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Actualising Love: Reflections From Humanistic Therapeutic Encounters

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ABSTRACT

Love in therapy remains taboo perhaps due to the libidinal and transferential/counter-transferential implications embedded within psychoanalytical research which highlight the potential dangers of unethical practice and potential harm to clients. Alternatively, many voices within humanistic literature echo the importance and potential curative power of love in therapy and yet there remains a paucity of research to support such claims. Through qualitative semi-structure interviews with three qualified, relational humanistic counsellors this exploratory study examined their unique lived experiences and perceptions of love within the therapeutic process. Data were analysed using Interpretive Phenomenological Analysis (IPA). Findings revealed that participants engaged in an ongoing tension of working with experiences of love alongside the therapist–client relationship. This was characterised by themes of embodied understanding, unconditionality and a relational orientation towards growth. Love was experienced as ethically contained within professional boundaries and communicated through Rogers' core conditions, particularly Unconditional Positive Regard, which participants associated with an embodied expression of *agape*. The therapist's use of self, emerged as central to cultivating and conveying love, fostering safety, vulnerability and deeper client engagement. Significantly, findings suggest that such love can be developed within short-term humanistic therapy, potentially supporting the effectiveness of relational practice in brief therapeutic work.

1 | Introduction

Love has long been recognised as central to therapeutic change. In a 1906 letter to Jung, Freud described psychotherapy as 'a cure through love' and later asserted that the 'curative factor and power of psychoanalysis resides in love' (Paul and Charura 2015, 5). Echoing this view, Lomas (1981, 7) argued that a therapist's love for clients 'often plays a significant part in healing and may even be the crucial factor', whereas Brazier (1993, 81) maintained that 'to do therapy, it is essential to be able to love without resentment', (cited in Wosket 2017, 41). Together, these perspectives suggest that love is not a peripheral aspect of therapy, but a potentially fundamental condition for healing and growth.

Within the humanistic tradition, love continues to be regarded as central to therapeutic relating. Drawing on Buber's philosophy, Worsley (2008, 188) describes I–Thou relating as a deep encounter in which 'love is near the heart of the I–Thou intimacy'. Similarly, Charura (2020) reflects that 'the very fibre of the therapeutic frame is love and compassion', echoing Allport's assertion that 'love is incomparably the greatest psychotherapeutic agent' (1950, 80, cited in Paul and Charura 2015, 6).

If love is so deeply embedded within the therapeutic encounter and potentially a powerful agent of change, why does it remain largely absent from training, literature and research? As Paul and Charura (2015, 5) suggest, therapists' love for clients is often

approached with caution due to concerns around 'transference', ethical boundaries, fears of erotic feelings and malpractice. Equally, love may resist easy definition. Like psychotherapy itself, it exists in a 'state of tension between science and the humanities' (Brazier 2015, xvii), making it difficult to conceptualise, teach or cultivate.

Another possibility is that the significance of love has been obscured by a focus on technical expertise. Feifel and Eells (1963, cited in Cooper 2008, 99) argued that therapists may attribute client change to their 'professional mastery', overlooking the healing potential of an atmosphere characterised by 'interest, warmth and tolerance'. Yet research consistently highlights the importance of the therapeutic relationship. Clients who experience the relationship positively are less likely to disengage from therapy (Piper et al. 1999, cited in Cooper 2008) and relational factors may account for up to 30% of therapeutic improvement, regardless of modality (Lambert 1999; APA, cited in Cox 2016).

Such findings have left theorists and researchers grappling to understand the relational dynamics which may improve client outcomes. Concepts including Unconditional Positive Regard (Rogers 1957), Buber's (1996) I–Thou relationship, relational depth (Mearns and Cooper 2018) and transpersonal relating (Rowan and Jacobs 2002) are widely recognised within humanistic psychotherapy. Yet love itself remains largely unspoken. This raises important questions: What is love within the context of professional therapeutic practice? How is it experienced? And how might it be communicated or taught?

2 | Background Literature

In attempting to define love, Lee (1977) suggests one's own bias tends to creep in; thus, his research sought to clearly distinguish the personal and social expression of the various concepts of love, subsequently leading to a classification system of various approaches to love called *love-styles*. The primary love-styles are, *Eros*; physical love, *Ludus*; playful, permissive and pluralistic love and *Storge*; love which develops slowly with affection, companionship and an expectation of long-term commitment. Like colours, the combination of these primary love-styles creates an additional three basic secondary love-styles: *Mania*, a combination of eros and ludus; obsessive, emotionally intense love, which requires repeated assurance, *Agape*, a combination of eros and storge; altruistic love which does not require reciprocity, is gentle and guided by reason and *Pragma*, a combination of ludus and storge; love which considers the 'vital statistics' of a suitable partner. Furthermore, Lee (1977) believed we can exist in any given love-style in various relationships simultaneously implying love-style is informed by the nature of the relationship. As a result, Hendrick and Hendrick (1986) developed The Love Attitudes Scale (LAS) and its short-form counterpart (Hendrick et al. 1998) which not only confirmed the viability of Lee's (1977) contentions but highlighted that each love-style varies on emotional intensity. As such, it is believed ones' temperament towards emotional expressivity, personality traits and attitudes borne from malleable social constructs may predispose our gravitation towards specific love-styles (Hendrick and Hendrick 1986).

