

LOVE AT THE CORE – THE PHENOMENA OF LOVE IN THE THERAPEUTIC RELATIONSHIP IN NURSING

Amor em foco – o fenómeno do amor na relação terapêutica em enfermagem

PATRICIA SILVA PEREIRA | Professor Adjunto, PhD em Enfermagem, Escola Superior de Enfermagem de Lisboa; Unidade de Investigação e Desenvolvimento em Enfermagem [ppereira@esel.pt]

MARIA ANTÓNIA REBELO BOTELHO | Professor Coordenador, PhD em Enfermagem, Escola Superior de Enfermagem de Lisboa; Unidade de Investigação e Desenvolvimento em Enfermagem

ABSTRACT: Love is a small word that carries many meanings. In everyday life, we refer to love without considering its meaning because the meaning depends on the object to which we refer. Love in nursing is considered one of the pillars of the science of caring. However, this assumption has some misunderstandings. It is important to clarify the scope of love in a therapeutic relationship and to understand how love manifests itself. **Objective:** To understand the lived experience of love by mental health nurses in the therapeutic relationship in nursing. **Method:** The study used a qualitative methodology, phenomenology of practice established by Max van Manen, rooted in philosophy, using philosophical, philological, and human sciences methods. Experiential reports were collected from 10 mental health nurses. The understanding of the meanings and senses of the phenomenon was based on radical reflection using *epoché* and *reduction*. **Results:** Love shows itself as seeing the invisible; as the impossibility of non-action; as reassuring gestures; as “going the extra mile”; as being attuned; as being connected; as letting the other to emerge; as hosting the other in oneself; as a pathic experience; and as a personal cost. **Conclusion:** Love is a transformative ingredient of the therapeutic relationship experience. This study is a possible understanding of the phenomenon of love in the therapeutic relationship in nursing. In addition, the study is a contribution to help clarify and demystify stereotypes and trigger reflections on the everyday relationships in nursing. Therefore, it may promote understandings that make the practice of care more sensitive and closer to the world of each patient.

Keywords: hermeneutic; love; nurse-patient relations; phenomenology of practice; psychiatric nursing; qualitative research; therapeutic alliance

Resumo: O amor é uma pequena palavra que comporta muitos sentidos. No dia-a-dia usamo-la sem estarmos preocupados com o sentido atribuído, pois ele é intuído dependendo do objeto a que nos referimos. O amor em enfermagem é considerado um dos pilares da ciência do cuidar, contudo esta assunção não está isenta de mal-entendidos. Importa clarificar o âmbito do amor numa relação terapêutica e perceber como se manifesta. **Objetivo:** compreender a experiência vivida do amor pelos enfermeiros de saúde mental na relação terapêutica em enfermagem. **Método:** a pesquisa situa-se numa metodologia qualitativa, de fenomenologia da prática, segundo Max van Manen que está radicada na filosofia, usando métodos filosóficos, filológicos e das ciências humanas. Foram colhidos relatos experienciais junto de dez enfermeiros de saúde mental. A compreensão dos sentidos e significados do fenómeno teve por base uma reflexão radical, por meio da *epoché* e *redução*. **Resultados:** o amor manifesta-se por ver o invisível; pela impossibilidade da não ação; por gestos securizantes; por fazer “1km extra”; por estar em sintonia;

por estar ligado; por deixar que o outro apareça; por hospedar o outro em mim; como uma experiência prática; por um custo pessoal. **Conclusão:** O amor é um ingrediente transformador da experiência relacional terapêutica. Esta pesquisa é uma possível compreensão do fenômeno do amor na relação terapêutica em enfermagem. É um contributo para clarificar e desmistificar alguns estereótipos e despoletar reflexões acerca do quotidiano relacional em enfermagem que poderá estimular compreensões que tornem a prática de cuidados mais sensível e próxima do mundo de cada pessoa cuidada.

Palavras-chave: aliança terapêutica; amor; enfermagem psiquiátrica; fenomenologia da prática; hermenêutica; pesquisa qualitativa; relações enfermeiro-paciente.

INTRODUCTION

Love is a small word that has many great meanings. On a daily basis we use it without being concerned with the assigned meaning because it is intuited depending on the object to which we refer. We love our parents, children, family, partner, friend, the warmth of home, we love what we do and we love ourselves. Despite this general use of the word, in its Greek origin, the term “love” does not exist as a single word but rather depending on the meaning and context is expressed using different words.

Epithumia, *storge*, *eros*, *philea*, and *agape* are Greek terms used to denote different types of love. *Epithumia* is a type of inspiring love that drives desire (generally in the positive sense) or greed (generally in the negative sense). Love can unite two individuals by the desire to enrich the common heritage, but it can also separate them when one wishes to seize something for oneself. *Storge*, or affection, is present in family relationships, particularly between parents and offspring, and it elevates the feeling of belonging. *Eros* is the romantic love or passion developed in the context of a conjugal relationship, but it can also have a broader meaning, i.e., that of passion for life, which favors the creative and driving impulse. *Philea* is the love of friendship and serves to unite interests and activities and to promote fellowship and sharing. *Agape* is an altruistic, unselfish love that does not expect reciprocity and is also known as divine or christian love (Grüdtner, Carraro, Sobrinho, Carvalho, & Campregher, 2010; Castledine, 2011; Moseley, 2014). Love moves us every day in what we do or do not do. Love resides in oneself and is part of the human essence. At its core, love is "edifying and constructive action in and on the world" (Scheler, 2012, p. 13). Love is intrinsic and visceral, which explains why love is vitally necessary (Kierkegaard, 2009).

Despite the importance of affections, emotions and feelings in nursing, the word “love” is used with caution when describing the type of feeling present in the nurse-patient relationship. Moreover, the term “love” is used with caution in nursing because love can easily be confused with a romantic, loving, or sexual feeling (Kendrick & Robinson 2002; Stickley & Freshwater, 2002; Castledine, 2011). However, these misunderstandings are due to a misinterpretation and a probable unawareness of the nature of love and its different types.

From the perspective of ontological love, which is inseparable from the self and characterized by significant interpersonal relationships, love is present regardless of the circumstances in which these relationships occur.

In works produced by different authors who have developed Caring Science theories, including Jacono (1993), Eriksson (2002), and Watson (2008), love is an underpinning of nursing care, and it is important to understand how it is manifested in this particular relationship.

The love described here refers to the positive affective climate, in the light of Max Sheller (2009), a positive act, or a driving force that leads us to do the best for the other.

Therapeutic relationship is a key element in mental health nursing care, since the recovery process of mental suffering is based on significant interpersonal relationships, where nurse and patient are in a potentially nourishment encounter. This type of relationship is centered on the patient's well-being and in developing stages, in a limited time and space (Pereira & Botelho, 2014). This kind of professional relationship is full of interactions, emotions and feelings that play all the time and it is necessarily characterized by boundaries which requires knowledge and skills.

METHOD

This study used a qualitative, phenomenological-hermeneutical approach, more specifically, phenomenology of practice, according to the most contemporary approach proposed by Max van Manen (2014).

