

# Psychotherapy



## A Special Kind of Love

By

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## Secrets of Psychotherapy revealed in this section.

- Psychotherapeutic Eros is a unique form of love.
- This flow of love from therapist to client releases the client's potential for positive change.
- Every client both wants and fears to change.
- Love often requires the therapist to do the opposite of what the client expects.
- The notion of transference is a way of denying real feelings.
- Clients should shop smartly to find the right therapist.
- Therapists can't help someone who has the same problems they have, or whose value system fundamentally conflicts with theirs.
- Conversely, therapists do love the unlovable -- when they connect with the client's vulnerability.
- Fees are one of the characteristics that distinguish Psychotherapeutic Eros from other forms of love.
- The purpose of therapy is to free clients to love themselves and other people.
- Women clients do not automatically fall in love with their male therapists -- though many of the latter like to believe it's a fact.
- Therapy love, while flowing from therapist to client, is also reciprocal, and has positive effects on the therapist, too.

*Love is difficult to define* though everyone thinks he or she knows what it is. Throughout life we need to receive love, and we need to give love. We first learn what love is in our parents' arms.

As we grow we learn more about love. We see and experience love in the behavior of family members and others. With the proper foundation of being loved as a baby and child, we grow to adulthood able to give love and also to feel worthy of receiving it. We've learned to love ourselves, the prerequisite for being able to love others.

Love is care, nurture, support and affection.

No finer definition of love (or therapy) has been formulated than that of St. Paul:

"Love is patient and kind; love is not jealous, or conceited or proud; love is not ill mannered, or selfish or irritable; love does not keep a record of wrong; love is not happy with evil, but is happy with the truth. Love never gives up. Love is eternal."

## The Unexpected

People who give and receive such unconditional love are rich indeed.

Unfortunately, they are also rare. Many of us grow up love-poor; our first experience of unconditional love may only come when, dissatisfied with life or ourselves, we seek psychotherapy. And then we are likely to be surprised by the therapist's love. Often we first become aware of this love when the therapist does not respond the way we expect.

If you were like Corrina, for instance, you'd expect disapproval and a lecture, maybe even physical punishment, if you spoke of your sexual impulses.

Corrina was a 21-year-old woman who, throughout her childhood and adolescence, had been physically abused by her puritanical parents. Now, as an adult living on her own, she felt guilty about anything that brought her enjoyment, especially sexual activity.

She was torn between her desire for a man with whom she wanted to spend a casual weekend, and the recriminations her parents would heap on her if they knew about her "dirty" holiday.

Her surprise and relief were evident when the therapist did not react with horror and condemnation. He encouraged her to make her decision by thinking through what she felt would be right, taking into consideration her religious values, the consequences of sleeping or not sleeping with the man, and whether this would be a repetition of previous intimate relationships after which she felt used and unsatisfied.

## **Love heals**

The absence of love is most apparent in sexual abuse of a child by his or her parent.

Often the pain, shame, guilt and fear suffered by the victim do not end when the abusive act itself is over.

To survive the horror, many betrayed children block out the experience while it is happening. A psychological defense mechanism takes over: the child escapes into an imaginary world in his or her mind, or blanks out.

So effective is this mechanism in its survival power for the child that many abused children, now grown up, have no conscious memory of the violations their little bodies suffered.

Yet, as adults, a wide variety of problems plague such survivors. Phobias, insomnia, destructive relationships, sexual dysfunctions, obesity, alcoholism, drug addiction, are a few examples.

The victimized child has absorbed the perpetrator's guilt and anger. Usually the child feels somehow to blame, that it must be a bad person for Mummy or Daddy to do these things. The self-blame continues into the survivor's adult life, poisoning relationships and shattering self-esteem.

Prior to therapy, Gail had persistent bowel problems; she half-jokingly referred to herself as "a pain in the ass." Gail had suffered the real-life nightmare of her husband, Peter, sexually abusing their children. When Gail's suspicions were aroused the children were 3, 5 and 6.