Neurological research shows how love shapes the development of a baby's brain and plays an important role in attachment styles, physical and emotional development and psychological wellbeing (Gerhardt 2004, 2015). As such, individuals who develop secure attachment patterns are thought to fare better when faced with challenges, trauma and psychologically distressing circumstances later in life (Paul and Charura 2015). Conversely, research shows rejection in romantic love shares neurological similarities to cocaine cravings, thus, supporting Fisher's (2004) assertion, rejection in love is a specific type of addiction where feelings and behaviours, stemming from rejection are difficult to control (Fisher et al. 2010). It is evident love's gifts and losses have a profound effect on the interaction between our mind and brain and subsequently who we are and how we experience and interact with the world. It therefore seems plausible a therapist's love for clients may also offer something to the conversation: What's love got to do with it?

DeHann (2022, 28) helpfully reminds us Freud (1912) defined transference as 'that part of the person's highly individual, highly personal and largely unconscious loving impulses not being satisfied in their relationships.' He further distinguishes between positive loving transference and negative hostile transference and stresses the importance for the therapeutic relationship to be strong enough to overcome the latter (DeHann 2022, 29). It feels imperative here to highlight our awareness that loving transference also holds its dangers as DeHann (2022) highlights there two types of loving transference: eros; erotic transference and agape; friendly transference.

It is this notion of 'friendly transference' we believe Kahn (2001, 41) was referring to as he suggested Rogers spent his forty-year career attempting to shape an answer to the question 'What should a therapist do to convey to a client that at last he or she is loved?' Additionally, Paul and Charura (2015) propose Rogers' (1959) core conditions; empathy, UPR and congruence are tools to communicate an offer of love to the client and further equate UPR to a form of love, *agape*. Agape does not discriminate; it is not earned or deserved but instead is a gift to which everyone is worthy of receiving (Lee 1977). Sternberg (1998) describes agape as 'The Sacrifice Story' whereby one individual in the relationship is the 'sacrificer', whilst the other assumes 'benefactor'. In romantic relationships, the greatest risk factor is the give-and-take nature of the relationship may become imbalanced creating an uncomfortable dynamic (Sternberg 1998). This imbalance, however, is inherently present and necessary in professional helping relationships, as Rogers (1957) describes, for change to occur first requires the client, who is in a state of incongruence and distress and the therapist, who is congruent and integrated into the relationship, to come into psychological contact. Due to its unidirectional nature and aligning features of UPR, it is possible agape has found its home within the humanistic therapeutic relationship.

> If to some degree, therapy provides support or alleviation for the pain of people who are missing love in their lives...perhaps it is not too far-fetched to suggest that a form of love (agape) is an essential component in the therapeutic relationship itself.
>
> (Paul and Haugh 2008b, 15)

Watts and Stenner (2014, 559) assert 'Love is considered a necessary condition for personal happiness', yet loneliness, defined by lacking 'meaningful, intimate and emotional connections' (Segrin 2001 in Mearns and Cooper 2018, 23) is found to be 'one of the most common varieties of mental distress in everyday life' (Reis 2001) where 15%–30% of the general population find themselves in a 'chronic state of loneliness' (Hawley and Cacioppo 2010). As Charura points out in a UKCP (2020) interview podcast, psychotherapy gives you a 'microcosm of things you do out there and work with a therapist' in a unique, professional and ethical relationship to help the client 'live their life and love'. This notion aligns with Hycner's (1991 in Mearns and Cooper 2018, 65) contention that through relating deeply with a therapist, clients may gain the 'deep soul nourishment' they need to 'thrive', whilst simultaneously gaining the existential hope and capacity to relate to others in an intimate, deep and meaningful way (Mearns and Cooper 2018). It is therefore possible through experiencing *agape* within the counselling relationship, clients can begin to feel worthy of love, journey towards self-love (Rogers 1959) and have increased capacity to love others.

3 | Current Study

The importance and implications of love in therapy has been nodded repeatedly throughout literature; however, there is a lack of research from the humanistic psychological perspective to substantiate such claims. Moreover, the word love is used but lacks texture and tangibility. The aims of this study were to understand therapist's experiences and perceptions of love within the humanistic therapeutic relationship and how it may inform the therapeutic process and outcome. Semi-structured interviews were chosen to engage with the 'personhood' of the therapist, which Wosket (2017) proffers may be the most crucial factor in determining both therapeutic process and outcome. Interpretative Phenomenological Analysis (IPA) was selected as an in-depth method to analyse the data as it shares many assumptions which underpin humanistic counselling. It aims to understand and illuminate the human experience through a combination of phenomenology, which positions the researcher as close as possible to the unique experience of the participant and hermeneutics, which understands the inevitability of interpretation on part of the researcher and participant to take place (Barbour 2014; Smith et al. 2009).

4 | Method

Ethical Approval was granted by York St. John University ethics committee (MCS008-LH-18.3.2022).

4.1 | Participants

Three relational humanistic counsellors participated in this qualitative study examining perceptions of love within the therapeutic process. Participants were recruited via a gatekeeper at three local charitable counselling organisations in York and Harrogate, UK which operate on a six to seven session model. Inclusion criteria included fully qualified humanistic practicing counsellors who identified as working relationally. Eight potential participants registered interest, of whom, three females were selected on the inclusion criteria on a first-come, first-served basis. A small sample size was selected to account for the complexity of the human phenomenon which is supported by Smith et al. (2009, 51) who assert 'IPA studies usually benefit from a concentrated focus on a small number of cases.'

4.2 | Data Collection

Participants received an information and consent form via email outlining the study aims and intended publication of the findings. Following receipt of written informed consent to use participant data for research purposes, participants were invited to a semi-structured interview with the first author via Microsoft Teams at a mutually agreed time. Participants were asked: *How long and to what capacity have you been practicing? Can you share with me your understanding of what love is? Have you ever experienced love within the therapeutic relationship? If so, can you tell me about it? How does this inform your approach or practice? How do you feel now? Is there anything you feel we have not covered?* The questions were sequenced to first ease participants into the interview and once rapport was established, more analytical invitations were extended, thus aligning with IPA's use of a combination of phenomenological and hermeneutic insights through creating a balance of empathy and questioning (Smith et al. 2009). All three interviews lasted no more than an hour.

