client dependence or exploitation (Hammond and O'Donovan, 2015). In addition, they must engage in self-reflection in their roles as professionals and possess detailed knowledge regarding the therapeutic qualities of warm and attentive relationships (Knox, 2018).

The way therapeutic love is expressed and understood might be impacted by cultural factors. Cultural sensitivity and understanding of how clients from different backgrounds could react to displays of love and caring are essential qualities for therapists to have (Shinebourne, 2011). Some ways that ethical love can be demonstrated in therapeutic relationships is through reliability, patience, trust, continuity, honesty and hope (Munro 2011; Knox, 2018).

Therapist's Love in the Therapeutic Relationship in Different Approaches

Psychoanalysis

Classic Freudian psychoanalysis which assumes a fixed human nature and sees the patient as 'pre-wired', in an environment that either facilitates or inhibits growth has been shifted towards a relational psychoanalysis that sees the self as evolving and growing in relationships (Paul and Charura, 2014). Many analysts on both sides of the Atlantic (Fromm, Winnicott, Fairbairn, and many others) have regarded relationship experiences as a major contributing factor to the issues that individuals sought therapy to resolve (Bass, 2018) and saw interpersonal domains inside and outside the context of therapy as necessary to be included in therapy work, something that has also led to the development of other approaches (Feltham, 1999). For contemporary relational psychoanalysis, the process of being in a relationship with another person in psychotherapy helps develop a deeper relationship with oneself. The relational approach integrates interpersonal, self-psychological, and object-relational perspectives on intra- and interpersonal processes (Mitchell & Aron, 1999). The centrality of relational factors inside and outside the consulting room, today more than ever has an impact on the theory of emerging psychoanalytic and psychodynamic genres of therapy.

During the early days of psychoanalysis, Freud in his letters to Jung expressed the idea that the 'talking cure' is affected by love (McGuire, 1974). The minutes of the Vienna

Psychoanalytic Society agreed: 'Our cures are cures of love' (Haynal, 2018). Later, Freud (2014) argued that the only acceptable kind of love in the consulting room is the client's experience of 'falling in love' with the analyst. In his writings, Freud emphasized the significance of the sexual instinctual drives. 'Transference love' according to Freud is not real but rather caused by the analytic situation and refers to it as the merging of affectionate and sensual feelings towards the analyst. In this situation, Freud suggests that it is an ethical responsibility of the analyst to maintain neutrality and refrain from expressing any *countertransference* in order to allow the client's unconscious repressions to surface and facilitate the 'cure' of the therapeutic process. Several intellectuals such as Mendelsohn (2007), and Gabbard (1996) agreed with Freud and also acknowledged 'transference love' as having a substantial impact on the therapeutic relationship. Bergmann (1985) proposed that 'transference love' differs from typical kinds of romantic love experienced in reality, as it is characterized by a greater level of dependency and primitiveness.

The issue of using love in psychoanalysis gained prominence through a renowned debate between Ferenczi and Freud. While Freud essentially viewed the analyst-analysand relationship as intellectual rather than affective, Ferenczi (who was Freud's student) perceived this as incorrect and believed that in order for the patient to recover, they need not just interpretations and understanding, but also a more vibrant element, specifically, a love bestowed upon them by the analyst (Fromm,1958).In essence, Ferenczi challenged Freud by asserting that the analyst does not have to be neutral and detached, and that the analyst's love for the patient should be like to the affection of an unpossessive mother, something that is considered a crucial prerequisite for the process of healing (Forest, 1954). Ferenczi, who is regarded as the founder of relational psychoanalysis, viewed treatment as a type of reciprocal analysis (Cabré,1998). Ferenczi's significant contribution resides in his unwavering endeavor to comprehend and effectively utilize his emotional responses towards his analysands (Cabré,

1998). Bodenheimer (2010), and Shaw (2003) accept Ferenczi's criticism of Freud and acknowledge love's significance, embracing the idea that there is love beyond *transference*.

Fromm (1956) proposes that there are four types of love namely *brotherly love, motherly love, erotic love, self-love*, and *love of God*. He also suggested that there are four fundamental components for love. These are: care, responsibility, respect, and knowledge. Fromm (1958) sees therapist's love as the ability to see the person not only intellectually but with the whole person in their complete uniqueness. He defines therapist's love as the fundamental prerequisite for the therapeutic relationship; a feeling of realism, where the therapist actively and creatively connects to the patient on a human level (Fromm, 1958). The full knowledge of the client is possible only in the act of relatedness, which is different from the method in the natural sciences and it is crucially important to be cautious of mistaking love in therapy for romantic or erotic love, something unfavorable to the therapeutic situation (Fromm, 1958). In addition, Fromm (1958), does not talk about the kind of love of a sentimental mother that never criticizes, neither of the passive attitude driven out of fear of hurting the patient which is manifested as kindness, as both these are therapeutically ineffective. It is only the therapist's realistic, empathic, active attitude that essentially can offer that feeling of sharing and of being understood and that is what Fromm recognizes as the kind of love that a therapist ought to have (Fromm,1958).

Celenza (1991) proposed that love might sometimes be an expression of the patient's regressive need for control, submission, fear of being abandoned, difficulties in forming attachments, separation anxieties, and illusions of infantile dependence. Therapists may feel love as a way to protect themselves from feelings of disappointment, hatred, or other emotions that they find unbearable. This helps them maintain a pleasant and possibly idealized relationship with their patients (Celenza, 1991).Thus, in this perspective, love is

perceived as a psychological defense mechanism; a means of protection from an internal conflict.

In conclusion, there are different opinions within the psychanalytic community about the therapist's love for the client. Some view it as a defense mechanism to cope with their own internal difficulties, others view it as an instinctual drive, while others consider it as a genuine, active, empathic attitude of care that might potentially facilitate the client's transformation.

Humanistic and Client-Centered Approaches

Humanistic and client-centered approaches to psychotherapy are founded on the premise that all beings have a built-in potential to grow and develop if given the right conditions (Stephen and Rowan, 2018). They both recognize that the co-created relationship between the patient and the therapist promotes positive outcomes and emphasize the centrality of the qualities that define the therapeutic relationship (Stephen and Rowan, 2018). For example the Rogerian person-centered or client-centered approach is in effect, a way of being in a relationship (Wilkins, 1999) and Roger's best known hypothesis about the 'core conditions' (primarily empathy, congruence and unconditional positive regard) has to do with the characteristics of the therapist and of a successful therapeutic relationship, assisting the client discover the solutions to their problems by motivating them for positive change (Rogers, 1957; Wilkins, 1999).

According to Kahn (1997), Rogers -the founder of the client-centered approach- seldom claimed to provide a love-based therapy, and his approach to facilitating personal transformation was distinct from the emotional methods employed by many New Age therapists. Rogers spent forty years developing his view of therapy and introduced what the Greek philosophers called *agape* as a variable in psychotherapy without naming it as such (Kahn, 1997). *Agape* is a form of love that is defined by a selfless desire to satisfy the needs

and desires of the one being loved; it does not expect anything in return and is only focused on the growth and fulfillment of the beloved (Yunis, 2011). *Agape* is a strengthening love, characterized by its inherent nature of not imposing any burdens or obligations on the recipient of love and what matters considerably in person-centered therapy is how it will be communicated (Kahn, 1997). In client-centered approaches the concept of *agape* is occasionally veiled in language or conveyed through alternate expressions like *unconditional positive regard* and *empathy* and *genuineness* (Schmid, 2006).

Cognitive Behavioral Therapy - Natural Sciences Approach

In the cognitive-behavioral approaches which stem from a natural sciences philosophical tradition and see the person fundamentally as an individual, there has been a shift towards becoming more open as approaches and one of the outcomes seems to be the integration of the therapeutic relationship into counseling. Cognitive behavioral therapy sees the relationship between counsellor and patient as collaborative, a means to conceptualize the patient's difficulties within their frame of reference and to facilitate the counseling process (Beck, 1991; Sanders and Wills,1999).

Sternberg's 'triangular theory of love' is mentioned by the American Psychological Association in their definition of love as presented above. Sternberg (1986), proposes that the following fundamental components, in variable degrees, make up all forms of love: *intimacy, passion and decision/commitment*. *Intimacy* includes the feelings of closeness, connectedness, and bondedness , *passion* comprises the impulses that result in romance, physical attraction, and sexual consummation; and *decision/commitment*, includes the choice to love someone and the long-term commitment for the maintenance of that love. The amount of love someone experiences is the sum of total strengths of the three components and the type of love that is produced is a function of the relative strengths of those three components. It is therefore the interaction between the three components, that produce certain actions

which determine the kind of loving experience. For example, a resulting companionate type of love (essentially the kind of dedicated friendship that lasts a lifetime) would be the combination of *intimacy* and the *decision-making/commitment* aspects of love whereas romantic love would derive out of combination of the intimacy and passion components of love (Sternberg,1986).

In the same spirit, Lee (1977) derived from fictional and non-fictional literature a different taxonomy of love styles. The different styles of love include: (a) *eros*, which is passionate and romantic love; (b) *storge*, a love style based on gradual affection and companionship; (c) *mania*, characterized by obsession, jealousy, and intense emotions; (d) *agape*, an altruistic love where the lover feels it is their duty to love without expecting anything in return; and (e) *pragma*, a practical style that involves consciously considering the demographic characteristics of the loved one.

Existentialism

The existential approach to psychotherapy is not a single approach nor does it have a specific progenitor. Existential theory is deeply rooted in existential philosophy and among others is influenced by the work of Martin Buber (1970) who believed that: 'in the beginning is the relation'. A foundational notion of existential philosophy and psychotherapy is the *inter-relation* or *relatedness* of the human experience (Spinelli, 2002) or as Merleau-Ponty (1962) described it: '*The world and I are within one another*'. The therapeutic relationship is the means through which disorder and its symptoms are expressed by the client's 'way of being'. The experience of the client in the emerging therapist-client relationship when compared and contrasted with their 'way of being' that led them to therapy, is what leads to therapeutic change (Spinelli,2006).

Existential philosophy encompasses several perspectives on love and interpersonal relationships but most existential authors agree that love is a distinct form of intentionality

(Van Deurzen, 2018). This statement is based on the philosophical understanding that humans are constantly extending their consciousness towards the external world, as emphasized by Husserl (1960). The different perspectives on relationships can be broadly classified into two groups. Certain philosophers such as Heidegger, and Sartre exhibit skepticism about human relationships, while others like Buber and Levinas have expressed their affirmation of love as the fundamental element for a fulfilling existence (Van Deurzen, 2018).

Heidegger (1927) perceived human beings as *thrown into a world* where they are dependent on and influenced by others in a manner that lacks authenticity and that only an individual who is genuine can truly embark on a life of love, which entails relinquishing our own self to another person and, in doing so, connecting with the essence of existence. Similarly Sartre (1943) argued that we are born with a profound sense of insufficiency, which we try to alleviate by seeking connection with others something that grants others authority over us resulting in competitive dynamics characterized by domination, submission, and avoidance. Later, Sartre (1983) realized that he overlooked a crucial aspect of love: the necessity of cooperation and communal involvement; the embodiment of generosity, mutuality, and equality. On the other hand, Buber (1947) and Levinas (1961), place a greater emphasis on the presence and significance of the *Other* as *Self* is defined as always related to another person, requiring an attitude of honor, respect, and priority towards them.

In existential psychotherapy, May (1983) argues that a genuine emotional connection between therapist and client can lead to a mutual experience of each other's emotions, resulting in transformative change. Thus, therapy is primarily characterized as a personal relationship where both parties fully embrace the present moment and make themselves entirely accessible to the *here and now* and the role of a therapist is not defined by their professional title, but rather by their personal qualities and the impact they have on the therapeutic relationship (May ,1983). Existential psychotherapy welcomes the challenges and

conflicts that exist in all human relationships and while it aims for harmony, it can only create harmony if differences and problems are faced and valued (Van Deurzen, 2018). Within this framework, the concept of love in therapy draws upon experiences of love in the classifications made by ancient Greek philosophers such as Plato (Van Deurzen, 2018).

The classical Greek notions mostly embraced a perfectionist ideology, regarding love as a means to enhance and elevate the self (Levy 1979). In classical notions, love was seen in its ideal manifestations, and anything that deviated from this ideal was dismissed as a distortion of love (Van Deurzen, 2018). These classifications may include parental love (*storge*), the affection we acquire via the bond of friendship within a group (*philia*), romantic, sensual, sexual, or erotic love (*eros*), and unconditional and spiritual love (*agape*) (Plato as cited in Levy 1979).