Youth Protection social workers, and other professionals, were charmed by the handsome, erudite father. The authorities did not believe Gail's allegations.

The children's accounts of Peter's molestations were ambiguous. Even the testimony of Peter's now-adult sister that he had raped her when she was nine years old did not sway the investigating social workers.

They suggested that Gail herself had probably been abused as a child and was projecting her own trauma onto her children.

To her mixed dismay and relief, therapy helped her recover repressed memories -- Gail's grandfather had raped her anally when she was five years old. No one at the time, especially her mother, had been willing to believe her.

When the enormity of the trauma now hit home, she felt shame, disgust, guilt, anger and fear. Most of this turmoil was directed at herself.

Gail's relief when the therapist refused to accept her self-condemnation was palpable. She began to look directly at the therapist instead of at the floor, her face muscles relaxed; she even managed a real smile.

Gail's rock-bottom self-esteem, which placed her in soul-destroying employment and relationships, was not rebuilt overnight. Her sense of self-worth had been severely damaged by the childhood abuse (which also included betrayal by her mother who had not intervened) and by Peter's verbal abuse of her and sexual abuse of the children.

Counterbalancing these horrors was the therapist's love: his acceptance of her as a person, his refusal to agree that she was evil, and especially his validation that her perceptions were true, all contributed to her growth in self-confidence and self-acceptance.

## **Love versus Fear**

Every client going into therapy seeks change, yet fears it. The fear arises from not knowing how it will be to be free from a bad habit, or to feel powerful, or to be able to love, or to be thin, or to succeed, or to leave home, or whatever is the stated aim of the client.

The therapist's love helps the client tackle the fear of becoming a new person.

Fear also flows from the terror of accepting responsibility for one's self.

Frequently, it is far easier and it certainly feels safer, to blame someone else for one's predicament. Richard is a sad example.

He flitted from therapist to therapist, never quite able to develop enough courage to persist in facing up to his rage and guilt. He wouldn't allow himself to accept the therapist's love.

Perhaps that would have seemed to be a betrayal of his desperate need for his widowed mother's approval. The same mother who had sexually abused him until he was eleven years old.

Now 27, Richard sought therapy because his wife had threatened to leave him. She was tired of his accusations, tired of his jealousy, tired of his moodiness.

Unfortunately she had no insight into her role in maintaining his inner rage and so refused to participate in joint counseling.

Richard was afraid his rage at women would one day erupt into violence against his wife. He acknowledged, but refused to face, that his rage was really directed at his mother. The years she had summoned him to her bed, used his limbs to masturbate herself to climax, and invited him to explore her, had left him shamed, enraged and guilt-ridden.

Not unexpectedly, he'd chosen a wife who proudly proclaimed her premarital broad experiences with many men. In therapy, Richard would not allow himself

to examine his rage toward wife or mother. He despaired of ever ridding himself of self-loathing. He particularly despaired of ever being fully accepted or really loved by his mother.

## **Love encourages**

In a therapeutic context, love is not romance, nor gushiness, and especially not possessiveness. On the contrary, the therapist's love is directed at encouraging the client to become the best person he or she can -- on the client's terms, not the therapist's.

Therapeutic love affirms the strengths and positive possibilities within the client, and asks nothing in return.

Abraham Maslow, unlike his predecessors in psychology, sought out who and what was healthy. His comments about love in sexual relationships apply equally well to love in therapeutic relationships:

"Fromm, Adler and the others who write in the same vein strangely omit one aspect of the healthy love relationship which was very clear in my subjects: namely, fun, merriment, gaiety" (Maslow, 1953, p.79).

The latter are essential components of what Maslow called 'being-love' which

"is not so much a giving love, in the sense that it is given by one person to another, as it is a love in which one person provides the kind of relationship that induces the other to develop toward the best that is within him" (Swensen, 1972, p.99).