Phenomenology of practice is an agogic way to look at everyday life by the reflective study of prereflective experience. In this sense, this method allows a more sensitive understanding and the development of sensible actions via reflective practice by professionals (nurses, physicians, social workers, psychologists, and teachers, among others). As a hermeneutic-phenomenological method of inquiry, phenomenology of practice is suitable for professionals in their everyday practice to develop a special sensitivity to the lived experience of the practice of caring (Pereira, 2015). Van Manen (2014) proposes an agogic approach, i.e., an approach that illuminates a path, a set of moments that are constituted as a method, and the method does not determine a set of successive and standardized steps but, rather, indicates a meaning. The agogic approach to phenomenology guides the researcher in the investigative process and creates insights and understandings about the phenomenon under study. The author does not recommend a specific method (as it has been recommended by other authors), since, in his view, any of them would be reducing the phenomenological project. Rigid methods presuppose a set of defined steps that can alienate the researcher from his original and fundamental experience of doing phenomenology, which is very different from the original works of many phenomenologists, as Husserl, Heidegger, Merleau-Ponty, Sartre, and Marion, among others. Phenomenology

involves different philosophical, philological, and human sciences methods¹ (Pereira, 2015; van Manen, 2014).

- **The phenomenological question**

Lived experience intends “to explore directly the originary or prereflective dimensions of human existence: life as we live it” (van Manen, 2014, p.39). Phenomenology seeks to understand in depth the meaning of lived experience.

The phenomenological question begins as an inquiry into Husserl's natural attitude by seeking the unusual in what is usual. In this respect, we experience Heidegger's sense of *wonder* for what is taken for granted in everyday life.

This research seeks to answer what is the lived experience of love by mental health nurses in the therapeutic relationship in nursing? The phenomenon should be addressed by means of the lived experience before being analyzed in the professional discourse.

- **Experiential material**

Data were collected to obtain the most vivid access to the experience. For this purpose, we analyzed direct reports about the phenomenon, and this method allowed immediate access to the experience. Ten nurses were asked to report an episode of a therapeutic relationship with a patient when they considered that love was present. The experiential material was collected via phenomenological interviews with mental health nurses. These interviews were recorded and transcribed to allow a detailed analysis of the reports.

Experiential material based on written narratives of mental health nurses was also collected. The participants were asked to describe, in written form, an experience in which they considered that love (as a force that compels us to do the best, in the conception of Max Scheler) was present in the therapeutic relationship with a patient to whom they provided care. According to van Manen's recommendations (2014), for the collection of this type of material— lived experience descriptions some guidelines should be followed for the written report: describing the experience as closely as possible to what was lived; describing the experience from within, as though it were a state of mind, including feelings, mood, and emotions; observing how the writer's body felt during the episode, how things smelled and sounded; focusing on one particular experience and describing one specific event; and focusing on the lived experience, as though the writer had returned to that moment. The participants were also urged to avoid: generalizing or speaking in abstract

¹ For an explanation of these methods, please see Pereira, PS (2015) “Phenomenology of practice: research in nursing of lived experience”, *J Nurs UFPE online.*, Recife, 9(10):9608-15, Oct., 2015 9608. doi: 10.5205/reuol.7944-69460-1-SM.0910201525 (in English/Portuguese/ Spanish)

form; explaining what occurred; interpreting what they felt; attributing meaning to the lived experience; and embellishing the written speech, using ornate words.

Material was also collected from other sources, including literature, cinema, and paintings. These materials were used to illustrate or emphasize certain aspects that would help elucidate the phenomenon and clarify, in a manner other than by writing, a characteristic or a theme of the lived experience (van Manen, 2014).

- **Anecdotes and gathering themes**

The experiential material should have a narrative quality to promote exert a vocative and vivid effect on the reader. For this reason, whether it be interviews, observations, or written narratives, the material should be worked to serve as examples, termed anecdotes or in a certain way, a kind of illustrative episode. After data collection, time was given for familiarization with the reports by reading and re-reading them. Then, an editing phase of the material was initiated for the construction of the anecdotes. Although richly descriptive reports were requested, as in any free conversation, there is a tendency for the respondent to add other interpretative details, describe other topics, or assign meanings to what was narrated, which explains the need to edit the material. This editing phase attempts to clear the experiential reports of all ancillary material to reveal the elements that help elucidate the studied phenomenon (van Manen, 2014).

Despite this first editing phase, the anecdotes can be honed as the themes are developed with a view to emphasizing the emerging themes and avoiding distorting the material (van Manen, 2014).

Anecdotes are a powerful tool of phenomenological research, and their primary role is to disclose the experiential meaning. The use of these narratives allows the exemplification of the meaning by providing the full scope of the lived experience to the readers, as though the readers were living it. Anecdotes are images of the phenomenon intended to portray the lived experience, i.e., portraits of life, and the evoked images allow us to be close to the experience and help us understand it (van Manen, 1990, 2014). For the construction of the anecdotes, these recommendations of van Manen (2014, p. 252) were followed: narrating a short history; describing a single incident; starting the description near the central point of the experience; including important concrete details; including multiple narratives (how things were said or done); ending immediately after the climax or when the incident was finished; and including a final last line (punctum) to impact the reader.

- **Themes**

The themes emerged from two types of analysis: macroanalysis, in which for an anecdote, we considered the text as a whole and attempted to

formulate a general theme that originated from the episode. In a second phase, microanalysis involved reading the entire episode paragraph by paragraph and answering the following question: what does this paragraph tell us about love in the therapeutic relationship involving mental health nurses?

After the completion of this analysis, we obtained a list of themes that helped us construct the phenomenological text, with a view to describing the lived experience of love by mental health nurses in the therapeutic relationship in nursing.

- **Writing and construction of the phenomenological text**

“To write is to reflect; to write is to research” (van Manen, 2014, p. 20). Writing is thus a reflexive component of the phenomenological method. In phenomenological writing we are fundamentally summoned as beings in search of the best vocative expression and pathic phenomenality of the phenomena (van Manen, 2014).

The phenomenological text is successful when the text resonates in the reader (van Manen, 1990, p. 27). Resonance is the possibility that readers will recognize themselves in the described experience because they lived it or could live it in the manner in which it was described.

Similarly, reading a phenomenological text also requires a phenomenological attitude. The reader is expected to become involved in the narrative in the same manner as when reading a poem or observing a painting. There is a certain predisposition by the reader that facilitates understanding and allows her/him to be sensitive to the stimuli evoked in the text.

In this research, the use of philological methods involved writing in a particularly sensitive manner to emulate the lived experience. Excerpts from films, paintings, and poems were used to illuminate the phenomenon and to deepen reflection.

The development of themes and reflections which constitutes the phenomenological text was based on literature, research studies, and phenomenological texts. These materials served to stimulate the reflection and production of new understandings and as catalysts of reflection, *insight cultivators*, as designated by van Manen (2014, p. 324).

Epoché and *reduction*, as key elements of phenomenology, were performed during the entire investigative process. *Epoché* (or bracketing) involves the suspension of acquired knowledge.² *Reduction* involves the return to the manner in which the phenomenon manifests itself, unveiling its essence (Lytard, 2008; van Manen, 2014).