May (1969) proposed three types of love*: autistic love* (expressed as libido or eros), *empathetic love* (expressed as philia or agape), and *integral love*, which involves demonstrating kindness and concern for the collective "us" and combines elements of both autistic and empathetic love.

Evidently, the connection between individuals and ourselves may manifest in several forms. Different perspectives exist on the desirability of these various types of love and the necessity to either overcome or modify them. In existential psychotherapy, engaging in work with love entails a thoughtful examination of one's ways of loving and relating to others (Van Deurzen, 2018). Existential therapists prioritize examining an individual's capacity for love rather than their desire to be loved. Developing the ability to love actively with boldness in order to address conflicts is a skill that must be acquired and requires the development of the ability to see and authentically co-exist with others (Van Deurzen, 2018). Existential love involves actively working in physical, mental, emotional, and spiritual ways to enhance what

is cherished and entails full commitment to the other person's entire existence (Van Deurzen, 2018).

Quantitative Research on Love

In recent decades, researchers in several scientific fields have actively investigated love using empirical methods (Karandashev, 2022). Different methodologies provide distinct viewpoints for examining the diverse concepts, emotional experiences, manifestations, and interactions associated with what we refer to as love. The love riddle has been becoming more cross- and multi-cultural but the key idea is that love is a multifaceted and multidimensional construct and that the scientific understanding of love remains fragmented and incomplete (Karandashev, 2022).

Different kinds of love identified in previously mentioned theories of love have been investigated in factor analytical studies such as those conducted by Hendricks and Hendricks (1986) and Hatfield and Sprecher (1986). However, a limitation of these studies is that they lack objectivity and neutrality when it comes to certain concepts in their questionnaires, as scientists may inadvertently infuse their personal interpretations into them (Finlay and Eatough, 2012). In addition, the measuring technique is used to create and replicate the notion being measured and furthermore, factor analytical investigations operate under the notion that individuals are distinct from society something that in the last decades has been rejected as an idea by the majority of scholars (Finlay and Eatough, 2012). At last according to Finlay and Eatough (2012), love styles that are classified do not seem to accurately capture the essence and the richness of people's experiences of the love phenomenon.

Qualitative Research on Love

There is a lack of thorough qualitative research on the love that therapists feel towards their clients. McCann (2020) employed a modified grounded theory approach to examine data obtained from semi-structured interviews conducted with therapists on their experiences

of love. McCann (2020) discovered that the love for clients may manifest as both maternal and sexual; it is marked by feelings of warmth and caring, which are intensified by the shared experience of overcoming challenges and even hatred, as well as the passage of time. This trait is distinguished by attentive listening and the unwavering commitment that accompanies it, often resembling a form of spiritual affection.

Rova et al (2020) conducted an interpretative phenomenological analysis on six experienced psychotherapists' love for their clients. The study highlighted four major themes: the *notion of love*, *love in the context of culture*, *love within the therapeutic relationship*, and *the meaning of the experience of love*. The findings indicated that love in therapy is not easily comprehensible, but rather can only be glimpsed periodically; however it is important to recognize the love that therapists have for their clients, since it may lead to beneficial outcomes in therapy (Rova et al, 2020).

Research Aims

In the previous sections, it was demonstrated how psychotherapy is first and foremost a relationship or as Georganda (2021) said: 'if psychotherapy is an art is the art of relating'. The presented counseling and psychotherapy approaches explicitly highlight the centrality of the therapeutic relationship with some of them having it in the core of their philosophy, others having integrated it into their practice and others having evolved theoretically into relational therapies.

Attachment theory is supported by an extensive body of evidence and is employed as an empirical model in psychotherapy. A plethora of data mentioned above suggests that therapists need to figure out how to help clients form a secure attachment, regardless of the client's initial attachment representation. Numerous studies also mentioned above have been produced to demonstrate the importance of love and attachments in early relationships and their impact on children's mental and physical health. There is evidence that imply that the

love of the therapist may be a necessary and sufficient condition for the formation of what Bowlby called a *secure attachment*, and consequently for improved therapeutic outcome.

The literature review showed that different schools in psychotherapy provide us with different conceptualizations of love in many forms and manifestations. Within the context of the therapeutic relationship this love must be ethical. Enhanced recognition of the influential role of love could help therapists in gaining a deeper comprehension of therapeutic dynamics and thus enhance their effectiveness. The role of therapist's love at an attitude and interventional level is crucial.

The love that therapists have for their clients may be understood as either an instinctual drive or as a phenomenon that is similar to love outside of the consulting room. The study does not delve into the notion of love as an instinctual drive, as the erotic transference is a distinct study topic within the psychoanalytic context.

Therapeutic love is a natural part of the therapeutic relationship. The notion of counselors and therapists experiencing love toward their clients is a complex and nuanced aspect of the therapeutic process. While therapist's love is distinct from romantic or personal love, it represents a deep and genuine care, empathy, and respect that therapists may have for their clients. It is rooted in empathy, compassion, and unconditional positive regard, and plays a vital role in fostering trust, healing, and growth in therapy. While therapists must be mindful of ethical boundaries and manage their emotional responses, the therapeutic relationship thrives when built on a foundation of genuine care and respect.

Different theorists refer to the *agape* as a type of love that is suitable in the therapeutic context. In Lee's (1977) theory of love, *agape* constitutes the empathic type of love. In psychoanalysis, we saw Fromm (1958) describing a realistic, empathic, active attitude that essentially can offer that feeling of sharing and of being understood. This is the kind of strengthening love characterized by its inherent nature of not imposing any burdens or

obligations on the recipient that Rogers describes in his client-centered therapy *conditions* and which Kahn (1997) translates as *agape.* In existential psychotherapy, May (1969) specifically mentions *agape* as an empathic type of love and Van Deurzen (2018) speaks of therapists' love as the active stance towards strengthening what is cherished. Different theorists from the main 'forces' in counseling and psychotherapy have identified *agape* as evident in human relationships. Some schools of thought have a more clear idea about how *agape* is part of the therapist-client relationship and how it could be expressed from the therapist´s side.

Presently, no evidence-based research on therapist's agape has been located. Furthermore there has not been a research study on therapists´ agape in a Greek context. This study aims to address these existing gaps. The word love is named and understood in the Greek language as *agape*, and the research question will focus on this particular type of love and the lived experiences of the psychologists and psychotherapists who participate in this study all of which are Greek native speakers.

Prior endeavors to conceive love within the framework of quantitative research (factor analytical studies) have been demonstrated to be inadequate in terms of comprehensively capturing this complex phenomenon. Quantitative research is not suitable for examining this phenomenon as it is an impossible task for one to explore, let alone measure, evidence of love or agape.

Selecting Interpretative Phenomenological Analysis as the methodology for this research provides a further element of originality. Exploring moments of agape aimed at providing a deeper understanding of this experience. The significance of considering the personal meaning of a therapist's love or agape for a client is disregarded in the pertinent literature. Therefore, it seemed logical to choose an idiographic approach based on interpretative phenomenological analysis (IPA), which acknowledges the unavoidable role of

interpretation. Hence, the researcher endeavored to exploring and shedding light on the lived experiences and interpretations that therapists develop regarding their love (agape) experiences with clients within the therapeutic relationship.

This research study aimed to comprehend how research can enrich theory and assist therapists in gaining a deeper understanding of their therapeutic relationships, ultimately leading to enhanced therapy outcomes. The objective of this study was to investigate the subjective lived experience of love (agape) as perceived and expressed by therapists in their therapeutic relationships with clients. In this study I asked : 'What is the lived experience of love (agape) as experienced and expressed by therapists in therapeutic relationships towards their clients?'

Research Methodology

Research Method

The aim of this study was to examine the experience of love (agape) from therapists towards their clients in therapeutic relationships in the embodied, relational way as it is concretely lived, and analyze the findings using interpretative phenomenological analysis (Smith et al., 2009). Also, the aim was to capture as much richness and complexity as possible of the love phenomenon. For this objective, a series of semi-structured interviews were undertaken with five psychotherapists.

The primary goal of phenomenological research is to elicit the true essence of individuals' narratives on their experiences and emotions, and to generate comprehensive and detailed descriptions of the phenomena under investigation (Yüksel and Yıldırım, 2015). Exploring the *lifeworld* of the participants whose experiences are embodied and embedded in the world and who actively build the meaning of their experiences within a specific sociocultural and historical context was vital for deepening our understanding and interpreting the specific features that agape possesses. In IPA, the phenomenological inquiry

(becoming conscious of how the phenomena appear) is an interpretative process and meaning is interpreted through language. The participants' produced discourse out of a specific lived experience -or as Heidegger would term as *Logos*- is the articulation of their intelligibility and underlies their interpretations as well as their assertion (Shinebourne, 2011).

In order to make sense of the participant's experience, the researcher needed to assume and bias as little as possible in order to allow for lived experience to speak for itself but unavoidably (in trying to make sense of the participants personal and social world) produced meaning through interpretation. This process of *double hermeneutics* required the researcher to reflexively and critically evaluate how his understandings influence the research during his engagement with the transcribed text of the interview (Shinebourne, 2011). The interpretation process of the researcher is a dynamic and iterative process conducted at an empathic and descriptive level as well as at a critical and questioning level.

This idiographic approach highlights the need of focusing on individual interpretation rather than hastily presuming a broader understanding. Throughout this process, the researcher acknowledged their own subjectivity and its potential to result in interpretations that diverge from those offered by the respondents. As it was crucial to engage in the event in order to capture the significance of the participants' lived experience, it was equally important to step back from the experience and comprehend the researcher's personal biases in interpreting this experience (Smith et al., 2009). These biases encompassed the researcher's own love experiences, belief systems, values, and even their sense of identity. Subsequently, the researcher established concrete interpretations that elucidated the significance of the discourses produced and constructed a comprehensive representation of the lived experiences , devoid of any presumptions or ethical evaluations. After gathering these descriptions of experiences, the next step was to categorize them using precisely selected language filtered via a range of lenses - philosophical, theoretical, literary, and reflective.

Participants

The recruitment process targeted potential participants through purposive sampling. Purposive sampling is a technique employed in qualitative research to deliberately choose a certain set of individuals or units for analysis. The key tenets of purposive sampling are an explicitly stated objective, a selection of a sample representative of the attributes being studied, the criterion of participants' expertise on the topic under investigation and finally the minimization of any potential biases that participants might have.

This study involved interviewing a sample of five participants about their experience of love (agape) towards their clients. All participants needed to be licensed psychologists or psychotherapists and practicing psychotherapy in the Greek language. Other selection criteria for recruiting a participant included that they were trained and with over five (5) years of practicing supervised psychotherapy, proven experience in conducting therapy for more than three thousand (3000) hours and that they had counselled at least six (6) clients for a minimum uninterrupted period of one (1) year. The psychologist's license proved to be limiting (although it was taken as a step to ensure the minimum of appropriate training) and therefore it was decided to open up the range of the potential interviewees in a case where a participant was obviously appropriately trained and experienced.

The difficulty that was encountered in this process was that some therapists would generally be very hesitant about discussing such a sensitive subject if they knew the researcher and therefore it was made sure that the potential participants and researcher have no prior knowledge of each other. An information sheet (Appendix A) was sent by email in order to inform potential participants about the study's scope and invite them to participate.

Interview Procedure

The establishment of trust between the interviewer and the interviewee was crucial in eliciting an extensive amount of detailed information about the experience of loving a client.

After discussing the ethical considerations of the study and obtaining informed consent by the participants , the possible emotional distress that the material might bring into the interview was communicated and their right to withdraw at any point during the interviews were explained and agreed with them. In addition, the participants were asked if they have personal therapy or a space to take any concerns which may arise as a result of the interview. In addition, it was made sure to establish an environment of respect and trust before moving forward with the semi-structured interview questions. After establishing a connection with the participants, an effort was made to show empathy and allow ample space for the participant to provide details regarding their experience. At the conclusion of the interview, the participants were thanked, provided with a debriefing, and reminded once again of the ethical dimensions of the study as outlined in the section of ethical considerations.

Interview Schedule

The primary objective of the phenomenological approach in this study was to investigate the issue without any preconceived assumptions or notions, and to concentrate on the emergent findings during the research process. For this reason, it was necessary to investigate the depth of the participants' interpretation process by actively listening and giving them control over the interview, instead of strictly adhering to a predetermined interview schedule. Consequently, the questions that were asked were intended to be as open as possible.

Following an inquiry about their personal journey into the field of therapy and their professional training, I proceeded with the subsequent set of questions:

- What do you think when you hear the word love (agape) ?

