Sexual Attraction in the Therapeutic Relationship

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by Steven M. Harris, PhD

Jim apprehensively enters his therapy session. Before his therapist is even able to ask, "How has your week been?" he declares to her that he doesn't think he can continue to meet with her. Surprised by this declaration, she asks, "Why?" He responds, "I think I'm becoming attracted to you."

Sexual attraction in therapy is one of the most underrepresented topics in the training of marriage and family therapists (MFTs). Clinical members of the American Association for Marriage and Family Therapy (AAMFT), and psychology researchers alike agree that training in this area is minimal to non-existent (Nickell, Hecker, Ray, & Bercik, 1995; Pope, Sonne, Holroyd, 1993). Typically, MFTs who manage to acquire training in this area do so not through planned curriculum, but through a more immediate and experiential way; they find themselves either attracted to a client or a client attracted to them. Experiencing attraction to or from a client is often a mixed emotional experience that brings with it the threat of ethical dilemmas. Therapists typically feel a mix of the following emotions in response to clients' disclosure of attraction; cautious, anxious, respectful, uncomfortable, self-conscious, nervous, and even flattered (Harris, 1998).

A recent survey of MFT students yielded some interesting findings regarding sexual attraction in therapy (Harris, 1998). Twenty-seven of the 43 accredited Master's degree granting programs in the United States elected to participate in this study. Of the 27 programs 17 returned a total of 207 completed surveys. Therapists-in-training were asked questions regarding their beliefs about sexual attraction in therapy and how they believed they would react to a client's disclosure of attraction. The majority of these therapists disagreed with or were unsure of how they felt in response to the statement, "I feel comfortable sitting with a client to whom I am attracted" (81 percent). Eighty-six percent disagreed with or were unsure of how they felt in response to the statement, "I feel comfortable dealing with a client who is attracted to me." These and other statistics from this study make it clear that therapists-in-training do not have a solid model with which to conceptualize the phenomenon of sexual attraction in therapy. For example, no consensus was reached when MFT students were asked if they could be attracted to a client without it affecting therapy (38 percent disagreed, 38 percent agreed, and 23 percent undecided). Similarly, no clear consensus was reached when asked if talking with the client about being attracted to the client does more damage than good to the therapeutic relationship (29 percent disagree, 45 percent agree, and 26 percent undecided). A final result helps to further underscore the confusion about sexual attraction in therapy. A majority of the sample (65 percent) reported that if they were attracted to a client, they would make sure it doesn't affect therapy.

The minimal amount of training therapists receive regarding sexual attraction in therapy may be inversely proportional to the amount of media coverage on therapists who have had sexual relations with their clients. Monthly, any one of the TV news magazines runs a story on some therapist, or other professional, having sexual relations with his/her clients. Even *Family Therapy News* reports the names of individuals who have been suspended from clinical membership in AAMFT due to ethical violations.

One of the most common ethical violations is principle 1.2 of the *Code of Ethics*. This code specifically emphasizes the power of the therapist in relation to that of clients, with particular detail given to "dual relationships." Furthermore, the language used to illustrate a dual relationship specifically mentions sexual intimacy between therapist and client. Despite the fact that these announcements do not detail the specific unethical behavior of the therapists involved, it is easy to think that yet another therapist is having sex with clients.

In an effort to move from sensational news about therapists having sex with their clients, efforts aimed at training and education may help those therapists who become sexually attracted discuss their reactions with supervisors, colleagues, and in some instances, even the clients themselves. Talking about sexual attraction in therapy and developing an understanding of the contextual factors that promote sexual attraction in therapy may eventually prevent some therapists from acting unethically.

