Paper 4 (2006)

Love in the therapy relationship: A literature review with clinical vignettes

Kerry Thomas-Anttila

This paper contains aspects of a Master's dissertation I wrote in 2006, titled *The Therapist's Love* (Thomas-Anttila, 2006). My experience with a client at the time, named "Elizabeth", led me to this enquiry. The dissertation took the form of a modified systematic literature review, with clinical illustrations. Ethics approval for the clinical material was granted by the AUT Ethics Committee and participant (client) details were anonymised and disguised.

In the dissertation, supervised by Dr Kerry Gibson, I explored the meanings of the therapist's "love", including the ways in which it is described in the literature and the value of this for clinical work. In the study and this paper, the words 'therapist' and 'analyst' are used interchangeably, as are the words 'patient', 'analysand', and 'client', a convention which reflects the different terminology used by different authors. I proposed that in the early beginnings of psychoanalysis, love in the therapy relationship tended to be described from the patient's/client's perspective ("transference love"); whereas, more recently, there had been a move towards also considering the phenomenon of the therapist's love and an exploration of the meanings of this love. This had occurred within the context of increasing relationality and intersubjectivity and included, but was not limited to, issues of countertransference.

The way that the therapist's love is described in the literature fell into three broad areas: "parental love", sexual love and Eros, and a type of love that is particular to the therapy relationship, which Shaw (2003) describes as a "thing unto itself" (p. 268). Each of these areas was explored and discussed in relation to a clinical vignette. For reasons of space, I focus here particularly on love as a "thing unto itself". I have not updated the literature I selected, so this reflects my study at that time; I have, however, altered some of the writing, in minor ways, to reflect how I might now express things slightly differently. I begin with a vignette that illustrates how I was drawn to this topic.

> **Elizabeth**
> *When Elizabeth walked into my room for the first time about three years ago I instantly liked her and felt warm towards her. In fact, she is a rather aggressive-looking woman, who has difficulties in relating to other people a lot of the time. She was chronically and also acutely depressed at the beginning of the therapy and barely functioning in her day-to-day life, although she was holding down a demanding job. This was all she had energy for, and it was a huge struggle for her to keep going. Our first step was to work together with a psychiatrist to find an anti-depressant medication that worked for her, which we eventually did.*
>
> *From the beginning, Elizabeth decided that I was a 'safe' person, who was not trying to take anything from her, in contrast to how she felt about most others in her life. For my part, I*

responded positively to her childlike nature, her innocence, and her seeming trust in me. I felt tender towards her in the face of her sometimes self-destructive behaviours and felt privileged that she was able to talk very freely with me. I admire greatly her determination to work in therapy and in general I feel very alive in our sessions. At the same time, I also pondered the meaning of the "loving" feelings I have towards Elizabeth.

My experience with Elizabeth started a process for me in thinking about how we, as therapists, love our clients, or not. I wondered what this feeling of love was that I was experiencing towards Elizabeth, and how it fitted in the therapy process. What could I call it? Was it real or not? Did I have to be careful of it? How much were my feelings of love towards Elizabeth crucial to her therapy, and how much did they hinder it? How much was this love a countertransference phenomenon, whereby I was responding to her desperate need for a good mother? Could I then call this love parental love, and what were the boundaries of it? How much did I need to be experienced as a good mother? Was there an erotic component to this love and, if so, would I need to be careful of that? Or did I love her for her love of the therapy process, for our joint love of it, for her pursuit of her own truth, and her absolute determination in this and commitment to it?

Being with Elizabeth and asking myself all of these questions and more led me to this enquiry into love in the therapy relationship. I began to read the literature to find out what others have thought about the therapist's love.

Love

Love is perhaps the most written about and thought about emotion. Bergman (1987), Mann (1997), and Green (2005) represent the common psychoanalytic view that there will never be one satisfactory definition of such a complex human emotion as love. Also, that it is the domain of the poet to define love, rather than the psychotherapist, and that there may be as many definitions of love as there are poets (Mann, 1997). In agreeing with this, I thought not to attempt to define love; rather, to review how psychoanalytic writers have written about the therapist's love in the therapy relationship. I questioned the nature of this love, how the description of it has evolved (or not) since Freud, and how an exploration of the therapist's love in the therapy relationship might inform clinical practice. I began with reviewing Freud's stance on love.

Freud and transference love

Freud places love in a central position in psychoanalysis; he is purported to have said that the goal of analysis is to be able to work and to love, though, as Masson (1985) points out in his notes to a letter from Freud to Fliess on February 4, 1888, no source can actually be found for this famous dictum. Freud's most famous discovery in the area of love was that of 'transference love', the love of the patient for the analyst. He was clear about the role of that love in effecting a cure—"Essentially, one might say, the cure is effected by love", Freud (1906, pp. 12–13) wrote to Jung. He was also clear about the dangers of this love and in 1915 wrote a paper on the topic, in which he acknowledged that the analyst is working with

"highly explosive forces" (Freud, 1915/1971, p. 170) and that the lay public may seize upon the discussion of transference love as proof of the dangerous nature of the psychoanalytic method. Bergmann (1997) describes the position that Freud found himself in at that time:

> We will be struck by Freud's audacity. The basic idea that Freud unfolded to an astonished world was novel and bold. He advocated that the sexual current appearing in the treatment should not be repressed, but instead of gratifying it, should channel its energy into curing the neurosis… [this]… had never been attempted before. (p. 90)

Transference love had a shaky start. Person (1993) relates the first story of transference love to come to Freud's attention (in 1882), that of Joseph Breuer and his patient Anna O. Breuer became increasingly fascinated with Anna O. and her therapy, but when Anna O.'s erotic transference to Breuer eventuated in a phantom pregnancy, Breuer became terrified and terminated Anna O.'s treatment. It took a long while for Freud to formulate his understandings about transference love, only gradually coming to the understanding that Anna O.'s reaction to Breuer was more the rule than the exception (Person, 1993).

Many early analysts found this territory difficult to negotiate. Baur (1997) describes the intimate relationship that developed between Jung and his first patient Sabina Spielrein, as well as that between Ferenczi and his patient (later his wife) Gizella, and another patient, Elma (later his step-daughter). She also details many other "romantic explosions" (Baur, 1997, p. 25), on the part of Otto Rank, Victor Tausk, Sándor Rado, Frieda Fromm-Reichmann, Karen Horney, René Allendy, Julius Spier, and others. As Gabbard (1995) points out, "Freud and his early disciples indulged in a good deal of trial and error as they evolved psychoanalytic technique" (p. 1115).

It has been conjectured (Eickhoff, 1993) that the impetus for Freud to write the 1915 paper came from his concern over Jung's relationship with Spielrein, and from his correspondence with Ferenczi about Gizella and Elma. Eickhoff writes that Freud wrote to Ferenczi on 7 July 1909:

> I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a narrow escape. I believe that only the grim necessities of my work and the fact that I came to psycho-analysis a decade later than you have saved me from the same experiences. (p. 50)

Without summarising Freud's (1915/1971) paper in full, the main points are that the analyst must recognise that the patient's falling in love with him is induced by the analytic situation and "is not to be attributed to the charms of his own person" (p. 161). He believes that any passionate demand for love is largely the work of resistance and is an impediment to therapy. He advises on the danger of returning tender feelings, writing that the analyst's control over himself may not be as great as they might imagine it to be, and that the patient who is craving for love must be denied it. Further, he recommends treating the transference love as "unreal", as a situation which has to be gone through in the treatment and traced back to its unconscious origins, and goes on to say that the work is to uncover the patient's infantile object choice and the phantasies woven round it (Freud, 1915/1971, p. 167). At the same time, Freud does not dispute the genuineness of the transference love and concludes by saying that the only real difference is the analytic situation itself, and that the analyst has

a responsibility to the patient to provide an analytic experience rather than any other type of experience. In other words, that, however highly the analyst prizes love, he must prize even more highly the opportunity of helping his patient.

Freud's (1915/1971) writing in this paper is not particularly decisive or consistent and there is a sense that there is much left to discuss. It has also been suggested that Freud's stress on repetition was in part a response to real and threatened public disapproval of the erotic transferences that female analysands developed in relation to their male analysts (Schafer, 1977). In any case, it seems clear that his motivation for writing this paper was, at least in part, to assist analysts to find their way through this difficult terrain. While he does not explicitly write about the analyst's love, apart from the analyst's sexual love, which he proposes as being countertransferential in nature only, he emphasises the analyst's tasks as being to interpret the unconscious, to be ethical, dedicated to the task, neutral, to provide an analytic relationship rather than any other, and to prize the opportunity of helping the patient above all else. We could surmise that this is where Freud saw the analyst's love to lie. At the same time, there can be no doubt that he regarded this area as a very difficult one, filled with potential dangers.

The legacy of the "problem" of love

Love may be at the centre of the psychoanalytic endeavour (Green, 2005); however, I noticed in my reading of psychoanalytic writings that there is some anxiety about using the word 'love', in particular when applied to the love that a therapist might have for their client. Often 'love' has been written about in the context of things going wrong; for example, when a therapist has loving or sexual feelings, or both, for their client and abandons the therapeutic endeavour by acting out these feelings (Gabbard, 1994a, 1994b, 1994c, 1995). 'Love' is a problematic word; indeed, Green asks the question as to whether the reference to love is still accurate or whether there is a better word to describe the nature of the emotional links that are created in analytic relationships.

There are contradictory views in the literature with regards to the therapist's love. Some authors have categorically stated that the love of the analyst is not the curative factor in the treatment (e.g., Kohon, 2005), whereas others have just as categorically stated that it is. Ferenczi (1926), an early explorer of and proponent for love in psychoanalysis, placed love in a central position—"Psycho-analysis works ultimately through the deepening and enlargement of knowledge; but… knowledge can be enlarged and deepened only through love" (p. 17). He defines love as being "neither egoism nor altruism, but mutualism, an exchange of feelings" (Ferenczi, 1931, p. 248).