  How do you see agape in the context of a therapeutic relationship?

Prompt:

- Who is involved and how?

- Have you ever had the possibility to experience signs of agape for your client while in a therapeutic relationship with them? In what ways has this been expressed?

Wherever possible I was asking with curiosity about deeper content of the experience and for different experiences with different clients.

- How do you feel your love for the clients has affected the therapeutic relationship and your clients?
- Were there any changes in the clients over certain periods?
- How do you see your experiences of love towards the client(s) have affected who you are?

Prompt:

- As a person? As a counsellor?
- Have you experienced agape in your personal therapy and how was it for you?
- Do you see any dangers or risks with feeling agape for your clients?
- Do you differentiate yourself about different kinds of love?
- What would be acceptable for you? What would not?
- What results if any, do you think that this 'love experience' brings to psychotherapy?
- Do you think that as therapists we should be 'trained' to love"?

As the interview was conducted in the Greek language the questions were asked in Greek (Appendix E).

Transcription

The interviews were transcribed verbatim, including nonverbal cues, facial expressions, and any notable movements. A Transcript Key was utilized to document significant nonverbal indicators (Appendix F).

Analysis of Data and Validity

Data analysis was performed using the IPA methodology outlined by Smith et al. (2009). After transcribing each of the interview recordings word for word, the transcripts were carefully read several times in order to gain a comprehensive understanding of the participants' experiences. The next phase would involve fully interacting with the descriptions and doing a line-by-line analysis, in an effort to comprehend the content conveyed in each sentence. My understandings were recorded alongside the analyzed text. Following this procedure, repeated ideas were identified and important sub-themes were extracted. Following that, links were established between these sub-themes to discover emerging themes. Finally, all the themes of the different transcripts were analyzed in the same style in order for higher order themes to emerge. In order to mitigate any potential bias, a self-reflection was undertaken on the issue and referred to it during the analysis, as this process necessitated my interpretation.

In order to assure the quality of the analysis and the accuracy of the results, I adhered to Yardley's (2000) quality criteria for qualitative research. In terms of *sensitivity to context*, an in-depth review of the literature pertaining to the subject was performed and significant theories derived from multiple perspectives were presented. Furthermore, the basis for selecting the method was established and adherence to the IPA methodology was secured to accurately address the study topic. Also the socio-cultural context of the study was considered by analyzing the participants' views, philosophy, and therapeutic approach when conducting therapy with their clients. In addition, it was ensured that there was engagement with participants with sensitivity to their experiences and attempted to understand their potential difficulties (see ethical considerations section). In analyzing the data, I committed to care to attention to detail and I brought as many verbatim extracts as possible to support the themes derived. Finally, it was ensured that recruited participants were from the psychotherapy field and met certain criteria (see Participants section).

In terms of *commitment and rigor*, I demonstrated contemplative and empathic exploration of the topic together with sophisticated theorizing. I selected the participants strictly according to certain criteria (see participant selection section) and engaged with them with sensitivity and respect. At last, I committed to examining the texts in detail and conducted a meticulous analysis which later was compared with past findings and relevant theories.

In terms of *transparency and coherence*, a comprehensive account of the data collection procedure was provided, the coding rules employed, as well as details of the participants selection process, the interview schedule and the conduct of the interviews. Additionally, I planned on being consistent with IPA principles in attending to participants' experiential claims and I conducted a personal reflection to identify potential factors that may influence the results and the validity of the study.

At last in terms of *impact and importance*, there is an a-priori acknowledgment of the limitation of having only five participants as a sample in such a complex and rich topic. I ensured that all themes and quotes used in this article were translated from Greek to English and reviewed with the assistance of a native English speaking peer. Only the themes and their justification out of the interviews were translated into English, with special care taken to avoid changing the sense of the participants' descriptions. At last, I made sure that the produced written text resonated with the prospective readers.

Ethical considerations

The interviews were conducted in a spirit of respect for the participants. Ethical considerations included informing the participants on the topic, method and purpose of research (Appendix A), explaining the projects' scope and obtaining a consent in a written form from the participant (Appendix B). The possible emotional distress that material brought in to the interview was communicated to the participants and their right to withdraw at any

point during the interviews was explained and agreed with them. The data obtained were kept in a safe place and it was agreed that the researcher will have them erased after the completion of this thesis. The participants did also sign an audio-release form (Appendix C). Confidentiality and anonymity were also be agreed and the participants were debriefed in the end of the interviews (Appendix D). All names that were used in this study are pseudonyms. For safeguarding confidentiality, I ensured that the application used for recording the interview is disconnected from any automated cloud backup settings.

Personal Reflection on Motivations to Conduct this Research

At a first glance, the fact that I am a future therapist makes me pre-occupied with the ways I should develop personally and professionally in order to help the people that would ask for my service. The fears for possible inadequacy in bringing therapeutic results and the high degree of responsibility and ethical integrity required by the particular profession are factors that contribute to my intellectual exploration of the ways that therapy and counseling should be conducted on a practical level. Certainly I see love as a critical therapeutic agent but at the same time I am not willing to take it as the principle of psychotherapy; a panacea for the complex psychological world that all of us have. Nevertheless, my objective is to concentrate on and examine love within the therapeutic setting, particularly the affection shown by the therapist, and to determine the extent to which love is considered inherent or not, and valued or not, in the therapeutic relationship. There are many researchers who investigate love in different ways and the question of love seems to be an ´urgent' one for many people as in psychotherapy we do not know what exactly works and what not. In the recent years, I have engaged with different philosophical schools of thought, the existential being the one I mostly resonate with where the relationship and its depth is considered central. An external observer would possibly see in me the struggling attempt to find ways to

practice love in a therapeutic relationship in an ethical manner ensuring that the client always comes always first.

Prior to and during conducting this research study, I have engaged in many reflections on why I study love and what I personally bring to the study. A small-scale study on the same topic was conducted by me, nearly two years ago which seemed to have ignited a lot of thinking on the ontology of love, on methods of inquiry and in particular what constitutes evidence in topics such as love or friendship given their very rich and in fact elusive nature, and on the ways myself and the participants can affect the research outcome.

The question of the ontology of love is something that was present during my early years -perhaps due to the dominant romantic narratives about relationships which were still present during the 1980's and 1990's and the fact that Greek culture was still significantly influenced by Orthodox Christianity (which places emphasis on the notion of love ethically and ontologically). It seems that I always had this tendency whenever I see a relationship of any kind, to ask unconsciously or consciously 'Where is the love?' This was a personal attitude towards relationships affected by my immediate and wider social environment , the relationships that have failed on a personal level and the relationships that fail all the time in society and for which theoretically if love existed would possibly make them work. Today I am far from naïve about the challenges, conflicts and the dynamics of relationships and I am very far from trying to bring a *new age* perspective in to this research study or any sort of sentiment. Although I find myself having matured out of my early years attitudes, I find that the particular attitude returns from time to time reminding me the validity of the psychoanalytic theory that points out that perhaps our past in some way or another always remains with us (perhaps coming up often enough to drive me towards the topic of the current research study).

Prior to this research study, I held no anticipations regarding attaining a comprehensive understanding of the exceedingly intricate phenomenon known as love. Although I am aware of the fact that accomplishing this endeavor is generally unattainable, my aspiration was to acquire knowledge that would validate certain intriguing concepts that captivated me and are encompassed in the literature review, such as Fromm's and May's conceptualizations of love, as well as agape, the only way that love is named in my native language and the only way Greeks understand it. Consequently, whether intentionally or unintentionally, I expect to actively seeking evidence of appealing or familiar concepts throughout the interviews and during the analyses, possibly anticipating them due to the participants' theoretical therapy approach or the shared Greek cultural background. I plan therefore to maintain a steadfast awareness throughout the research process. I also plan to ask questions that 'go against' my own belief in love such about the risks and dangers pf love whether it is an innate capacity or requires training. It is also crucial for this study to set aside my personal expectations, beliefs, and sense of self and approach the interviews with an inquisitive and receptive mindset.

Results

Analysis Overview

For the Master Table of Themes please see Appendix G.

I. Love in the Therapeutic Relationship

In the beginning of the study we saw how research evidence suggests that the psychotherapy relationship significantly and consistently impacts the success of psychotherapy, regardless of the specific treatment approach. The therapeutic relationship is a relationship with its own terms and conditions and is unique in the sense that it cannot be found in the outside world. Love in the therapeutic relationship is a special type of love, a therapeutic love, which is defined by the context and the frame of therapy. For this major

theme there are three sub-themes included; namely 'Love as a Therapeutic Factor', 'Love as a Growth Factor' and 'Love in the Formation of a Connection'.

Love as a Therapeutic Factor

Love, in its various manifestations, serves as an effective therapeutic element that improves emotional, psychological, and physical well-being. Identifying and promoting love in therapeutic settings can therefore be a crucial element of successful mental healthcare. Love is a precondition for healing and a part of a new therapeutic relationship model.

A. Love as a Precondition of Healing

The ways that therapist's love affects the therapeutic relationship and the ways things in this relationship work because of love is a central issue of the therapists' experiences. First and foremost , the importance of love as a therapeutic factor was highlighted. In particular love was found to be a therapeutic factor with one of the participants explicitly stating that *if you don't love your patient , he will never heal (John 6-9)* and also that *if this element (love) is not present, …. these people cannot feel better (John 35-39).*

B. Love as part of a new Therapeutic Relationship Model

As one of the participants mentioned, people do not change on their own, but they change only within the context of a relationship because they can only understand themselves in relation to another person. In this context, love is part of a new therapeutic relationship model means that the therapeutic relationship provides the clients with an opportunity to learn to relate in a new way with others and in which love plays a central role.

> *This is a different model of relationship than what they already know, which is like taking something from a parent, from a mother in a new way (Lisa 123-125). In this relationship the therapist becomes the equivalent of a parent that changes you and this parent has positive feelings, but also sets boundaries for you* (Lisa 128-129).

In this new relationship the therapist's role is not only to love. The goals of therapy are particular and love should be part of the relationship in order to internalize something different and more positive that they know already. As one of the participants said about how she loves her clients:

> *To take care of them emotionally, to help them understand that they can also take care of themselves afterwards - it's not like I'm going to be a mom and that's it - here we're talking about the other person having to learn to take care of themselves too. To become their own healer in the end. That at some point this is the goal of the therapy: to be able to internalize a new therapeutic, maternal, positive, parental part that helps. Not to be the critical part, let's say, that they may usually have* (Lisa 116-122).

Love as a Growth Factor

One of the ways that therapy and especially long-term therapy could be conceptualized as is as a process of psychological maturation and the becoming of oneself. In this context, three main goals for the client need to be achieved a) autonomy and independence b) freedom and c) to become themselves. Love in this context is all about the person's growth that needs to be facilitated.

A. Love as facilitation of Autonomy and Independence

To be autonomous means to be responsible for oneself and independent. Part of therapist's love for the client has to do with not being an obstacle (consciously or unconsciously) to client independence. This requires knowledge and attention not to make the client dependent on the therapist.

> *That is, normally the patient should not depend on us. Should the treatment thus close and be free. To be autonomous, to find himself and not to need us so to speak. We must render ourselves useless. In love there is this*

> *pitfall, which has many I must say…. it is a so-called Lernaean Hydra if one enters it... and one needs to be very careful.* (Catherine 20-26).
>
> *In this sense, not to assume their responsibility in this way, they have to go through this path which is painful. And that is very important, not to take the responsibility from them. Be present but not take their responsibility.* (Catherine 73-76)

B. Love and Freedom

The love we are speaking of in the therapeutic context is not one about give and take. It has to do with the feeling of freedom. Therapist's love is crucial in facilitating a nurturing and protecting relationship in which the client can not only be free to express themselves in whatever ways they need to but also to allow them to be their authentic selves. In that process the therapist's gaze should not be forming any expectations to the client. Love in that sense is liberating for the client.

As one of the participants put it*:*

> *……so for me this is always the meaning (of love), so that our client can be free, he can be free to tell us what comes to their mind and to us, they can be free to leave , to interrupt (therapy) even when we think they shouldn't. To be able to be free to take a long time to make a change that we would like to see it faster .... to be able to be truly free in this relationship which is in fact the only relationship in his life that they can do this. Let our gaze not form expectations because of love* (Catherine 33-41).

The significance of the therapist's love for the client in a particular way that nurtures and protects the relationship and results in the client developing freedom for themselves is highlighted by another participant:

> *I would again say about an honest connection that includes security, appreciation and freedom. Freedom of expression and freedom to be…. in being able to be as one really wants to be. I think this is the most important thing. And the therapist's role is to build that framework so that relationship can develop, nurture and protect it. They have also talked a lot about the safe space that this relationship needs to have...so that the client can develop these characteristics. That is, to be himself* (Anna 25-31).

