

Recognising and managing attraction within the counselling professions

**Good Practice in Action 119
Fact Sheet**

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Contents

Context	4
Using Fact Sheet resources	4
Introduction	5
1 What do we mean by attraction?	6
2 Signs of attraction in the therapeutic relationship	7
3 Attraction as a psychological process	8
4 Potential impact of attraction	10
5 Managing attraction	12
6 Using supervision	16
7 When attraction goes wrong	18
Conclusion	20
About the author	20
References	21

Context

This resource is one of a suite prepared by BACP to enable members to engage with the BACP *Ethical Framework for the Counselling Professions* in respect of recognising and managing attraction.

Using Fact Sheet resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. Resources are not contractually binding on members, but are intended to support practitioners by providing information, and offering questions and observations practitioners may need to ask themselves as they make ethical decisions within their practice in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consultation with a suitably qualified and experienced legal or other relevant practitioner.

In this resource, the terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

Introduction

We have known about attraction within therapy since Freud wrote about Anna O's obsession with his colleague Josef Breuer (Devereux, 2016). Feelings of attraction may be experienced solely by client or practitioner or there may be a two-way process occurring. Whilst attraction is natural and not uncommon in therapy (Giovazolias and Davis, 2001), managing it can be challenging, and mismanagement may have lasting consequences on the work and those involved.

This resource is intended as a brief introduction to identifying and managing attraction, with signposting for guidance and points for personal reflection. Areas of importance highlighted include recognising attraction, the vital role of supervision, barriers to disclosure, impact on client and practitioner, power dynamics, and practitioner safety. However, it cannot explore any area in full detail, so further research is required by practitioners wishing to know more about specific aspects of attraction.

Prescribed responses for use in practice are not offered. As with all relational phenomena, conditions surrounding attraction will contain components individual to that practitioner and client, and as such, the way it is addressed should be carefully reflected upon to consider these. Similarly, therapeutic modalities adopt different approaches to managing attraction; whilst this resource offers a broad overview, it is recommended you undertake further reflection to personalise your theoretical understanding of managing attraction.

Four scenarios are presented. For each, you are invited to consider questions such as: What warning signs might there have been? What might be the impact on client and practitioner? What could the practitioner usefully do next?

This resource should be read alongside the *Ethical framework for the counselling professions* (2018) and other Good Practice resources (www.bacp.co.uk/gpia). Ethical points raised may apply to practitioners, supervisors, trainees, trainers, coaches and service providers.

1 What do we mean by attraction?

Attraction exists on a spectrum and in this resource is used to indicate anything from low-level, non-sexual warmth through to romantic feelings and occasionally on to intense, reciprocated sexual responses.

Mild attraction might present as a feeling of admiration (physical or emotional), curiosity or warmth towards the other person. As attraction grows, we might find passing sexual thoughts, deeper feelings of connection, preoccupation or additional feelings of care and concern. At the extreme, we find intense longing, explicit sexual fantasy, yearning for touch, craving for a relationship and, occasionally, an acting on these desires. Through our commitment to the *Ethical Framework*, we agree that:

'We will not have sexual relationships with or behave sexually towards our clients, supervisees or trainees' (Good Practice point 34)

and that

'We will not exploit or abuse our clients in any way: financially, emotionally, physically, sexually or spiritually' (Good Practice point 35).

Attraction occurs across and between all genders, ages, sexualities (including asexuality), races and therapeutic roles.

Work between Aiden and his client Morag is going well. She is very engaged and holds eye contact increasingly well. In fact, lately, Aiden has realised, with some uneasiness that Morag often seems to gaze very warmly at him. Also, she frequently comments how well he 'gets her' and is asking more and more about his life outside work. At the end of today's session, Morag moves quickly to hug Aiden. He wonders whether he has neglected to consider that she could still be attracted to him even though she knows he is gay.