Writers who comment on the anxiety of writing about the therapist's love include Coltart (2000), who writes that the very use of the word 'love' in psychoanalysis is "often felt to be dangerous, or open to misconstruction" (p. 120). Bach (2006) suggests that love in psychoanalysis is fraught with problems of transference and countertransference, the weight of social attitudes and collegial judgments, special ethical considerations, and even legal concerns. Lear (1990) notes that it is hard to take love seriously and that "love has become almost taboo within psychoanalysis" (p. 156), that as soon as anyone mentions

love, from somewhere comes the response, “Yes, but what about aggression?” Siegelman (2002) posits that we assume that we are on safe ground with the negative emotions, because this means we are not “whitewashing the shadow” (p. 21).

In writing about love, I do not aim to deny the powerful forces and realities of aggression, hate, violence, death, and also their relationship with love. Neither do I wish to make any naïve assertions along the lines that “All we need is love”, that love is in some way ‘absolute’ in the therapy process. Hillman (1989) rightly points out that “to take love as the principle of psychotherapy is again to find a monotheistic panacea for the imaginative complexity of our psychic life” (p. 289). However, I do aim to focus on and explore love in the therapy context, especially the therapist’s love, and to ascertain to what extent love is viewed as being intrinsic or not, valued or not, in the therapy relationship.

As mentioned, it became obvious during my reading that in describing love in the therapy relationship, writers, particularly over the last 50 years or so, have tended to write within three broad categories when writing of the therapist’s love—parental love (i.e., the therapist in a quasi-parental role), sexual love or Eros, and love as a “thing unto itself” (Shaw, 2003). In my dissertation, I devoted a chapter to each of these categories, with a clinical illustration in each, in order to explore them more fully. In some ways it is artificial to separate them out and there is a good deal of cross-over. In this article, however, I focus on the qualities and values of love as a thing unto itself.

Loving attitude versus the interpretation

Traditionally, the analyst’s interpretations have been seen as the analyst’s love in action. Nacht (1962a) questions this, saying that the analyst’s attitude is a decisive factor in what is curative, that this attitude includes loving the patient and is more important than interpretations. The replies to his paper mainly defended the traditional view. So, for example, King (1962) disagrees with him and defended neutrality and interpretation, as does Segal (1962), although Segal agrees with Nacht that a good therapeutic setting must include unconscious love in the analyst for the patient. She does not, however, agree that a mediocre interpretation is helpful if given with love, saying that mediocre interpretations are more likely to be due to an inhibition of love (Segal, 1962). When Nacht (1962b) was questioned as to the nature of the love he was talking about, he replied that it is difficult to describe in common language “although I had to try to do so. It is a kind of openness that one can understand only if he has already experienced it” (p. 233).

Nacht’s (1962a) suggestion that the therapist’s love is more important than the interpretations is taken up by some writers; however, most stress that both are necessary (Field, 1999; Mann, 1997; Natterson, 2003; Steingart, 1995; Symington, 2006). An illustration of this is Symington (2006) describing his analyst clarifying the meaning of the “transference interpretation [being] to remove an obstacle that exists between the analyst and the patient” (p. 1). At that moment, Symington reports, he realised that the transference interpretation is a means and not an end, that the goal of psychoanalysis is to bring two persons into relation with one another and that the function of the transference interpretation is to “dissolve the blur, to banish the delusion which prevents the opening of

one person to another" (p. 2). Symington's description of "the opening of one person to another" resonates with Nacht's (1962b) "kind of openness" (p. 233).

Love as the "moral infrastructure" of psychotherapy

Nina Coltart (2000) lists qualities she feels were essential to practise as an analyst and sums these up by saying that they can all be subsumed under the name of love. I list many of these qualities here, as it is one of the most comprehensive lists in the literature and is representative of what many others have written. It is also striking that she did not shy away from using the word love. Coltart's love includes:

- 'Being with' patients and being on their side (as opposed to taking their side) in the search for truth and health.
- An attitude whereby the patient feels important in the relationship, and of the necessity of the analyst being open to herself and unafraid to love.
- Endurance, patience, and understanding.
- Not using transference or countertransference destructively but only to create greater insight between the patient and ourselves.
- Not exploiting the patient's dependence on us emotionally, intellectually, sexually, or financially.
- Single-minded attention to what is happening, while simultaneously allowing the inner flow of free-associative thoughts and images.
- A detachment rooted in thorough self-knowledge to experience and examine the countertransference and our own feelings, as well as scrutinising the transference.
- Sharply focusing, and scanning, complex involvement in feelings, and cool observation of them.
- Close attention to the patient and to ourselves, distinguishing our own true feelings from subtle projections into us.
- Communicating insight clearly, yet not imposing it.
- Willing the best for our patients and ourselves, yet abandoning memory and desire
- Steering clear of being judgmental.
- A sense of humour, toughness, courage, kindness, enjoyment.

Lastly, she describes the analyst's love as being "the only trustworthy container" in which to feel the full spectrum of feelings, including hatred, rage, and so on, adding that love is the "moral infrastructure of our job" (Coltart, 2000, p. 122).

