

Workshop: Intimacy and Love in Therapy

Introduction

A healthy relationship will experience

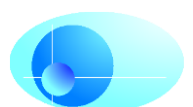
“caring, affection, esteem and appreciation” (Erskine, et al., 1999, p. 148)

and the therapeutic relationship is one where health is promoted, thus will have, or move to have, these attributes; no different in this respect to any other healthily functioning relationship. The difference comes in regard to the particular relationship in therapy in view of the therapist’s engagement is not for a mutual, or reciprocal meeting of needs. For the therapist, knowing, appreciating, and hopefully, understanding their own needs to be loved and to love is important. This is important so the therapist is able to both receive and give the love of the client that heals

“As clients begin to re-own the denied and dissociated parts of themselves, they are likely to recover the ability to feel more intensely ... (and) have a strong need to express them” (Erskine, et al., 1999, p. 148)

I want this workshop to be an open explanation and forum for considering intimacy and love in the therapeutic environment and to be responsibly honest in exploring the desires and seductions that can, and do, occur in the therapy relationship.

In this workshop, I hope to provide a framework that allow you movement towards an appreciation and positioning - at this moment in time - that supports your development in understanding your own intimacy and love with your client, and yourself; and the intimacy and love from your client. And how to respond with honesty, responsibility, and honour.



Intimacy and Love in Therapy ... expanding thoughts

Structure of expanding thoughts

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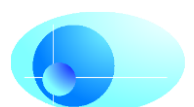
Professional Ethics and Codes of Practice

What I am wanting to say in this section is that your ethics and codes form the backdrop to what is being presented and ultimately you decide what fits...

I have thought on how to approach this essay, wavering with definitions and ethical caveats versus simply stating and trusting in you the reader to critique to assimilate healthily what I am speaking out.

There are boundaries we are asked to adhere to. I have experienced several therapists I had held in high esteem who have fallen from grace with breaking the boundaries of intimacy and love with their client. Despite any code of conduct or professional ethic we, ultimately, are each responsible for how we might decide where and when and how a boundary might apply; or not. We each need to embrace not so much the role of our ethical and professional codes but rather the function of these codes.

Simply put: do not confuse any attraction through the therapy for any attraction of your wit, intellect or physique!



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The Strictly Curse

What I am wanting to here is draw out, through an alternative experience to therapy, how the intimate relationship will develop. The Strictly Curse (Minn & Cox, 2016) is referencing the BBC show Strictly Come Dancing, in which celebrities are paired with a professional ballroom dancer, are taught the different dances and compete against each other. The premise is that the celebrity is unskilled and we all revel in their training and skills development.

Thus, I am looking at the relationship between the trained (dancer) and the learner (dancer). Not dissimilar to the therapist and client; or teacher and student.

There are an alleged 9 celebrities that have been affected by the Strictly Curse. I doubt a number of the media stories on this yet do not doubt some have been caught up through the dynamics of the intimacy their experience. Essentially the curse is the celebrity leaves their current partner and moves into a partnership with their professional dancer.

Judge Rinder of the television series of the same name has spoken out to explain that it is not the physical, or sensuous nature of dancing that creates a separation from a current partnership, rather it is:

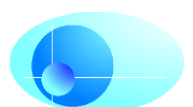
“... about how the best teachers have an ability to read your mind, and give you the impression that they completely understand you. That is such an intimate thing that you can see how relationships do develop.” cited (Wheeler, 2016))

To be candid, the new relationship may be about

- the physical or sensuous nature of the experience (sexual intimacy);
- the experience of the shared activity of dancing (experiential intimacy);
- being understood (emotional intimacy);
- a shared intellect of thought (cognitive intimacy);
- and it may be about any combination of these.

Whilst these celebrities are (often) in the public eye what we are looking at here is their private lives and as such they may follow their own path; it is not anyone else's business. How many of us have experienced relationships that have de-structured from someone else coming into the picture? This is very often a part of ordinary living, is it not?