2 Signs of attraction in the therapeutic relationship

Although the following may arise for other reasons, clients might show attraction towards a practitioner through:

- increased or intense eye contact
- flirtatious body language
- compliments or admiration for the practitioner
- offering gifts.

Clients may only hint at attraction so even the most modest practitioner would be wise to consider the possibility of it.

Practitioners might show attraction to their client by:

- making more personal disclosures than usual
- extending boundaries
- treating the client differently to others
- increased involvement in a client's practical concerns
- offering gifts
- initiating physical contact
- taking more care with appearance when meeting this client
- prolonging the work to avoid ending
- beginning a sexual relationship.

Practitioners may also:

- think about the client warmly and more often
- be drawn to know more about the client's life
- experience sexual reactions to thoughts of the client
- talk more – or not at all – about the client in supervision.

Again, some of these behaviours arise for reasons other than attraction and may usefully inform the work in other respects.

Attraction can be similarly potent *without* a sexual component (Kirby, 2019). A sense of kinship through sexuality, social class, life experiences or just because you 'click' can evoke warm feelings of connection with the same potential for therapeutic disruption or usefulness as attraction including sexual desire. Most of us have at one time thought '*In another life we could be such good friends!*' but did we consider this in terms of attraction?

3 Attraction as a psychological process

Attraction in the therapy room exists across all approaches. However psychodynamic language around transference and countertransference remains prevalent in the literature on attraction, regardless of the therapeutic approach favoured. As such, these key terms are summarised below.

For those seeking more information on how transference and attraction sit within a Humanistic Relational Approach, see van Rijn and Lukac-Greenwood's 2020 text *Working with Sexual Attraction in Psychotherapy Practice and Supervision*, while *Sexual Attraction in Therapy* (Luca, 2014) offers chapters on attraction through the lens of ACT, CBT, integrative practice and more.

Attraction in therapy is often understood as a transference reaction; past patterns of relating playing out in current relational experiences. Transference may be especially prevalent where early attachment experiences were unsatisfying or conflicted (Devereux, 2016; Kirby, 2019).

A natural phenomenon, transference is not necessarily a sign of deeper relational issues, but for practitioners tussling with the question 'Is this real?', it is important to consider (Devereux, 2016). Transference is usually idealising at first, rather than erotic, making it a useful component in establishing a good therapeutic relationship.

When transference contains sexual elements, they may be further differentiated:

'Erotic' transference is usually positive transference with a sexual fantasy element to it, which clients understand is unrealistic and in the main, doesn't get in the way of therapy.

'Eroticised' transference takes the form of intense, overt demands for love and sexual fulfilment. The client doesn't use the session to search for insight but as an opportunity to be close to the practitioner (summarised from Ladson and Welton, 2007).

Reported by Devereux (2016), Adverse Idealising Transference (AIT) is a transference reaction that 'impacts on a person so that over a sustained period their ability to function in their usual way is adversely impaired'. These reactions are often idealised, not eroticised. Common impacts of AIT, reflected in section 4, include reduced interest in existing relationships, and feelings of shame, guilt or confusion.

For more information on AIT including practitioners' contribution and how to manage it, see the *Therapy Today* article *Transference, love and harm* (Devereux, 2016). See also Good Practice in Action 115: *Working with unhealthy dependency within the counselling professions* (in press).

Countertransference occurs when a practitioner transfers their feelings onto a client (often a response to transference). So erotic countertransference is likely to be a combination of a response to client projections and an expression of the practitioner's own inner world (Kirby, 2019). This can prove an intoxicating, intense or confusing experience, and may be especially difficult for student practitioners with less training or experience (Ladson and Welton, 2007).

Transference is not the only possible psychological process involving attraction. Freud saw transference as a resistance to treatment, a way to invalidate the practitioner's power (Devereux, 2016; van Rijn and Lukac-Greenwood, 2020).

Some see sexualised relationships as masking direct expression of other needs such as a need to avoid intimacy (Martin et al., 2010). For others, an erotic focus may be a 'here-and-now' desire to be regarded as lovable (van Rijn and Lukac-Greenwood, 2020).