Context of Therapy

It is not uncommon for a therapist to be encouraged to "join" with a client so that future therapeutic interventions will be successful. In fact, most theories of family therapy stress the importance of joining above all other therapist actions. Given this emphasis, it is surprising that we shy away from conversations of sexual attraction in therapy. It could be argued that the line between sexual attraction and joining is relatively fine, easily crossed, and potentially present with all of our clients. Research on mate selection supports this argument. From this body of literature we learn that people "get together" as couples and mates, in part, due to the presence of the following factors (Adams, 1979):

Proximity
Shared Values and Goals
Physical Attraction
Social/Cultural Expectations

All of these factors, to some degree, are present in the therapeutic relationship. Certainly, there is proximity. Additionally, a therapist and client share the value of therapy and work together toward common goals. Physical attraction may or may not be present in therapy. However, where attraction exists or even when two people interact, there is the potential for attractive qualities to emerge as intimacy grows. Finally, social and cultural mores influence our expectations of finding and even desiring intimacy with one person in a committed relationship. At the process level, the therapeutic relationship resembles a committed relationship. Given the fact that these mate selection factors exist within a therapeutic relationship, it is easy to understand how intimate and sometimes romantic relationships could develop and grow in therapy.

Perhaps the biggest problem with sexual attraction in therapy is that no one discusses it as something that could easily develop through the course of "good" therapy. We don't really consider that, on the process level, the therapeutic relationship is a kind of mate selection template. The characteristics of a good therapeutic relationship are similar to those of close relationships documented in the mate selection literature. Despite this, there are obvious differences. The typical mate selection scenario includes the potential for increased commitment and physical intimacy within the relationship, whereas in therapy, ethical and moral boundaries are placed upon the therapist's behavior to restrict the expression of this connection.

When we don't discuss sexual attraction and it does happen, it leaves the therapist in an uncomfortable position. Thoughts such as, "this shouldn't be happening, I could never tell anyone about this, or my supervisor will think that I wanted it to happen" are common. Clients may be in an even more difficult position. They do not have the luxury of going to a supervisor or colleague to process their struggle with being attracted to their therapist, or to deal with their therapist's attraction toward them. If we, as a discipline, could normalize the fact that sexual attraction occurs in therapy, and that attraction is different than sexual contact, we may begin addressing the ethical dilemmas more openly. When we don't discuss attraction we implicitly underscore, and maybe even reinforce, the idea that experiencing sexual feelings in therapy is unethical.

How Do I Know If Sexual Attraction Is Involved In My Therapy?

Supervisors and clinicians should be aware of some of the warning signs that may indicate that sexual attraction could be affecting therapy. In their book(1993), *Sexual Feelings in Psychotherapy: Explorations for*

Therapists and Therapists-in-Training, psychologists Kenneth Pope, Janet Sonne, and Jean Holroyd offer the following indicators that sexual attraction between therapist and client may be occurring:

Dehumanization of the client: "I'm treating this Borderline who..."
Dehumanization of the therapist: Excessive use of jargon by therapist, being emotionally detached with the client
Avoidance: Blowing off appointments
Obsession with a client
Slips of the tongue or other meaningful mistakes
Fantasies about a client during sexual activities
Undue special treatment of a client: Bringing gifts
Isolating the client: "I'm the only one you can trust" or splitting up a couple to meet with an individual exclusively
Isolation of the therapist: Cutting off from colleagues
Creating a secret with the client: "You should only disclose to me, no one else can really understand the way I do."
Excessive use of supervision for the same problem: Therapist fails to implement suggestions despite repeated efforts to acquire supervision

Existence of the above indicators does not necessarily guarantee that sexual attraction is affecting therapy. The indicators should be regarded as signals that "something" could be affecting therapy and that sexual attraction is a likely candidate.

Supervisors and colleagues who notice the indicators should be willing to open up a discussion so that the therapist involved can have a forum in which to discuss client progress, personal reactions to therapy, and the therapeutic relationship. Supervision should be the safest place to discuss feelings of sexual attraction between a client and therapist or vice versa. Anecdotal accounts of these supervisory conversations indicate that talking about the attraction somehow takes the mystery and fantasy out of the situation while restoring a degree of grounding to the therapist (Harris, 1998).

When all is said and done we need to realize that we are humans first and therapists, second or third. As human (sexual) beings, we have strong emotional reactions when people are attracted to us, or when we become attracted to others. Being family therapists does not make us exempt from these biologically rooted feelings. Furthermore, making appropriate ethical decisions in relation to these feelings may be the difference between providing a valuable therapeutic moment, or violating the trust of our clients.

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