C. Love as a condition that assists Clients to become themselves

People come into therapy because there are things have happened to them in their lives and they cannot be themselves. Therefore an important therapeutic goal is many times the becoming of themselves. The client exists in a relationship that the therapist loves and cares about the person's growth. By having a stance that recognizes the situation that the clients are found into and accepting them, the therapist makes the client to recognize and accept the situation that they are found into. It is then that the conditions for change have been established.

> *... in general, I think that when you love a person, you care about their growth. You care about him becoming himself* (Catherine 3-6).

> *And really along the way the relationship had all these characteristics that I told you about and the result was... that he became this person who he really is. The best version we say. Recognition, acceptance, change. Because all these in therapy are therapeutic moments and therapeutic goals* (Anna 40-44).

It seems that when a therapist has the willingness to see their client grow and overcome their obstacles by showing interest to them , this condition is sufficient in assisting

clients becoming themselves. The factor that causes that change is that form of love that clients often haven't received in their lives.

> *The other side of the love - I was talking about before- is that you are interested in the other person, that you want him to grow and overcome their obstacles. Everything that has happened to him in his life and he cannot be himself. And this interest often helps a lot, especially those who have not received anything like this* (Catherine 29-33).

Love in the Formation of a Connection

In this formation of the connection between the therapist and the client, the protagonist, the one who initiates and influences the creation of the connection is the therapist. The client is the one who in a way is invited to something that initially they do not recognize or they haven't experienced before.

> *He feels safer, at first he feels safe. He feels that the other person is close to him, helps him, supports him, tolerates his feelings... so this also helps him* (Lisa 31-35).

> *At first she was very angry with all the women because of her mother and it was very difficult to accept me, but when she saw that I really had very good feelings for her, …… she started to express corresponding feelings. That here I feel safe, here I feel you see me, here I feel you validate me. It is after a point that the two people become compatible. And they can work together. This forms the therapeutic relationship and where mutual love can also arise* (Maria 87-94).

It is therefore the therapist attitude and stance (that has love) that influences the client to develop corresponding feelings to the ones that they have received . This results into forming a connection and into the beginning of a relationship. The initial connection formed

as a result of love has the characteristics of safety , appreciation, openness , trust and freedom.

> *I would again say about an honest connection that includes safety, appreciation and freedom….. They have also talked a lot about the safe space that this relationship needs to have...so that the client can develop these characteristics. That is, to be himself* (Anna 25-31).

> *Because one of the first things I make sure to say in the primary sessions is exactly this contract that we say: "we in the relationship". There needs to be this relationship of safety, honesty, trust, openness. From both parties* (Anna 35-38).

II. Manifestations of Therapist´s Love

Within a therapeutic setting, the love that a therapist expresses for their clients is complex, comprising both caring and the ability to endure things that happen within the relationship. Relevant sub-themes include 'The Caring Dimension of Love', 'Love and Enduring' and 'Love Expressions'.

The Caring Dimension of Love

The most usual manifestation of love in the therapeutic relationship is caring. Participants have identified that as a significant part of love either as something that they have received in their personal therapy or as something fundamental, the common denominator that love is all about along with the creation of the connection.

One of the participants identifies his therapist's caring and how important was for his growth.

> *I realized that later, her caring and how much she helped (John 160).*

It is important to mention that the realization that the therapist brings care into the relationship is something that could be understood later in the relationship as clients perhaps have not experienced this kind of care in their lives until they initiated therapy. Therefore

caring is not always obvious but is derived and understood by the context rather than from actual words that a therapist says to the client. In fact, a therapist should even avoid saying that they care for their client.

> *This is something that I realized through therapy, which may have bothered me when she (the therapist) interpreted it for me at the time, but then I realized that she was right and that this was something that contained a care for me* (John 168-170).

One of the participants saw caring and connection as the basis of love in the therapeutic relationship. This connection that is a result of therapist's love is characterized by caring .

> *The bottom line is now, as we speak I am thinking of the bottom line…. the basic concept is about a connection and a caring. This I would say is a basic field, the basis on which we rest and give the meaning of love or at least I do* (Anna 13-16).

Another participant provided us with a way that caring is manifested when she dreamt of her client being psychologically healthy, something that she avoided telling her. The participant saw the dream as her wish of the client to progress and had hope instilled in her about her client.

> *And I dreamed of her well, so in a nice dream she was so very alive and in a nice dream. Well, and that's kind of, like, caring in me - of course I didn't share it with her - but it gave me a sense of optimism at the time... that now that we're in such trouble she will somehow come out of her problems* (Catherine 53-56).

Love and Enduring

A. Bearing the Other as a Form of Love

Love is not only about positive feelings towards a client. Bearing the other as an expression of love is a deep and demanding undertaking. It necessitates profound acceptance, altruism, empathy, dedication, and forbearance. This type of love can be challenging at times, but it is very gratifying, nurturing a connection that is strong, life-changing, and long-lasting. It involves genuinely perceiving and appreciating the other individual in their entirety and making a commitment to being a supporting influence in their life.

> *So I consider it (Love) an integral part of the process that has to do with what I explained before…. in principle by giving space and the ability to endure that things that I won't like will happen, but despite all that, because I have an appreciation for the other person and a desire to get along with them, I try to overlook them by putting them aside* (John 10-14).

The results of bearing the client are testified by another participant:

> *I realized in the end that by bearing the grief I supported him. (Anna 86).*

Bearing is a difficult side of love which is characterized by taking steps back in order to allow the person to become free and realize that they have the responsibility for themselves:

> *What I'm saying is that you may or may not be able to make it, but that's okay. I'm here and I can bear it even if you don't make it and that's very liberating and that's a difficult side of love. Because love is not about full availability..., even the things I said… faith, trust and so on are based somewhere* (Anna 96-100).

B. Love as being able to endure Object Usage

Often therapists have to deal with behaviors of their clients that they make them feel uncomfortable, but often these behaviors are developmental work in progress that the

therapist must bear in order for their clients to develop psychologically and relationally. One of the participants sees bearing object usage as a form of love:

> *In my own way so ... my experience as I have lived it, I think that because you have allowed all these things to happen and you have shown the patient ... - Winnicott says this very well - that we must allow the patient to use us as he pleases. This is what we call object usage. That is, to become an object for him who will do to us what he wants, as he wants, and we must bear this. As long as the framework is there, right? To allow him to live us as a person that he is there so that we can understand him and let him in his fantasy to blame us, get angry, fall in love with us, murder us.. everything! Because this shows that there are incomplete processes from childhood that need to be completed in order for the other to move on, so the love in or out of quotes comes from the fact that the patient feels at some point that you've been in, you've endured it, you've got it allowed this thing* (John 133-145).

An example of this enduring is provided by the same participant:

> *And the supervisor said that this is a child who is looking for someone to bear his smell. Someone to be able to…bear the smell and love him…that only if you can feel that…this thing will happen* (John 185 -188).

Love Expressions

A. Love is 'radiated'

The notion that love can be 'radiated' emphasizes the significant influence it can have when it emerges from individuals and permeates their environment. It improves emotional and psychological well-being by increasing positivity and feelings of safety. Essentially, it enhances the relationship and fosters support. Through deliberate intention, therapists have

the power to 'radiate' love, so making a valuable contribution to an environment that is characterized by harmony, empathy, and interconnectedness.

One participant suggested that there is no need to express the love in a therapeutic setting as this is heavy and reminded that we can communicate things extra-verbally:

> *It is very heavy to express to the patient that you love him. I wouldn't do that. Love radiates. Your posture... is how you will welcome him. It's what I want you to remember that I think we also said in the team, that communication, 30% of communication is verbal. Well 70% is non-verbal* (Maria 212-216).

Another one also highlighted how love is 'radiated' in the room and perhaps this is the most accurate form of communication between therapist and client:

> *No, I wasn't expressing it, I was just radiating it, so to speak, maybe it was coming out without me realizing it. Something like that (Lisa 99-101).*

B. Love as Respect and Appreciation

Love, when characterized by respect and appreciation, highlights the profound and long-lasting elements of relationships. It encompasses the act of acknowledging and appreciating the inherent value of others, treating them with respect, and recognizing their unique contributions and individuality. As one of the participants said:

> *It (Love) has to do with a deep respect towards 'Man' (Anna 197-198).*

And as one of the participants commented:

> *And when I talk about love, the first thing I experience is an incredible respect… which happens in therapy. This respect has nothing to do with discipline. This respect is about recognizing that we share the human condition. That we are two people here trying to figure out how to help the*

> *patient live better. And just the fact that a person enters the therapy process makes me love them. Because this person is courageous, he wants to do something, he has not stayed in his problem, he wants to do something about it* .... (Maria 15-23).

C. Love as Interest

Within the context of therapy, the conceptualization of love as interest entails the therapist demonstrating authentic inquiry, attentiveness, and concern towards the client's experiences, thoughts, and emotions. When love is characterized by interest, therapists can create a nurturing atmosphere by engaging in active listening, demonstrating empathy, providing validation. A source of the problems that clients come to therapy for has to do with the fact that they miss genuine interest by their significant others and therefore they are in great need of:

> *The other side of the love - I was talking about before- is that you are interested in the other person, that you want him to grow and overcome their obstacles. Everything that has happened to him in his life and he cannot be himself. And this interest often helps a lot, especially those who have not received anything like this* (Catherine 29-33).

Genuine interest is part of therapeutic love and that is why clients are many times seeking in the therapeutic relationship:

> *And what I understood from the way she explained it to me, is that she really missed feeling the interest and care she had from me. So this was something that has the element of therapeutic love that I was talking about before* (John 51-54).

D. Love as giving Space

The concept of love as providing space entails valuing and acknowledging the distinctive qualities and independence of others. It encompasses encouraging their individual growth, cultivating self-reliance, and preserving a harmonious equilibrium between intimacy and separation. The therapist facilitates the development of nurturing relationships that are also cognizant of individual boundaries. By adopting this strategy, clients not only are confidence and self-esteem fortified, but the relationship's overall well-being and durability are also improved. In addition giving space allows the therapist to know the client better and therefore allow for love to emerge for the other person:

> *Basically for love to emerge...I find that at least with my clients I need...to give space, to learn… to listen, to be curious, to see what this person wants. What does he want to do?* (Maria 118-120).

> *I gave him space to narrate to me. And I began to understand that in order for this man to survive he had to show that he is strong, that he can do everything,,, he had to prove to others how great he is. And this gave room for him to be able to open up more and brought out very honestly that he also had a lot of difficulty in actually connecting even romantically (Maria 132-136).*

E. Love as active Presence

Demonstrating love through active presence entails investing one's entire being in relationships, encompassing their mental, emotional, and physical being. This approach facilitates the development of more profound relationships, cultivates confidence, and improves psychological welfare.

Often the active presence of the therapist is demonstrated through mirroring back something that has been expressed by the client. This is the result of empathy and being present with the client and at the same time showing them that they understand the meaning that they tried to communicate to the therapist.

> *Active presence... in this sense, i.e. what the client brings, to mirror it to him in a way that makes sense for him, -and for you of course and for him-.* (Catherine 134-136).
>
> *Of course, from the way you listen to the client, from the way he feels that you hear him and see him... this is a kind of care, that is, from the things you will say to him he understands that you are very present in this conversation. And I think there they feel they have a person there. They understand that my question or what I will give them as a mirroring is what I have actually heard or seen from them. I would say the presence, our presence. The presence that you are whole, not the presence that you are somehow, you want to direct him somewhere, you want to set him a goal, to change this and that. Just be there for him, taking a step back to give him space to express himself and respond to what he's telling you* (Catherine 112-121).

F. Love as Sympathy

Understanding love as sympathy entails acknowledging and partaking in the emotions and experiences of others. Invoked from the Greek word 'sympatheia', which translates to 'feel together with someone', sympathy transcends mere pity or surface-level comprehension. It entails a profound and empathetic bond, wherein an individual genuinely empathizes with the emotional condition of another. Often this sympathy has an effect on the progression of therapy:

> *So when he opened that part of him and I saw the whole man, I felt real sympathy and then the therapy started flowing (Maria 143-144).*

Another way of conceptualizing sympathy in Greek language in which the interviews were conducted is to empathize with someone's suffering.

> *We sympathize so to speak, I suffer with her in a way. Of course, I'm not saying that I'm crying and suffering like that... I mean that in this place and with her in this difficulty….* (Catherine 218-222).