For the creation of the phenomenological text, different types of reduction were used according to an eclectic approach advocated by

phenomenology of practice. We provide a brief explanation of the types of reduction used. Eidetic reduction, according to Husserl, was performed by imaginative variation whenever we varied the phenomenon for different scenarios or compared the phenomenon with similar phenomena to demonstrate its essence. Ontological reduction, *sensu* Heidegger, was evident whenever we showed the way of being-in-the-world, i.e., how the phenomenon was perceived by the individual being. Ethical reduction, according to Levinas, goes beyond the previous two, i.e., epistemological and ontological reduction, since it precedes consciousness and existence. The manner in which we perceive the phenomenon and understand human experience lies in the singular otherness (alterity), that is, another way of being, considering that we are always confronted with something or someone. Radical reduction, proposed by Jean-Luc Marion, is radical in that it favors the manifestation of the phenomenon and how it is presented or is shown; it sets aside consciousness, subjectivity, and individual perception and focuses on the phenomenon. The focus is on *how* phenomenon manifests itself, not in *what* it manifests. Manifesting means to make oneself known, self-givenness. For example, the focus is not on the fact that love exists in the therapeutic relationship but, rather, on how it manifests itself and its latent consequences. Finally, originary reduction, the flash of insight, discussed in the most contemporary studies by Heidegger, occurred as the themes were being reflected on and as the phenomenological text was being constructed. At times, it seemed that a new window suddenly opened up for a certain aspect of the phenomenon and that what once seemed confusing or unknown became clear. It was the moment when the phenomenon came to us even if we were not actively seeking it. A thought of this nature typically surprises us by its purity because it is not bound to predetermined concepts but, rather, has a supreme originary simplicity. They are heuristic moments of the research process.

ETHICAL CONSIDERATIONS

This study was approved by the Ethics Committee of the Nursing School of Lisbon. The interviewees signed a participation agreement form in which the scope of the study was explained, and anonymity and confidentiality were guaranteed. Anonymity was further ensured by editing the interviews and converting them into anecdotes. After this, lived experience becomes evident, because the focus of the phenomenological research is not on a specific person, but rather, on a phenomenon described by a person who lived it in a particular way, the study participant was doubly protected. This apparent depersonalization of the event occurs

²Epoché or bracketing (mathematical term used by Husserl) conveys the idea of placing something in parentheses (van Manen, 2014). For Husserl, epoché is a task intended to reach pure consciousness, i.e., a consciousness without the contaminations of previous knowledge. Heidegger diverged from Husserl in this respect, considering that it is not possible to be completely detached from previous knowledge about the world. Epoché is understood not as an annihilation of what we already know but, rather, as an assumption of presuppositions that, when expressed, contribute to a less contaminated path of discovery. We can achieve reduction once this path is opened.

due to the fact of considering that it could be a possible human experience.

With regard to the copyright of the paintings used, all images of the paintings were used with permission via copyright and related rights. Under these circumstances, copyright ceases 70 after years of the death of the artist. Care was taken to prioritize works that were under this law and were thus in the public domain.

RESULTS

The study on the lived experience of love by mental health nurses in the therapeutic relationship revealed 10 themes corresponding to different manifestations of love from which the phenomenological text was constructed: love is manifested by seeing the invisible; as the impossibility of non-action; as reassuring gestures; ; as “going the extra mile”; as being tuned; as being connected; as letting the other to emerge; as hosting the other in oneself; as a pathic experience; and as a personal cost. Each theme was illustrated by a painting that stimulated deeper reflection.

LOVE MANIFESTS ITSELF AS SEEING THE INVISIBLE

Saint-Exupéry (2005) states that the essential is invisible to the eyes. What can we see when the real need may be different from what people show us? How do I see what is not visible? A nurse was called for home care to manage epistaxis in a terminal patient:

I realized that the patient needed a different support that involved much more than treating the disease. The family did not tell me this, it was not turned into words, but what was happening there was a farewell. They needed help to say goodbye to someone very dear, the patriarch of the family. What I saw was beyond what I was assigned to see.

Seeing the other before us is not limited to a physiological function. Seeing is understanding (Levinas, 2011). To see the other is to look at their core, or "to comprehend the particular being is to apprehend it out of an illuminated site it does not fill" (Levinas 2011, p. 184). Love manifests itself by this subtlety of seeing what we are not entitled to see at a fleeting first glance. This nurse saw the invisible, in other words, read between the lines, read the silence, read the distress of the patient's family, read the desperate search of the family to do something. In the words of Merleau-Ponty (1964, p. 29), "to see is in principle to see more than what one sees, it is to access a latent being". What is latent is not allowed to be seen outwardly, and therefore, it is not understood at first glance. The nurse read what was not written, saw further, glimpsed the suffering, and realized the real need of that family. As the nurse himself put it, he could have simply stopped the bleeding and guided the family to receive the support of another professional who already accompanied the case.

Therefore, this action would be appropriate and professional. However, the nurse in a sensitive manner captured the real need of the family. A silent appeal. Love as a spontaneous act, not blind, but makes evident. Its gaze penetrates through the outer layers that hide the real self" (Ricoeur, 2010, p. 22).



Figure 1. "Baby". Gustav Klimt, 1918. National Gallery of Art, Washington

In this painting by Klimt, we can see and feel the contrasts between the immediate gaudiness and the hidden or almost invisible essential elements. The perspective of the painting evokes this effect because what is closest to the observer are the decorative and distracting elements. A closer scrutiny reveals the centerpiece that gives the painting its name. The painting is not immediately baby, it becomes baby. The strength of this image appeals to the sense of seeing beyond what is evident, making it possible to see the invisible. The lived experience of love is manifested by seeing the invisible.

LOVE MANIFESTS ITSELF AS THE IMPOSSIBILITY OF NON-ACTION

One of the manifestations of love in the therapeutic relationship is not to remain indifferent, therefore there is an imperative which leads to the impossibility of non-acting.

When my shift began that morning, I was assigned to care for a 17-year-old boy with depressive problems. The previous evening, the young man had assaulted his mother and the service staff. I was apprehensive from the report, but when I went into his room to do the hygiene and I saw him lying in bed, sleeping ... it did not seem possible that he had done what had been described. Immobilized by the restraints, that athletic body had a boyish face.

The face of the Other exerts a power that calls for an action (Levinas, 2011). "The being that is expressed is imposed upon me, precisely calling to me from its misery and nakedness—its hunger—without my being able to close my ears to its call" (Levinas, 2011, p. 195). The encounter with the face, the face-to-face contact, places me before the being of the other, which makes me feel responsible. However, what responsibility is this?

The word “responsible” comes from the Latin *responsare*, “to answer (to someone who knocks at the door)”, “to correspond”, “to be accountable”, “to ensure”, and “to guarantee”. We respond to a call by order of that which can be heard or felt. Before the face of the young man, this nurse was summoned without being called by words. He felt the appeal and managed to discern a boyish face in a man's body. The vulnerability of the other allows me the experience of decentering from my own self and going to meet the other (van Manen, 1991).

Levinas (2010) tells us that “the face speaks” (p. 71). This “saying” of the face does not allow the Other to be a mere object of contemplation but impels a “saying back”, an action. Acting comes from responsibility, which, in turn, is a response that makes the relationship authentic. It is worth quoting Levinas (2010, 81): “the face puts me in question and obliges me... asks me as is asked of someone who is obliged, as when it is said: ‘we ask you’”. This relationship is considered by the author to be intersubjective, and it occurs in an unequal condition in which the other, particularly in his vulnerability, separated from me, imposes himself, leading me to search for solutions to give him an answer.

I could not allow him to be like the patient beside him who told him the experiences of his life undermined by illness and his struggle to take his pills or not. I had to get him out of there ... his father, who came from Morocco, agreed with me and did so.