Certainly, it is suggested that if you look at attraction, erotic or otherwise, purely as a process of the past, there is a risk of missing current relational patterns.

4 Potential impact of attraction

Unacknowledged or poorly managed attraction, whether felt by one or both parties, can impact the therapeutic work and relationship.

For example, the practitioner, finding it hard to simultaneously be part of the attraction dynamic *and* a therapeutic companion may feel:

- scared, unsettled, anxious, distracted, tense, shocked, disgusted, ashamed (and so potentially silenced)
- guilty or unprofessional for having (or 'encouraging') such feelings
- self-doubt – wondering 'good practitioners don't feel this way, do they?'
- they can't trust themselves asking 'What if I'm misinterpreting signs from the client?' or 'What if I can't handle it well enough?'
- a sense of danger being so close to feelings or impulses clearly linked with ideas of unethical behaviour (Luca, 2014)
- unbalanced/ungrounded; a gulf appearing between theoretical understanding and ability to think clearly in the moment
- ashamed or fearful of disclosing in supervision or to peers, especially if the practitioner is the one who is attracted. This fear might be even stronger in trainees, afraid of jeopardising their chances of qualification
- isolated; when unable to risk disclosure, they are left holding all the feelings
- exposed if own needs and vulnerabilities have been activated
- a heightened awareness of societal, cultural or religious issues which might colour the experience of attraction i.e. femininity vs the masculine gaze, or links between being an object of sexual attraction and getting paid.

Practitioners may begin to:

- steer the work away from areas involving attraction
- offer inhibited interventions
- nervously 'tighten the frame', becoming more formal or boundaried than usual, attempting to regain control or in response to feelings of risk
- treat this client differently by extending boundaries, such as social contact, gifts, special treatment, longer or more frequent sessions, not charging. See Good Practice in Action 110 and 111 *Boundaries within the counselling professions* for exploration of the importance of boundaries
- panic and not reflect on how best to handle the situation so end the work abruptly. Endings with clients for any reason must be thoroughly considered, managed carefully and if there are concerns, discussed in supervision.

We agree '*We will endeavour to inform clients well in advance of approaching endings and be sensitive to our client's expectations and concerns when we are approaching the end of our work together*' (Good Practice point 39). See also Good Practice in Action 072 *Unplanned endings within the counselling professions*.

However, the prospect of a client who wishes to 'end' may sometimes impact heavily on a practitioner. Here is an example:

Talia values her role in an NHS counselling service. She enjoys working with her client Jason, a friendly man of a similar age, finding it refreshing for a man to be so emotionally open! She increasingly seeks out places and things he has mentioned – films, music, restaurants – and relishes the feeling of connection this brings. As the therapy continues, Jason's issues resolve, and one day he brings up the topic of ending. Talia is aghast - 'I can't bear the thought of not seeing you again!' she cries.

The impact of unacknowledged or poorly managed attraction can affect clients who might feel:

- strongly influenced by the practitioner, or dependent on them
- less able to think autonomously
- a need to care for the practitioner
- disinterested in existing family/romantic relationships
- guilt, shame, confusion, disempowerment
- self-blame and objectification, especially if the attraction is acted upon

- unable to trust professionals, or themselves
- alive, thrilled or excited that a 'real' relationship may emerge
- unimportant - rejected by impulsively tightened boundaries
- panic that the relationship and work might end
- distressed if the work ends abruptly.

There may be occasions where attraction benefits the work and thus the client, though this is likely to be the result of careful management and collaboration. Increased feelings of care, investment and attentiveness to the therapeutic relationship (Luca, 2014; Giovazolias and Davis, 2001) with heightened awareness within interactions can potentially aid the therapeutic relationship (Luca, 2014). Sometimes there may be a positive impact on practitioners. Being the object of attraction can be a pleasant and validating feeling, perhaps boosting confidence or may be seen as a source of arousal and enjoyment. Practitioners report feeling alive, and more connected (Luca, 2014). Positive impact may be more prevalent where the practitioner has accepted and normalised feelings of attraction (Giovazolias and Davis, 2001).