The same participant acknowledged that sympathizing with someone means that you love them.

> *And she brings it like this, I have her in mind and I can think of her and that shows something. If you love the patient you think of them, you sympathize them in a way* (Catherine 226-228).

III. Effects of Love on the Client

The impact of love on an individual can be extensive and diverse, making a substantial contribution to their emotional, mental, and physical welfare. Relevant sub-themes to 'Effects of Love in the Client' include 'Attachment and how love can repair' and 'Conditions under which Love can be repairing'.

A. Attachment and how love can repair

i. Attachment

Attachment, which is created by a therapist's love, is a critical component of successful therapy. It establishes a secure base , heals prior attachment traumas, improves emotional regulation, and builds relationship skills. This bond not only fosters psychological growth and improves treatment outcomes, but it also delivers long-term advantages that clients may use to their daily lives. Therapy can transform clients by harnessing the power of attachment, assisting them in developing healthier relationships and living more fulfilled lives.

> *It has the effect that initially you attach to the other. The other person becomes a very important person in your life* (John 119-120).

> *Connection, communication, attachment…. these mainly* (Lisa 3).

ii. The Process of Reparation

Reparation is a mental process in which a person tries to fix, restore, or make up for harm they think they caused through their own aggressive thoughts, actions, or fantasies. This is usually caused by unconscious guilt. The reparation process is the result of therapist's love.

> *As a general principle, I will bring back this term that I said earlier. This is the term of Klein's Reparation. That in fact... we can put it as a condition in which the individual has brought together conflicting sides of the Self. And he has done what we call Integration. He has been able, so to speak, to come to terms... with the more hidden sides. Psychotherapy is a coming of age process (John 149-155).*
>
> *And I understood through the work….mine as a therapist now and from my reactions to…situations in my personal life that I saw the difference, how much they had to do with things that had been done in the process so as to say I succeeded yes.... I reconciled conflicting sides (John 161-165)*
>
> *Safer to explore their difficulties. Not to be so afraid. So it's a base, it's a framework in which the client feels that security that the baby feels with its mom. It is known that this relationship is a reparative mother-type relationship somehow, it is not exactly the same, but you are the good parent that the other person may not have had (Lisa 51-55).*

B. Conditions under which love can be repairing

i. The Client is attuned to the love of the Therapist

Attunement to a therapist's affection and caring can have a significant impact on clients' therapy experiences and outcomes. It encourages a stronger emotional connection, increases self-awareness, and drives positive transformation. This attunement is essential to effective therapy because it allows clients to fully realize the therapeutic relationship's

healing potential. One of the participants described how this attunement take place within the therapeutic relationship:

> *But how at the same time the member has become so connected to me that he recognizes and tunes in to the feeling. Because extraverbally he perceived it (Anna 126-129).*

Another participant describes how the client transitions from a state of doubt for the process and the therapist to a letting go and loving their therapist back.

> *The patient enters with many doubts, with reservations. He needs to build this… trust index so he can let go and feel love for you…. and we are talking about universal love* (Maria 56-58).

And another describes how love is reciprocated as a result of therapist´s affection.

> *For me, the basis is again the appreciation that yes, I come here and you help me stand on my feet and that's why I love you. I have received this one too many times. And maybe that's what keeps me so ... loving this profession so much* (Maria 51-53).

So it could be derived that a significant effect that therapist´s love might have is the client is attunement to the therapist's love and reciprocity.

ii. Validation

Validation is a vital effect of love in the therapeutic relationship that contributes significantly to the client's healing and development. When a therapist provides love and care, validation frequently follows, resulting in outstanding positive effects on the client. It makes clients feel understood, accepted, and valued, which are all necessary components of a successful therapeutic process. Therapists can use validation to help clients develop a stronger sense of self and a more resilient approach to life's obstacles. As one participant expressed it:

> *Love validates. That is, when I, as a patient, feel that my life is going bad but there is an office, with a person who believes in me... and to feel this love, trust, that he believes that I can make it, that he likes me, that I am not as bad as others think…. When the therapist sees with these eyes the client… that in itself is healing. This validation may be a therapeutic factor. And nothing else is needed* (Maria 380-386).

The result of validation according a participant could be that therapist and client become compatible and this can help both of them developing their relationship, communicating better and help the client grow.

> *.... she started to express corresponding feelings. That here I feel safe, here I feel you see me, here I feel you validate me. It is after a point that the two people become compatible. (Maria 90-93).*

IV. Therapist's Experience of Love

This theme includes three sub-themes: namely 'Therapist Stance' ,'Therapist Side' and 'Universal Agape stems from a Belief in Humanity'.

Therapist Stance

A. The frame allows Love to be experienced

Within the realm of psychotherapy, the term 'frame' pertains to the structure and boundaries that define the parameters of the therapeutic process. This encompasses the establishment of the therapeutic environment, the specific time frame, the assurance of confidentiality, and the respective responsibilities of the therapist and client. The establishment of a frame is essential in order to create a secure, foreseeable, and controlled setting where therapeutic procedures, such as the encounter of love, can occur with maximum efficacy.

> *And the frame has Care. The time, the duration, the frequency, the stability in that frequency, that you are always there. They signify the space for the client . A security, a quietness that is to leave away the issues of everyday life, outside this door* (Catherine 140-147).

The therapeutic frame is crucial for establishing a controlled and safe setting in which love can be experienced and used successfully for the purpose of healing. Establishing safety, stability, and clear boundaries is crucial for fostering trust and enabling individuals to be vulnerable. In this organized environment, the therapist's love and concern can be genuinely conveyed and profoundly experienced, promoting emotional regulation, profound introspection, and the demonstration of positive interpersonal patterns.

> *....this theoretical psychic distance that we have from the patient - and here I want to emphasize - is what allows love to be experienced, because the distance can apparently make the psychoanalytically thinking therapist look distant, but in reality it is the exact opposite. And it serves the fact that the other person will also feel safe. And he will feel that things are played out on a psychic level, without the risk of physical contact, of being frustrated. And this is why the frame is very important. In other words, it is the rigor of the frame that allows love to be experienced as an emotion* (John 84-92).

In essence, the frame enables therapeutic love to exert a significant influence in terms of repairing, fostering development, and ensuring enduring psychological well-being. One of the participants describes how the frame provides security and efficiency and results in love taking place within the psychotherapeutic relationship*:*

> *How does this love develop with a professional? So....and which will in fact allow the emergence of associations, introspection, working through as we say, mental processing...all this happens because you are in an*

> *environment that the other person tells you in here, you are safe. The frame gives security. And this security of the frame, which also has an efficiency, because you see things progress, little by little you feel better, you know yourself better. This is what makes you feel the love from and to the therapist* (John 96-103).

B. Therapist's love does not expect anything from the client

The concept that a therapist's love is devoid of any expectations from the client is essential to the therapeutic alliance. Unconditional positive regard, a concept pioneered by Carl Rogers (2000), is a fundamental principle in therapy.

> *To be able, not so neutral, but to be able to have a clear look. Let our gaze have no color* (Catherine 45-47).

> *Of course for me here again a trap is the expectation of the therapist, that is to say that... with a client that we feel closer to them, our own expectations for him do not invade his space* (Catherine 66-72).

C. Love needs to be regulated- Reprocessing feelings

Establishing regulations for love within the therapeutic partnership is crucial for upholding professional boundaries, guaranteeing emotional safety, and facilitating successful therapy. Therapists are need to consistently maintain self-awareness, actively seek supervision, and employ emotional regulation skills in order to effectively manage their emotions. Through this approach, they can create a safe and nurturing atmosphere in which clients can delve into their emotions, cultivate independence, and attain enduring personal development. The regulation of love, demonstrated through a carefully maintained therapeutic frame, ultimately strengthens the therapeutic bond and promotes a more efficient and ethically sound therapeutic procedure.

> *If it is regulated it can help a lot, if it is uncontrolled, no, no. There will be a very bad countertransference and it will not benefit the other person at all. And in fact if, say, someone feels strong romantic feelings or of another type, it is good to refer the other person* (Lisa 173-176).

> *Because if, let's say, one lets all this develop and the other feels the same, and that is to say, you escape from the therapeutic context, and the other can be very hurt. It is out of the question him getting hurt badly and losing his trust. Also the therapist himself can get too involved. And with motherly love and with friendly love, they must be very careful. How can I say? A therapist can process them and not let them come out more than they should. Because it is not his role to be a friend nor a mother nor a lover, let's say he should be a therapist* (Lisa 184-191).

Therapist side

A. Love is a result of various deep feelings for the Person

The love that a therapist experiences towards their client arises from an array of profound emotions, such as admiration, tenderness, wonder as well as less positive feelings such as sadness or anger about their situation (and not the people themselves). The presence of this complex and diverse love generates a potent and healing power within the therapeutic relationship, cultivating a secure, encouraging, and nourishing atmosphere. Comprehending these elements helps emphasize the profound and intricate nature of the therapist's love and its crucial function in enabling successful therapy. Therapists can offer clients the necessary care and support for healing and personal development by embodying these qualities.

> *....and as the therapy process progresses, I begin to see characteristics of this person. Which can cause me various emotions, such as tenderness, sometimes wonder, other times anger. Sometimes sadness, other*

> *times admiration! All these together make up a palette and the color made with all these emotions tells me that this is love for the patient* (Maria 25-30).
>
> *So I see yes ... for many people I feel a deep love in therapy* (Maria 40-41).

B. Love as a Motive

The presence of love as a motivating factor in therapy exerts a significant influence on the therapeutic relationship and the whole process. Therapists are driven by love to empower clients, facilitate healing and transformation, and dedicate themselves to ongoing learning and self-improvement. Therapists can substantially impact their clients' lives by providing compassionate, ethical, and effective care, driven by love as a motive.

> *It also has a motive. Love is an emotion that can motivate you more as a therapist and as a client. To be able, let's say, to take an extra step that is needed if the clients feels that the other person is interested, cares, loves him* (Lisa 7-10).
>
> *Despite all this, ultimately positive feelings help because many times I have seen that when the patient feels that you care, that there is an interest, there is a warmth, there is something that is beyond this professional relationship, it helps from what I have seen* (Lisa 15-18).

C. Love humanizes

A therapist's love confirms the client's humanity by recognizing their intrinsic worth and dignity. This confirmation can help to reduce emotions of shame, sadness, or worthlessness, resulting in a more positive self-concept. A therapist's love is critical not only in humanizing the therapeutic process and hence having a significant impact on the client's experience and outcome but it also affects the therapist in the sense that it deepens their humanness.

> *They have changed me as a therapist. First of all, the more I work on these values and principles, the better I think I get. More honest and open. And more to accept. More authentic, safer. They are human … human relationships (Anna 120-123).*

> *When I feel this love and this connection, it touches my soul as a person and I learn. So, for example, this particular girl who was so rebellious and I was so with her, we worked so well, she also helped me in my house when I had the corresponding rebellious creature to be more humane. And not only from the role of mom. It is more… It helps me to be more grounded, more human with other people (Maria 179-184).*

Universal Agape stems from a Belief in Humanity

The concept of universal agape, characterized by selfless and unconditional love towards all individuals, arises from a profound conviction in the inherent value and capacity of humanity. This type of love surpasses individual differences and embraces the inherent worth of each human. Within the realm of therapy, the concept of universal agape influences the therapist's approach and attitudes, creating a conducive environment where clients perceive themselves as being appreciated and comprehended.

> *There is the universal Agape, that would be good and that we must have... all of us who decide to work with people for Humanity . A therapist who does not believe in Humanity better not be a therapist, absolutely* (Maria 343-346).

> *Given the circumstances man can bring out his best if he chooses to. That's the difference with existentialism too okay? That I choose to bring out the good because you can find yourself in the worst circumstances and yet*

> *decide that this is not what you want and will bring out your best. Within the limitations of existence, okay…*(Maria 351-355).
>
> *I give my interest, my concern and I have a faith in Man. I often realize that I see, I focus on the strongest points of the person. Not ignoring the weaknesses, but putting forward the belief that once he takes responsibility for himself he will go ahead and change the things he wants to change or accept some other aspects of himself that do not change and cannot change them. He will fight . I want to say that…. like I'm focusing on the person's strengths so I have faith that they can make it* (Anna 59-65).

V. Risks and Dangers of Love

This theme includes two sub-themes: namely 'Risks and Dangers for the Client' and 'Risks and Dangers for the Therapist'.