The nurse had a very obvious concern—not to let the young man be contaminated by the disease. We know that mental illness is not contagious. What, then, did he intend to say? There seems to have been a strong desire to rescue, to not let the young man's life be condemned to sickness. That was the appropriate time to intervene. Doing nothing would condemn that young man to a predictable destiny. In this scenario, the responsibility for his “destiny”, i.e., for what follows, is imposed.

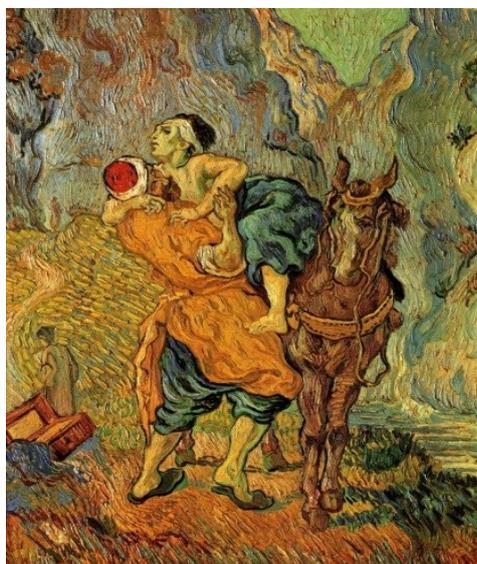


Figure 2. “The Good Samaritan, after Delacroix”. Vincent van Gogh, 1890. Rijksmuseum, Amsterdam

The portrayal of the parable of the "Good Samaritan" by van Gogh illustrates this dimension of love. Two travelers had already passed by, ignoring the assaulted man on the ground. However, a third traveler acted. For this character, it was impossible not to act. The painting focuses on the helpful traveler.

LOVE MANIFESTS ITSELF AS REASSURING GESTURES

There are some stereotypes about gestures in nursing care. One of the most frequently used images in marketing to convey the idea of care and affection is the hand of a professional holding or about to hold the hand of a patient. However, more than caring, the lived experience of love in a therapeutic relationship is demonstrated by gestures that assure and that tell the other that we are with him. Affection is a sympathetic manifestation of a certain kind of appreciation of the other, but it is not enough if it is not accompanied by a specific response to a need and a larger gesture that expresses confidence and interest, i.e., an intention (Kierkegaard, 2009). Confidence combined with affection becomes a securitarian gesture that tells the other that we really are with him. Affection conveys sympathy, whereas a securitarian or reassuring gesture expresses confidence. Being exposed to the other is also manifested by a "visible sensibility" (Marion, 2002, p. 85). Let us examine the following report of a nurse who went to a patient's home for depot treatment. The patient was locked in the bedroom and refused to receive medication.

He was aggressive with his father. When I got there, he was angry, slammed the door, brushed past his father ... but at that moment, I hugged the young man, and he hugged me. This had never happened to me; this was authentic, like a mother-child relationship. I went straight to him, and he hugged me. I hugged him, then he hugged me and did not let me go. In this moment ... a relationship was built... I did not give him the injectable, but it was possible to negotiate the treatment with him. A few days ago, I saw him on the street ... it was impossible not to greet him. He saw me, spoke to me, and I spoke to him normally. I did not hug him, nor did he hug me.

The embrace replaced the words; the words replaced the embrace—at different times. Therefore, the words and the embrace replaced each other in a timely manner. The warmth of the bodies had the power to hold the suffering in a specific time. However, in another time, when the embrace no longer made sense, the words confirmed the complicity previously lived. At the time of the words, the same gesture no longer made sense.

In body language there is an emotional meaning (Merleau-Ponty, 2004, p. 86). Merleau-Ponty (2010) wrote that the body observes what is around but does not observe itself internally. For this purpose, it needs a second body that is not observable, i.e., perception. This perceptive field favors the bonding of body language, making it comprehensible among beings. This is a gestural complicity.



Figure 3. "First Steps, after Millet". Vincent van Gogh, 1890

The gesture here represented by van Gogh is an intentional one, an inviting gesture, a signal that convey confidence to the child to go beyond herself in the difficulty. The reassuring gesture often drives the first steps in a new adventure.

Reassuring gestures are part of our day-to-day relationship, with a familiar or private nature; they are also our most human, intrinsic, and spontaneous language, and in a professional context, they represent love in the therapeutic relationship.

LOVE MANIFESTS ITSELF AS "GOING THE EXTRA MILE"

In mental health, concerns related to the boundaries of interpersonal relationships are common among professionals. These boundaries restrict the therapeutic relationship and, after being transposed or disrespected, pervert the sense of care and undermine the continuity of the therapeutic relationship between the nurse and the patient. In light of this fact, the following question arises: how far can I go to help the other in a therapeutic relationship? What is the plasticity of these limits? At what moment do I go beyond the professional boundaries or limits? The report of a community nurse illuminates us about this type of ambivalence.

I still assist a female patient who totally lost contact with her daughter, such that the patient did not even know how to begin searching for her daughter. There was a painful history of remorse and guilt. Her story touched me deeply, and I decided to do something beyond what was expected of me. At the team meetings, I always insisted, "But what are we going to do about this lady? Remember this lady, what are we going to do?"—always, always, always. And I went further; one day, I said to her: "Let's go, then, see if we can find your daughter". So it was. This is maybe beyond the professional ... but there is always more that can be done.

The assistance that the nurse was expected to provide to this patient was to help her on a path of reencounter with herself, appeasement of her sorrows to allow her to have new perspectives and live a healthier way of life. This monitoring could be performed periodically in the comfort of

the office. However, something encouraged the nurse to do more than expected. The nurse seemed restless and shook the team around her. She speaks of the patient, seeks reactions, assesses strategies, and defends the interests of that particular patient. This uneasiness led the nurse to leave her comfort zone and go further in favor of the other.

“Going the extra mile” shows a course that is taken beyond what is expected. It is important to reflect on this difference. What we are attempting to show is that within professional best practices, there are actions that differentiate between a practice within standards agreed upon and considered adequate to respond to a certain situation and another that although equally good, surpasses the expected conduct. This small difference effectively makes all the difference and characterizes one of the aspects of love in the therapeutic relationship. However, what do we refer to when we talk about doing what is expected or being professionally compliant? It is certainly about humanized acts, but of what nature? Are these acts that seem to go beyond what is expected so extraordinary? They may not be extraordinary, but it is evident that they make the experience of the therapeutic relationship unique, personal, and much more human, shoulder-to-shoulder, and, sometimes, a transformative experience (Pereira & Botelho, 2014). However, this particular relationship, although characterized by partnership, maintains a necessary asymmetry. Is this paradoxical? Paradiso-Michau (2007) represents this type of relationship using a sign with two arrows, each pointing in a different direction \longleftrightarrow . It is not a single arrow with two directions \longleftrightarrow but, rather, two arrows in opposite directions and independent of each other. For this author, love is “one-directional, unconditional, and not in need of recognition” (p. 338), and therefore, it does not depend on an exchange. A second arrow presupposes the relationship with another individual, but my actions do not depend on the actions of the other. It is a relationship without economy, in the sense that there is not a balance between credit and debit. The responsibility of the other is only his concern (Levinas, 2010), whereas my responsibility only depends on me and not on what is done by the other. In contrast to other types of love, in which one’s response always depends on the reaction of the other, this type of love does not depend on an exchange. In this sense, it is pure love, free in both directions, in which the other is never in debt to me (Paradiso-Michau, 2007). The only debt is always mine to the extent that there is always more that I can do.