5 Managing attraction

As the saying goes, 'prevention is better than cure', and there is much that practitioners can do to ensure experiences of attraction are managed ethically.

Withdrawal from engaging with attraction is often rationalised: 'I am being professional' or 'I'm saving embarrassment'. This may stem from hoping to avoid client anger or disappointment (Martin et al., 2010), or the wish that it would all just go away (Martin et al., 2011). This goes against *Ethical Framework* Good Practice point 7 of '*make[ing] each client the primary focus of our attention ...*', and the personal moral qualities of *self-respect, resilience and courage*.

Most boundary crossing emerges due to practitioner rationalisations and personal development factors (van Rijn and Lukac-Greenwood, 2020) so be alert to what may be hidden and check for barriers to self-awareness. For example:

Rationalisation – 'I won't let it go any further, but they really need that bit more from me right now'

Self-judgment – 'I must have led them on, this is all my fault'

Assumption – 'Well I don't have to worry about all this, no-one would fancy *me!*'

Practitioners might reflect on their own desires and prejudices around gender and sexuality, encouraging a fluidity of self (van Rijn and Lukac-Greenwood, 2020). The ways we have come to love who (and how) we do will inevitably shape our responses to others. Inability to see ourselves as sexual beings might lead to dismissal of a client's attraction and the loss of a potentially rich avenue of exploration.

The practitioner's personal or romantic context might influence their investment in an attraction, so they are advised to reflect on that (Luca, 2014).

With our personal, professional and sexual selves more integrated, we may be better able to normalise attraction within therapy. When comfortable with our identity, we can react less defensively when aspects of that are challenged. Attraction is natural (Martin et al., 2011); the real work is in the meaning of, and response to, the feelings (Martin et al., 2010).

Self-care remains central to effective practice (*Ethical Framework* principle of self-respect, commitment 2c, Good Practice point 91; Good Practice in Action 088 *Self-care for the counselling professions*). van Rijn and Lukac-Greenwood (2020) view personal distress and burnout as leading to reduced competency and integration, and increased vulnerability, meaning higher risk of ethical breaches. Furthermore, they 'wonder about the difference between therapists who might act as predators and those who are fallible, perhaps without enough training, supervision, or ethical structure.'

Isolated practitioners in personal distress are the most likely to break boundaries (van Rijn and Lukac-Greenwood, 2020), so good support networks are invaluable. Section 6 discusses the role of supervision, but beyond that, attention must be paid to nurturing fulfilling personal relationships (see Good Practice, point 91) and supportive professional ones, an invaluable source of support if difficulties arise (Martin et al., 2010; Luca, 2014).

Good knowledge of the *Ethical Framework* will help you more naturally hold boundaries when challenged in the moment. Practitioners should develop a robust knowledge of ethical decision-making processes (*Ethical Framework* Good Practice points 93, 94). You may find the 'What if?' questions in Good Practice in Action 044 *Ethical decision making in the context of the counselling professions* helpful and the resources on BACP's *Ethics Hub*. Familiarity with ethical thinking provides solid ground when we feel unsettled.

It has been suggested that there is a lack of attention paid by training courses to working with attraction (Luca, 2014), possibly leading to a sense of unfamiliarity and panic should the issue arise in therapeutic practice.

Student practitioners accessing this resource might encourage training providers to offer workshops or modules on the topic to pre-empt some of the issues discussed here. If this is not possible, or for qualified practitioners, engaging with the topic through CPD, reading, peer discussion or self-reflection will help ground your response should attraction arise in your practice (Kirby, 2019).