The Strictly Curse is the influence of a specific relationship being extended more fully beyond the original boundaries and then to be found wanting, nor lasting; insufficient in the needs of the couple.



Intimacy and Love in Therapy ... expanding thoughts

The Strictly Blessing is the experiential intimacy that gives fuller meaning and met yearnings. That the individual becomes aware of their own self needs, desires, yearnings as well their worth, esteem and capabilities.

In regard to a person's private relationship we have no place to judge or expect or demand; unlike a professional relationship such as therapy.

Therapeutically what we are observing in these relationships in the dance training is a meeting of the other with the professional dancer practicing inclusion (Buber, 2002).

Inclusion has been described by Hycner, in (Hycner & Jacobs, 1995), as being

"a bold swinging - demanding the most intense stirrings of one's being into the life of the other (p19)

and

"Inclusion is the back and forth movement of being able to go over to the other side and yet remain centred in my own experience." (p20).

and Jacobs narrates

"the therapist must feel the other side, the patients side of the relationship, as a bodily touch to know how the patient feels it. (Hycner & Jacobs, 1995, p. 68)

It is not remaining centred in your experience that will skew your relationship. Working through your own yearnings and desires and resisting romantic urges of being discovered and wanted etc. is the purpose of your own therapy.

Intimacy in therapy

This will come about through the relational engagement with your client. If you do not work relationally then this may still occur, one sided perhaps, and will you recognise this as a human attribute and not simply transference, erotic or otherwise?

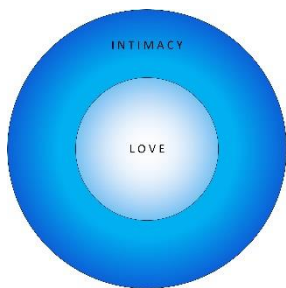
I will utilise transference at times in a way to allow the transference to be, which will mean allowing the client to not see me, rather for me to be the transfer. There is a risk here, and whilst I imagine I take this into account there is a danger of becoming the client's transference without recourse to returning to meet me, therapist. However, the purpose of the transference is to be recognised as the client demonstrating a relational need.

Intimacy and Love in Therapy ... expanding thoughts

“Transference within a therapy relationship, and even more commonly and frequently in the relationship activities of everyday life, is an expression of relational needs and a desire to achieve intimacy in relationships” (Erskine, 2015, p. 136)

I want to add a word of caution, well a sentence or more of caution. There are certain personality presentations that limit my risk taking and transference positioning. Ultimately, in therapy, the client meets you as the therapist-person. The journey from the transferred person to therapist to therapist-person is navigated and mapped in accordance with the client’s needs. Such needs will sometimes preclude an allowance for transference, or/and such needs require the therapist to be dominant; setting boundaries, establishing mutual and own needs in the relationship

Being in Relationship



Is love interchangeable with caring, affection, appreciation? Yes, I think so, and more. What about unconditional positive regard (Rogers, 1957)? Yes, acceptance of the other, not in the sense of all the other does or say; more in the sense that what lies beneath difference, disagreement, or conflict, or similar, is an attitude of acceptance of this other. Of having a trust, or faith, that this other is worthy of the relationship, of being in the world. And this is intimacy.

Intimate relationship.

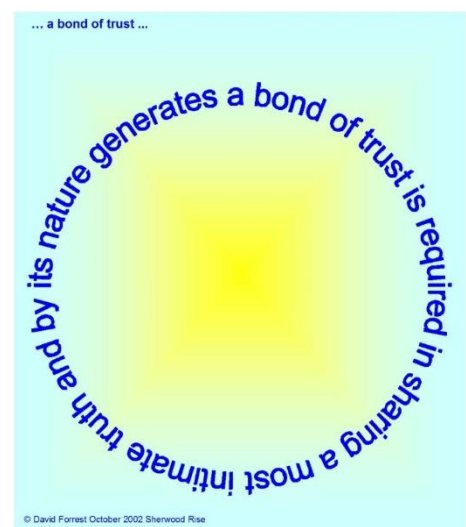
An intimate conversation, an encounter,

“where the two become entwined in an intimate collaboration” (Williams, 2017) occurs when “neither person sees the other as potentially useful ... facades fade away” (ibid).