Figure 4. “Rain”. Edvard Munch, 1902

This painting by Munch evokes the sense of overcoming boundaries, although the boundaries are maintained. Contained in a well-defined space, almost at the end of the wooden walkway, two women look beyond, indifferent to the rain that has fallen and the rain that is coming. Although we do not see their faces, the silhouettes give us the feeling of tranquility and trust in the "future". Although blocked by a handrail, the women went further by climbing on a base that lifted them. Side by side with their arms leaning against each other, they give us the impression of their determination to go the extra mile.

LOVE MANIFESTS ITSELF AS BEING ATTUNED

When we attempt to understand the other, we attune to him and his rhythms, pains, longings, and needs, acting ourselves as if it were him doing the best he could. A nurse reports a situation of inner conflict:

The patient is quadriplegic, without verbal responses or vocalizations that let me know whether the moaning is intended to communicate something or only represents a physiological response conditioned by the clinical situation. (...) I hear her moans, which are often frequent and intense ... I feel desperate for not being able to respond to what I imagine may be her suffering. (...) After despairing and feeling frustrated with my incompetence and running away, today, I came back to try to make peace and stop blaming her for my inability to help her.

Will the nurse look for a kind of sympathy to understand the patient? Effectively, this nurse wants to bond with the patient and enter her world, a world that is closed to her for the time being. The patient did not speak, but this same difficulty is found when we genuinely intend to understand the other, particularly in her suffering. The I, the Other, and the distance that separates us making us two. How can I, at the necessary distance of being two, understand your world?

For Scheler (2009), the first experience that we have in the world is that which comes to us through others and the milieu. For example, the child absorbs the world through others because she is not yet aware of herself. Only later can the child differentiate herself and have the notion of a self, passing through an egocentric phase of individual discovery. Through sympathy³ and love, we transform ourselves, become decentralized from ourselves, and become aware of others and their value. Sympathy is a reaction, whereas love is an individual act that depends not on others but, rather, on oneself. Love is not a feeling in the sense that it springs reactively; rather, it is an act of involvement with what surrounds us, an act of an effective search to be in tune with the Other.

Love makes sympathy and the feeling of pity possible. At present, the feeling of pity has a negative connotation because pity without love as underpinning expresses a feeling of superiority and may even be felt by

the other as an act of brutality (Comte-Sponville, 1999). It is love that dignifies or elevates any feeling. Love is directed toward the positive attributes of the individual, whereas the acts of sympathy, compassion, or benevolence, which are indeed directed toward suffering, are only the consequence of love. "Love is focused on the positive aspects of the personality and on doing good only to the extent it advances personal values" (Scheler, 2009, p. 140). Therefore, doing good is a consequence of love and not a purpose. We can do good without being with others in their suffering. For example, we can fund a charity, and to this extent, we are doing good, but this isolated gesture does not involve us in the cause. For this reason, Scheler (2009) argues that benevolence is not the same as love, although love is benevolent, and that sympathy is not love, although by the laws of dependence, love bears sympathy. We can sympathize without love, to the extent that we can sympathize on different levels, as it is different to sympathize with the person or with the circumstance that one is in. However, when we love, we sympathize. All sympathy is somehow based on love, as a seed that may or may not germinate and dies when love is not present.

The common denominator and probably the simplest we can find in the different forms of sympathy and love is attunement. To be in tune is to adjust with the rhythm of the other, which allows us to extend help. Being in tune with the other is one of the manifestations of love in the therapeutic relationship.



Figure 5. "The sick child". Gabriel Metsu, 1664-1666

This picture of Gabriel Metsu is in itself syntony. The prostrate child has with her a woman who cares for her in a symptomatic way, evidenced by her facial expression, but also by her warm and welcoming lap, by the

Max Scheler uses the word sympathy (from the Latin, *afinidade* to agree; *sim*, derived from the Greek prefix *sun*, which means "with", "together", or "associated"), and throughout his work, he manifests disapproval of the use of the word empathy (*em*, from the Greek prefix *hen*, "to be inside"). In his understanding, it is not possible to feel exactly what the other feels because we are not the other. Each person has a unique world to which others can only bond but never live in as though they were the other. Empathy is a concept of psychology, and Scheler believes that this concept should be deconstructed.

hand she touches and caresses, by the body that surrounds her. Being in tune is also being with the other in your pain and a manifestation of love in the therapeutic relationship.

This painting by Gabriel Metsu is itself attunement. The colors' harmony, but also of the figures themselves, their posture and faces. The prostrate child is being held by a woman who cares for her in an attuned manner, demonstrated by her facial expression but also by her warm and welcoming lap, by the hand that touches and caresses, and the body that surrounds the child. Being attuned is also being with the other in his pain and a manifestation of love in the therapeutic relationship.

LOVE MANIFESTS ITSELF AS BEING CONNECTED

The patients that we assist (and whom we did not choose), we establish a unique relationship with some of them. Therefore, to this extent, within the involuntary, we make a voluntary choice. In therapeutic relationships, we expect that patients positively respond to the actions that we take to help them recover to their maximum potential. A nurse in a psychiatric day care hospital takes care of a young man with psychosis:

There was a total depersonalization; he completely lost the limits of the self, so that if he were touched by a woman, he thought that he would change his sex and become a woman; if he were touched by a black person, he thought that he would become black; (...) When he ate, he had no idea if he was full or if he had been satisfied; (...) I became an extension of him, assuring that his needs were satisfied. It was also quite exhausting for me. I would come home and stay on the sofa for at least half an hour, doing nothing, recharging my batteries, listening to music and sitting there ... I couldn't even read a book, I would do nothing for a time. If the weather was good, sometimes I would go to the beach just to listen to the ocean waves, sunbathing and thinking about what I could do differently the next day.

The young man accompanied the nurse in her thoughts and "went" home with her. However, he "went" in a particular way, because the occupied space was controlled by the nurse. She reconditioned herself and recharged her batteries, filling herself with good things from her life. She was not stuck with the suffering of the patient but, rather, elaborated on the suffering as long as necessary to be able to help the patient and remain as a help figure. The nurse was connected to the patient.

As noted in the episode reported by the nurse, the young patient's needs had an almost umbilical or fusional nature. This relationship could have easily occurred differently, and even if the intention were to help the patient, it could have developed the features of a markedly maternal relationship that could compromise professional boundaries. In this case, this relationship could help but would no longer be an effective professional help relationship. Let us evaluate the contributing factors: she was a woman, and he a young man; she was a nurse, and he

demanded almost full care (regulation of hunger, satiety, etc.); he appealed for a particular relationship, and she was particularly touched by his history. However, she skillfully combined efficiency and love by establishing not only a formal bond (role performance, in which individuals are not chosen) but also a historical connection (which results from a particular story that was built at a particular time in life, in which, in a way, individuals are chosen and appreciated in their uniqueness). All of these components were vital to the success of the intervention.

Another nurse says,

The patient remained in my thoughts. I do not usually take anything home; I make a point to distance myself. I make sure I get out of here, and sometimes, I say to myself: "My God, I want to get out of here", stories, stories, stories, very heavy stories. (...) these are situations that, in fact, mark because they later are carried with us.