Risks and Dangers for the Client

A. Risk of Client encroaching the Frame

The therapeutic frame, encompassing the boundaries and structure of the therapeutic relationship, is crucial for establishing a secure and efficient therapy environment. Nevertheless, there is always a possibility that clients may infringe upon this boundary, whether intentionally or unintentionally. Invading the boundaries of the therapeutic setting can disturb the therapy process and even endanger both the client and therapist.

> *You know, this also needs boundaries setting. Another example of boundaries setting is let's say another patient, who very shortly in the sessions wanted to take off her shoes, to... sort of sit on the chair. ……..And so we should not be carried away, the ah yes, to make her feel comfortable and that I love her... because that too can have something controlling, something*

manipulative in it. This also needs to be raised as an issue and worked through in therapy (John 215-221).

Boundaries must be specific, known from the beginning. And how can I say? to be discussed with people. that you know… it is so and so… we meet at this time, it costs so much… the duration of the session… (John 230-232).

B. Therapist Abusing Power

Therapists possess significant power within the therapeutic alliance due to their position, specific expertise, and the client's vulnerability. Misuse of this authority can result in significant and enduring repercussions for the one receiving the service, eroding confidence and potentially inflicting psychological damage. Forms of abuse could include boundary violations , exploitation and manipulation. One participant provides the analogy with a mother-child relationship to demonstrate how this abuse could be done even unconsciously:

The best example I can give is in the mother-child, parent-child relationship that many times, let's say, asking your child if he loves you, has to do with a need of yours and not his... hugging him can have a love to do with a need of yours to feel tenderness, covering the feeling and not his. In the end, despite everything, you have the power and you do it. And you feel like a good parent too. Corresponding proportions exist in this relationship as well. Because the therapist has the power. The relationship is not equal. We may love each other, we may not love each other…. I don't know what it is, it's not equal. The therapist has the power and the responsibility. The therapist must be very conscious of their the position of power (Anna 144-152).

The dangers are this.. to enter into a loving relationship and consider the other a child who needs protection, care. The balances are delicate. In other words, you must not take away his autonomy. And the responsibility of

choice. Equally this should be cultivated. Yes, and at some point he can take responsibility for his choice (Anna 174).

Any sort of boundary violation is an abuse of power according to another participant:

To overcome the boundaries of the treatment…. i.e. we are not friends, am I not taking roles that others in your family or life should take. And of course the erotic is completely wrong (Lisa 232-237).

C. Having Autonomy and Responsibility taken away

Depriving the client of the ability to make choices can have a significant effect on the therapeutic process and the well-being of the client. The ability to make choices is crucial for autonomy, empowerment, and agency, all of which are necessary for therapy to be effective. When clients perceive limitations or interference with their decision-making capacity, it might result in many adverse outcomes.

I should avoid to tell the other person what to do. Yes, not at all, not even hint it, because I also take a responsibility, so I maintain his childish position (Anna 170-171).

The dangers are this.. to enter into a loving relationship and consider the other a child who needs protection, care. The balances are delicate. In other words, you must not take away his autonomy. And the responsibility of choice. Equally this should be cultivated. Yes, and at some point he can take responsibility for his choice (Anna 174).

Another danger is that we start not seeing clearly, because if we have such empathy , if we have such an attitude, then we start and we don't see very clearly. Because we care about the other we become overprotective, that is to

say somehow take the responsibility from him and we also take the responsibility for change from him (Catherine 396-401).

Risks and dangers for the Therapist

A. The Danger of maintaining a relationship to address therapist's narcissistic needs.

The therapist engaging in a therapy relationship with an intention of seeking admiration or validation can provide considerable dangers to both the client and the therapist. This dynamic has the potential to result in ethical transgressions, dependence concerns, and impede the client's advancement in therapy. It is very important for the therapist to cover their needs outside their professional environment.

.....because it is a strong emotion and because we need it... and because it can meet our own needs, - I mean as therapists - there can be an exploitation of this emotion (Anna 132-135).

I maintain a relationship to admire myself (Anna 139).

Cultivating a relationship to receive love (Anna 135).

The relationship in this context is not a therapeutic relationship anymore but rather a very unhealthy one.

.....and there is also this megalomania of the therapists. I say things in a great way to my client and of course the person being treated strengthens and reinforces this and it's a mess again. I don't know what it's called exactly, but I think it's to try to meet your need for acceptance from the patient. Or for understanding. Sometimes there is this illusion that we speak the same language. It is a danger of this love. Falling into a different kind of relationship than the therapeutic one, i.e. changing the relationship (Catherine 383-391).

B. Violating the frame

The therapeutic relationship and the client's wellbeing might suffer greatly when a therapist goes against the therapeutic frame. The therapeutic frame includes all the parameters, rules, and structures that establish the therapeutic alliance and furnish a secure and productive environment in which therapy can take place.

> *There are too many cases, for example of people with dissociative disorders who in trying to overcome, let's say, psychological traumas, sexual assaults, violence, beatings and so on... therapists end up making very serious violations of the frame themselves, in their desire to show the patient how much they love him. Whom they may consciously love him, but unconsciously this also has the part of them being seduced by the part of the patient who wants to destroy the treatment. And for this reason, supervision over long periods of time is also very important* (John 246-253).

In addition to damaging clients' and therapists' trust, therapeutic frame violations can have major ethical and legal ramifications.

> *.... the biggest risk is that in the desire to make him feel good, you break the boundaries. There have been recorded cases where they have even had sex with patients in order to satisfy them. But I would generally say this is an extreme case. The biggest risk is encroachment and violation of the framework on the part of the therapist* (John 256-260).

C. Danger of Dependency

For both clients and therapists, dependency in therapy can carry serious consequences. While clients in treatment frequently rely to some extent on others for support and direction, over-reliance can impede therapeutic advancement and jeopardize the client's autonomy and well-being. Clients come to therapy because many times they have missed that love that the therapist offers and that itself makes them needy and hence vulnerable.

> *What we have to be very careful about with love is this, because all of our clients come to us for this too...somehow they have been deprived of love in one way or another. And many times they are very sensitive about it, that is, they want you to love them. Or maybe you are the only person - the therapist - who has loved them. They are very needy. That's where dependency comes in, that's where they might do things to please you or say things they know will please you, or yes they're kind of soft on you, not telling you what's really on their mind so as not to displease you. That is where attention is needed! (Catherine 151-159).*

When clients are becoming dependent on the therapist , they cannot be in the relationship authentically, hence they cannot be themselves and progress. The client must always be free to speak and rather not try and please the therapist.

> *And this needs great attention, so that there is no violation there and I do not mean sexual violation, I mean violations in the relationship. In not being able to be themselves….. because the patient comes here to really be able to be who he is, that is, if he thinks something bad about me he must be able to tell me. He should not be trapped in that he will displease me. He'll be stuck at first, but he should be able to tell that too. He should tell me his truth, because the relationship he has with me is also the relationship he has in his private life at the beginning* (Catherine 165-171).

Dependency according to one participant can lead to an unequal relationship in which the client does not get the help needed.

> *He will then depend on me in an essentially unequal relationship and he will never be able to…. our purpose is for him to find these things in his life, not to find them in us* (Catherine 178-180).

Dependency leads to entrapment and lack of freedom to the client.

> *Well, but in the analysis, I clearly think that a person should be free and that's why we shouldn't make this move towards him, because if we make this move then we trap him. Yes, we trap them to do what they know how to do by now to anyone who loves them. To their mom, to their dad, to their partner, they will do the same to us and then we won't be able to see it clearly. We will have co-shaped it* (Catherine 190-196).

D. Not meeting the standards of therapy

The therapeutic process can be seriously jeopardized and complicated by altering the therapeutic criterion or the standards by which therapy is delivered. Usually, the therapeutic criteria refers to the accepted values, objectives, and approaches that direct the therapeutic relationship and interventions.

> *to alter the therapeutic view of what the other person needs* (Anna 167).

> *And above all we should not have expectations even if we think that out of love this would be the best for her* (Anna 164-165).

> *It means therapists have blind spots too. That is, they have needs that are not recognizable or have no awareness or feelings. This can spoil the relationship itself. To change your view of what you see (therapist). So this means, there is a risk of staying somewhere that is not the need of the person being treated* (Anna 140-144).

VI. Train to Love

A. Safety nets to avoid risks

Integrating safety nets is crucial in therapy to reduce risks and guarantee the welfare of both clients and therapists. Safety nets function as proactive measures and backup

strategies to tackle potential obstacles or crises that may occur throughout the treatment procedure. These include supervision, personal therapy and conversations with colleagues.

> *There are safety nets to escape this risk, such as supervision, personal therapy ...sharing and discussion with colleagues* (Anna 136-138).

> *That's why I'm talking about safety nets of supervision, conversations with colleagues, maybe even therapy at times* (Anna 156-158).

B. Train to relate with Clients

Developing the ability to establish meaningful relationships with clients is a crucial component of becoming a skilled and ethical therapist. Acquiring relational skills is crucial for establishing a relationship, promoting trust, and enabling significant therapeutic relationships. By prioritizing these specific areas and actively pursuing opportunities for personal and professional development, individuals can acquire the necessary skills to effectively engage with clients and establish a therapeutic setting that fosters healing, personal development, and empowerment.

> *..in essence, I think we become therapists through our own therapy. Everything else is ancillary. Of course you have to read and learn and develop in this and other things, but in relating you become a therapist because what you propose to the patient is a different kind of relationship. So from the kinds he knows so far, which limited him, which wounded him or had him taught some ways that have not helped him to this day* (Catherine 308-313)

> *That's what we do to the clients, I mean, we relate in another way, we relate in a way that's maybe more transparent, in a way that they can see themselves better. Or we are also trained in this, to be able to bring them what we see more clearly. To see it together. But this can only be done within a relationship, it cannot be done autistically by looking at myself in the mirror. That*

> *is, no matter how much I understand, I cannot change on my own. Only in a relationship can I. And there maybe love is - love in this broader sense - is the background, that is, it is the ground on which both can step* (Catherine 339-347).

C. Train to frame and express the Love

Developing the ability to frame and demonstrate love within the therapeutic setting necessitates a nuanced equilibrium of compassion, expertise, and moral deliberations. Although it may seem natural to show affection or care towards clients, it is crucial to handle it in a way that gives priority to the client's welfare, establishes appropriate boundaries, and follows ethical principles.

> *Training is about how you will express the love you have as a human being. It's more about being able to frame it. And to learn how to manifest it, to communicate it correctly in a context that will be beneficial for the patient and not destructive. Let us not forget that the greatest crimes have been committed in the name of love…* (John 307-313).

> *I'm a big believer in training , that is, I think it's dangerous not to be trained. So you can't see people without being trained in how to stand in front of the person being treated, and how to set boundaries and rules and how to process your emotions and the emotions of the other person. Yes, and it is indeed a training that takes years. In supervision you are trained, you learn to manage your emotions even more* (Lisa 256-261).

D. Train to examine and understand therapist´s feelings

By engaging in training in examining and understanding their emotions, therapists can augment their ability to be conscious of themselves, regulate emotions, and develop proficiency in relationships, thus enhancing the standard of care they offer to their clients. It is important to keep in mind that the development of these qualities is a continuous process

that demands perseverance, humility, and a determination to improve personally and professionally.

> *In the training of therapists it can be said that it is very nice to see what feelings we have for this person while we are working or after writing our notes. But the subject of love for the client must be included in the training of the therapist when we talk about this topic, when we talk about the therapeutic relationship. That part of the therapeutic relationship is love for the Human with a capital H letter* (Maria 223-228).

> *Investigating, I think you need to know how you feel about this person in front of you. And not only. To be aware of what is happening between you in the here-and-now. Because this is what will define the therapeutic process of the day. And during development, how you feel about the other person they understand it, if you don't like the other person, the other person will understand it* (Maria 266-270).

Discussion

This preliminary study aimed to offer knowledge regarding the lived experience of therapist's agape for their client from the philosophical point of Heidegger and the methodological framework of Smith (2009). The study was conducted in the Greek language where the word love is translated as agape and hence what has been actually researched is this particular form of love which is relevant to therapeutic practice.

We saw how therapist's agape is distinct from other types of love outside the consulting room, is relational and defined by the therapeutic relationship. Therefore we cannot talk of therapist's love independently from the therapeutic relationship. The findings of this study emphasize the crucial significance of love as a fundamental component for facilitating healing in therapeutic relationships and part of a new therapeutic relationship

model. This is consistent with the existing body of literature that emphasizes the importance of love in facilitating improved client outcome (Forest, 1954; Fromm, 1958; May 1983). Love is a precondition for healing to occur , a therapeutic factor that predicts improved therapy outcome.

