



**PLURALISTIC
PRACTICE**

THEORY ARTICLE

Let's talk about (therapeutic) love in pluralistic practice: Staying ethical, helpful, and culturally attuned

JOSEPH HARNEY

Abstract

Therapeutic love is a recurrent concept in academic literature, referring to loving feelings that a therapist may hold or develop for clients. Therapists from across disparate modalities repeatedly argue for its centrality within their practice. This theory paper explores different perspectives on the phenomenon, and its relevance to pluralistic practice. Pluralism leaves space for the individuation of unique practitioners. As such, it is for each to ask and personally determine what role love 'for the client' might play in their philosophical and practical understanding of their therapy work, if any. It is argued that interrogation of this question presents an opportunity for greater depth of understanding of practice style, given pluralism's relational focus. The paper proceeds in two parts. The first examines literature in relation to the concept of therapeutic love. It delineates ethically appropriate ground on which love can be considered in therapy, identifies relevant conceptual and experiential forms of love, and attempts to sketch a working definition with which to proceed. Particular attention is paid to the work of Fromm and van Deurzen. The second part expands on the relevance to pluralistic theory and practice. Three reflective questions are generated, to support practitioners in examining the topic for themselves. These are formulated around the possibility of therapeutic love playing a role, with a focus on its ethical appropriateness, therapeutic merit, and cultural relevance for clients. Finally, the paper makes explicit some of the risks inherent in engaging with this concept, particularly in relation to misunderstandings.

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During my final year of placement as a student, the issue of love for clients landed itself at the heart of a memorable lunchtime group supervision session. As we checked in on how our mornings had unfolded, one of my peers was glowing. Each of her three morning sessions had felt connected, alive, meaningful, and with marked progress for each client. Recent supervision had occasionally explored her frustrations of feeling stuck with the work, unsure of how to support these clients to move forward. Her beaming face offered that life-affirming feeling which helping professionals likely know well, a sense of ‘*this* is why we do it.’ The quick words grasped to summarise her internal experience were simply, “I just love my clients!”

This invocation of love piqued our collective attention, and supervisory focus turned to its downside — its ambiguities, risks, threats to professionalism, and boundary management. Knowing her well, I felt she had spoken not from ego but somewhere within her generous humanity and sense of care. I admired these brave, congruent words yet questioned whether it would be safe or ethical for me to express the same. What constitutes therapeutic love, and what might characterise its appropriate expression? Is it ever appropriate to express a therapeutic form of love for clients, either with them directly or in supervision? Does mention of the word love open a Pandora’s box of issues in client work? These questions point towards an enduring issue at the sharp end of practice ethics, where pitfalls lie in wait and historic instances of malpractice cast long shadows (e.g., Newman, 2010).

This article takes a fresh look at the concept of therapeutic love from the perspective of pluralistic theory and practice. In doing so it aims to broaden the language and concepts at our disposal where strong emergent or enduring positive feelings for clients are encountered. Cooper situates the starting question for pluralistic practitioners as, “How can we relate to our clients in the most deeply respectful and valuing way?” (2021, p. ix). I argue that a culturally relevant, therapeutically helpful, and ethically appropriate form of therapeutic love should be possible to articulate and acknowledge where it occurs, something that takes a respectful and valuing form. The unique intimacy of the therapeutic relationship — which research robustly shows to be a primary mechanism of change in productive, helpful therapy (McLeod, 2019) — is something for therapists to learn how to be with and actively monitor across a career, particularly through effective supervision. The countertransference feelings this intimacy can generate merit our sharpest degrees of conceptual clarity and nuance in understanding, for the safety of both client and therapist, the integrity of therapeutic endeavour, relevance to client needs, and practitioner development.

Whether the idea of therapeutic love might be accepted or outright rejected, there is an imperative, in either case, to understand *why*. To find an answer is to bring enhanced clarity on what ‘the client’ relationally means to each of us as individual, unique practitioners, and what we are each capable of offering them. Historic examinations of this question exist from within various other theoretical orientations; these are drawn on both in the spirit of pluralism’s critical distance (McLeod, 2018), and with explicit consideration of what is most helpful to clients.