4.3 | Data Analysis

Interviews were transcribed and checked for accuracy by the first author. The data was then analysed using IPA which key factors align with the epistemology of the research question and focuses on 'personal meaning and sense-making' of therapists who experience loving feelings for their clients in humanistic therapeutic practice (Smith et al. 2009, 45). Transcripts were read and reread several times by the first author and focus was placed on each individual interview as they occurred in sequence to avoid 'predilection for order' (Husserl in Smith et al. 2009, 12). A reflexive stance was maintained when inhabiting the 'Hermeneutic Circle' to understand the relationship between 'the whole: the researcher' and 'the part: the encounter with a new participant' (Smith et al. 2009, 35). Through abstraction, the process of 'putting like with like and developing a new name for the cluster' patterns began to form between emergent themes and superordinate themes began to develop (Smith et al. 2009, 96). The analysis involved returning to the transcripts at each stage of the process to validate interpretations and to not only account for shared themes, but also for 'distinctive voices and variations of those themes' (Smith et al. 2009, 38). Through ongoing discussions of the developing analysis with the third author, who holds a doctorate in psychology and has experience in qualitative methods, rigour and credibility were fostered throughout.

5 | Findings

Love is a nexus of feelings, emotions and experiences which evades reduction and definition. Participants struggled to put love into simple terms, as though attempting to pin love down, its essence; lost. Thus, the aim was to avoid whittling love down to a definition but instead to gain as rich an understanding as possible by creating a synergising interpretation of descriptions of love from three participants and presenting them in shared themes of *Love Actually, Understanding,*

Unconditionality, Willingness and Readiness to Engage, Therapeutic Use of Self and Vulnerability and Hope. Participant quotes are used to support interpretations of the themes and to increase trustworthiness of the study and its findings. Pseudonyms have been used to protect the identity and privacy of the participants.

5.1 | Love Actually

All participants expressed working through the tension of experiencing love within the ethical frame of the therapist-client relationship and process. Such love was described as a maternal/parental love characterised by a 'well-rounded' acceptance, an 'enveloping' with nurturing, caring and protective qualities; a cherishing of the other holistically and without condition; thus, creating a fertile ground for a secure attachment of relating to ensue. As all participants were themselves mothers, each possessed a touchstone of maternal love which they used as a benchmark to grapple with notions of love in therapy throughout the interview process. At times, participants struggled with confusing maternal dynamics highlighting the importance of therapist reflexivity and supervision. Anne shared how supervision enabled her to navigate her struggle with love for a client who reminded her of her daughter:

> ...this girl was 19 and so instantly I thought she could actually be my daughter and the way she spoke was very much like my actual daughter and so there was real confusion about that love...taking it to supervision was really good because I could talk...see the differences between her and my own daughter and I could detach that quite well.

Through this process, she was able to discern the love stemmed from a maternalistic response to the client's vulnerability and 'not loving herself and not feeling deserving of love'.

Jane described therapeutic love as 'alongside' parental love, highlighting the parallels but also drawing attention to the space in between; the differences between love in therapy and towards one's own children. Anne, who works with configurations of self and the inner child, expressed the importance of separating the 'child' from the adult as to avoid infantizing the client and potentially further offsetting the power imbalance. In attending to the wounded part of a client's experiencing, she explains love is 'about the adult that isn't critical...guides them and shows them the way but also tells them how good they are, how important they are and how they're deserving of love'. This is a delicate and intricate process, as Anne explains, 'You have to be careful with your love', it is love with boundaries, which is kept in the room through counsellor congruence and is extended tentatively and professionally. It is an offer of warmth and care where clients feel held, cherished, prized, safe and hopeful as they brave the journey towards growth. The importance of client autonomy was echoed throughout and agreed, it is the client's choice to either accept, leave unanswered or decline this invitation.

Participants experience a protective pull towards clients; a desire to comfort and shield them from the harsh realities of their experience. This is to be distinguished from 'rescuing', as this is neither helpful nor sustainable and may be an act of colluding. Helen describes the difficulties in fighting the urge of wanting to fix the other; however, further explains 'people have their own agency ...it's no good if they rely on us...it's about them finding their own way forward'. Instead, through therapist genuineness and transparency, such maternal protective feelings can be channelled to validate and affirm the client's experiencing and leave them with a sense of matter. From Helen's protective lens, she becomes impassioned, as she shares her desire:

> ...to protect them...or fix the stuff around them...it's more like attacking what's out there that is harmful to them...you know what just came into my head...was the idea of machine gunning all these things ahead of them...

The participant's experience of love in the therapeutic process has a nurturing towards growth quality which participants feel is embedded in the therapeutic relationship. Through viewing the therapist-client relationship in juxtaposition to the parent-child relationship, we can see a shared movement towards growth leading to an inevitable point of departure with a fundamental difference; therapeutic love lacks the same history and permanence. 'Endings' sometimes result in feelings of loss and pining over the relationship; however, participants found shifting the focus from loss through channelling their pride and hope for the client helpful, making endings somewhat bittersweet.