Intimacy requires the desire and continuity to engage with the other (University of Florida, 2017). There needs to be an attitude and desire to meet the other, as is. This requires awareness of your behaviour in the moment of meeting and a desire to ‘see’ the freshness, newness – novelty – of the other. And this is what in Gestalt therapy is contact,

“Contact is the awareness of, and behaviour towards, the ... novel” (Perls, et al., 1994, p. 230)

Shared activities have the capacity of intimacy. The therapeutic engagement is a shared activity and its nature is intimate



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because of the desire of the therapist to meet this person that has come for help; this desire is part the make-up of the humanistic, relational psychotherapist.

Intimacy is a given. If intimacy is not developing in your practice consider, first, your own positioning with regard to intimacy. Your client may actually not be ready for intimacy; you ought to be.

Experiential intimacy is the intimacy through shared activities, as described above. It is the intimacy of shared experiences. And is powerful. With anything powerful there is a danger of the overpowering of other domains of interest or experience. The experience may shift from being blessed, to being cursed.

NEXT PAGE: Love in Therapy: How to Work with This

Intimacy and Love in Therapy ... expanding thoughts

Love in therapy

Sometimes a client needs to love in therapy. A client needs to experience the opportunity to grow to love and to grow out of love through understanding and experiencing the therapist first as love, as lover, then as an other that can be loved; then as someone that loves and finally to know how to love and be loved healthily and as a human being.

How to Work with This

In any close positive relationship, the participants experience caring, affection, esteem, and appreciation for each other. Expressing these feelings is a relational need; not doing so requires that one push aside and deny the internal experience—just like denying or trying to ignore any other need—and avoids self-definition within the relationship. (Erskine, et al., 1999)

experiencing the therapist first as love

The expression of love is met with honour, accepting and appreciating the vulnerability, and thus courage, in speaking of this love because in this moment of expression there is the possibility of rejection. A risk to the relationship is being taken and the function of the therapist in this relationship is to acknowledge and support expression.

as lover

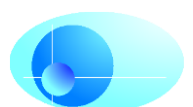
The desire to be the lover is to be met with grace, honouring the yearning being expressed and to be responded to with kindness and respect for the yearning to be met. The function of the therapist is to support the understanding of this yearning through open and authentic dialogue. This will include clarity of how the relationship is separate and other than a physical joining together. That the relationship is a trust that is willing to appreciate and explore the meaning of being a lover.

as an other that can be loved

To be able to hold the love for an other is a privilege and a gift to experience and is to be held and responded to with respect. The function of the therapist is to acknowledge and affirm the regard for the other which requires no reciprocity in kind. This will include honouring the love given with appreciation and containment, that recognises not to impose or seek further and so demonstrates a relationship of acceptance, difference, and valuing. This demonstrates that love can be given and received honourably.

as someone that loves

The experience we all grow healthily with is through acknowledgment and valuing. This is even more necessary with the blossoming of love and to be the recipient of such expression in the therapy room provides the wonderful opportunity to value and acknowledge the deep human emotions of connection, of



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affection, of friendship, of closeness, of intimacy, of love. The function of the therapist is to accept the blossoming emotions as a gardener would a flower. Gently and purposively with sunshine. To allow this love to be understood and held within the fuller situation of life. To show that love is deserving, containable, and precious. This will allow an integration of previous unmet, or ill met, needs, feelings, and emotions that will allow experiences that support moving to a position to know how to love and be loved healthily and as a human being.

Intimacy and Love in Therapy ... expanding thoughts

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