Different theoretical approaches encourage different levels of engagement with attraction (Luca, 2014). For example, a CBT practitioner may have a very different theoretical response to attraction than a psychoanalyst. Further reading on the approach you practise will help ground you in response to attraction. Different theoretical approaches to attraction are discussed in *Sexual Attraction in Therapy* (Luca, 2014) which reminds us that managing attraction need not be a one-off, it can unfold as a process over time.

The type of challenges to be reflected upon may differ depending on the context (van Rijn and Lukac-Greenwood, 2020), for example whether the attraction is mutual, or felt only by client or practitioner.

Reflection might start by gently wondering 'What is going on here?' (Martin et al., 2010); noting uncomfortable responses to the client, emerging feelings, exploration on how it fits/fights with your sense of self and acknowledgement of needs and desires. We might ask 'Did it arise from my personal context, the client's relational issues or transference reaction, or has it emerged from what was created in the therapeutic relationship?' (Luca, 2014).

Try to pinpoint and understand fears or resistance, rather than intellectualising the attraction, becoming more authoritarian or retreating behind professional boundaries (Luca, 2014). Utilise the *Ethical Framework* personal moral qualities of *courage*, *wisdom* and *resilience*. Personal therapy may also help.

With attraction acknowledged and appraised, it may be easier to assess manageability. The approach to managing a warm feeling of appreciation of a practitioner for their client, for example, would not be the same as managing a severe sexual preoccupation (Luca, 2014) when fitness to practise would be very relevant to consider (see Good Practice in Action 078 *Fitness to practise in the counselling professions*).

It should be expected some level of attraction will be experienced at some point in our career. Key to acknowledging attraction is normalisation which can reduce shame (so often a barrier to disclosing certain feelings in supervision). But a major issue seems to be the idea we 'shouldn't feel this way'. It is suggested practitioners facing issues of attraction focus less on what we 'should' be like and more on what we 'are' like (van Rijn and Lukac-Greenwood, 2020).

The aim isn't to eliminate it but instead to 'focus on managing sexual attraction in ways likely to reduce or eliminate inappropriate or unethical therapist behaviours' (Luca, 2014). It is helpful to retain the idea that if a boundary is crossed, timely action can be taken to prevent it from being *broken*.

The majority of clients will only hint at attraction (Kirby, 2019), so it is down to the practitioner to manage the impact of attraction on the relationship and help clients to manage their feelings. Supervision and reflection will help formulate a plan.

What feels an appropriate way to engage with attraction may be dictated by how manageable the attraction feels. It may also be influenced by its intensity, and by personal characteristics of the client and practitioner such as acknowledged issues with self-control or a tendency towards emotional instability (which may make management harder).

Ways to manage attraction when with the client may include:

- acknowledgement to self
- noting its characteristics and impact
- strengthening of self-control
- gently reinforcing boundaries in a tentative, non-rejecting way to maintain relationship structure while retaining the safety and openness of the therapeutic space
- inviting collaboration rather than imposing meaning – 'It feels like the relationship is shifting, what do you think?' rather than 'You're getting too close to me!'
- managing outward displays of discomfort, distaste, or anxiety
- temporarily shutting it off/compartmentalising where necessary
- ensuring consistent behaviour towards this client compared with others
- not steering discussion away from topics of attraction.

Disclosure must be very carefully thought out and reflected upon in supervision (*Ethical Framework* Good Practice points 60, 93). If disclosure is agreed, it must be done appropriately, with the client's needs and best interests at heart (Giovazolias and Davis, 2001; Luca, 2014; *Ethical Framework* Commitment 1, Good Practice points 7, 8).

Practitioner disclosure must be accompanied by a clear therapeutic rationale, such as modelling genuineness or the idea that feelings do not always require action (Giovazolias and Davis, 2001). Also, see Good Practice in Action 117 *Self disclosure within the counselling professions*.

6 Using supervision

Experiences of attraction in therapy can leave practitioners feeling unsettled, anxious or embarrassed, and once noted or suspected, should be taken to supervision which may provide invaluable support (Kirby, 2019).