This nurse was attached to this patient and for this reason, took the patient to a more private space, an inner space. Being connected is also letting the other remain in myself. Or is this Other imposed by the appeal?



Figure 6. "Landscape with Bridge". Henri Rousseau, 1877

Bridges and paths open connections between what we are and what we do; between what we share and what we experience alone. We are connected in many ways, in each other's presence or at a distance. Rousseau, in one of his earliest known works, depicts this permanent connection. Although located in different places, the figures in this painting remain connected by different routes that intersect and take them to the same paths. The lived experience of love in the therapeutic relationship involves being connected.

LOVE MANIFESTS ITSELF AS LETTING THE OTHER EMERGE

A nurse recounts two distinct episodes. The first:

Not long ago, I attended a lady at my office. It was instant, I liked her. She didn't bring the child, she only came to ask for help because the baby was irritable, and I would see her as quickly as I could. It was

instantaneous. We understood each other quickly, I realized that I could help her, and she realized I was helping her.

This almost immediate affinity has most likely happened to us before. There is a channel that immediately opens and makes us feel connected to the other. The nurse speaks of an encounter between what the other needs and what we can provide. Nonetheless, is this connection necessary in a therapeutic relationship? Is it always spontaneous? We believe that it could be a facilitating but not a determining factor. Let us examine how the same nurse describes a situation in which the beginning was different from the episode that she described earlier.

There was a situation in which the connection was not so instantaneous. It was a woman I did not care for at all. She was inappropriate, awful ... I could not accept that, and it did not work. I remember sitting with her and thinking, "How am I going to like you? How am I going to like you?"

The nurse was in a difficult situation. She could not sympathize or bond with this woman to help her. There was an incognito ingredient missing that made her think "How am I going to like you?". The nurse felt she needed to connect with the patient to have a therapeutic relationship. In her words, she had to like her. This seemed to be the magic formula to get in the relationship: to like the patient.

However, how do we establish bonds with someone whom we do not like at first? Put differently, how can we connect with someone with whom we do not feel affinity if, in a dual relation, this connection must be open?

One day it happened. I am not here to pretend I am a good nurse or a good technician. I thought, "I don't like her", and I have to figure out how to like her, otherwise I'll have to reassign the case. (...) I have in my head that image, of being in front of her and thinking, "How am I going to like her? How am I going to like you to be able to help you?" And that was the question that unlocked me. The patient started talking about herself, and I began to understand that mistreated woman. Even to this day, when the patient goes to the unit, she looks for me and does not leave without giving me a hug. We created a bond that still last today.

The nurse actively sought a bridge that would allow her to create a bond with the patient. Otherwise, the relationship would be compromised. She was willing to get to know the patient better to find elements that would allow the construction of a bond. These ties were built to last. However, this bond was possible because the nurse allowed the patient to emerge. Her knowledge of the patient allowed the patient to emerge without fear of not being accepted. "Love

knows" (Marion, 2002b, p. 160). Love wants to know more; it wants to let one emerge. For Scheler, "love is always the awakening of knowledge and willing" (2012, p. 14). However, the condition that makes it possible to perceive the other and to let the other emerge is will. Therefore, the other is only felt or perceived as such if I want to feel him; the phenomenality of the other, to this extent, depends on my (good) will. The other is for me an end and not a means when I truly want him to be the other. Additionally, for the other to emerge or manifest, I will have to love him (Marion, 2002b). "Love knows (...) only love opens the knowledge of the other as such" (Marion, 2002b, p. 160). To let the other emerge is also to know him or, rather, to want to know him. This experience does not occur with everyone whom we care, but it can be cultivated. It occurs in a climate of authenticity and true interest because the responsibility for the other is a given responsibility and involves taking the place of the other without demanding reciprocity (Levinas, 1993).



Figure 7. "Portrait of a Lady in White (unfinished)". Gustav Klimt, 1917

This unfinished painting by Klimt inspires the enigma of knowing the other. The selection of this unfinished work is meant to show that knowing the other is not immediate. The features of the other, his history, and his dark and light side virtues and weaknesses are gradually unveiled as we contemplate them and let them emerge. Love in the therapeutic relationship manifests itself is manifested by letting the other appear to us or emerge with his full human potential.

LOVE MANIFESTS ITSELF AS HOSTING THE OTHER IN ONESELF

Taking care of the other is being for him and embracing him. It may occur when we are genuinely interested. However, what space does the other occupy when I host him? Although he is not present, he occupies our thought and unsettles us. To be occupied by the other is also to pre-occupy ourselves. That is, although he is not there, he is there, and with him in mind, for him, I develop strategies that contribute to his therapeutic goal. The word "preoccupied" comes from the Latin *praeoccupare*, "to be the first to occupy",

“seize”, and “invade”. Let us observe how a nurse, before occupying herself with a patient, was (pre)occupied:

I take care of a girl early in the morning because I know she can only come at this time. I have to move my whole family around because of this girl, because I have to leave earlier than usual. I could say, "I don't care if I am late!", but no, this girl has to be cared for in the morning, otherwise she gets disorganized, throws herself against the walls, and cries and bleeds because she is very autistic. Because of her, I have changed everything so that she does not suffer more than she has suffered in life. In this situation, there is not much more I can do for her, but the mother, despite having all the support possible, wants to continue to come, and this is one of those cases in which I know I have to mobilize everyone in my life to be on time. This is love, I guess, and nothing else.

By being preoccupied, we occupy ourselves and occupy the place of the other as we take care of him. To host the other in me is to (pre)occupy oneself. Let us imagine that we are visited by a guest. Whom are we hosting? The guest is someone to whom I temporarily dedicate myself and occupy myself with, giving my best. How do we host? With our good things. What do we offer to those whom we host? For example, the guest room. It is a somewhat neutral room, having nothing too personal or striking, because it belongs to visitors who stay there. Simultaneously, however, it is cozy, making the guests feel comfortable and accepted. The room typically has sheets and towels that are not used routinely; perhaps they are the embroidered types that we inherited from our grandmothers, or they are made of linen, those which we cherish so much. The guest room is a place reserved to host visitors the best way we can, which is perhaps why we tell guests to “feel at home”. There was prior preparation that went into the temporary occupation of this space, and this preparation was thought out; it originated from an idea that I cherished. In this sense, there was a previous occupation before the actual occupation—pre-occupation.



Figure 8. “A Hotel Room”. John Singer Sargent, 1907

This painting by Sargent reflects the act of hosting. The comfort and welcoming of the other implies a special care and preparation, and letting the other occupy the space with what he brings and wants to give us. It also implies an internal readjustment to be able to welcome again. To host the other in me preoccupies and occupies my thoughts at a certain time and in a certain space. Erich Fromm (2005) argues that knowledge without preoccupation is useless. Love holds a kind of deep knowledge, allowing us to decenter from ourselves to focus on the other, even if only in thought, hosting him inside of us.

LOVE MANIFESTS ITSELF AS A PATHIC EXPERIENCE

A nurse recounts an episode involving a female patient hospitalized with delusions of poisoning, and as the patient improved, she began to doubt her own beliefs:

One day, she stopped, looked at me, and asked me, "This does not make much sense for you, does it?" This was nothing new, it had already happened with patients, but it was the tone she used, the way she looked at me, her facial expression ... it is something that is felt but cannot be explained ... maybe if I were a plastic artist, I would be able to define this better, but I can't do it very well. At that point, more than ever before, I felt she had realized how I wanted to help her. This help was very affective, and I recount it this way because I felt it. It is difficult to translate this into words.