Such love goes far beyond the concept of the therapist being a giver (of comfort, time, understanding, etc.). Indeed, it often includes confrontation with the client.

## **Love as not giving**

Giving can be far from love, and is often not motivated by love. The therapist who coddles a client (by, for example, frequently phoning to check on how the client is doing) is "giving" of time and attention; yet the unspoken message to the client is "you probably can't manage on your own."

Or, as one client did think, "Oh, my, if she [the therapist] is calling so often maybe I'm worse off than I thought."

A true act of love would be to leave that client the freedom to draw upon his own strengths to manage life and to call the therapist out of choice.

## **Love and the lonely**

No therapist can work for long without being impressed by the number of people who say they have no one they can talk with. This includes not only the socially isolated but clients who are married, clients who have lots of friends, clients who have families large and small.

Perhaps it is as psychoanalyst Arthur Burton wrote:

"In a society which no longer cares, and certainly does not care deeply for its deviants, the therapist remains the one person who really cares about the atypical, the gauche, the awkward, and the crippled" (Burton, 1976, p.134).

Yet therapists of the psychoanalytical school are taught to maintain emotional distance from clients and to refrain from showering them with love. This wisdom is often attributed to Sigmund Freud, the Viennese doctor who created psychoanalysis in the 1800s. Then, as now, other therapists disagreed with him.

Freud's friend and confidant, Sandor Ferenczi, advocated a style of therapeutic loving that included care, friendship and affectionate contact. His intentions were honorable: he offered clients the love he could see they desperately needed.

Freud, despite his pronouncements on the dangers of such involvement, also became warmly linked with clients. Kissing and fondling as practiced by Ferenczi were, however, definitely not acceptable.

Officially, a psychoanalyst was to be detached, objective, simply a neutral screen upon which the client would project her emotional life. The theory holds that frustrating the client's desires for a more natural interaction will force her to work out her inner conflicts, and grow up.

In fact, though, the psychoanalyst does not remain neutral -- on the contrary, he slowly indoctrinates the client in the Freudian faith.

## **Freudian love**

The paradoxes and contradictions of the Freudian view of love are captured by these comments:

"It is grandiose to assume that therapists have some special capacity to love and nurture as if they are earth mothers or fathers. Yet, the therapist does have something most valuable to give. This is his skill, competence, and the knowledge that enables him to adhere to a framework that will allow the patient to confront the most terrifying parts of himself and to find new solutions that strengthen his capacity for autonomous functioning" (Greene, 1978, p.180).

While seeking to discount therapeutic love Greene has unintentionally provided an excellent definition of such love in action!

## **Rogerian Love**

Freudian loyalists may scoff but many modern therapists agree with American psychologist Carl Rogers that all that is needed to conquer hate and other debilitating emotions is for therapists' caring to take the form of 'unconditional positive regard' and 'accurate, empathic understanding' of the client's private world. This is known as supportive therapy.

A Rogerian dialogue might sound like this:

Client: "I can't bring myself to eat in the company cafeteria. I just can't face all those people."

Therapist: "Mmm. You feel uncomfortable in front of a crowd."

Client: "Yes. Even when I know there's nothing to be afraid of; these are people I work with. But I just can't shake the feeling they'll think I'm ridiculous. It's the same when there's a party. I'm sure everyone is going to look at me and I know I'm going to make a fool of myself."

Therapist: "You feel all eyes are on you."

Client: "That's it."

\* \* \*

[Weeks later]

Client: "I'm less self-conscious, able to enjoy social gatherings now."

Therapist: "You feel confident about yourself."

Client: "Yes. I've come to realise that I'm as valuable as anyone else. And I've learned to relax. It doesn't bother me at all to eat in public now. And I'm actually looking forward to giving a speech next week at the company's Employee Recognition Day."

