Attraction in the therapeutic relationship: Female and male perspectives through the Five-Stage model of Positive Psychotherapy



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Abstract

A therapist's attraction to the client is a rarely discussed but clinically significant phenomenon. While the client's erotic transference is well conceptualized in the psychodynamic literature, the therapist's own countertransference experiences often remain on the periphery of scholarly interest. In this practice-oriented article, by using the theoretical framework of the Five-Stage Model and the Balance Model of Positive Psychotherapy (Peseschkian, 1987), developed by Nosrat Peseschkian, we examine the attraction a female therapist feels toward a male client, as well as the attraction a male therapist feels toward a female client. Through the metaphor of psychotherapy as a cross-cultural situation, attraction is conceptualized and examined as a meaningful signal within the dynamics of actual conflicts and capacities, rather than as an automatic ethical failure. Special attention is given to the transition from primary capacities (such as love and trust) to secondary capacities (such as precision and propriety) in the context of professional boundaries. The therapist's attraction to the client can be an indispensable source of information in the therapeutic process. By examining the therapeutic experiences of male and female therapists and drawing parallels in similar cases, we aim to present not merely a dry and superficial symptom or final outcome, but tools with which, regardless of gender, every therapist can navigate such a situation.

This dual-perspective analysis aims not only to highlight the differences between the female and male perspectives but also to identify the points of convergence where attraction becomes a meaningful tool for understanding and working together, rather than being perceived as a risk or a deviation, i.e., regardless of the therapist's gender, attraction can be conceptualized as a resource.

Keywords: countertransference, therapeutic, attraction, female and male perspectives, balance model, professional boundaries, Positive Psychotherapy, actual capabilities

Introduction

Sometimes it doesn't start as an attraction.
It starts as interest.
Then, as liking.
Then, as a slight anticipation of the session.

Sometimes attraction just happens. And it changes the way we listen.

When the therapist is a woman, and the client is a man, this subtle dynamic can become particularly delicate. It raises questions that go beyond traditional notions of professionalism and enter the realm of deep human experience

and behavior. In this space, attraction is not merely a personal feeling, but a process in which internal patterns, expectations, and unspoken needs intersect. It is precisely here that the therapist's role is not to suppress the experience, but to recognize, interpret, and transform it.

In Positive Psychotherapy (PPT), we approach countertransference experiences not as an obstacle, but as a valuable diagnostic tool. Instead of starting with the questions - Is this good?, or - Is this right?, we direct our attention elsewhere:

- What significance does this experience hold at this very moment?
- What does it reveal about the actual and potential (unconscious) capacities of the therapist and the client?
- What capacity for connection is activated within this relationship?

In male therapists, this dynamic often manifests more directly as a bodily impulse that may arise suddenly and spontaneously in response to visual or sensory stimuli, and may take the therapist himself by surprise (Hamann et al., 2004). Such impulses arise spontaneously and unexpectedly. They may manifest as a need to approach, embrace, protect, or even merge.

Within the framework of Positive Psychotherapy, these experiences are not interpreted literally but are explored as carriers of meaning across the various domains of the Balance Model: body and senses, contact, and personal history (Peseschkian, 1987).

Questions such as the following are posed:

- Why, at this exact moment in the conversation, do I feel the need to hug?
- How did the connection with the client develop with important others in the past, in the contact zone?
- What is the client trying to act out in their interaction with me?
- Is there a connection to my personal experiences here at this moment?
- If my supervisor were here with us in the session, what would they see/what feedback would they give?
- Why did I suddenly start to like this client, whom I'm seeing for the first time?

This article is an attempt at a dialogue between two perspectives. It is an invitation to explore boundaries-not as walls, but as living membranes through which energy flows. This article is significant because, using the five-Stage model, we trace how the challenge of attraction can be transformed from a suspicion of compromised ethics into a therapeutic resource.

Methodology

The methodology is based on the integration of the 5-stage model (observation and distancing, inventory, situational encouragement, verbalization, goal expansion) and the balance model, which explores experience in the four domains-body, activity, contact, and fantasy (Peseschkian, 1987). The analyses are conducted using an approach based on observations from the authors' personal therapeutic practice, as well as on the analysis of the therapists' internal experiences, including their countertransference reactions. Elements of Jungian analytical practice-working with dreams, fantasies, and archetypes-are used as an additional tool (Pearson, 2015).

2.1. Stage One: Observation and Distancing

Attraction by itself is not a problem. The problem-and the professional risk-lies in failing to recognize it. Within the framework of Positive Psychotherapy (PPT), we view every inner stir not as an ethical threat but as a symptom that serves as a signal.

The female therapist can interpret this signal based on the following observations:

Cognitive (Domain: Fantasy/Meaning): A more intense and prolonged internal psychological dialogue with the client after the session ends.

Behavioral (Domain Activity): A subconscious desire to extend the sessions or subtle changes in the professional setting.

Emotional (Domain Contact): Unusually high emotional investment and excessive resonance with the client's issues.

Somatic (Body Domain): Direct physical reactions-blushing, muscle tension, an unexpected subjective sensation of coming alive, or a change in breathing rhythm.

The male therapist can interpret this signal through the following observations:

Cognitive (Domain Fantasy/Meaning): Thoughts about the client-how they look today, details of their clothing, smile, eyes, movement in space-that are associated with feelings of closeness. Thoughts about contact with the client between sessions-pretending to pass on or

share a book/parable, even in connection with therapy, but without prior arrangement. Sexual fantasies with specifics and details.

Behavioral (Activity Domain): Do I laugh more at the client's jokes than I do with other clients? Do I notice anything unusual in my behavior? Do I think more than usual about how I stand in front of the client? Do I initiate deliberate, unnecessary arrangements with the aim of sharing useful literature outside the session setting? Planning to accidentally run into the client at a place I know they frequent (park, restaurant, concert, etc.)