Supervision is a source of learning, modelling and exploration (van Rijn and Lukac-Greenwood, 2020; Good Practice point 63) but supervisees may still fear judgment, shame and possibly being reported to a regulatory body (Giovazolias and Davis, 2001), especially if still in training or early in their career.

Research on attraction speaks of the 'gulf' between knowledge, intent and practice (van Rijn and Lukac-Greenwood, 2020); supervision provides a safe space to work on integrating those strands, though it may take the personal moral qualities of *courage* and *care* for both parties to discuss it openly.

Supervision can help untangle fear, anxiety and personal, cultural or religious issues from potentially useful experiencing. It can help define or reinforce boundaries kindly, without leaving the client feeling rejected or hopeful of more.

It can also help supervisees – and eventually clients – understand the difference between 'having erotic and loving feelings and putting those into inappropriate action' (van Rijn and Lukac-Greenwood, 2020); also between a therapeutic versus non-therapeutic response.

Supervisors must work to create a space where frank discussion is welcome (van Rijn and Lukac-Greenwood, 2020) and in which they are felt to be trustworthy, open minded and able to provide good advice (Luca, 2014).

Attraction often exists just outside awareness, so supervisors are well placed to notice signs such as:

- avoidance of the topic or client
- changes to body language when speaking about the client
- fascination or warmth for the client which is attributed to another reason
- boundary extensions or tightening.

Practitioners may need to bring attraction to the fore with clients, so supervisors must be willing to 'raise the subject of the erotic' (van Rijn and Lukac-Greenwood, 2020).

Reflecting on attraction, supervisors must allow space for supervisees to find their own meaning for what is developing, holding an exploratory stance, without taking attraction between practitioner and client as an absolute (Luca, 2014).

Supervisors can allow parallel process or countertransference reactions to develop and be explored, forming useful material for supervisees to draw out their feelings.

In working openly with attraction and parallel process, supervisors can expect to contact their own feelings, experiences and fears. Therefore, the same attendance to self-awareness and reflection is recommended for supervisors (Good Practice points 62, 63). This might include being aware of their own sexual preferences, experiences or fears (van Rijn and Lukac-Greenwood, 2020), being able to get uncomfortable and stay grounded, maintaining boundaries and ensuring a secure space (Martin et al., 2010). Potentially personally exposing work (van Rijn and Lukac-Greenwood, 2020), this is important for modelling.

Finally, supervisors should take care to avoid collusion and consider the context of their work with attraction; they may ask 'What is influencing the meaning we are co-creating about the attraction?'. van Rijn and Lukac-Greenwood (2020) wonder whether power plays are sometimes missed. Can we too readily concur with messages that fit our own experience? For example, a female supervisor might agree with a female supervisee's view of her male client's 'gaze'.

What difference might, let's say, race, gender, religion, disability, sexuality or age have made to any created meaning?

Attraction can also happen within the supervisory relationship and is another reason why 'supervision of supervision' is vital (Good Practice point 62) as shown here:

An experienced supervisor, Theo feels immediately drawn to Mark, a qualified practitioner who has contacted him for supervision. Mark has a keen sense of humour, and a way of expressing himself that Theo enjoys. In turn, Mark is delighted to find a peer who 'gets him' so easily, and values Theo's gentle wisdom and sharp observations. Sessions feel increasingly warmer, though remain therapeutically rich. Latterly, after discussions around client work have ended, they have begun to move the conversation along more personal lines, finding out that each like to socialise in the gay bar round the corner. Late one afternoon, both reluctant to let their connection go they decide to visit the bar together.

7 When attraction goes wrong

Despite the measures above and our ethical obligation to good practice, sometimes attempts at managing attraction fail and a boundary is crossed (perhaps by extending session length or offering special treatment). In other situations, there may have been no attempt to manage it and a practitioner seriously breaks an ethical boundary (perhaps engaging in a romantic or sexual relationship with a client).