Therapeutic love is a phenomenon that has been explored by practitioners grounded in disparate modalities, for example, psychoanalysis (Young-Eisendrath, 2007; Natterson, 2003), existential-humanistic (Rockwell, 2019; Correia, 2008), systemic approaches (Viou, Moschakis and Nikolaou, 2018; Sheehan and Vetere, 2023), and music therapy (Atkinson, 2012). Depending on practitioner orientation, it may also be referred to as analytic love (e.g., Mendelsohn, 2007; Lev, 2023). Charura and Paul (2018) gathered a comprehensive set of theoretical perspectives on the nature of love that argue for its place in therapy. Despite differences in therapeutic methods, conceptualisation of the therapeutic relationship, and understanding of the ontology of clients and problems in living, this body of literature appears to posit a common factor in therapy: some distinct form of therapeutic feeling and emotion that falls within the bounds of love are beneficial for, or even integral to, therapeutic success.

Young-Eisendrath (2017), for instance, locates therapeutic love as a kind of benevolent perseverance of belief in the client as a uniquely interesting and irreplaceable person, something lying beyond, to discover in time when defensive projections of desire and compassion fall away. Paul and Rowan (2018) cast therapeutic love in humanistic and transpersonal practice as akin to agape, a selfless form of loving presence that provides a healing encounter with a fellow human being. Van Deurzen (2018) identifies a kind of existential love as a global, spiritual attitude towards life itself, in polarity with fear, to engage with the flow of life or turn away from it; much of the work is to help clients towards engagement. In her view, existential therapists should also bring love into the dyad as action, love as intention, with focus on how clients love rather than why they might be denied it. There is nuance and shade in each unique perspective, and how they interpret love itself.

Indeed, definitional clarity with the concept of therapeutic love is complicated by the presence of the word 'love' within its phrasing. The gargantuan task of defining love, something that functions as both noun and verb, at once referring to phenomenological state of being and transactional process, is a transdisciplinary task that cuts across the humanities and the sciences (Harney, 2024). Besides, this is a conundrum that has eluded philosophers, psychologists, and writers across humanity's shared cultural history (Langs, 2006). How it is understood morphs over time in response to social, political, and cultural shifts, and also varies depending on context. Bodenheimer (2011) notes the resultant subjectivity in how we each might define love, unavoidable given its breadth of meaning and cultural ubiquity. This is likely significant for another trend in literature on therapeutic love — a discomfort in acknowledging and discussing its existence. With so many ways to cut the concept, so much subjectivity playing out upon it, there are real risks of misunderstanding and misinterpretation where it is brought into play with respect to clients.



Gelso, Perez Rojas, and Marmarosh (2013) remarked on the ‘taboo’ of discussing love for clients in psychotherapy. Stirzaker (2000) bemoaned the lack of engagement with his research study questionnaires on the phenomenon of therapeutic love and thought this indicative of difficulties in addressing love for clients. Baur (1997) offers the intriguing possibility that this apparent level of discomfort is symbolic of just how close we are to the phenomenon in the course of our work — too close for comfort. Bodenheimer (2011) draws attention to the contrasting abundance in references to countertransferential hate in therapeutic literature. Her point is that hate is somehow deemed safer ethical ground, given that hate is less likely to lead to inappropriate conduct with clients. In agreement with Bodenheimer, I would observe here the faulty logic of there somehow being less risk at play where ‘hate’ lies compared with where ‘love’ lies, particularly for a profession where a reliable estimate of 20% of therapeutic processes see client dropout (Swift and Greenberg, 2012).