5.2 | Embodied Understanding

Participants feel love and understanding go hand in hand; that is, to reach a place of loving clients, first requires a deep and profound understanding of the other in an embodied, toward transpersonal level. Achieving this level of understanding stretches beyond active listening, engagement and the 'as if' quality empathy offers. As Jane suggests, 'Love is empathy on a deeper scale'. *Truly* understanding on a visceral sense, requires the active participation of the therapist, mutuality of experiencing and collaboration. For this to be possible, participants believe, trust and safety must first be established within the relationship.

Helen describes her approach as being 'in there with them...trying to feel something of their experience through as richer understanding as possible'. This 'in there' quality requires therapists to enter the client's frame of reference from a secure base of self-awareness. Participants reveal depths of understanding that can be reached through bringing their own 'otherness' into the relationship, in the difference a new level of understanding can be reached for both the client and therapist. Reflecting and checking understanding from the therapist's frame of reference can allow the therapist to navigate the nuances of the client's understanding, seek clarification, convey understanding and offer a new perspective. As Helen points out, this must be done,

> ...carefully and with their permission...in the hope that it may give them something new, something different and in that difference and shared understanding of an experience, they might change their narrative.

Participants find sharing-in and exploring client metaphors to be particularly helpful in gaining deep understanding into their client's experiencing. Anne describes this process of collaboration as,

> I'm helping them to write their book, as we're writing it, I'm illustrating it...I'll always have visuals and I share them, so it's as if I am with them.

Getting to a place of embodied understanding allows therapists to stand in the moment with the client and creates an opportunity to share-in experiences of deep emotion which participants reveal further propels the relationship to a deep place of love and understanding. In those moments, Anne describes,

> ...love doesn't have to be like that kind of love 'jumping through the field with flowers'...it doesn't feel like that...if there is sadness...love can be grey...the colour is the love in that moment.

Participants feel love can be cultivated through the understanding of another, so much so, the two appeared synonymous at times. Through depth of understanding, the counsellor can see their client, to feel some of their experiences and adopt a level of knowing what it is like for the client. As Anne eloquently puts it, 'the love, for me, means I have my glasses on and I can see'.

5.3 | Unconditionality

All participants equated love with Roger's notion of UPR. For Helen, there is little difference between the two as she explains 'I think it's (UPR) very close to how I feel about what is required in relationship...I think love is needed...is a requirement.' Jane and Anne, however, believe UPR is a stop on the way to love. Anne's ladder metaphor contextualises this notion nicely:

> UPR...is fundamental...love is a... build on that...like a ladder...you're on the bottom ring...you can step to the next level if there's something more...on its way up to the top of the ladder is the love...you've got the ladder which is probably the unconditional positive regard. You've got to have that ladder to get to where you need to go...but then it gets deeper as you go up it...I don't know which ring it (love) starts on...it's different with each client...I think we start at the bottom, but I think something with a client you could jump quite high up...

Whether or not UPR is a type of love or marks the first step to cultivating love; the *unconditionality* factor remains constant. For participants, loving unconditionally seems to stem from one's own capacity to hold and express empathy, understanding and compassion to holistically accept another. At times, participants reported diminished capacity arising from internal conflict often associated with challenges to their own set of values and beliefs. Supervision and therapist reflexivity were found to be instrumental in increasing the therapist's capacity to remain open to relating. The importance of finding something in the other to love was highlighted in Anne's description of a client who was going to court facing sexual abuse charges, who she struggled to believe. Through supervision she became grounded and reminded '...it's their story, so just be with them...' With this new-found perspective, she was able to find something to love about that client. It is believed what we focus on grows and there is something for the participants about finding something, a strand to hold onto, to love and with that focus, understanding and compassion, that love can grow towards a point of unconditionality.

Helen believes, "We can choose to love anyone". She describes how, although she is no longer religious, her Roman Catholic upbringing with teachings of love and compassion have shaped her therapeutic practice and capacity to love unconditionally. For her, we are all deserving of love and 'we all are who we are through luck of who we happened to be born to, where we happened to grow up...were we love or abused, cherished or cast aside'. Holding this worldview steeped in empathy and compassion can enable therapists to love clients holistically even where 'abhorrent' actions are involved. It is believed amongst participants showing clients unconditional love holds healing potential. That is, if clients feel loved and fully accepted by their therapist, they may be able to internalise this love, experience feelings of worthiness and journey towards acceptance and self-love.

5.4 | Willingness & Readiness

Agapic love in therapy is unidirectional in nature; however, not completely lacking in reciprocity. Although Helen highlights achieving unconditional love for clients is enriching, participants reveal the therapeutic relationship demands further 'reciprocal giving'. For counsellors, giving comes in the form of undivided attention and commitment to the client and their process; however, the clients' role of giving in a relationship is less orthodox. Participants revealed client willingness, commitment and readiness to show vulnerability and engagement in the therapeutic process were highly determinant factors in cultivating love.

The importance of client willingness and readiness is highlighted as Anne says, '...there's something about where the client is at that enables me to have that love for them'. Openness and vulnerability were said to aid connectivity and the ability to foster love. Jane says how some clients come with 'nothing literally of themselves' and she can sense them essentially asking for reparative love. In those moments, she explains 'that is where the emotion comes in and you want to do your best for them'. That is, the client's level of need and commitment to grow within the process invokes the counsellor's desire to offer love. Anne explains how for her, the love is always there; however, stresses the importance for clients to want and be willing to accept her love and meet her 'at the line'.

Sometimes, love is patient and counsellors hold the capacity to give clients space and time to arrive at a point of readiness; however, when lack of commitment and engagement persist, participants reveal feelings of frustration and helplessness. Anne's desperation and sense of working hard to connect is palpable as she animatedly expresses,

> It's like I am saying it {Let's do it! Let's go together! I'm here with you...}, but they're not hearing me... they're not letting me and they're not allowing me to hold their hand...and I can almost imagine me desperately wanting to...cheering them on...talk to me...let me in...let me hear it...I'm here!