Loving the patient's psychic reality

According to Steingart (1995), Hans Loewald was the first person to take Freud's position of linking the truth of psychic reality to the love and care for the patient. Loewald (1970) writes that "Scientific detachment in its genuine form, far from excluding love, is based on it… It is impossible to love the truth of psychic reality… and not to love and care for the object whose truth we want to discover" (p. 65). Earlier Loewald (1960) had written that for things to go well, the analyst must have "love and respect for the individual and for individual

development" (p. 229). Steingart describes this as "scholarly analyst love" (p. 118) and is concerned to convey that he is not talking about an intellectual experience but, rather, a "full loving sensibility, which includes, but is not only the equivalent of, a deep sense of intellectual comprehension" (p. 118). He believes that interpretations can only be a "loving response" (p. 118) within the matrix of an overall analytic relationship that is lovingly and responsibly devoted to knowing the analysand's psychic reality. He also maintains that Freud created in his analytic technique a new type of human relationship and that the analyst possesses a real and extraordinary love for the analysand that follows directly and naturally from this relationship.

"Falling in love" with the patient

Bach (2006) agrees with Steingart regarding loving the patient's psychic reality, adding that the patient comes to understand and love the analyst's psychic reality including her whole embodied reality. He describes his "personal prescription for love" (Bach, 2006, p. 133) as paying very close attention and speaks of this as being the "moral equivalent of a prayer" (p. 133): that a basic trust in the patient is needed, as well as a sympathetic resonance with him, as well as an ability to hold them in mind so that they become a "living presence" (p. 133). The effect of this, Bach suggests, is that the patient begins to feel held together by the attention and to feel that more and more parts of him are becoming meaningfully interconnected. He goes on to say that paying this kind of attention, while maintaining one's narcissistic balance, leads to being totally involved in the process, which leads to a "falling in love" with the patient, although he said it is dangerous to say so. Gerrard (1999) writes in a similar vein, describing it as "extreme tenderness" (p. 30) towards the patient, and that the patient cannot reach their capacity for loving without the analyst becoming involved in a passionate way. She stresses that the "tender loving feelings must emanate from one's most authentic place—there is no place for sentimentality here" (Gerrard, 1999, p. 130).

The therapist's "non-erotic" love

Cohen (2006) suggests that the confusion felt by analysts concerning love in therapy is because, owing to the "doctrine of the libido, which links all forms of love with sexuality" (p. 145), many analysts consistently identify love with sexuality. His opinion is that a successful treatment is based on feelings of love, and that there is a difference between love that is based on biological erotic-sexual drives, which he calls 'drive energy', and emotional love without biological drive, which he called psychic-mental energy. In describing the latter, he said this is a non-erotic and non-reconstructed love, directed towards the object and not for the sake of the loving subject, as distinct from erotic-driven love, which arises from the wish that the object gratify a certain need felt by the subject.

In support of his argument, Cohen cites Doi (1993), who writes of the Japanese word 'amae', translated as "indulgent dependency" (Cohen, 2006, p. 142), characteristic of the child's relationship with the mother. He added that he also saw it as arising in relationships between adults and that he considered it a "universal non-sexualised drive for close dependent affiliation" (Cohen, 2006, p. 142). Cohen made a case for the love between therapist and patient as having a 'real' component as opposed to only being

countertransferential and suggested that many writers prefer to hide behind the issue of the analyst's love with terms such as the 'positive countertransference'. He contends that, whereas the literature about countertransference has developed, the literature relating to 'real' feelings experienced toward the patient has not and is full of many contradictions.

Cohen makes some good points, particularly those relating to the squeamishness of therapists talking about their love for their patients, the hiding behind such terms as 'positive countertransference' when sometimes 'love' might be a better word to describe the therapist's feelings, and the real need of some patients for a 'parental' type of love from the therapist, which is caring, understanding, and belonging more to reparative and attachment models than to drive models. However, it could be argued that attempting to separate out 'real' love from sexual love is a fraught endeavour and one that risks denying the unconscious.

Love (and hatred) is not curative but is necessary

Coen (1994) writes about the barriers often in place that serve to prevent loving feelings in the analytic setting, viewing these as mutually constructed, and stating that his intention is not to advise analysts to love their patients but to focus carefully on these barriers, whereby both patient and analyst try to destroy possibilities for loving feelings, especially by wishing to preserve a negative relationship, often sadomasochistic, which emphasises the impossibility of loving and being loved. He mentions that he was taught in the 1960s a dispassionate mode of analysing—"it has tended to interfere with my freedom to enjoy a variety of passions with my analysands" (Cohen, 1994, p. 1108) and talks of a contemporary shift towards an acceptance and welcoming of a full range of feelings, and subjecting these to self-analysis to inform the work. Cohen's view is that persistent negative, critical feelings between the analytic couple, including sadomasochistic engagement, seek to block access to more intense passion, loving, and hating; and he concludes that it is not that love between patient and analyst is curative, but that it is necessary to facilitate analytic change, adding that he would say the same about hatred.