We have a duty of candour to acknowledge hurt or harm, to demonstrate learning and to undertake reparation work where appropriate (see *Ethical Framework* Good Practice points 50-54 and Good Practice in Action 073 and 113, *Accountability and candour within the counselling professions*). Here is an example:

Paul, a counselling service lead, is aware of his attraction towards Min-ji, a placement student, and takes the subject to supervision regularly. Last week, Min-ji asked Paul if he liked her new haircut. Paul's unthinking response that she looked 'gorgeous' seemed to startle her, and she was uncharacteristically subdued for the rest of the afternoon. Paul, aware of the power imbalances and ethics at stake, wonders how he might try to repair things with Min-ji and what he might do differently in future.

While most practitioners want to do good (and avoid harm), in some cases, practitioners use transference and attraction for their own gains (Devereux, 2016). Some may act in an opportunistic manner, not setting out to gain but taking advantage when the occasion arises (perhaps because of poor professional boundaries, relational difficulties, isolation or narcissistic traits).

With our commitment to keeping client wellbeing at the heart of practice (Good Practice point 7, commitment 2) becoming aware of such behaviour in another practitioner, may result in the need to inform a regulatory body or other authority.

Whistleblowing can be a stressful experience and initiating formal proceedings requires a judgment call, so van Rijn and Lukac-Greenwood (2020) urge us to 'pay attention to the space before' where risk of unethical behaviour may begin to emerge.

Discussions with BACP ethics officers and your supervisor, plus consulting Good Practice in Action 044 *Ethical decision making in the context of the counselling professions*, are all likely to help you decide what action to take. Further information on whistleblowing can be found Good Practice in Action resources 078 and 094 *Fitness to practise in the counselling professions*. See also *Ethical Framework* Good Practice point 11.

If a client has concerns about a practitioner's behaviour, they can access the BACP guidance service *Ask Kathleen*. They may also benefit from the BACP information sheet '*What happens when therapy goes wrong?*' (www.bacp.co.uk/media/8275/bacp-when-therapy-goes-wrong-client-information-sheet-april-2020.pdf).

Some clients feel sufficiently impacted by their experience to make a formal complaint, triggering the *Professional Conduct Procedure*. While this may be a distressing process, BACP provides resources to inform and support members in this, including the *Ethics Hub*, and FAQ information sheet *What if a complaint is made against you?* It is also recommended the practitioner access support via supervision and personal therapy and that they contact their insurer.

Supervisors can access the Ethics Consultant service for supervisors (www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/supervisor-support-blog/ethics-consultancy-for-supervisors/).

Occasionally, attraction leads to a client (or ex-client) behaving in a way that presents a risk to the practitioner's safety (see Good Practice in Action 106 *Lone working in the context of the counselling professions* and at www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/lone-working-guide).

But what about attraction to clients with whom we have finished working? Conflicts of interest and issues of dependence or power imbalance may remain. The *Ethical Framework* recommends we '*avoid continuing or resuming any relationship with former clients that could harm the client or damage any benefits from the therapeutic work undertaken*' (Good Practice point 37). Should a practitioner intend proceeding with a relationship, it must be carefully discussed in supervision and if appropriate in personal therapy to ensure the continuing integrity of the counselling professions (see also Good Practice in Action 077 *Dual roles within the counselling professions*).

Conclusion

'Everything that has the power to heal has the power to harm'
(Geraghty, 2016).

Attraction is natural and can deepen the work we undertake with clients. But to do this it must be handled ethically, bravely and openly.

Though fear of complaint or judgment is a common practitioner response to attraction, van Rijn and Lukac-Greenwood (2020) urge us not to let the fact that abuse happens limit or define sex in therapy. Only by separating sexual attraction from sexual action (Luca, 2014), making use of support networks and ensuring we explore our own relationships to attraction, sexual or otherwise, can we offer clients a unique space to explore this most human part of themselves.

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