Therapist: "You're sure of yourself, you're in control; sounds like you feel pretty pleased with the changes you've brought about."

Client: "You said it."

Although there is no question that some change can be brought about in the behaviour, even the beliefs, of some people by technical means, by threats or by persuasion, personality change requires more.

We shall see that only a therapist who offers love as defined by Carlos Seguin and Paul Tournier can be the synergist who helps a client bring that about.

The steady concern of such a therapist, her consistent empathy, helps to release the client's inborn capacity to love. As this brings about changes in the client's daily life, especially his interactions with other people, motivation grows for further therapeutic changes.

In the words of Carl Rogers:

"The client moves from the experiencing of himself as an unworthy, unacceptable, and unlovable person to the realization that he is accepted, respected, and loved, in this limited relationship with the therapist. 'Loved' has here perhaps its deepest and most general meaning -- that of being deeply understood and deeply accepted." (Sorokin and Hanson, 1953, p.130).

A suicidal client who had been repeatedly betrayed (mostly sexually) by her mother, psychiatrists and several men, felt she was less than worthless. One of her few outlets for her despair was writing. She kept a diary and she also wrote stories about her fear and her pain. Even this creativity was discounted by her as unimportant.

When the therapist, a published author, expressed interest in her writing and subsequently was genuinely impressed with her skill, the client was visibly astonished.

Her father had always sneered at her desire to write. The client now felt emboldened to share her wish, not only to write, but to be published. The therapist's encouragement helped the client to change her self-image; she

became not only a published writer but a strong person in many other areas of her life.

## **Therapists' love**

The importance of love in therapy was recognized early. In the 1700s Puysegur pointed out that "the doctor's 'moral and physical sympathy' toward his patients was an indispensable condition of treatment" (Chertok, 1981, p.92).

This belief, despite being contested, has survived to modern times though most of today's therapists shrink from Ferenczi's advocacy of overt caring.

As one therapist puts it:

"The term 'love' is a lay term and must be used cautiously. Perhaps it suggests to some too great an intensity and they would prefer such terms as 'affection' or 'respect,' but this seems to depend on the personal preference of the therapist" (Chessick, 1969, p.154).

In recent years psychoanalyst Heinz Kohut has developed 'Self' Psychology and uses "the catch-word 'empathy' to refer to care, affection, friendliness, and as a euphemism for love" (Lothane, 1987, p.102).

Love, empathy, affection, whatever you wish to call it, flows from therapist to client. Some commentators dismiss such love by labeling it "counter-transference." This is supposed to be the therapist's response to the client's "transference."

## **Transference: denial of love's reality**

"Transference" is a concept invented (followers would say discovered) by Freud. A client whom he had just hypnotized threw her arms around him. In explaining her actions Freud modestly dismissed any suggestion that she was actually attracted to him.

Freud postulated that the client must have been repeating an earlier, affectionate, relationship. Thus Freud was unwittingly thrust into the role of the client's former lover. This ingenious convolution was more likely a way for Freud to protect himself from the real-life affection the woman felt for her helper.

Nearly a century later a psychoanalyst claimed:

"Freud fashioned the concept of transference as the guarantor of analytic abstinence, as the magic formula against both sexual and ideological temptation" (Lothane, 1987, p.103).

If the concept of transference does protect the therapist it thereby provides a means for the therapist to maintain a semblance of objectivity -- a kind of neutrality, which enables him to be truly loving in a therapeutic sense.

Without this concept, the therapist could flounder in the throes of passion, aggression, affection, sentimentality, guilt, rage, etc. -- in short, all the customary patterns of "ordinary" human relationships.

An illustration of transference is provided by the former General Secretary of the International Association of Hypno-Analysts:

"The client starts to take an unusual interest in the analyst. He is fascinated by him, tends to over-value his qualities and bores everyone about how clever and wonderful his shrink is -- that is, unless the transference has taken on an erotic tinge, in which case he usually, but not always, goes quiet about it (particularly if it is a male client and male analyst).