Both immersion and distance are needed

Those who write about the therapist's love often stress that the analytic relationship is a special one which cannot be compared to any other, because even when the relationship is understood in a more egalitarian way, the analyst is still both participating and monitoring conscious and unconscious meanings (Gabbard, 1996; Hoffer, 1993; Kernberg, 1994; Lear, 1990; Loewald, 1979; Modell, 1989; Siegelman, 2002). The combination of distance and closeness is seen as being unique to the analytic situation.

Friedman (2005) writes about the analyst's focused attention and how patients naturally understand it as a sign of ordinary love. He argues that it is a kind of love, but that it is different from other kinds (otherwise it would be ordinary social love). Like others, he acknowledges that this 'different' kind of love is not easy to describe, that it is not just 'understanding', which he takes to be a rather bloodless sort of love. Furthermore, although

analysts are inclined to identify their love with powerful and fundamental growth endorsement, it is not 'parental', since analysts are not supposed to infantilise their patients; and that it resembles the understanding involved in reading, the appreciation of art and literature, but that it is more responsible, personal, alive, and unsettled. A reason for this, he proposes, is that analysts feel personally addressed by their patients, both in speech and in silence. Thus, he posits that analytic love is the personal, first-hand experience of the patient's appeal solely in terms of its value for the patient and its place in the patient's drama. Friedman summarises his view by saying that an actual loving feeling is generated by the union of two analytic features—the taking of distance and immersion in the patient's experience.

This notion of immersion and distance is echoed by others; for example, Lear (1990) who states, "Analytic therapy demands that the analyst embody a unique blend of empathy, sympathy, and distance" (p. 5); and Ogden (1989) who describes the analytic situation as one of "intimacy in the context of formality" (p. 175). Kohon (2005) also stresses the detachment that is necessary for an analyst to do their job and cites Winnicott (1960) who wrote of the importance of the distance between analyst and patient. This detached love, Kohon writes, will allow the analyst to manage the patient's persecutory anxieties and reactions of hate. Siegelman (2002) writes of this immersion and distance by describing the psychoanalytic relationship as a "both real and 'as if' relationship" (pp. 32–33).

Mitchell (2000) also describes the analyst's responsibility at once to be involved with the patient and to provide an analytic experience. He suggests moving beyond the debate about whether love in the therapy relationship is real or unreal:

> We are at the point in thinking about complex emotions in the analytic relationship where we can move beyond polarized positions about analytic love as either real or unreal, and analytic feelings as to be either carefully restrained or loosely expressed. Love and hate within the analytic relationship are very real, but are also contextual. The asymmetrical structure of the analytic situation is a powerful shaper of the feelings that emerge within it, making certain kinds of feelings possible and precluding others. It is precisely because these feelings, as real as they are, are so context-dependent that they are not easily translatable into either extra- or postanalysis relationships. (p. 146)

The subjectivity of the therapist

Most of the writers discussed thus far, describe the analyst's love as being at times more than just countertransference; this has occurred with a shift to considering the analyst's subjectivity. Aron (1991), for example, argues that the analyst's total responsiveness cannot be referred to as countertransference, and that the analyst has too often been viewed as the mother is viewed in relation to her child; that is, as an object for the child—"We have been slow to recognise or acknowledge the mother as a subject in her own right" (p. 30). Shaw (2003) agrees: "Analytic love is not necessarily evoked by the analysand's transference, although it will undoubtedly be mixed in with the analyst's concordant and complementary countertransferences" (p. 256). Schafer (1983) describes his concept of the "analyst's second self". His belief was that analysts in their work are not quite the same as they are in their ordinary lives. That in their work a special kind of love can develop in

relation to the analysand "which would be a mistake to identify with disruptive countertransference" (Schafer, 1983, p. 291).

Symington (2005) laments the lack of words in the English language to describe love and talked about passion, delight, regard, and contemplation with regards to the therapist's love. He described it further as having wonder in it, metaphysical passion, and scientific attention: "In this act the person marvels at the other. It is this act, the act of *contemplation*, there is a focused wonder at the quality of the other" (Symington, 2005, p. 14).

There are many ways in which the patient may evoke feelings of love in the analyst, which may not have to do with the countertransference. Shaw (2003) and Kohon (2005) both mention the importance for the therapist in being part of a mutual process, where both analyst and analysand feel valued, and recognised, for what they have to give; and claim that this is both vitalising for the analyst and therapeutic for the analysand.

Some difficulties in loving

Love under suspicion

Shaw (2003) highlights the suspicion that often accompanies the analyst declaring feelings of tenderness, affection, and love towards the patient. He writes that this is often seen as the analyst "acting out" his narcissistic need to cure by posing as an impossibly perfect parent to a perennially infantilised patient. Shaw argues that suspicions against tenderness have gone beyond their proper safeguarding function (as was Suttie's (1935/1963) argument 87 years ago) and have, instead, led to the inhibition of the growth and development of our thinking about analytic love. Shaw adds that seduction for the purpose of attaining control and domination over another might often happen in the name of love, but is not actually what love is meant to be. Rather, professional neutrality, abstinence, and deliberate withholding of gratification can be equally manipulative means of maintaining domination and control over others.