Sometimes, 'tough love' in the form of counsellor congruence is required to bring the client's lack of engagement into the room. This requires a level of bravery on the counsellor's part and is imperative to approach with tentativeness as to not evoke client feelings of shame for 'not doing therapy right'. Clients may choose to cease therapy, as Jane shares was the result of her moment of congruence with a client who she described as,

> '...a record...he'd say the same things...and there was no feeling, no depth...I found him very difficult to work with...and in being congruent...I said 'It's okay if you want to use these sessions just to vent, but most of my clients find it useful to talk about their feelings'... he seemed a bit taken back...and he managed another session and then he didn't come back...he wasn't ready to share.

Sometimes however, congruence is needed to transcend struggle and arrive at a point of connectivity. It can draw clients to reflect on their way of relating and come to understand the barriers they have in place inside and outside the room. Helen shares an experience with a client which captures the essence of this process:

> I had this client who was boring and I told him in the end, I had to ...but it was quite powerful actually because lots of people had told him he was boring and it was because...he didn't let me in. He just spoke at me all the time...I said to him, 'it's like I may as well not be here...'. I couldn't engage with him because he wasn't engaging with me...it really shocked him when I said it...but I did say it with loving kindness...I was saying it with a good intention of showing him how it felt to be in his presence when he was being like that... it wasn't until after I'd shared that with him that we could start doing the work and we ended up having a really good piece of work together.

5.5 | Therapist's Attitude and Evoked Use of Self

Therapist's love is an organismic part of self not borne out of theory or technique but instead shaped by one's own unique lived experiences, sociocultural influences, values and beliefs. It is not a tool that can be separated out for therapeutic intervention, as Anne suggests, 'I don't feel like I use it {love}...it's part of me.' Thus, it is through the therapeutic use of self where therapists can offer love as a tool for change.

Amongst participants, a discussion of whether love is a choice materialised. For Helen, love involves choice, however not in a decision-making sense, more as a way of being, as in possessing a sense of openness to love. Anne conversely believes love lacks choice and intent as she explains,

> I feel as if you can't plan it...it just comes...from the stomach. It comes from the heart...it comes just from within...this kind of euphoric kind of feeling that just comes from the bottom, from your core...it comes up and out.

Jane concurs and positions love as 'instinctive' in her practice in reaction to the client's needs. This notion of using one's intuition to sense client need, vulnerability and depth of emotional experience as something evocative of therapist's desire to offer themselves on a deeper level was echoed amongst participants. Jane, in describing the love she feels for clients, says,

> ...you remember them more because you have this sudden surge of love and care...they needed so much help...I think it's some sort of desperation or inability to be able to cope on their own...that sort of brings out... a mother being inside of me and I feel that I need to offer as much as I can.

It appears feelings of maternal love in therapy are activated within the counsellor in response to the client's level of vulnerability and need. Anne brings this notion to life as she says,

> ...in that moment, that's what they need...so that's the mother part of me...because it's as if their {inner} child needs the love...they grew up and they didn't have the love. There's something about that that's missing and I want to fill that for them...

Participants share how their own values can shape the therapeutic use of self. Specifically, Anne describes her own relationship to responsibility and her struggle to find love for clients who skirt it. Conversely, she finds herself drawn to love clients to 'kind of pull them back' in cases where the client is assuming too much responsibility.

By conveying love to clients, participants feel they are modelling love which the client may begin to internalise, feel worthy of and journey towards. Participants revealed that many of their clients have low self-esteem and do not know how to love themselves. Through the therapeutic use of self, counsellors show clients what love looks like. Through implementing the therapeutic use of self in therapy, it is not only the client who experiences change. Participants feel counsellors open

themselves up to being changed by love in the therapeutic encounter. Helen explains, 'I kind of have this flash of all the clients I've worked with...they're all kind of sat there in my mind somewhere because the work stays with me always'.

5.6 | Vulnerability & Hope

Participants believe clients who feel safe to be vulnerable are able dig deeper into their experiences and are likely to have better therapeutic outcomes. Thus, self-awareness supported by feeling loved or cherished can help create movement towards self-acceptance. It was expressed, 'love offers hope', therefore, counsellors may be drawn to cultivate and demonstrate love to help write feelings of safety and hopefulness into the client's narrative. Jane found clients who are particularly hopeless tend to evoke in her a larger share of her love.

Jane asserts clients can feel love in the therapeutic relationship and shares a memory of asking a client if he ever felt cherished as a child. To this he responded, 'The only time I have ever felt cherished is here in this room with you.' The power of this moment was palpable in its retelling. It is believed that in these moments of feeling loved and cherished, clients can summon the courage to unselfconsciously dig deeper and go further into their experience. As Jane describes,

> When there is love, something is happening for the client too. It seems to enable them to go further, to reach deeper and really discover what is going on for them, admit the dark emotions...if someone is there and cares enough...they can do that.

Participants explain the combination of empathy, URP and congruence enables counsellors to create a 'non-judgemental arena' and 'place of safety' for clients. Jane questions '...without those, how can somebody be honest and bear their feelings and speak from the heart?' Anne further reveals love can offer feelings of safety, comfort and trust where clients are able to 'share those things that are really and truly getting in the way of their life'. When clients can venture to this level of exploration, healing on a deep level becomes possible.