To create definitional scope in which to work then, I adopt a deductive approach by drawing boundaries with what is widely agreed upon: where things become clearly unsafe for client and therapist. Sources of risk and professional threat perceived to be intertwined with therapeutic love are articulated in various practice codes of ethics such as that of the British Association for Counselling and Psychotherapy [BACP] (2018) and British Psychological Society (2021) in the UK, the American Psychological Association (2017) in USA and the Australian Psychological Society (2007) in Australia. These are unanimous and unequivocal on the ethical prohibition of sexual activity with clients past and present. Sexual contact with a client can undo any therapeutic progress they may have made, and for the therapist may prove a career-ending occurrence. The unique intimacy inherent in the therapeutic dyad, where fantasy life might be encouraged to play itself out fully and freely (depending on the nature of the work), requires firm, unwavering professional boundaries.

Research into therapist sexual contact with clients has typically relied on anonymised self-report measures with middling response rates (e.g., Vesentini et al., 2022; Giovazolias and Davis, 2001; Jackson and Nutall, 2001; Garrett and Davis, 1998), rates which, in themselves, may reasonably indicate feelings about risk and threat from the topic. However, results still show notable proportions of therapists admitting to sexual contact with clients. Perhaps more significant here are Vesentini et al.’s (2022) recent findings that suggest over 70% of respondents, a marked majority, have experienced sexual fantasies about at least one historic client, with 25% experiencing fantasies of a romantic relationship. The sexual, the erotic, the romantic; for many practitioners, these are likely to be the primary connotations of ‘love,’ without deeper interrogation. Indeed, both the Merriam-Webster (n.d.) and Collins (n.d.) dictionaries include ‘romantic’ and ‘sexual’ in the first lines under a search for the word love, and they appear in the second line of the Cambridge (n.d.). What should also be clear, however, is that love can refer to far more than romance, eroticism, and sex. These need to be set aside temporarily, in order to discuss other dimensions of love.

A useful analysis to turn to for pluralistic theory, because of its relational implications, is Fromm's (1956) widely cited thesis, 'The Art of Loving.' From an object-relations perspective, he claimed that love is an art we must practice and posited five different directions for love, five different relational plains on which love plays itself out. The erotic, which for him encompassed romance and sex, was just one. There are, in equal measure: maternal love between mother and child, a protective, nurturing form of care; brotherly love for fellow human beings, a warmth of humanistic, platonic regard and commonality with the existential realities of being a human; love of God that extends towards the spiritual aspects of life; and lastly, a self-love that forms the basis of a healthy self-esteem, without which Fromm proposed other forms of love would struggle in their artistry. The linguistic terms employed by Fromm have not aged particularly well (with respect to social justice and inclusivity), but its general structure still holds analogical merit. To offer some brief recourse, brotherly might be reframed as equanimous to dial down its inherent sexism and connect with a more contemporary understanding of common solidarity within therapeutic literature. Similarly, I suggest expansion from maternal to parental to connect with the diversity of carer-child relationships. This is not a denial of the unique qualities of maternal relationship, but an expansion made with practice in mind — possibilities in the therapeutic dyad.

The literature on therapeutic love appears to connect with three of Fromm's plains, as spiritual, humanistic, or parental forms of love for clients. Charles (2017) refers to the parental relational forces roused by depth analytic work, and the need for rigorous care in managing these. Young-Eisendrath (2017) is suggestive of patience in allowing a humanistic love of deep respect to show itself between two people in connection, whereas van Deurzen (2018) appeals to a spiritual attitude that the therapist models and nurtures; Rowan and Paul's (2018) thinking appears to straddle both of these forms of love as something provided for a client, in selfless service to them as a transpersonal emergence. They evoke the concept of Agape, a devotional form of regarding the other in relationship that has spiritual connotations, and, as Rowan and Paul highlight, was central to Carl Rogers' thinking. Wilkins (2000) detailed how Agape is implicitly integral to unconditional positive regard, one of Rogers' ubiquitous core conditions. Here, among these various strands, lies therapeutic love, articulated as a common factor for therapeutic healing and growth. Shaw for instance, in aligning himself with this view, spoke about the "wish to join those" that understand love as "central" to analytic work (2003, p. 256).