Are there some patients whom it is better not to love?

Main (1989) describes a type of patient who does not get better but who has a talent for becoming 'special' to the therapist. The feelings aroused in the therapist include wanting to make a special effort to help, feeling that the patient had previously got a bad deal from all the other figures in their life, and that the therapist could be the one to break this pattern and really help, if only they tried hard enough. Main suggests that, with these patients, the stress of treating them means that the therapist can give "unusual services, different from that of other patients, more devotion, greater effort, with desperate attempts to be good and tolerant and to interpret the deeper meaning of the patient's needs" (p. 24). Main notes that it is necessary to be aware of the insatiability and ruthlessness, aggression and hatred in these cases. He cites Klein's work as being helpful in understanding the dynamics involved. By denying the hatred and showing further good, Main argues that the patient deteriorates further.

This brings us back to the question of what we call the therapist's love. Main (1989) has his own definition of the therapist's love for the patients he describes; it is: "sincerity… about

what can and what cannot be given… careful understanding, it is the only way in which these patients can be provided with a reliable modicum of the kind of love they need" (pp. 34–35). He further adds that therapists should not be more loving than they can truly be.

> **Benjamin**
> *Benjamin talks to me about a dream he has had the previous night. As he talks to me I notice the following things happening inside my mind: I notice his body, how is he sitting, does he look relaxed or tense? What sort of response to his way of being with me do I find inside my body, what is my own body telling me about the relationship that is going on between us just now?*
>
> *I am also looking at my own thoughts and feelings in relation to him. This slightly anxious feeling I have; does it belong to me or to him, or to both of us? What might it mean?*
>
> *Already I know a lot about Benjamin and his life. As I listen to the content of his dream my mind cannot help itself going to my own associations. I wait and then ask him to begin associating to parts of the dream. I help him with this as he is not familiar with thinking about how dreams might have something important to say. I feel affectionate towards him as he quickly applies himself to the task. He catches on fast, I think, he's clever. And then I realise that he is being a very good patient, a 'good boy', and I feel loving towards him and moved by his trusting attitude and the way he throws, almost leaps, himself into working with the dream. I begin to ponder his goodness, how his being a 'good boy' also creates problems in his life, and forces him into needing to balance that, to be a 'naughty boy', just to give himself some breathing space where he can feel alive. I feel fondness and a sort of awe for him in spite of his often harmful ways of asserting his freedom. I shelve those thoughts for now and return to his dream, which he is, also, keen to discuss.*

There have been a number of contributions in the literature that have been valuable for me in my clinical work, including with Benjamin. The above vignette illustrates the tension between being at once involved in the relationship and sitting slightly outside of it. I have no doubt that Benjamin is involved in a similar process, and that it is my task to bring that into the room and talk about it. Steingart (1995) describes this as "loving responsibility" (p. 118). Steingart's concept of loving the patient's mind and all that it produces is also useful. Benjamin has a mind that is, for me, very admirable, and it is not difficult for me to be very interested in it and the various directions in which it goes. I enjoy paying him the very close attention that Bach (2006) mentions, and I wondered in the beginning stages of the therapy if I had in fact fallen in love with him. In examining possible countertransferential dynamics, I had to conclude that these feelings were partly, but not entirely, due to countertransference. Yes, he is used to women falling in love with him, and I could choose to see my response solely in those terms. However, I also choose to be passionately involved with Benjamin, as with other patients, and I think that this produces a loving feeling that needs to be considered just as much as countertransferential implications. In other words, both need to be considered.

It is easier to be passionately involved with some patients than others, and this is where an awareness of countertransference plays a part: the necessity to look at those things in myself (as well as in the patient) that hinder my involvement. Coen's (1994) discussion on barriers to loving is useful in this area. Related to this understanding, it is easier to love some patients than it is to love others. However, when I consider what might make one

person more 'lovable' than another, it is difficult to arrive at any common factors that lie within the patient themselves. Here, Friedman's (2005) notion of the analytic love as being the taking of distance on the one hand, and the immersion in the patient's experience on the other, is useful. The questions that arise from this include, what would hinder me in carrying out either of these functions? What disturbances would make it difficult for me to both be distant and involved? Thinking about this has helped me in my work with Benjamin and with other clients, particularly with the necessarily asymmetrical nature of the therapeutic endeavour and my responsibilities within it.

Conclusion

Whereas interpretations have traditionally been viewed as the manifestation of the therapist's love, I have described other ways of viewing the therapist's love and how it differs from love in other settings. Coltart's (2000) list of adjectives describing the therapist's love is more comprehensive than others but is essentially representative of what others have written. A shift towards more relationality and intersubjectivity in the therapy relationship is demonstrated, that there is more to the therapist's love than the words they speak, and that it is not all countertransference. There is the suggestion that the therapist is freer now than earlier to work with a full range of feelings rather than feeling uncomfortable about having loving feelings for the patient, and that there is a connection between loving the truth of psychic reality and the 'object' (patient) whose truth is to be discovered. Steingart (1995), in particular, emphasises a love of the patient's mind, and all that it produces. Bach (2006) went further and described a "falling in love" (p. 133) process whereby the therapist pays the type of attention that he calls the "moral equivalent of a prayer" (p. 133).