This nurse reported a "transformative experience" that seemed to have a major impact on the people involved and somehow changed the course of events. However, what occurred seems difficult to put into words, maybe not what occurred but how it occurred; what was felt and how it was felt. When recounting his experience, the nurse wished to know how to spell it. It is easier to describe an experience in a cognitive and objective dimension than to describe the pathic and subjective dimension because "we have an implicit felt understanding of ourselves in situations even though it is difficult sometimes to put that understanding into words" (van Manen, 2014, p. 269). Sometimes, we do not find the right terms to accurately express what we feel. In this respect, poets are privileged because they can capture the pathic dimension of life. van Manen (2014) discusses different types of pathic knowledge that are intimately correlated with our everyday lives and as we are in the world. These types include actional knowing (we discover that we know how to do as we perform, and this knowledge is also translated in a certain manner of doing something, leaving a personal touch in what we do like a fingerprint); situational knowing (what we capture from the milieu, for example, "to feel at home"; relational knowing (the relational atmosphere created and not always explained); and corporeal knowing (our body learns to move through the different spaces that we dwell). These different pathic modalities are present in our lives, and although they may be explained physiologically or psychologically, they cannot be explained by precise formulas, nor can they be predicted as in a cause-effect

relationship. In fact, unpredictability is a characteristic of these non-cognitive dimensions because we do not always have the same sensations under the same circumstances. There seems to be a disposition for certain things to happen to us in certain circumstances. The pathic dimension of life, always present in every gesture of existence, assaults us and astonishes us at every moment; perhaps for this reason, it is so difficult to bring it to language. However, that's the very challenge in the task of phenomenological research.

The nurse reports the signs of the patient, the intonation, the gaze, and facial expression. The physiognomy of love is a “language without words” (van Manen & Levering, 1996, p. 78). The physiognomy of the phenomenon is related to external and visible signs that convey a message. These experiences are difficult to name, and when they occur, we cannot ignore what hides the phenomenon, which inevitably leads us to question what we had taken-for granted until now (van Manen, 1999).

For us to be close to the people whom we care for and to understand their world, we must do precisely the opposite by resisting the temptation to name what comes to us, at the risk of attributing a meaning that is ours and not the other's. Approaching the world of the other depends on our ability to see, hear, smell, touch, and taste what comes to us. Stripped from what we think we know, we can touch the experience of the other.

The nurse told us that several other patients had already told him what that patient told him that day. However, this time, it was different. He had the sensitivity and the joy of recognition that specific situation. How? A situation that was already known to him and thus could reveal nothing new was recognized not by the familiarity but, rather, by the novelty. This nurse let herself to be surprised, seeing the unusual in the usual. Love knows and recognizes.

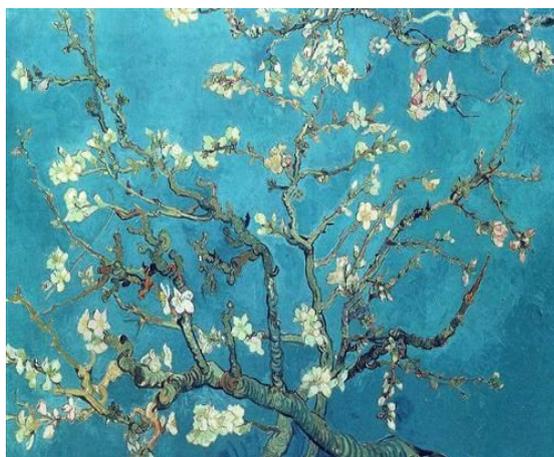


Figure 9. "Branches with Almond Blossom". Vincent van Gogh, 1890

This painting of almond trees in blossom was made by van Gogh for his brother, Theo, as a gift for the birth of van Gogh's nephew, Vincent Willem. Through this painting, van Gogh expressed his contentment not

only for the birth but also for being his nephew's godfather. He painted one of his favorite subjects, flowers against a blue sky. However, almond trees in blossom also have a meaning related to life and rebirth (van Gogh Museum, 2011). It most likely would not have been difficult for van Gogh to paint a more "thematic" image, bearing in mind the event and purpose. However, the elements of the painting, layer by layer, helped him express what he felt. Sensitivity is not palpable but, rather, it is intuited and captured with all of our senses. Love in the therapeutic relationship is manifested by this special sensitivity, which is an experience of the senses.

LOVE MANIFESTS ITSELF AS A PERSONAL COST

A nurse remembers a remarkable moment during a follow-up appointment to a patient, who was the mother of a 3-year-old boy with a rare syndrome.

There was a remarkable day; I remember that I became completely upset. That day, Tania told me everything, everything about the pregnancy and childbirth, a horrible thing, how did that woman experience that?... that woman gave everything of herself, and she cried, cried, cried ... and I was there watching as though she had just given birth to that baby ... it was so real; it was a very dramatic thing. But I felt that I was there for her, that I was there to endure it, and I did it!

The nurse reports a painful moment not only for the patient but also for herself. Suffering is not a passive movement in the sense that it is endured. Rather, it is an active movement intended to address our own essence (Lingis, 2006). This nurse followed the patient in her suffering, and she became emotionally involved but remained steadfast. The nurse actively endured the suffering that she saw and felt.

We could return to the question of sympathy because the nurse participated in the patient's feelings. However, is sympathy enough to attempt to understand what occurred in this case? Do we find a special virtue, compassion, in this interaction? We had seen before that sympathy is one of the levels of love. However, love dignifies the sense of sympathy. Sympathy alone does not determine a virtuous state. Let us consider the work of Comte-Sponville within these limits. What determines the value of sympathy is with whom you sympathize and, naturally, with what you sympathize. Sympathy is present in the virtues of compassion and love. We may have sympathy for a cause, but compassion is felt only for another being. In turn, compassion is sympathy or participation in the pain of the other (Lingis, 2006); compassion "it is the saddened love", according to Comte-Sponville (1999, p. 86). That is, sympathy for the suffering I see in the other is compassion itself. However, love is sympathy not only for suffering (compassion) but also for benign joy.

In this sense, love builds up and Kierkegaard (2009) enlightens the discussion. Love builds up but at a personal cost. "To build up means to

build from the ground up” (Kierkegaard, 2009, p. 201), which presupposes a good foundation for resisting adversities.

The power detained by those who edify could lead to situations of abuse or vainglory, but this is not possible in a situation in which love is manifested. On the contrary, despite being responsible, he/she is the one who serves and takes pleasure in it. In this sense, Levinas (1999) observed that we become hostages of the other. “The hostage is the one who is found responsible for what he has not done” (Levinas, 1999, p. 105). However, for May (1969), there is the power of choice, and its relation to determination is freedom. In a space of free will, we make ourselves hostages and build up, albeit at a personal cost.

“To love at all is to be vulnerable. Love anything and your heart will be wrung and possibly broken. If you want to make sure of keeping it intact you must give it to no one, not even an animal. Wrap it carefully round with hobbies and little luxuries; avoid all entanglements. Lock it up safe in the casket or coffin of your selfishness. But in that casket, safe, dark, motionless, airless, it will change. It will not be broken; it will become unbreakable, impenetrable, irredeemable” (Lewis, 1960, p. 95).