Vida's writing is among the most powerful polemics in this vein. She struggles to imagine entering her office each day without "the hope and the possibility of love" (2002, p. 437). Some form of love must be sought out and tethered to in the therapeutic process; it cannot be precluded or set aside. This is love as the balm, as the central healing, transformational force. She does not attempt to articulate a fixed definition, so her perspective does not readily align with Fromm's analysis. However, Vida accepts love's inherent subjectivity and implores us to 'risk' the specific and the personal. Her personal experiences have led her to understand it as deep human connection embodying basic human emotional needs like recognition and acceptance, a perspective with an equanimous quality. She also works to distinguish between love and lust, although lust goes beyond the erotic and can include selfish, narcissistic use of clients to meet our own needs. Getting as close to another person, as we do in therapy, necessitates the risk that they may



at times fulfil personal relational needs as yet outside our awareness. There is, therefore, a need to consider the 'ethics of love,' something we can only engage with once we have understood ourselves. Understanding of our own separate, private needs for intimacy and connection is not something mastered and surpassed during training; it is a lifelong dynamic process, with needs in flux in relation to the richness of private-life relationships. Overall, Vida's analysis is a powerful call for depth understanding of love's directionality in our lives, given its potential for helping to sharpen our sense of risk in client work.

VAN DEURZEN'S TAKE ON LOVE — COMPARATIVELY GROUNDED IN PHILOSOPHICAL HISTORY

My evocation of Agape invites connection with a different definitional language — the way love's different forms have been understood and written about from classical Greek philosophy onwards. Van Deurzen (2018) presents a summary of ten types of love encountered in her exploration of philosophical works; like Fromm, she explicitly framed these in terms of human relationships. These broaden our conceptual base, connecting with a more expansive terminology that frequently appears across therapeutic literature. There are also clear definitional overlaps with how I have utilised Fromm's perspective thus far. To begin with Agape, van Deurzen mentions its 'unconditional' quality in line with Rowan and Paul (2018), but with the divine and the mystical also within its character — this aligns it with the spiritual. A common general goal of spiritual practice is to reduce suffering in the world (Wen, 2024). There is also the 'golden thread,' the ethical code recurring in the major religions that impels to do unto others what we would have done unto ourselves (Bakker, 2013). There is clear scope therefore for understanding the work of therapy to be a natural extension of a practitioner's spiritual practice. The BACP's code of ethics (2018) calls for the principle of nonmaleficence and justice, the personal qualities of care, humility, and integrity; here lies language many practitioners may also find analogous to their spiritual discourse.

The next to consider is Fromm's conception of brotherly love, which arguably spans two of van Deurzen's types. The first is Philia, something we feel within community. This is distinguished as separate from Xenia, which is both love of strangers and of "neighbours in hospitality" (p. 16). In practice terms, this distinction between love for known and for unknown people is interesting to consider. Clients come to therapy from within our communities and we are trained to be ready to accept them with openness and curiosity. Yet, they are strangers to us in the uniqueness of their worldview, something we must get to know. We adopt an attitudinal position of not-knowing (Schmidt, 2001, cited in Smith and de la Prida, 2021) in relation to their lives. Some essence of both Philia and Xenia may feel readily relatable to practitioners, invisible qualities inherent in the gentle energy of our therapy spaces. Holst's (2021) philosophical comparison of the Greek understanding of Philia and the Christian conception of Agape determines these to be discrete ethical phenomena that converge on the same principle: to 'receive' the stranger. He argues that Xenia becomes a logical end point of these separate secular and sacred epistemologies. Again, this hints at very different pathways on which two different therapists might understand love as operating within their work.