There have been changes in the way many therapists practise and some inroads made into a more widespread acceptance of the concept of the therapist's love. At the same time, most writers are saying that we can compare the therapist's love with the love of a parent, a lover, a sibling, or friend; but, in the end, the asymmetrical nature of the therapy relationship means that it is none of these and the comparisons do not hold in a satisfying way. For me, the most convincing contemporary description in reading about the therapist's love, and the one that speaks to me the most in terms of my experience with patients, is Friedman's (2005) concept of being immersed in and at the same time distant from the patient's experience, and how this creates a feeling of love in the therapist which is particular to the therapy setting. This description seems to include the possibility of all the types of love being present in both client and therapist, depending on what both are bringing to the experience (and this may differ from session to session). It reflects the asymmetrical nature of the enterprise, where the therapist participates fully and observes at the same time in order to ensure the safety of the patient.

As Shaw (2003) points out, the therapist's love can easily be viewed in a suspicious light. In the literature, however, there are many therapists who describe feelings of love for their clients, and who suggest that this is even necessary for the therapy. The development of this love is generally, but not always, described as taking place over a period of time, as the therapist gets to know the client, to understand who they are, and why they are the way

they are. The importance of understanding the nature of the love is highlighted, as is acknowledging to oneself the presence of aggression and hate, and for the love to be genuine. The benefits to the client of experiencing the therapist's love are described.

References

Aron, L. (1991). The patient's experience of the analyst's subjectivity. *Psychoanalytic Dialogues*, *1*(1), 29–51. https://doi.org/10.1080/10481889109538884

Bach, S. (2006). *Getting from here to there: Analytic love, analytic process.* The Analytic Press.

Baur, S. (1997). *The intimate hour: Love and sex in psychotherapy*. Houghton Mifflin.

Bergmann, M.S. (1987). *The anatomy of loving – The story of man's quest to know what love is.* Fawcett Columbine.

Bergmann, M. S. (1997). Passions in the therapeutic relationship. *Canadian Journal of Psychoanalysis, 5*, 73–94.

Coen, S. J. (1994). Barriers to love between patient and analyst. *Journal of the American Psychoanalytic Association, 42*(4), 1107–1135. https://doi.org/10.1177/000306519404200409

Cohen, Y. (2006). Loving the patient as the basis for treatment. *The American Journal of Psychoanalysis, 66*(2), 139–155. https://doi.org/10.1007/s11231-006-9012-8

Coltart, N. (2000). *Slouching towards Bethlehem*. Other Press.

Doi, T. (1993). Amea and transference love. In E. S. Person, A. Hagelin, & P. Fonagy (Eds.), *On Freud's "Observation on transference love"* (pp. 165–171). Yale University Press.

Eickhoff, F-W. (1993). A rereading of Freud's "Observations on transference love". In E. S. Person, A. Hagelin, & P. Fonagy (Eds.), *On Freud's "Observations on transference love*" (pp. 33–56). Yale University Press.

Field, N. (1999). 'O tell me the truth about love'. In D. Mann (Ed.), *Erotic transference and countertransference: Clinical practice in psychotherapy* (pp. 99–110). Bruner-Routledge.

Ferenczi, S. (1926). To Sigmund Freud on his seventieth birthday. In M. Balint (Ed.), *Final contributions to the problems and methods of psycho-analysis* (pp. 11–17). Karnac. https://doi.org/10.4324/9780429474750

Ferenczi, S. (1931). Notes and fragments. In M. Balint (Ed.), *Final contributions to the problems and methods of psycho-analysis* (pp. 216–278). Karnac. https://doi.org/10.4324/9780429474750

Freud, S. (1906). Letter from Sigmund Freud to C. G. Jung, December 6, 1906. *The Freud/Jung Letters: The correspondence between Sigmund Freud and C. G. Jung.* Classic Books, *41,* 11–13.

Freud, S. (1971). Further recommendations in the technique of psycho-analysis: Observations on transference-love. In *The standard edition of the complete psychological works of Sigmund Freud*, *12* (pp. 157–171). Hogarth Press. (Original work published in 1915)

Friedman, L. (2005). Is there a special psychoanalytic love? *Journal of the American Psychoanalytic Association*, *53*(2), 349–375. https://doi.org/10.1177/00030651050530020901

Gabbard, G. O. (1994a). Sexual excitement and countertransference love in the analyst. *Journal of the American Psychoanalytic Association***,** *42*(4), 1083–1106. https://doi.org/10.1177/000306519404200408

Gabbard, G. O. (1994b). On love and lust in erotic transference. *Journal of the American Psychoanalytic Association*, *42*(4), 385–403. https://doi.org/10.1177/000306519404200203

Gabbard, G. O. (1994c). Psychotherapists who transgress sexual boundaries with patients. *Bulletin of the Menninger Clinic*, *58*(1), 124–135.

