

You're Attracted to Your Therapist: What Now?

How to maintain healthy boundaries.

By [Ruben Castaneda](#), Staff Writer | May 24, 2017, at 12:29 p.m.



Romantic relationships or friendships between therapists and clients could cause great harm to the latter because of the inherent power imbalance. (GETTY IMAGES)

What should you do if you're attracted to your [therapist](#)? Suppose you hit it off with him or her and start believing you can be buddies outside the therapeutic setting? Or become overly emotionally dependent on your psychotherapist or psychiatrist?

Hollywood has exploited the narrative of the [anxious patient](#) who becomes too attached to his or her therapist to great dramatic and comedic effect. For example, in one episode of the award-winning HBO mafia drama "The Sopranos," mobster Tony Soprano, played by James Gandolfini, makes a romantic overture to his psychiatrist, Jennifer Melfi, portrayed by Lorraine Bracco. Melfi turns him down, and Soprano swears and storms out of her office. In the 1991 movie "What About Bob?" Bill Murray plays the title character, who follows his psychoanalyst, Leo Marvin, played by Richard Dreyfuss, to the therapist's New Hampshire

country house. The good-natured Bob, who suffers from a tangle of [phobias](#), ingratiates himself with Marvin's kids, infuriating the therapist.

Ripe for Infatuation

Those stories were fictional, but the issue of some patients becoming infatuated with, too friendly or emotionally dependent on their therapist is very real. It's easy to see why some [patients develop romantic feelings for their therapist](#) or long for a friendship with him or her, says [Jonathan Alpert](#), a psychotherapist in New York City. "It's an attractive dynamic for the patient," he says. "Usually the therapist is someone you trust, a person in a position of authority who's a good listener and is empathetic – all the qualities you'd ideally want in a partner or a friend. A good therapist listens as patients divulge personal intimate details of their life they may not have told anyone, and is nonjudgmental. The situation's ripe for infatuation." The fact that the therapist is trying to help the patient heal from emotional wounds or gain insights that will help him or her have a better life is also attractive, says [April Masini](#), who dispenses relationship advice on her online "Ask April" advice forum at www.askapril.com.

Alpert says he doesn't think any of his patients have developed romantic feelings for him, though a few have engaged in playful banter that wasn't serious flirting. [Melissa Scharf](#), a therapist/family specialist at Sober College, a substance abuse rehabilitation facility for young adults in San Diego and Woodland Hills, California, says some of her clients have been upfront about developing feelings for her. Scharf, 30, began counseling at Sober College when she was 25, not much older than the people she was counseling. "There were several occasions where a male patient brought up their feelings for me," she says. "We talked through it." With these patients, Scharf says she discussed her role as a clinician, reminding them it was her job to try to help them gain insights into themselves, heal emotional wounds and provide tools to assist in their recovery from alcohol and drugs.

'Similar to Stalking'

Though she hasn't had a patient become infatuated with her, Anita Gadhia-Smith, a psychotherapist who practices in the District of Columbia and suburban Maryland, did have a patient who wanted to befriend her. Gadhia-Smith is openly in recovery from [drug addiction](#) and attends 12-step [support group](#) meetings. The patient "started showing up at social events I went to and making friends with friends of mine in the [12-step] program. She wanted to get into my inner world," Gadhia-Smith says.

The patient had borderline personality disorder, a serious [mental disorder](#) "marked by a pattern of ongoing instability in moods, self-image and functioning," according to the National Institute of Mental Health. People with the disorder often engage in impulsive actions and unstable relationships and could experience [intense episodes of anger](#), depression and anxiety. "It felt similar to stalking," Gadhia-Smith recalls. Eventually, the patient backed off, ended therapy and moved out of town, she says.

The American Psychological Association's ethical principles and code of conduct strongly discourages psychologists from having a relationship with a patient outside of therapy. The code states that psychologists should refrain from participating in another kind of relationship with the patient or someone close to the client "if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person whom the professional relationship exists."

Romantic relationships or friendships between therapists and clients could cause great harm to the latter because of the inherent power imbalance, Alpert says. Patients often view their therapists as both an authority figure and an empathetic healer. If something were to go wrong in a relationship outside the therapeutic setting, the patient's trust could be broken, causing immense psychological harm.

Maintaining a healthy relationship with your therapist can be challenging. Ideally, the connection is intimate and trusting, Gadhia-Smith says. At the same time, it's a business arrangement between a patient and a clinician, not a personal bond. If you're seeing a therapist, experts suggest these strategies to maintain a healthy relationship with him or her:

Be completely honest and transparent. If you start developing feelings for your therapist, tell him or her about it. "Be honest with yourself and with your therapist," Scharf says. "Your therapist could talk those feelings through with you, what they mean and how to manage them. In talking it through, your therapist may help you realize you have a pattern of becoming attached to unrealistic potential partners."

The same principle applies to other strong emotions, like anger, Gadhia-Smith says. "Whether a patient develops erotic feelings or deep anger toward the therapist, it's important to talk about and process them together," she says. "Either way, there's something going on [with the patient] clinically that needs to be processed. These may be difficult conversations, but they can be fruitful and lead to breakthroughs if you hang in there."

Ask for a treatment plan, and stick to it. Such a regimen would be a kind of contract detailing such things as when your session will begin and end, when your payment is due, the cancellation policy and under what circumstances you can contact your therapist outside of your normal meeting time. "All of these are boundaries that have to be adhered to," Gadhia-Smith says. Following the treatment plan will help keep your relationship with your therapist healthy and professional.

Do a reality check. Remember the primary reason you started to see your therapist. It wasn't to meet someone to date or make new friends. People start seeing a therapist for a wide array of reasons, from feeling stuck in their personal life to grappling with a major medical issue, such as depression, [cancer](#), [alcoholism](#) and [addiction](#). "Remember, your therapist is not your friend or even your priest, but a health provider," Alpert says.