In connection with Fromm's work, the final type to consider is Storge, which van Deurzen presents as parental love for offspring. Notably, she offers the same



inclusive breadth of definition here (i.e., expanding beyond the maternal), appropriate to capturing the diversity of parent/carer-child relationships. In relational terms, parent-child dynamics are still of relevance to different forms of therapeutic treatment. Classic long-term, intensive analysis from the psychoanalytic tradition, with a frequency of four or more sessions per week, requires the formation of a 'transference-neurosis' (McWilliams, 2011). Within this relational crucible, layers of defensive repression from childhood are peeled back to gain insight from the dynamics of earliest significant relationships. Friedberg's detailed case studies (Friedberg and Sherman, 2023) provide an articulation of the role of love in helping clients with their 'working through,' in psychodynamic terms. These demonstrate how he served them as a surrogate figure while they worked through their enduring parental conflicts. It should also be noted however that Friedberg repeatedly draws attention to the dense entanglement of erotic impulses, belonging needs, and emotional nurturance needs in these early conflicts. There is no clean, clear separation between different types of love, as we might artificially create them through philosophical reflection or empirical investigation. Similar to Charles (2017), Friedberg urges great care and caution with this non-linear form of complex psychological work.

REACHING A WORKING DEFINITION, TO SUPPORT PRACTITIONERS

In introduction and as a starting point for exploration, I offered a working definition of therapeutic love as a 'strong emergent or enduring positive feelings for clients.' To now return to this, there is scope to identify where space for reflection and safer discussion of therapeutic love may lie. That is, within the possibility of understanding an appropriate form of therapeutic love as a humanistic, spiritual, or parental way of relating to clients (or a combination of these) while holding firm boundaries with regard to the romantic and the erotic. Humanistic, spiritual, parental: these are qualitative forms of love that may occur in connection between people and refer to distinct existential domains of life. My suggested distinction between emergence and endurance is again towards possibility, of both the gradual emergence of a felt love towards a client in the course of their therapeutic process (e.g., Mendelsohn, 2007), and an enduring, a priori attitudinal turn towards love that some understand as a prerequisite for practice (e.g., Vida, 2002).

The word strong is included here to denote something more forceful than liking; dictionary definitions of love all include strong as a key adjective (Marriam-Webster, 2024; Cambridge, 2024; Collins, 2024). Sternberg (1986), in his triangular theory of love in intimate relationships, remarks on the need for a strength of feeling to distinguish the boundary between the presence of love and mere liking that occurs between casual friends and acquaintances. Similarly, May (1969) impressed love's forcefulness when it is in action as a fount of psychological motivation; it impels, motivates, drives us on and out into the world with a sense of purpose. This recurrent sense of strength appears generally important to the phenomenology of love, something many therapists may relate to as a factor in how or why they practice. The work here to outline some clear sense of what is meant by therapeutic love is not intended to settle the definitional conundrum, but to offer a good foundation from which to explore for the pluralistic context.



PLURALISTIC THEORY AND PRACTICE — WHAT IS THE SCOPE FOR A THERAPEUTIC FORM OF LOVE?

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LOCATING PLURALISM IN RELATION TO THE CONCEPT

This next section of the paper explicitly considers pluralistic theory and practice. For those that adhere to the pluralistic framework (Cooper and McLeod, 2011), there is freedom within it to carve one's own individuated approach to therapy. Indeed, McLeod (2018) describes the framework as a meta-theory to support effective therapeutic encounter between client and therapist. In comments on the therapeutic style of practitioners, McLeod notes that pluralism may attract a range of different people to the discipline. Those attracted by the framework tend to understand their own wounds, be critically minded, and remain open and pragmatic. There are no prescriptions about therapeutic attitude or philosophical outlook with respect to how healing or personal growth occur. Indeed, within my own training to become a pluralistic therapist, one major assignment required development and articulation of a personal perspective on how psychological change occurs. The concept of therapeutic love then, the possibility of its place in the process, is not necessarily precluded for pluralists. In keeping with the spirit of this openness, my intention is to support practitioners through generating reflective questions, rather than working towards prescriptive conclusions. Three core questions are articulated, here, in thinking about the scope of a therapeutic form of love and whether it might be of relevance to your own individuated form of practice.