Bit by bit, emotion by emotion, the analyst is changing in the eyes and mind of the client. In fact, subconsciously, the analyst is becoming somebody else, somebody from the client's past, sometimes only an imaginary person from the client's past.

One thing you must appreciate about transference is that it . . . does not take any account of normality, or that which is considered normal. Thus, if the analyst is male, seventy and ugly, he is still likely to observe his client (say, female, eighteen and beautiful) falling into the grip of an erotic fascination for him; or, if the analyst is female and thirty, she is still likely to observe her female client (of, say, fifty) beginning to treat her as though she was the client's mother." (French, 1984, p.110).

Transference is supposed to act like a kind of psychological magnifying glass. As one practitioner explains:

"What makes the transference especially revealing is that this superimposed view of the therapist sheds light on the patient's way of perceiving himself. For instance, he may expect us to come down hard on him for mistakes, the way his father did. Implicit is his sense that he himself is really on the edge of acceptability, and had better not make a mistake. It is valuable to think of transference as not merely a way of looking at the therapist, but also as an expression of the patient's self-appraisal" (Weinberg, 1984, p. 134).

In the introduction to *Love and Psychotherapy* the author writes that Freud invented transference because he lacked the courage to fully face "the therapeutic significance" of affection between therapist and client, that Freud

ended in a bundle of contradictions on the subject, without any facts to support his claims for the existence of transference:

"Freud assumed that the feelings the analyst and the patient experienced towards each other within the analytic situation were not really relevant to each other, but rather were directed towards the father or mother or towards some other childhood figures. [The feelings were projected] in order to avoid an emergence into consciousness of persisting incestuous, painful, or shameful relationships . . . . This transference hypothesis, however, is far from touching the actual nature of the doctor-patient relationship in psychotherapy. It is a completely unwarranted intellectual construct . . . ."(Seguin, 1965, p.vii).

While many therapists believe the working through of transference is the essence of psychotherapy, Seguin claims the concept is

"not just theoretically improvable and untenable. [Freud's] theoretical procedure also frequently has severe and disastrous consequences on the practical therapy. That is easy to understand, if one bears in mind that the 'transference' hypothesis takes precisely what a patient experiences -- his feelings towards the analyst -- as the most authentic and valuable thing, and demotes them to the status of a mere fiction, to something inauthentic. And this with neurotics, who have already been made to doubt their feelings of self-esteem. Also deleterious for the psychotherapy is the doctor's attempt to 'analyze away' his own feelings of sympathy and love towards his patient, the so-called counter-transference, because he theoretically regards these too as merely 'transferred' infantile affects which are of no import, and as even harmful in principle. Only noxious self-violation and an all-obscuring dishonesty can result" (Seguin, 1965, p.xi).

A doctor at New York's Mount Sinai hospital is among those therapists who claim,

"In actuality, there is no transference or counter-transference. Each person comes with his own image-making tendency, his own moral and ethical values, his own special conditioning. What is important is that the perceptual distortion and image-making habit on the part of both participants be recognized consistently and conscientiously. This persistent effort is required so that the needs do not distort the true being together of the partners in the therapeutic endeavor (Epstein, 1981, p.187).

If transference means anything, it means much more than Freud acknowledged. And it is not necessarily guarding dark, dirty secrets.

Surely it is natural for a client to react to a therapist in ways similar to those he feels whenever he's accepted and understood.

Such feelings may first have been experienced by the client in real life, such as with family, friends or teachers; sometimes, when there has been little or no

actual love, the feelings result from daydreams triggered by movies, books, television, the Internet, or observation of other families.

## **Social pressures**

Much of what the client says and does in therapy can be explained not from some vague pool of unconscious impulses labeled "transference", but from society's conditioning.