Figure 10. “The Nurse”. Edgar Degas, 1872

CONCLUSION

The objective of this study was to provide a possible understanding of a possible phenomenon experience of love by mental health nurses in the therapeutic relationship. Phenomenology of practice is a method of analyzing and being in the world, allowing us to access lived experience through *epoché* and *reduction*.

Love in nursing care is a driving force that compels us to do the best for the other, promoting the other’s highest value. The word “love” is polysemous, and its meanings may lead to different interpretations. Although love is ontological, there is some caution or even avoidance of its use in the professional setting. There are different types of love (*storge*,

eros, philea, and agape). As individuals, we move between these different meanings. In the therapeutic relationship love is a transformative element of the caring experience.

This study helped demystify stereotypes and triggered reflections on the everyday relationship in nursing. A practice based on reflection becomes significant and has an influence on the life of care providers and patients. Coexistence has gratifying consequences.

This phenomenological study increased the understanding of how love manifests itself in the therapeutic relationship by mental health nurses. This reflection allowed the definition of a set of themes on which the phenomenological text on the lived experience of love was elaborated. Therefore, love manifests itself in the following ways: by seeing the invisible; as the impossibility of non-action; as reassuring gestures; as "going the extra mile"; as being attuned; as being connected; as letting the other to emerge; as hosting the other in oneself; as a pathic experience; and as a personal cost. Although these themes were presented separately from one another to deepen the reflection on each, they are complementary and interconnected.

One of the basic assumptions in caring is the existence of love in the delivery of care. Through love, we humanize what we do and add to being. However, this understanding, as one of the pillars of a theory, must be broadened by future studies to improve the consistency of this philosophy. Phenomenology produces different understandings by means a radical reflection. Love, as analyzed in this study, is a simple manner of speaking of a complex interaction. Love in the therapeutic relationship in nursing is a reflection about us, about the way we are and which direction we want to go.

REFERÊNCIAS

Castledine, G. (2011). Love in nursing practice. *British Journal of Nursing*, 20(4), pp.263. <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=2010996111&lang=pt-br&site=ehost-live>.

Comte-Sponville, A. (1999). *Pequeno Tratado das Grandes Virtudes*. S. Paulo: Martins Fontes.

Eriksson, K. (2002). Caring Science in a New Key. *Nursing Science Quarterly* 15(61), pp. 61-65. doi: 10.1177/089431840201500110.

Fromm, E. (2005). *A arte de amar* (1ª reimpressão ed.). Cascais: Editora Pergaminho.

Grüdtner, D., Carraro, T., Sobrinho, S., Carvalho, A., & Campregher, G. (2010). O amor no cuidado de enfermagem. *Rev. enferm. UERJ*, 18(2), pp. 317-322. <http://www.facenf.uerj.br/v18n2/v18n2a25.pdf>.

Jacono, B. (1993). Caring is loving. *Journal of Advanced Nursing*, 18, pp. 192-194. <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=1993158690&lang=pt-br&site=ehost-live>

Kendrick, K. D., & Robinson, S. (2002). 'Tender Loving Care' as a relational ethic in nursing practice. *Nursing Ethics* 9(3), pp. 291-300. <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=2002130780&lang=pt-br&site=ehost-live>.

Lingis, A. (2006). Our uncertain compassion. *Janus Head*, 9(1), pp. 25-32. <http://www.janushead.org/9-1/Lingis.pdf>.

Marion, J.-L. (2002). *Being Given: Toward a phenomenology of givenness*. Stanford, CA: Stanford University Press.

Moseley, A. (24 de novembro de 2014). Philosophy of Love. Obtido de *The Internet Encyclopedia of Philosophy*: <http://www.iep.utm.edu/love/#SH1b>

Kierkegaard, S. (2009). *Works of love*. New York: Harper Perennial Modern Thought.

Levinas, E. (1993). *Outside the subject*. Stanford: Stanford University Press.

Levinas, E. (1999). *Alterity and Transcendence*. London: The Athlone Press.

Levinas, E. (2010). *Ética e infinito*. Lisboa: Edições 70.

Levinas, E. (2011). *Totalidade e Infinito: ensaio sobre a exterioridade* (3ª ed.). Lisboa: Edições 70.

Lewis, C. S. (1960). *The Four loves*. N.Y: Hacort. New York. USA: Hacort.

Lingis, A. (2006). Our uncertain compassion. *Janus Head*, 9(1), pp. 25-32. <http://www.janushead.org/9-1/Lingis.pdf>.

Marion, J.-L. (2002b). *Prolegomena to charity*. New York: Fordham University Press.

May, R. (1969). *Love and Will*. New York: W. W. Norton & Company.

Merleau-Ponty, M. (1964). *Signos*. Barcelona: Editorial Seix Barral.

Merleau-Ponty, M. (2004). *The world of perception*. London, UK: Routledge Taylor & Francis.

Merleau-Ponty, M. (2010). *Phenomenology of perception*. New York: Routledge Classics.

Paradiso-Michau, M. R. (2007). Ethical alterity and asymmetrical reciprocity: a levinasian reading of Works of Love. *Continental Philosophy Review* 40, pp. 331-347. doi:10.1007/s11007-006-9032-3.

Pereira, P., & Rebelo-Botelho, MA. (2014). "Qualidades pessoais do enfermeiro e relação terapêutica em saúde mental: Revisão sistemática da literatura". *Revista Pensar Enfermagem*.

Pereira, P.S. (2015) Phenomenology of practice: Research in nursing of lived experience. *Journal of Nursing UFPE on line*. 9(10), 9608-15. doi: 10.5205/reuol.7944-69460-1-SM.0910201525.

Ricouer, P. (2010). *Amor e justiça*. Lisboa: Edições 70.

Saint-Exupéry, A. (2005). *O príncipezinho* (24ª ed.). Barcarena: Editorial Presença.

Scheler, M. (2009). *The nature of sympathy*. New Jersey: Transaction Publishers.

Scheler, M. (2012). *Ordo amoris*. Covilhã: LusoSofia:press.

Stickley, T., & Freshwater. (2002). The art of loving and the therapeutic relationship. *Nursing Inquiry* (9) 4, pp. 250-256. <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=2003040119&lang=pt-br&site=ehost-live>.

Van Gogh Museum. (2011). *Obras-primas no Museu Van Gogh*. Amsterdam, Netherlands: Van Gogh Museum.

Van Manen, M. (1991). *The tact of teaching: the meaning of pedagogical thoughtfulness*. Ontario: The Althouse Press.

Van Manen, M., & Levering, B. (1996). *Childhood's secrets: Intimacy, privacy and the self considered*. New York, USA: Teachers College Press.

Van Manen, M. (1999). The pathic nature of inquiry and nursing. In I. Madjar, & J. Walton, *Nursing and the experience of illness* (pp. 17-35). London: Routledge.

Van Manen, M. (2014). *Phenomenology of practice: meaning - giving methods in phenomenological research and writing*. CA: Left Coast Press, Inc.

Watson, J. (2008). *Nursing: The philosophy of science and caring*. Colorado: University Press of Colorado.

LOVE AT THE CORE –
THE PHENOMENA OF
LOVE IN THE
THERAPEUTIC
RELATIONSHIP IN
NURSING