Gabbard, G. O. (1995). The early history of boundary violations in psychoanalysis. *Journal of the American Psychoanalytic Association***,** *43*(4), 1115–1136. https://doi.org/10.1177/000306519504300408

Gabbard, G. O. (1996). The analyst's contribution to the erotic transference. *Contemporary Psychoanalysis, 32*(2), 249–273. https://doi.org/10.1080/00107530.1996.10746952

Gerrard, J. (1999). Love in the time of psychotherapy. In D. Mann (Ed.), *Erotic transference and countertransference: Clinical practice in psychotherapy* (pp. 29–41). Routledge.

Green, A. (2005). To love or not to love: Eros and Eris. In A. Green & G. Kohon (Eds.), *Love and its vicissitudes* (pp. 1–39). Routledge.

Hillman, J. (1989). *A blue fire.* Harper & Row.

Hoffer, A. (1993). Is love in the analytic relationship "real"? *Psychoanalytic Inquiry*, *13*(4), 343–356. https://doi.org/10.1080/07351699309533960

Kernberg, O. F. (1994). Love in the analytic setting. *Journal of the American Psychoanalytic Association, 42*(4), 1137–1157. https://doi.org/10.1177/000306519404200410

King, P. (1962). The curative factors in psycho-analysis—contributions to discussion. *International Journal of Psycho-Analysis, 43*, 225–227.

Kohon, G. (2005). Love in a time of madness. In A. Green & G. Kohon (Eds.), *Love and its vicissitudes* (pp. 41–100). Routledge.

Lear, J. (1990). *Love and its place in nature: A philosophical interpretation of Freudian psychoanalysis.* Yale University Press.

Loewald, H. W. (1960). On the therapeutic action of psycho-analysis. *International Journal of Psycho-Analysis, 41*, 16–33.

Loewald, H. W. (1970). Psychoanalytic theory and the psychoanalytic process. *Psychoanalytic Study of the Child, 25*(1), 45–68. https://doi.org/10.1080/00797308.1970.11823275

Loewald, H. W. (1979). Reflections on the psychoanalytic process and its therapeutic potential. *Psychoanalytic Study of the Child*, *34*(1), 155–167. https://doi.org/10.1080/00797308.1979.11823004

Main, T. (1989). The ailment. In J. Johns (Ed.), *The ailment and other psychoanalytic essays* (pp. 12–35). Free Association Books.

Mann, D. (1997). *Psychotherapy: An erotic relationship*. Brunner-Routledge.

Masson, J. M. (1985) (Ed.). Notes: Letter from Freud to Fliess, February 4, 1888. In *The complete letters of Sigmund Freud to Wilhelm Fliess*, 1887-1904. Harvard University Press.

Mitchell, S. (2000). *Relationality*. The Analytic Press.

Modell, A. H. (1989). The psychoanalytic setting as a container of multiple levels of reality: A perspective on the theory of psychoanalytic treatment. *Psychoanalytic Inquiry*, *9*(1), 67–87. https://doi.org/10.1080/07351698909533755

Nacht, S. (1962a). The curative factors in psycho-analysis. *International Journal of Psycho-Analysis, 43*, 206–211.

Nacht, S. (1962b). The curative factors in psycho-analysis—Contributions to discussion. *International Journal of Psycho-Analysis, 43*, 233.

Natterson, J. M. (2003). Love in psychotherapy. *Psychoanalytic Psychology*, *20*(3), 509–521. https://doi.org/10.1037/0736-9735.20.3.509

Ogden, T. (1989). *The primitive edge of experience.* Aronson.

Person, E. S. (1993). Introduction to "Observations in transference-love". In E. S. Person, A. Hagelin, & P. Fonagy (Eds.), *On Freud's "Observations on transference-love"* (pp. 1–14). Yale University Press.

Schafer, R. (1977). The interpretation of transference and the conditions for loving. *Journal of the American Psychoanalytic Association, 25*(2), 335–362. https://doi.org/10.1177/000306517702500202

Schafer, R. (1983). *The analytic attitude.* Basic Books.

Segal, H. (1962). The curative factors in psycho-analysis. *International Journal of Psycho-Analysis, 43*, 212–217.

Shaw, D. (2003). On the therapeutic action of therapeutic love. *Contemporary Psychoanalysis*, *39*(2), 251–278. https://doi.org/10.1080/00107530.2003.10745820

Siegelman, E. (2002). The analyst's love: An exploration. *Journal of Jungian Theory and Practice, 4*(1), 19–34.

Steingart, I. (1995). *A thing apart: Love and reality in the therapeutic relationship*. Jason Aronson.

Suttie, I. (1963). *The origins of love and hate.* Routledge.

Symington, N. (2005). *A technique for the creation of mind.* Paper given at the second annual conference of the Tel Aviv institute for Contemporary Psychoanalysis, Tel Aviv, 27-28 October, 2005. Retrieved September 30, 2006, from http://www.taicp.org.il/page/conferences_en.asp

Symington, N. (2006). *Transference interpretation as a cataract interpretation*. Paper presented at the Australia Psychoanalytical Society Conference, July 2006.

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis, 41,* 585–595.