An example is Pamela, a young married woman who tries to fulfill the social role pressure on women to appear sexually desirable. She makes appointments with one male therapist after another. Each time she hides her wedding band, arranges herself in a provocative pose and asks, "First of all, what do you think of me?"

This is not to say that Pamela does not have severe problems. She is probably seeking, consciously or unconsciously, to avoid facing them by offering herself so blatantly to a stranger.

But the concept of transference only leads us astray from the very real issues of why Pamela behaves the way she does.

Pamela has no relationship with the male therapists -- they've just met. But for clients who've been in therapy for a while,

"To sexually fantasize or desire the adult therapist may be an expression of development: 'I can sexually fantasize with you because I am experiencing myself more as a man or a woman and less as a little boy or girl'" (Dujovne, 1983, p.248).

### *Sex is in the eye of the therapist . . .*

It has taken decades for common sense and honest observation to put into perspective Freud's assertions that sexuality underlies everything and will inevitably lead to female clients falling in love with their male therapists (and vice versa).

"It appears that the client's sexual feelings toward the therapist . . . do not develop in all the female clients; nor do they develop as often as has been believed . . . . Rather, what appears to be a pervasive development is the positive affect (attachment, trust, warmth) of the client toward the therapist, which may then be interpreted by the therapist as 'sexual' in nature . . . . If the word [sexuality] is used by one who believes that most motives can be reduced to

sexual ones, then the client would seem to experience many more sexual feelings toward the therapist than otherwise" (Lal Sharma, 1986, p.202).

*. . . or the lap of the client*

How the therapist responds to emotionally needy clients is important, especially when they are severely disturbed.

"These clients may communicate directly their needs to be loved in concrete ways, to be physically touched, fondled, masturbated or made love to. They may act openly seductive and provocative . . . . They may accuse their therapists of being cold, insensitive or frustrating -- accusations which may evoke guilt in their therapists . . . the therapist may respond with unconscious counter-transference; that is, with a desire to respond as a good, loving and gratifying parent" (Dujovne, 1983, p.245).

## **Misguided caring**

The therapist in the role of Good Daddy or Good Mummy wants to relieve guilt and be liked. This can lead to the therapist reinforcing the client's dependency, his status as a helpless child. The therapist may offer the client-child cash, counsel, or cuddling. The therapist has accepted the client's version of life, namely that he is the unloved victim who bears no responsibility for how his life is going.

No wonder

"Therapists need self-confidence and poise, combined with a great deal of humility, to withstand the emotional onslaught of the patients' unreasonable expectations and assumptions. Patients force therapists into a position of superiority through their idealization: the therapists must have wonderful marriages, perfect children, cultured and profound interests, clear and correct understanding of the issues. Many patients want to be like their therapists, to adopt facets of their therapist's tastes and mannerisms, and some patients go on to become therapists or counselors themselves, because the profession has emerged in their minds as the most perfect of all occupations. Patients do not simply want advice from their therapists: as children, they expected magic from their parents, and often with their parents -- thanks to the transference -- they entertain similarly unrealistic hopes that their fears will be soothed and their problems miraculously resolved" (Meader, 1989, p.44).

One could question how many children expect magic from their parents. That clients approach therapy with unrealistic hopes for swift, miraculous relief is true -- but does not require transference as an explanation.

Some people, especially those seeking cures through the use of hypnosis, do expect effortless miracles. (And frequently find them). Far more people seek professional help either in desperation, or with realistic expectations.

For them, therapists are not substitute parent-magicians, nor problem-free demigods, but imperfect human beings doing a job. They are sought for specific expertise, much as one would shop for a capable doctor or competent plumber.

## **Love limits of therapists**

Even the smart shoppers, however, are probably unaware that a key ingredient in the help they receive has little to do with the therapist's training and everything to do with his or her personality: i.e., the capacity to love.