Participants discussed how love transformed their therapeutic practices, establishing greater emotional connections and facilitating autonomy, independence and freedom. The power of love enables clients to gain insight into their own identities and capabilities. By experiencing authentic love , individuals have the potential to surpass their limitations and attain self-actualization. This aligns with Maslow's (1968) notion of self-actualization, wherein a milieu characterized by love and approval is needed for individuals to achieve their utmost capabilities. Additionally, it was emphasized that love profoundly influences the therapist's stance, fostering genuine connections. The characteristics of these connections include safety, appreciation, openness, trust and freedom.

Participants also discussed love as inherently caring, portraying it as a commitment to the client's well-being. This is consistent with McCann's (2020) findings of a previous qualitative research on love. Some participants described love as the capacity to endure clients through their struggles, reflecting Winnicott's (1960) concept of *holding* and *containment,* where the therapist provides a stable and supportive presence. In addition, we saw how love could be conceptualized as the ability to endure 'object usage'. Donald Winnicott's concept of 'object usage' is a noteworthy addition to psychoanalytic theory, especially in the context of object relations. Winnicott (1960) differentiates between 'object relating' and 'object usage', which signifies a developmental advancement in the child's psychological growth and capacity to establish connections. The shift from perceiving others as simply extensions of oneself to acknowledging them as autonomous creatures is essential for cultivating mature and healthy relationships. This framework not only improves our

comprehension of how people interact with each other but also provides guidance for therapeutic approaches that promote emotional development and genuine relationships. By enduring object usage, therapists cultivate the conditions for client development.

The presence of love was observed through expressions such as respect, appreciation, sympathy and active presence and giving space. These expressions are essential for establishing a therapeutic setting that is secure and caring, hence promoting clients' therapeutic progress.

Participants indicated that love has different effects on their clients. Initially it facilitates attachment, which assists in the reparative process. Melanie Klein (1987) posits that the process of reparation originates from early childhood experiences, namely those characterized by conflict and ambivalence towards primary caregivers. Children encounter both affection and hostility towards these individuals, resulting in feelings of guilt and a longing to rectify their actions. Klein proposed that humans have internalized representations, known as objects, of others within their psyche. The formation of these internal objects is influenced by early experiences and unconscious fantasies. Reparation entails endeavors to mend and reinstate these internal entities to a condition of completeness. From participants experiences it was noted that clients frequently form a strong emotional bond with their therapist, which helps them recover from previous traumatic experiences in relationships (Bowlby, 1988). It was observed that clients develop a sensitivity to the therapist's love, which confirms their experiences and strengthens their sense of value. Developing a strong therapeutic alliance and accomplishing therapeutic goals greatly depend on this attunement (Gelso & Hayes, 1998). Also validation is an essential outcome of love in a therapeutic relationship that plays a crucial role in the client's healing and growth. When a therapist demonstrates affection and concern, it often leads to validation, which in turn has

remarkable positive impacts on the client. It instills in clients a sense of being understood, embraced, and esteemed, all of which are vital elements of a successful therapeutic journey.

In regards to the therapist's experience of love, it was reported that the therapeutic frame allows them to experience and express love without expecting anything in return and the therapist's feelings need to be regulated/reprocessed in order not to negatively affect the client. Maintaining the therapeutic frame is crucial for therapy to be effective. Therapists establish a secure and organized setting by upholding a robust and unambiguous framework. This atmosphere promotes the client's therapeutic progress and facilitates growth and healing. Therapists are required to develop and maintain clear professional boundaries in order to guarantee that the manifestation of therapeutic love stays within the ethical and professional guidelines of therapy.

The assertion that "Therapist's love does not anticipate anything from the client" underscores the need of providing what Rogers (1957) would call unconditional positive regard and non-judgmental support in the therapeutic alliance. Unconditional positive regard is another expression for love and contemplating this principle emphasizes its ability to bring about significant changes in promoting healing and personal development, as it fosters a profound sense of acceptance and independence within the therapeutic relationship. The notion of regulating love within therapy is crucial for upholding professional boundaries, guaranteeing emotional safety, and promoting good emotional processing. It enables individuals to gain control and independence by encouraging self-exploration and adhering to ethical guidelines. Contemplating this idea emphasizes its significance in establishing a therapeutic setting that is nurturing, considerate, and favorable for individual development.

Therapists also described love as emerging from deep feelings for their clients, serving as a motivational force and humanizing the therapeutic process. Love as a motive in psychotherapy emphasizes the significance of compassion, empathy, and authentic concern in

the therapeutic process. This underscores the therapist's dedication to the client's welfare, adherence to ethical principles, and maintenance of professional honesty. Upon contemplation of this idea, its capacity to bring about profound change in establishing a therapeutic setting that is nurturing, considerate, and favorable to comprehensive healing and individual development becomes evident. This motive guarantees that therapy is not solely a clinical intervention, but rather a profoundly human and empathetic undertaking. Therapists that are driven by love exhibit greater authenticity, relatability, and establish profound connections with their clients. The process of humanization improves the therapeutic partnership, establishes trust, and creates a secure and nurturing atmosphere for healing and personal development. Therapists foster an environment that encourages personal development, empowerment, and overall well-being by embracing universal agape. This approach ensures that the therapeutic journey is a profoundly human and transforming experience. This conviction in the potential of humanity not only amplifies the efficacy of therapy but also validates the innate nobility and value of each individual.

The study acknowledges the potential risks of love in therapy, therapists abusing their power or having the client's autonomy and responsibility taken away. Therapists inherently possess a position of authority within the therapeutic relationship. Taking advantage of this unequal distribution of power, creating challenges for individuals to give authentic consent, which can result in coercion and manipulation. When a therapist loves a client in an inappropriate way, there is a potential for the misuse of their position of authority. The therapist may employ manipulative tactics to satisfy their emotional requirements, leveraging their position of authority to force or exert excessive influence over the client's choices. These risks highlight the need for clear ethical guidelines and boundaries to prevent harm (Zur, 2009). In addition when clients encroach on boundaries in a therapeutic relationship, it poses substantial dangers that can impair the efficacy of therapy and create emotional, ethical,

and professional difficulties for the therapist. The therapeutic alliance, an essential component for successful therapy, may be undermined when clients violate established boundaries and this interruption can impede transparent communication and trust (Horvath and Symonds,1991).

Therapists also face risks, such as dependency, violating the frame, maintaining a relationship to address their narcissistic needs and not meeting the standards of therapy, which all can compromise the therapy's integrity. Therapists might form a psychological dependency on their clients, finding a feeling of self-value and satisfaction from their clients' advancement and validation. Dependency can undermine the therapist's impartiality, resulting in biased decision-making and therapies that favor the therapist's emotional needs rather than the client's therapeutic objectives. This has the potential to disrupt the therapeutic alliance and shift the focus away from important therapeutic goals (Norcross and Guy, 2007). In addition, deviation from the established frame of therapy might lead to perplexity and instability in the therapeutic procedure. It weakens the reliability and security of the therapeutic setting, which are essential for successful therapy. If the therapist's boundaries and structure -which clients depend on- are inconsistent or broken, it can harm the therapeutic alliance and cause clients to lose trust in the therapist. Therapists may also utilize the therapeutic alliance to satisfy their own narcissistic needs, such as seeking admiration, approval, or a sense of significance from their clients. When therapists prioritize their own narcissistic needs, the attention is diverted from the client's concerns. This might result in manipulative behaviors and therapies that prioritize the therapist's interests over the client's therapeutic objectives (Yalom, 2012). Therapists are ethically obligated to deliver care that according to professional standards. Not addressing boundary concerns might lead to ethical infractions and hurt the client. The APA Ethical Principles and Code of Conduct (American Psychological Association, 2017) outline

the standards for providing ethical care. These findings also emphasize the importance of supervision and self-reflection to navigate these challenges effectively (Barnett, 2011).

Participants underscored the necessity of training therapists to express love appropriately within the therapeutic frame. Training should include understanding and examining therapists' feelings, ensuring safety, and fostering relational skills. Training therapists to express love within the therapeutic frame involves creating a supportive environment where clients feel cared for and valued, while maintaining professional boundaries. This type of training can help prevent potential risks and ensure the integrity of the therapeutic process. In terms of safety nets, regular supervision enables therapists to engage in discussions about difficult cases and obtain expert help, while peer consultation provides possibilities for emotional support and responsibility. According to Nocross (2011) training to relate with clients includes training in empathy and compassion to relate to clients effectively, effective communication skills and cultural competence. When it comes to framing and expressing their love, therapists should be trained to distinguish between professional love, which is suitable and therapeutic, and personal love, which can be unsuitable and detrimental. Professional love encompasses the provision of care, concern, and respect for the client while maintaining appropriate boundaries within the therapeutic partnership. In addition, according to Rogers (1957), therapists should be trained to express unconditional positive regard while maintaining the therapeutic frame. According to Hayes et al (2011), training to examine and understand therapist's feelings should include training in utilizing self-awareness and reflective activities to comprehend one's own emotions and responses as well as emotional regulation techniques to manage their own stress and emotional responses. At last, training should be provided in managing countertransference (the projection of the therapist's unresolved feelings onto the client). Therapists can establish

a supportive and ethical therapy environment that promotes healing and growth while upholding professional integrity by focusing on these specific areas.

The results emphasize the diverse and complex significance of agape in the therapeutic relationship. Love is demonstrated as a prerequisite for the process of healing, a catalyst for personal development, and a basis for profound relationships. Nevertheless, it also poses potential risks and dangers making training very important. The findings indicate that incorporating love into therapeutic procedures can greatly improve therapeutic results, as long as therapists receive sufficient training and support.

Implications for Psychotherapeutic Practice

Love is a feeling which has the capacity to form the therapeutic relationship in such way that the client can feel safe and hence become open to change. Love expressed as interest, respect and appreciation and sympathy (just to name a few expressions of therapist's love towards the client) can have significant effects on the client and the therapeutic relationship such as creating a secure attachment and Reparation that leads to healing , the learning of a new way of relating with others and personal growth. Love is something that comes from deep and requires a letting go of ourselves, an attention to new things, curiosity about and effort to understand the Other.

All five participants brought the risks and dangers of love themselves into their descriptions without reaching the point where I would ask them about risks and dangers of love, meaning that these were priorities in their experiences. So the love that leads to improved therapeutic outcome and growth comes with many pitfalls that therapists might fall into in order to frame and communicate their love appropriately. The therapist ought to refrain from doing certain things in the consulting room, they must set boundaries , they should not violate the frame, they must endure of what are thought to be 'unpleasant' behaviors of the client, they should not expect anything from the clients , they must learn to

reprocess their feelings in order not to create burdens on the client. All five therapists' experiences pointed towards the direction of being responsible for both themselves and the client and always putting the client first. Responsibility in this context is not only about the professional and ethical standards that should be a priority for any therapist, but also the responsibility for the relationship.

The responsibility described by the participants unavoidably makes this primarily an ethics discussion. Everything the participants described whether an expression of love or a risk of love had to do with and the ethical principle of 'putting the client first'. This principle does not have only to do with the risks and dangers but also has to do with the nature of therapeutic love. In this context the caring that a therapist demonstrates or the ability to endure , their active presence and sympathy are manifestations of a stance that puts the client first. In addition, all the measures against risks and dangers such as not violating the frame , not abusing the power that the therapist owns due to their position of authority or not becoming dependent all stem from an ethical principle that ensures that no harm happens to the client , hence putting the client first.

The principle of 'putting the other first' and the way to conduct therapy is found in the philosophy of Emmanuel Levinas. According to Levinas, doing therapy and ethics ought to be about choosing to put others first—but not in a Christian sense where one chooses to sacrifice one's own life for the sake of others (Plant, 2018). While we may feel compelled to devote our lives in response to the urgent needs of others, our selflessness is not the source of this sacrifice. Genuine ethical behavior originates with the Other rather than with the self. According to Levinas, every face conveys a message that says, 'serve me', 'don't do violence to me', and 'don't let me die alone' (Sayre, 2022). Emmanuel Levinas' philosophy prioritizes the Other, highlighting the ethical importance of our obligation to others. Applying this principle to psychotherapy entails giving priority to the client's needs and well-being,

demonstrating profound empathy and compassion and upholding rigorous ethical standards. This perspective fosters a therapeutic environment that is nurturing, considerate, and favorable for both healing and individual development. Therapists can enrich their practice and improve the therapeutic alliance by adopting Levinas' ethical framework. This approach makes therapy a deeply humane and compassionate undertaking.