The core textbooks on pluralistic therapy demonstrate an ethically sound focus — on our clients, and the facilitation of their power and agency within the therapy journey. This is in keeping with a broad commitment towards social justice aims and redistribution of social power (Smith and de la Prida, 2021). Therefore, there appears a reflexive instinct to frame and understand practice issues primarily in terms of each unique client's needs. To consider some examples, boundary management (Carey, 2016) can be flexible and responsive with respect to the contextual (e.g., duration and frequency of sessions) and the interpersonal (e.g., degree of self-disclosure) while still holding appropriate ethical lines. Case formulation should be resolutely collaborative and dialogical, to establish shared understanding of the problems (McLeod and McLeod, 2016); their hunches and insights about the minutiae of their own lives matter in equal measure. One's attitude to lifelong learning as a practitioner should remain open and attentive, particularly to what clients have to teach us (McLeod, Smith and Thurston, 2016). The client is placed at the centre of our theory, not just our practice.

QUESTION 1 — ETHICAL APPROPRIATENESS

Further, and of more specific relevance to the topic of therapeutic love is relational stance, the interpersonal *style* we adopt in response to a given client's needs and preferred ways of working. Smith and de la Prida (2021) discuss relational pluralism and reference Lazarus' metaphor of the 'authentic chameleon' in this regard. The therapist may serve as confidante, companion, container, mentor, co-traveller, or whatever other metaphors might best capture what occurs. Cooper (2021) notes that, of course, we cannot be everything to all; rather, the pluralistic developmental challenge is to develop consciousness of our degrees of flexibility and responsivity.



Pluralistic Practice

As a relationally focused form of practice, it is incumbent upon pluralists to become particularly clear about the range of colours this chameleonic authenticity might be capable of. Lazarus (1993) observed that the dimensions of relational stance to vary include degrees of directivity, emotional support, emotional warmth, and level of formality.

To illustrate with a personal example, during therapeutic training I explored my reluctance to enter a more directive or instructional mode with clients, the kind of style that might most effectively accompany psychoeducation tasks. This felt incongruent with my own emerging relational centre — the warmer, more reflective presence I felt myself instinctively settling into with clients in placement. Therein lies an ongoing developmental challenge, a personal growth edge: comfort with switching to didacticism when it best serves a client. But, what of the topic at hand, the concept of therapeutic love? Relational stance leads to my first question for reflection — *Is an a priori, ethically appropriate form of love possible in how you relate to clients?* If expanding Lazarus' dimensions to include this form of love, it serves as a meta-theoretical dimension, a quality of directivity, support, and emotional warmth.

QUESTION 2 — THERAPEUTIC MERIT

The second reflective question relates to ontology. The pluralistic framework does not indicate or align itself with a fixed ontology for understanding how problems in living arise. Instead, it accepts that these may have a variety of causes; as examples, these could be socioeconomic, physiological, spiritual, or cultural in origin. What is ontologically relevant to client problems emerges in meeting with them and entering into therapeutic dialogue. McLeod (2017) also refers to the “necessary skill” (p. 26) of epistemic fluidity and using this to align oneself with the unique worldview of a client. Smith and de la Prida (2021) note that it is good practice to start within the terms of how a client understands their problems and work from there. This facilitates collaboration on case formulation and is a clearer path towards shared understanding of what the client needs to work on. Within this dialogue, there is scope for the pluralistic therapist to bring their own unique perspective on psychological health and healing. Respectful differences will therefore emerge between pluralists on how to conceptualise helpful therapeutic tasks, and what therapeutic methods can be offered to meet them.

As a tangible example, take the therapist that holds attachment theory (Paul and Rowan, 2018) at or close to the philosophical heart of their practice. The secure base may be metaphorically relevant to their conceptualisation of the therapeutic dyad, and, by extension, likely to connect with the broad concept of love. Charura and Paul (2018) indeed highlight attachment in their argument that love belongs in and contributes to the therapeutic process. It is love's presence that makes successful attachment possible at all, and its absence elsewhere in the client's life may be affecting their quality of relationships. In this view, the therapist's feelings towards the working alliance are where the ‘therapeutic love’ lies. Shedler identifies secure therapeutic attachment as one of the three pillars of a functioning working alliance (Puder, 2024). This example demonstrates where the next question for reflection emerges — *Is a form of love necessary in the therapeutic relationship to help some clients with their problems in living?*