But since even the most loving of therapists are human, they do not find it possible to love every client who consults them. Even with the best of intentions, excellent education, and his own therapy, a therapist will not be able to fully love a client a) who has the same problem(s) as the therapist, or b) whose value system conflicts fundamentally with that of the therapist.

A female therapist who has conscious or unconscious hatred towards men will not be able to fully accept and understand (love) a male client. (Though she may learn much from the attempt). Less obvious would be her inability to empathize with female clients who respect or like men.

Here are examples of the love limits of therapists. (Their problems could fruitlessly be labeled as counter-transference; fortunately the issues have subsequently been resolved through peer consultation).

Melanie is a young therapist who thought she'd come to terms with the endometriosis which had ended her ability to become pregnant. That was before she met Collette.

This client, who sought career guidance from Melanie, one day casually mentioned that she'd had two abortions by choice. Melanie assumed she was unfazed by this news, that she'd taken it in stride as a therapist should. She felt she continued to unconditionally accept Collette.

That lasted until Melanie noticed how often she was late for Collette's appointments, how she was eager for their sessions to end, and how she had even begun to rebuke Collette!

Martin is a successful therapist, considered by his colleagues to be the stereotypical Macho Man. They would probably be astonished to learn Martin is a transvestite. Martin only dresses up in women's clothes in the privacy of his bachelor apartment.

He's rarely gone outside dressed as a woman and has only once visited a club for transvestites. He considers his compulsion to be harmless; in all other ways he behaves like a normal male.

Martin's client Bert was at his sixth appointment and doing well in terms of building his self-esteem, when he confided his private delight: dressing up in women's clothes. Bert misunderstood Martin's confused, blushing reaction as rejection and promptly terminated therapy.

Joshua is a therapist with a large practice. He is typical of many middle-aged men in having recently married for the second time; he had no children with his first wife but acquired a stepson, Dennis, when he wed Charlene.

Joshua is well acquainted with the tendency of most people, clients and therapists alike, to blame others for their misfortunes.

It's so easy to desire change in other people and so difficult to see why and how we are the ones who can change. (Indeed, that we can't change others, only ourselves).

As usual, Joshua listened attentively to Malcolm, a 45-year-old client who was having difficulty getting along with his third wife, Sheila. They'd argued over many things but the most disturbing to Malcolm was their disagreements about Terence, Sheila's adolescent son.

A strange feeling began to creep over Joshua as he listened to Malcolm's seemingly endless list of complaints about Terence.

The odd feeling grew as Joshua helped Malcolm understand that his anger at Terence was unfounded in anything the boy was saying or doing. Malcolm agreed that his outrage was far out of proportion to the boy's supposed misdeeds.

But the more Joshua explained this, and the necessity for Malcolm to look at and change himself, the more it dawned on Joshua that he, the mighty

therapist, faced exactly the same dilemma with his own stepson. Both fathers needed to focus on changing themselves, not their stepsons.

The dilemma of Joshua and Malcolm could, and would, be described in transference terms by a psychoanalyst (unresolved Oedipal conflicts, or repressed sibling rivalry, for example). We could just as well understand the dilemma as jealousy: the instant father envious of his stepson's youth and the love, time and attention given to the boy by his mother.

A therapist open to self-exploration, one who is eager to learn from clients, colleagues and other sources, may overcome his racism. But a male therapist who is uncomfortable with his own "female" qualities will be less than fully present for his homosexual client.

In sum, the therapist has first to learn to love himself -- shortcomings and all -- before he can genuinely offer therapeutic love to clients.

## **Loving the unlovable**

Love grows as the therapeutic relationship develops. The client learns he can trust the therapist. But what enables the therapist to genuinely accept a person who, were she not a client, he'd find abhorrent? Vulnerability.

Vulnerability, i.e., the capacity to be hurt by words and thoughts, is a characteristic of being human. We are all afraid.