Limitations

This study is not without any limitations. The sample itself included the lived experiences of five only -very experienced nevertheless- Greek counsellors and psychotherapists. As the study took place in a Greek context, the limitations of the Greek language and cultural factors in terms of universality are evident. Studies in different cultural contexts should follow.

Also the training and theoretical approach of each participant, had an impact on the way their lived experience was expressed. Two (2) of the participants were of existential background, one (1) of psychodynamic, one (1) of cognitive-behavioral and one (1) of family therapy background. Participants from different approaches in counseling and psychotherapy should be recruited in future research.

At last, it was found that the participants with existential background had richer descriptions of their lived experiences and provided more themes, whereas the participant with the psychodynamic and CBT background provided more abstract descriptions of their experiences. When describing such an elusive concept as love rich descriptions are always desirable and existential therapists seem to be closer to that. Further research should be looking for as rich as possible descriptions of the experience of therapist´s love.

Conclusion

This preliminary research approached the phenomenon of therapist's agape, a phenomenon that has a significant effect to the therapy outcome. Any therapeutic

relationship when characterized by love teaches, unblocks, supports the client to love themselves, heal and grow. This study leaves us with an open question about how psychotherapy works beyond finding practical solutions. The phenomenon of love is a proof that perhaps there are 'metaphysical' solutions but what does psychotherapy do beyond feelings?

In order to provide space, endure and in order to have 'aliveness' in the therapeutic process , the therapist must be 'alive'. On a repetitive basis to provide love in a relationship, to take care of themselves and develop constantly. The therapist must take care to always have an appetite for something new, to be curious, open and willing to see new things. Self-development and self-care are prerequisites for the act and maintenance of love. By not being perpetually active in this process, the client will not stay in the relationship for long. Therapist self-care and self-development could be seen as acts of love which are done for the client first and not for the therapist. A client who does not see their therapist tired, defeated, weak, perhaps benefits more from having a model that shows them how to manage a difficult life. Self-care in that sense is a sign of responsibility for the client in each own as it demonstrates a fighting spirit and a willingness to be there for the client despite their own difficulties .

I used self-care and self-development as examples more as signs of love for the client. From this example one could also assume that love is a lot more than a feeling , it is part of a certain stance, it assumes loving yourself in order to love others and above all requires not letting your personal problems be part of the therapeutic relationship. Keeping your problems as a therapist for your self is not only a sign of professionalism but rather a sign of love and a sign of a certain strong attitude that a therapist ought to have if they want to act as a model for their clients. Perhaps the same principle applies to teachers and sports trainers as 'school'

and 'sports' are often the excuse for forming a relationship and change. Future research should focus on less obvious manifestations of love and how these are cultivated.

Another aspect that remained open in this study was how easy or difficult it is sometimes for the therapist to bracket off their own issues and relate to their client and what happens if the client's issues are very close to issues that the therapist is facing at the particular time. This could also be an area of further investigation.

The topic of therapist's love remains elusive and open to further research. What has been established in this study was that loving the client ethically and practically should be about being 'alive' in the relationship and 'always putting the client first′, a responsible stance that needs to be learned and cultivated by therapists in order to create and develop a therapeutic relationship that delivers results.

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Appendix A

Information Sheet

Dear Sir/Madam,

My name is Ioannis Tsiros and as part of the MS in Counselling Psychology and Psychotherapy in the American College of Greece, I am conducting a qualitative research on the following topic: 'Therapists' Lived Experiences of Love in the Therapeutic Relationship'. Interpretative Phenomenological Analysis (IPA) will be the qualitative research approach I intend to use for this particular study in order to explore the essence of personal meaning making around the topic of the research question. In this case, I will use a 45+ minute semi-structured, recorded interview to ask you to explore your own experience of love as a therapist towards your clients. Necessary conditions for recruiting a participant are that they are licensed psychologists and psychotherapists, practicing psychotherapy in the Greek language having had relevant training with over five (5) years of practicing supervised counseling or psychotherapy; proven experience in conducting therapy for more than three thousand (3000) hours and having counselled at least six (6) clients for a minimum uninterrupted period of (1) year.

If you are interested and willing to help me with this research project by allowing me to interview you, please contact me as soon as possible at the following email address: i.tsiros@acg.edu

Kind regards,

Ioannis Tsiros

Appendix B

Informed Consent

The American College of Greece

Informed Consent Form for Human Research Subjects

You are being asked to volunteer in a research study called 'Therapists' Lived Experiences of Love in the Therapeutic Relationship', conducted by Ioannis Tsiros, MS Counselling Psychology and Psychotherapy. This project will be supervised by Dr Maria Koliris, Professor of Psychology. The purpose of the research is to understand some of the qualities of love as experienced and expressed by therapists in therapeutic relationships.

As a participant, you will be asked to participate in a 45-60 minute confidential semi-structured interview which will be held to a location and at a time of your preference. While there is no direct benefit for your participation in the study, it is reasonable to expect that the results may provide information of value for the field of understanding love and its effects on the therapeutic relationship and therefore help counsellors/therapists to assess whether it should be and to what degree a central part of their therapy strategies.

Your identity as a participant will remain confidential. Your name will not be included in any forms, questionnaires, etc. This consent form is the only document identifying you as a participant in this study; it will be stored securely in the investigator's personal computer available only to the investigator. Data collected will be destroyed at the end May 2024. In case of participation withdrawal, all information obtained will be permanently deleted from all records. Results will be reported only in the aggregate. If you are interested in seeing these results, you may contact the principal investigator.

If you have questions about the research you may contact the student investigator, (Ioannis Tsiros, i.tsiros@acg.edu. This research study has been reviewed and approved by the Institutional Review Board of the American College of Greece.

Your participation in this research is voluntary. Refusal to participate (or discontinue participation) will involve no penalty or loss of benefits to which you are otherwise entitled.

You have fully read and understood the information of the above text and have had the opportunity to ask questions about the purposes and procedures of this study. Your signature acknowledges receipt of a copy of the consent form as well as your willingness to participate.

Printed Name of Participant _____

Signature of Participant _____ Date_____

Printed Name of Investigator _____Ioannis Tsiros ___

Signature of Investigator Date_____

Appendix C

Audio Release Form

The American College of Greece

I voluntarily agree to be audio recorded during the interview being conducted by Ioannis Tsiros. I understand that the recordings will be used only for research current study purposes. These recordings will be will be kept until the end of May 2024 on the researcher 's personal computer. After that date, data collected will be erased.

_____ _____

Signature of the Participant Date

_____ _____

Signature of Investigator Date

Appendix D

Debriefing Form

The American College of Greece

Debriefing Statement

'Lived experiences of counsellors' love towards their clients'

Thank you for participating, If you have any further information regarding this study or you would like a copy of the results of the study once completed, you may contact: the researcher, Ioannis Tsiros, at i.tsiros@acg.edu or the supervisor Dr. Maria Koliris at mkoliris@acg.edu

Appendix E

Questionnaire in Greek

1. Τί σκέπτεσαι όταν ακούς την λέξη Αγάπη ;
2. Πώς βλέπεις την αγάπη στο πλαίσιο της θεραπευτικής σχέσης;
3. Ποιός εμπλέκεται και πώς;
4. Είχες ποτέ την δυνατότητα να έχεις την εμπειρία σημαδιών αγάπης για τον πελάτη σου όντας σε θεραπευτική σχέση μαζί του;
5. Πώς νιώθεις ότι η αγάπη σου για τους πελάτες έχει επηρεάσει την θεραπευτική σχέση και τους πελάτες σου;
6. Υπήρχαν αλλαγές στους πελάτες σου σε συγκεκριμένες περιόδους;
7. Πώς βλέπεις τις εμπειρίες αγάπης για τους πελάτες να έχουν επηρεάσει το ποιος είσαι;
8. Σαν άνθρωπος; Σαν σύμβουλος;
9. Έχεις την εμπειρία της αγάπης στην προσωπική σου θεραπεία και πώς ήταν για σένα;
10. Βλέπεις κάποια ρίσκα ή κινδύνους στο να νιώθεις αγάπη για τους πελάτες σου;
11. Διαφοροποιείς τον εαυτό σου για διαφορετικά ήδη αγάπης;
12. Τί θα ήταν αποδεκτό για σένα και τί όχι;
13. Τί αποτελέσματα νομίζεις ότι αυτή η εμπειρία αγάπης φέρνει στην ψυχοθεραπεία;
14. Νομίζεις ότι ως θεραπευτές πρέπει να 'εκπαιδευόμαστε' στο να αγαπάμε;

Appendix F

Transcript Keys

[short pause] : Short pause

[long pause]: Long pause

"-" : A dash represents a pause in speech, usually when a sentence is not completed

[laughter] or [light laughter]: The participant or researcher laughed

[smiled]: The participant or researcher smiled

[nodded]: The participant or researcher nodded their head

[ ]: Other observed behavior and nonverbal cues

Appendix G

Master Table of Themes

I. LOVE IN THE THERAPEUTIC RELATIONSHIP

Love as a Therapeutic Factor	
a. Love as a precondition of healing	John 6-9 , John 35-39
b. Love as Part of a new Therapeutic Relationship Model	Lisa 123-125, Lisa 128-129
Love as a Growth Factor	
a. Love as facilitation of Autonomy and Independence	Catherine 20-26, Catherine 73-76
b. Love and Freedom	Anna 25-31, Catherine 33-41, Catherine 272-274
c. Love as a condition that assists Clients to become themselves.	Anna 40-44, Catherine 3-6, Catherine 29-33
Love in the Formation of a Connection	Maria 87-94, Lisa 31-35 Anna 25-31, Anna 35-38

II. MANIFESTATIONS OF THERAPIST'S LOVE

The Caring Dimension of Love	John 160, John 168-170 Anna 13-16, Catherine 53-56
Love and Enduring a. Bearing the other as a form of Love b. Love as being able to endure Object Usage	 Anna 86, Anna 88-91, Anna 96-100 , John10-14 John 185-188, John133-145
Love Expressions *a. Love is radiated* *b. Love as Respect and Appreciation* c. Love as Interest d. Love as giving Space e. Love as active Presence **f.** Love as Sympathy	 Lisa 99-101, Maria 212-216 Maria 15-23, Anna 197-198 John 51-54, Catherine 29-33 Maria 118-120, Maria 132-136, Catherine 112-121, Catherine 134-136. Maria 143-144, Catherine 218-222, Catherine 226-228

III. EFFECTS OF LOVE ON THE CLIENT

Attachment and how love can repair a. Attachment b. The Process of Reparation **Conditions under which love can be repairing** c. The Client is attuned to the love of the Therapist d. Validation	 John 119-120, Lisa 3 John 149-155, John 161-165, John 171-172, Lisa 51-55 Anna 126-129, Maria 51-53, Maria 56-58 Maria 380-386, Maria 90-93

IV. THERAPIST'S EXPERIENCE OF LOVE

Therapist stance	
a. The frame allows Love to be experienced	Catherine 140-147, John 84-92, John 96-103
b. Therapist's love does not expect anything from the client	Catherine 45-47 Catherine 66-72
c. Love needs to be regulated- Reprocessing feelings	Lisa 173-176, Lisa 184-191, Lisa 211-215
Therapist side	
a. Love is a result of various deep feelings for the Person	Maria 25-30 , Maria 40-41
b. Love as a Motive	Lisa 7-10, Lisa 15-18
c. Love humanizes	Anna 120-123, Maria 179-184
Universal Agape stems from a Belief in Humanity	Maria 343-346, Maria 351-355, Anna 59-65

V. RISKS AND DANGERS OF LOVE

Risks and dangers for the Client	
a. Risk of Client encroaching the Frame	John 215-221, John 230-232
b. Therapist Abusing Power	Anna 144-152, Lisa 232-237
c. Having autonomy and Responsibility taken away	Catherine 396-401, Anna 170-171, Anna 174
Risks and dangers for the Therapist	
a. The Danger of maintaining a relationship to address therapist´s narcissistic needs.	Anna 132-135, Anna 139, Catherine 383-391
b. Violating the frame	John 246-253 , John 256-260
c. Danger of Dependency	Catherine 151-159, Catherine 165-171, Catherine 178-180, Catherine 190-196, Maria 283-287, Catherine 364-369

d. Not meeting the standards of therapy	Anna 167, Anna 164-165, Anna 140-144

VI. TRAIN TO LOVE

a. Safety nets to avoid risks	Anna 136-138 , Anna 156-158
b. Train to relate with Clients	Catherine 308-313, Catherine 339-347
c. Train to frame and express the Love	John 307-313, Lisa 256-261
d. Train to examine and understand therapist's feelings	Maria 223-228, Maria 232-241, Maria 266-270