As many clients present with a sense of hopelessness, it is the therapist who holds the hope and works to help clients to see a glimmering light to move towards until the client is ready to hold it little by little for themselves. For some, therapy itself offers hope and the love and support they receive helps them through their day. Jane says,

> I've often had clients say, 'it's OK as long as I know I've got my therapy session and it's only a few days away, I can manage...it helps me through the week.' And gradually as they get better, they're not so desperate for that therapy session...they're starting to grow...to make those changes...I think love helps them make those changes.

Love is felt amongst participants to have the power to heal and is depicted as 'evident' with recollections of clients leaving therapy with a new sense of self-acceptance, a higher level of resilience and a more hopeful disposition.

6 | Discussion

The following discussion discusses the themes on a conceptual level and addresses the research question: *What role does a therapist's love for their clients play in the humanistic therapeutic relationship and therapeutic outcome?* Participants described a therapists' love for clients as resembling paternal/maternal love which Friedman (2005) outlines as a commonly accepted form of client-patient love within the psychodynamic persuasion. Research into transference, 'the process of transferring to and repeating early patterns of behaviour with present-day partners' (Cutler 1958 in Cooper 2008, 112), supports this notion as mothers were adduced as the source of transference in all cases whilst in the majority of cases, fathers were also cited (Gelso et al. 1999 in Cooper 2008). Conversely, the data seems to describe a level of intimacy which, in Akeret's words (1996 in Nye 2014, 37) 'the brittle, technical words of transference and countertransference cannot begin to describe.' Instead, love from a humanistic foundation seems to be borne from the client's need to feel understood, valued, loved and respected by the therapist, a notion Lomas' (1994, 133) describes as 'irreducible' and 'simply not transference'.

Although the humanistic and psychodynamic approaches differ fundamentally from a theoretical and practical basis, the relational perspective seems to transcend the playing field to join the two on a common ground where certain elements of love are concerned. Ferenczi's (1988 in Shaw 2020) notion, love cannot be manufactured, instead is found through 'authentic engagement with all parts of the patient' is supported by Roger's *unconditionality* factor in UPR and in the data which describes love as an 'enveloping' and cherishing of the whole person, a notion firmly rooted in the humanistic approaches to therapy. This is possibly the point of meeting and departure as although Roger's model for UPR is a loving parent who 'prizes' the child; he asserts the importance of the therapists' feelings being 'neither paternalistic nor sentimental' as to give the client space to be an autonomous independent other (Kahn 2001). The 'alongside' quality of maternal love found in the data supports Roger's notion whilst love in therapy closely resembles parental love, there exists intrinsic differences between the two ways of relating.

It feels important to acknowledge the dangers of oppression in conceptualising love in therapy as primarily maternal by engendering a concept that is universal, complex and multidimensional. Concurrently, a movement towards conceptualising therapeutic love as parental to dispel the notion of engendered love also presented its own dangers as readers may infer a perceived power imbalance within the therapeutic dynamic informed by ones' own experiences of parenting and attachment style. Moreover, it is possible through fault of the English language participants lacked the means to express the love which sits so closely alongside parental love. With these various facets of relating and the social implications in mind, it feels appropriate to infer the love described by the data which possesses a multitude of parental attributes but is not specifically parental, is best described as the love-style which Greek philosophers refer to as *agape*, a unidirectional, all giving type of love (Lee 1977).

Agape represents a shift from parental love, characterised by the absence of a shared relational history, a responsibility *to* rather than *for* the other and an implicit orientation towards ending. Participants described holding tensions between loss, longing and pride at the point of separation, reflecting Chambers and Pendle's (2024) findings on planned endings in depth-oriented short-term therapy. Their work further suggests that endings can evoke powerful unprocessed emotions in counsellors, highlighting both the challenges of love in therapy and the importance of ongoing personal development and supervision in supporting therapist congruence. In this context, Brazier (2009, 40) emphasises that therapy involves a 'scrupulously honest enquiry', grounded in a commitment to helping clients discover truth for themselves. For Brazier, congruence extends beyond the therapist's authenticity to the purpose of therapy itself: fostering increasingly honest communication. Indeed, he suggests that helping a person move closer to truth is, in itself, an act of love. From this perspective, the aim of therapy is not necessarily a happy ending, but an honest one (Brazier 2009, 40).

In an endeavour to simplify the relational dynamics within therapy, Clarkson (2003) created a unitary relational model which proposes five modes of relating: working alliance, transferential, reparative, person-to-person and transpersonal. Stemming from the Gestalt notion of figure and foreground, Clarkson proffers all modes are woven into every aspect of the relationship, however, only one aspect can assume the position as figure at a time thus the others are dispelled to the foreground (Paul and Haugh 2008a). Whilst the data shows humanistic therapeutic love can be found in reparative, person-to-person and transpersonal forms of relating, Patterson's (1974) viewpoint that searching for a unitary paradigm is a 'wasted endeavour', seems more appropriate as he points out, 'empathy, warmth, respect, concern, valuing and prizing, openness, honesty, genuineness, transparency, intimacy, self-disclosures and confrontation are intrinsically humane' and 'constitute love at the highest sense or *agape*' (Haugh and Paul 2008, 252). While this perspective aligns with the findings of the present study, it does not make explicit the challenges of sustaining such purity of love in practice. Brazier (2009) highlights one of therapy's inherent tensions: the client is also a source of livelihood for the therapist, potentially casting doubt on the authenticity of therapeutic love. He suggests that a 'fullness of love' requires love to be disentangled from self-serving motivations (45), highlighting the importance of sustained personal and professional development and reflexivity.