When the client summons the courage to speak of what deeply concerns her there is a poignant echo within the therapist. At that moment there is an inner recognition of our basic bond. The concerns, the fears, the biases probably differ in their particulars but the underlying humanity is the same. A psychological, some would say spiritual, connection has been forged.

Once the therapist has this glimpse behind the client's everyday facade therapy has begun. A special mixture of relief and excitement floods the therapist. It is going to be possible to help this client help herself! It is going to be possible to set aside what abhors the therapist and to nurture the client on her own terms.

Thus is the animal-rights therapist able to work with a hunter, the liberal therapist with a racist, and the parent therapist with a child molester.

## Therapy love is reciprocal

That psychotherapy is a mutual 'adventure' and love a reciprocal happening is emphasized by theologian and counselor Paul Tournier:

"Not only, that is, do I have for the patient as much love as he has for me, but my own personal life is as committed as his to the common adventure of his treatment; our dialogue arouses in me, as surely as it does in him, a fruitful inner debate; the evolution of my own life is going to be affected as much as his -- my own self-knowledge, my own liberation from complexes, as well as his . . . . Fine things are often said about disinterested love. But disinterested love is like the one-way charity of almsgiving, whereas all true love is reciprocal" (Tournier, 1965, p.65).

The reciprocal love in psychotherapy is unique. We have seen it is not the same as that between parent and child. But it also differs to the love between friends, between lovers, between teachers and their students.

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E.A. writes:

"Dear Dr. Knight,

I am so happy to have found the written article "A Special Kind of Love". It has put a lot of feelings and thoughts that I have had for my therapist, whom is a female into perspective. However, I know that I have this perspective it does not mean that the feelings and thoughts would go away, as I wish they would, since I feel that I am consumed with them. I wanted to let you know that I am more at ease and hopefully will be able to be more open and honest with my therapist about them. I have repeatedly told her that I like her; however, is it just as important to explain in more detail? For instance, I found a wedding picture of hers on the web, and carry it with me. I find that I look at it when I find that I am unable to cope or about to cut myself. And having her picture, looking into her eyes makes me feel better, so I do not cut, yet I so want to be her friend. My past is filled with confiding in teachers, coaches, managers, and other therapists and so forth, and feeling the same way about them. All females by the way. This has made me question my sexuality; however, after reading the article web page "A Special Kind of Love", I realize that it is not a question of sexuality but rather an unmet need or "love" that I did not get as a child.

Thank You for taking your time to read this. I have never written to someone about something I have read, but this really helped me be more at ease with myself and for that I say "THANK YOU"!!"

Bryan,

I have been in therapy for the past two years. I am a 30 year old woman, happily married. Recently the feelings for my therapist surged and I did what most would do..... turn to the internet. Over the past 3 weeks I have been reading a lot on transference etc. But somehow there explanation seemed not holistic enough. If we were to call the deep connection transference then we can write away all such loving relationships with an air of cold clinicality. But while there may be a science to this there is a HUGE element of spirituality and the basic deep connection that humans can have that makes us a 'miracle' creation of god. I am really happy to have read your article... it will certainly put me to rest and allow a more holistic acceptance of myself and my feelings and also allow me to expect to have a wonderful and mutually loving and deep relationship with my therapist without tainting it with doubts about sexuality or transference or guilt and confusion. We should all be aware human love encompasses all sensations, affection, sex, possessiveness, the bad the good the acceptable and the unacceptable and the normal and the 'abnormal'... the key is to accept and cherish the whole range of feelings we can be capable of and hopefully grow spiritually through experiencing these feelings fully...

Thanks for this article!!

Mrs. Raza:

Dr. Knight provides an important guideline for people seeking proper therapy. The potential client will learn what to expect or not expect, during a session of psychotherapy.

Michael:

What a font of knowledge. I just hope that as many people as possible dealing with clients and clients themselves read, learn and digest. Dr Knight is to be congratulated for his clear and concise description of what is expected and should be forthcoming from each and every one of us.

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