The third reflective question to articulate relates to the cultural position of the client. The crux of this returns to the concept of epistemic fluidity, and the related issue of entering into the unique worldview of a client. Just like therapists, clients will themselves vary in their perspective and understanding of love and what it is. The point to raise is that commentary on love between two people may be part of the everyday flow of interpersonal language of a client. Wilkins and Gareis (2006) found that 'I love you' statements vary in frequency of use across cultures, with women more likely to say this than men. The inherent meaning in this statement varies across cultures, too (Lomas, 2018). Interpretations of love take spiritual and humanistic forms that clients may express as part of their religious outlook or sociopolitical orientation. These ripple eternal via the words of touchstone leaders. Martin Luther King Jr equated love with justice in the American quest for civil equality (West, 2018). Vaclav Havel summoned truth and love as the liberating forces for Czechoslovakian people from Cold War Soviet Union (Tait, 2019).

Further such examples of this expansive meaning of love are plentiful, but in the context of this paper they serve as an immediate reminder of where clients are more likely to draw meanings from (i.e., in comparison with practitioner recourse to academic study). Such statements and sentiments are also the territory of social justice, which, as already noted, pluralism explicitly aligns itself with. In truly meeting, relating, and 'not-knowing' with clients, then, it may be necessary to also 'meet with' their particular understanding and use of love. They may extend this toward us with nothing but respect. It is a matter of attunement to the everyday relational reality of the client. In turn, this may allow comfortable, contextual space for the therapist to share their own similar feelings for clients, where they exist. The question that emerges is — *Might the language of love, expressed and exchanged between therapist and client, form some part of a helpful, culturally relevant therapeutic dialogue with clients?*

CLOSING REMARKS

In considering how these questions come together, I would observe the following: Even the gentlest definition of therapeutic love may still feel professionally unsafe ground for some practitioners to engage with. Utilising the both/and principle of the pluralistic stance, I understand this as something to be respected for how it may align with a practitioner's therapeutic style (Smith and de la Prida, 2022), understanding of client ontology, what feels safe to bring to the therapy room, and the qualitative elements of practice unique to their philosophical outlook. A common purpose amongst pluralists should be, not to set about winning arguments, but, to support each other to fully realise our practice potential. Raising therapeutic love for discussion may draw a range of responses, from intrigue and experiential resonance to scepticism and firm, boundary-defining denial (anecdotally, something I noted in feedback when part of my MSc desk research touched on it). Levine (2005) observes that one of the psychological implications of the word 'love' is that it serves as a psychological 'stop sign.' In knowing ourselves at depth, we have a duty to roll past that stop sign on first identifying it, to see what's behind it.

Many practitioners that advocate for more open discussion of therapeutic love also urge caution. Vida (2002) and Friedberg and Sherman (2023) each note that these



different types of love, like Eros and Agape, rarely separate out into discretely occurring phenomena; instead, they are often compounded or knotted together in ways that require deep exploration to understand. Until now, I have not addressed the question of whether it's appropriate to share an otherwise ethically appropriate form of love directly with a client. Gelso, Perez Rojas, and Marmarosh (2013) draw on their collective wealth of clinical experience to conclude that direct expression of any kind of therapeutic love for a client should be extremely judiciously offered, if at all. Given the degree of risk for misunderstanding and maleficence, they argue it best avoided, contained within the relative safety of supervision. Further, any decision to share something of this nature with a client should be conscious, have serious clinical relevance, and be subject to supervision *first*. There is no scope for spontaneity. This is an important place to conclude, as I do not want to leave the impression that I advocate throwing open the doors to unbridled, unsafe practice. For balance, I want to note that the BACP's code of ethics (2018) calls for candour and courage. Finding precision and robust honesty with respect to our emotional journeys with clients will surely benefit our practice, be that expressed through personal reflection, in supervision, or, on rare occasion, directly with clients themselves.

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The author has no competing interests to declare.

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