Baldwin et al. (2007 in Cooper 2008, 101) suggest 'the therapist's capacity to relate to clients...is the principal determinant of outcomes.' This notion, coupled with the data, suggests the therapists' use of self is instrumental in offering *Agapic Love* to the client which involves 'disclosure of ourselves' to the client 'in mutuality' (Buber 1948 in Worsely 2008, 183). This is not a disclosure of facts Worsley (2008, 184) explains but 'is more like a leak around the edges of all that we do and do not do'. It is the therapist's ability to convey understanding and cherishing through the core conditions. Rogers (1942 in Kahn 2001) described these 'attributes' as existing on a continuum whereby the art of becoming a therapist is through developing one's capacity to further progress along each respectively. Reflexivity and supervision enabled participants to progress themselves along such continuums when faced with confusing maternal dynamics and challenges to one's own values and beliefs. The data supports this notion of movement along a spectrum as the participants express love as being synonymous with *deeper* UPR accessed through *deeper* empathy.

Frankl (2006, 116) argues that 'love is the only way to grasp another human being in the innermost core of his personality'. Echoing this, participants described profound empathy as arising from a visceral understanding achieved through mutual experiencing, collaboration and shared emotion. These findings align with research identifying feeling understood as a central predictor of connectedness (Reis 2001) and with Rogers' conception of empathy as not merely cognitive, but also emotional and experiential (Kahn 2001, 43). It is important here to reflect on the imperative nature of therapists' self-awareness as research shows therapists with more integrated personalities and awareness of their own feelings have less counter-transferential encounters; less 'reactions to clients which are based on therapists own unresolved conflicts' (Hayes and Gelso 2001; Robbins and Jolkovski 1987). Furthermore, research shows therapists who measure high on theoretical awareness but low on emotional awareness have more counter-transferential reactions than therapists who measure low on both; thus, implying 'intellectual insight' without emotional self-awareness may be more of a hindrance than help (Cooper 2008). In contrast to agape, which aims to 'fulfil the beloved' (Kahn 2001, 39), countertransference can reflect the therapist's own unmet needs. Brazier (2009), 39 similarly contends that authentic love is not motivated by personal gain but exists 'for its own sake'. These perspectives underscore the importance of therapists cultivating awareness of their emotional responses to support ethical, congruent and client-centred practice. They also raise the possibility that a therapist's level of emotional self-awareness may shape their capacity to love agapically, presenting an important question for future research.

Worsely (2008, 188) proposes 'authentic loving is offering an unconditionality that invites each aspect of the other to be uniquely present'. This is supported in the data which positions love and UPR on the same continuum whereby the constant factor is *unconditionality*. Barrett-Lennard (1986) was concerned with this distinction between the level of regard, 'the extent to which the therapist experiences positive feelings towards the client' and unconditionality, 'the extent to which the therapists' attitudes or feelings towards the client 'hold steady' regardless of what the client shows of his or her inner which Gurman (1977) asserts to be a valid distinction as unconditionality was found to be only moderately correlated with the other variables of level of regard, empathy and congruence (Cooper 2008, 108). With respect to the level of regard, Tangen and Cashwell (2016) found the term 'acceptance' was deemed insufficient by therapists who preferred the term honouring which possesses an air of 'prizing': 'the positive affirmation of the client down to the very essence of his or her being' (Mearns and Cooper 2018, 53). This notion is supported by the data which suggests love resides at the level of regard where honouring, prizing and cherishing can be found, which Whelton and Greenberg (2002 in Cox 2016) assert is only available to the client through collaborating with the therapist. Thus, highlighting the importance of client readiness and willingness to engage which presented as a major theme within this study. This collaborative relational model, which deemphasises the power imbalance and is characterised

by the client and the therapist working together, was found to be perceived by clients as helpful (Glass and Arnkoff 2000 in Cooper 2008). The data suggests such collaboration facilitates therapists to reach a deeper understanding of the client and thus is paramount in accessing the depths of regard or dare I say, love.

Through our conceptualization of the data, we note how *unconditional* love creates steadiness and safety within the relationship enabling clients to express vulnerability and venture to the depths of their experiencing. Greenberg and Watson's (2022) suggestion, the therapist's empathy plays a role in the client's depth of experience as it may facilitate the client's ability to tolerate their own emotional experiencing, helps us to conceptualise how this may look in practice. The study supports these notions as love, characterised by embodied understanding, unconditionality, compassion and hope, is positioned as the vessel which allows clients to permeate these levels to reach a place of deep experiencing. Research proffers the depth of experiencing is an indicator of the client's 'productive involvement' with the process and is associated with better outcomes across theoretical approaches (Klein et al. 1986; Hendricks 2002; Orlinsky et al. 2004 in Cooper 2008). More specifically, a deepening of the clients experiencing over the course of therapy 'may be integral to the alleviation of depression in emotion-focused psychotherapies' (Greenberg and Watson 2022, 155). Mergenthaler (1996 in Cooper 2008) demonstrated therapy is at its most effective when high levels of both emotional and cognitive abstractions are present within the sessions highlighting the importance of reflexive engagement throughout the therapeutic process.

The data suggests propelling clients to such depths of experiencing is done with tentativeness and care and not without hope. Many clients present with a sense of hopelessness and it is therefore important for therapists to have the capacity to hold this hope until the client begins to internalise it little by little and eventually adopt it into their narrative. It was also found clients who are particularly hopeless may evoke a larger share of the therapists' love through awakening their 'natural compassion' (Hart 1999 in Rowan and Jacobs 2002, 51). Kahn (2001, 46) outlines Rogers' contention for therapy to be successful, therapists must hold in their awareness this compassion which reminds us clients are 'worthwhile human beings struggling gamely to find the way back to their birth-right of growth and self-development and as such they should be prized'.

Additionally, the findings suggest that therapists must hold a steadfast hope in clients' capacity for growth and self-actualisation (Westwell 2016), positioning them as the 'heroes and heroines of the therapeutic stage' or 'heroic clients' (Duncan et al. 2004, 52). The data further indicated that clients may internalise not only their therapist's hope but also their love. This is particularly significant given that many clients hold a deeply ingrained belief in their own unworthiness and may seek confirmation of this view within the therapeutic relationship (Wosket 2017). Frankl (2006) proposes that love enables one to perceive both the person as they are and their unrealised potential, whereas Brazier (2009) argues that therapists are trained to recognise and hold what is loveable in the client. Through this process, clients may gradually learn to identify and value these qualities within themselves and others. Brazier (2009, 47) further suggests that recognising and celebrating a client's capacity to love is itself 'directly therapeutic'.

In this way, a therapist's love may then create a 'lever of change' in the form of cognitive dissonance within the client. If the therapist's love is consistent and 'unshakable', clients may then come to trust in the therapist's love and slowly but gradually begin to internalise this love and adopt a new *loveable* self-concept. Research suggests there are parallels between how clients relate to their therapist and patterns of relating to others outside the room (Luborsky et al. 1990 in Cooper 2008) thus, aligning with Rogers's (1959) actualisation tendency, clients may begin to experience more positive and loving relationships in their lives.

7 | Conclusion

This study revealed therapists love towards clients resembles parental love or *agape* characterised by *embodied understanding* and u*nconditionality* with a *towards growth* quality. Such love is believed to be communicated through Rogers' core conditions with UPR equated to a type of love, *agape*. The therapist's use of self was found to be instrumental in cultivating and conveying love and to offer safety within the relationship for clients to be vulnerable and dig deeper into their experiencing; thus, potentially yielding better therapeutic outcomes.

Although this study holds limitations specifically pertaining to its lack of gender and sociocultural diversity it has contextualised the love these participants feel for clients and highlighted the potential importance of love within therapeutic relating. It was surprising, given the short-term nature of the work, all participants expressed so candidly feeling love towards their clients. Cultivating such unconditional love in such limited time, may seem inconceivable, however, these participants through their own admission, confirm the viability. Not only does this suggest love can be cultivated in the early stages of the therapeutic relationship which is found to be indicative of a better outcome (Horvath and Symonds 1991), it may potentially further validate the efficacy of working relationally in short-term therapy. Moreover, all participants had experience in face-to-face and online counselling. It was not made explicit during the interview process, however implicit, was the notion that such spatial barriers did not seem to hinder the development of loving therapeutic relationships. Research into love in therapy comparing short-term and long-term interventions and differing modes of counselling may be enlightening lines of inquiry.

Additionally, although Knox and Cooper's (2011) exploration of clients' experiences of relational depth reflected therapists' accounts of aliveness, openness and authenticity (Cooper 2005), clients also described therapists as 'holding' and going 'above and beyond' professional relational expectations. This underscores the importance of capturing client perspectives in research into the facilitative role of love in therapy and how its presence may shape experiences of therapeutic endings, an emerging theme within this study, which warrants further research.

Van Deurzen (2015, 20) proffers that love is not something we fall into, instead is an 'action, a way of being, a commitment, an attitude of care' possessing intentionality. Furthermore, McFarlene (2015, 135) reminds us therapy is a 'space where the client and therapist engage in each other's stances of love, hate and indifference'; further highlighting the importance of the therapist's willingness and ability to 'articulate their own stance, facilitate exploration of the client's stance and negotiate the interaction of each other's stances'. As such, it is our pedagogical recommendation that for therapists to have the courage to hold a facilitating loving attitude towards clients, one's own 'stance' on what McFarlane (2015) terms the love-hate-indifference triangle, needs to be explored in professional training models and personal development. Love avoidance may lead us to a point of indifference which McFarlane (2015) warns could cause more harm than hate and may inadvertently leave clients feeling insignificant, unwelcome or even forgotten. As Aung San Suu Kyi (2012, in McFarlane 2015, 131) impactfully suggests 'we die a little when we are forgotten'. It is our contention that through fearfully leaving love in the shadows, therapy may not only verge on being unethical, but as Thorne (2015, 152) poignantly suggests 'constitutes an affront to all that is best in the human spirit'. From a social and relational perspective, such avoidance leaves us blind to the growth potential *Agapic Love* may provide for those who experience hopelessness and feel unloved.

Finally, it is worth noting, participants' comfort in 'owning' their love progressed within the interviews. Exploring participant feelings at the end of the interview, enabled participants to express deeper understanding and acceptance into the ways they work with love. This suggests talking about love in therapy may help the topic become less taboo further highlighting the pertinence of holding such explorative conversations within the therapeutic community.

Although Wosket (2017) wrote the following in relation to client need of a *good enough* therapeutic relationship, it possesses such eloquent sentiment; thus, I hope the boldness in applying it to *love* is forgiven. If the therapists' love for their clients holds such power as to 'provide consistency, stability, a secure base of attachment and unconditional care and attention-to have that experience of it radiating through them like warmth of the sun, until they are sufficiently saturated to carry the warmth away with them' (34), then surely the facilitative nature of *Actualising Love* in therapy warrants further investigation and a voice within the humanistic therapeutic community.

Author Contributions

Lauren Hunt: conceptualization, investigation, writing – original draft, methodology, validation, writing – review and editing, formal analysis, data curation. **Penn Smith:** supervision, writing – review and editing. **Divine Charura:** writing – review and editing.

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Ethics Statement

Ethical Approval was granted by York St. John University ethics committee (MCS008-LH-18.3.2022).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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