Emotional (Contact Domain): Do I become more protective, more supportive, or do I take on the role of a mentor and authority figure? Do I feel more excited about an upcoming meeting with a specific client compared to others?

Somatic (Body Domain): Direct physical reactions-holding one's breath, clenching teeth, muscle tension, muscle contraction, sweating, increased heart rate, increased body temperature.

In the spirit of Positive Psychotherapy, we apply a positive interpretation to this excitement. Here, the symptom is the inner attraction itself. Distancing begins when we stop fighting the feeling and start observing it as a side phenomenon.

The key shift in focus is not:

- Why is this happening to me? (Looking for blame or deficiency).
- How did I fail as a therapist?
- But it is:
- What is triggered in me in response to this client's personality?
- Which of my actual capabilities is 'touched' by his presence?
- What does this person bring to the interaction with the other? - We are looking for primary and secondary capacities.
- Is there any personal need of mine, primary or secondary, that I hope to satisfy in this interaction?

2.1.1. Balance model: Where does the tension arise?

In Positive Psychotherapy, the Balance Model helps us understand where the energy of attraction is directed and in which sphere tension arises at that particular moment. This is not a one-dimensional process-it unfolds simultaneously in the body, in the professional role, in the interaction, and in the inner world of images and fantasies.

At the bodily level, the reaction often comes first. The therapist may sense an accelerated pulse, a change in breathing, or specific tension in the body, in the legs, the groin, or in the holding of the breath. Sometimes a change in body temperature or a sensation of heightened sensory alertness also occurs. At the same time, attention to appearance and physical presence sharpens posture shifts, the chair moves closer to the client, and the gaze lingers a little longer. Often, the therapist senses it first and only then begins to understand what is happening. In this sense, the body is the first line of reaction, like the language of the unconscious, which speaks before thought.

Questions that help us monitor the presence of attraction might sound like this:

- Are my pulse and breathing accelerating?
- Is there specific tension in the muscles, legs, groin, holding my breath, or a change in body temperature?
- Is there increased attention to appearance in the office, a change in chair position to reduce physical distance, posture, or gaze?
- Is there a sense of vitality?

At the same time, an internal dialogue is triggered within the context of the therapist's professional role and practice in the area of work and achievement. Questions arise regarding boundaries, responsibility, and the therapist's place in the process: how to remain professional, how to avoid causing harm, and how to support the client without neglecting one's own reactions. Sometimes, there is also a fear of losing the client or hesitation about whether this experience has a place in therapy and how it could be utilized. It is precisely here that secondary capacities-discipline, responsibility, and precision-are activated. Tension arises at the intersection of the spontaneous experience and the internal image of what a therapist should be; it manifests as a conflict between the professional Ideal Self and the spontaneous experience.

Questions that help us monitor the presence of attraction might sound like this:

- Am I losing my professionalism with this client?

- What am I doing to avoid losing this client?
- What do my boundaries look like when I'm with this client?
- Am I deviating from the client's request in a direction that interests me?
- How can I keep myself in check during the process so as not to harm the client?
- How can I support the client and take care of myself?
- If there is added value in this experience for the client, how and should I incorporate it into the process?

The true dynamics unfold in the area of relationships. Attraction is rarely purely physical-it is often linked to the way the two people meet. Sometimes there is a sense of intellectual compatibility, of a shared way of thinking. Other times, emotional closeness emerges, as if something familiar, something already experienced, is being touched. In some cases, the response is even deeper and harder to name, a sense of inner closeness that is not easily explained /unconscious archetypal response/. Then the client may activate certain inner images in the therapist-the figure of a person who understands /projection of the animus/, who sees and accepts /the archetype of the Savior or the need for validation through the other/, or an image associated with security, recognition, and meaning /the image of the missing partner or an unlived part of femininity/masculinity (Pearson, 2015). Therapeutic closeness can be experienced as intimacy because it is a form of baring the soul. But it is not partner intimacy.

Questions and thoughts that help us monitor the presence of attraction might sound like this:

- Is there excessive intellectual admiration and reflection on a shared worldview?
- Is there a sense of excessive emotional closeness and resonance with a similar core wound?
- Does this person remind me of an unconscious archetypal response?
- How well does this client understand me, the image of the man who understands (a projection of the Animus).
- This is how one should feel with the ideal partner
- How much of a connection do I feel with this client: the image of the missing partner or an unfulfilled aspect of femininity.
- How whole I feel with this client: An unfulfilled aspect of masculinity.

This dynamic naturally extends into the area of fantasy. Here, the experience begins to unfold into internal images, scenarios, and possible developments that are not always immediately recognized. The therapist may notice how their thoughts drift-how they imagine a conversation outside the session, a different kind of closeness, or even an alternative outcome to the relationship. Sometimes these fantasies are subtle and barely perceptible; other times, they are clearer and more persistent. Sometimes this internal process finds expression in dreams or in brief, spontaneous fantasies that arise outside the therapeutic situation. They may contain elements of intimacy, idealization, or reciprocity that are not realized in actual contact. In some cases, these images may take on a more intimate character, including fantasies with erotic overtones. In the therapeutic context, they are not viewed as actions or intentions, but as carriers of meaning related to themes of closeness, recognition, merging, or boundaries. In this sense, they are not a deviation but a continuation of the experience on a symbolic level-a space in which the unconscious completes what remains unspoken in the session.

We can use our imagination as a diagnostic tool. Questions that help us gauge whether there is any attraction might sound like this:

- What would this man be like outside the office?
- How do I appear to him?
- Does he see me as a woman or just as a professional?
- What would it be like to meet her at her favorite place/cafѴ©/club/beach?
- Does he see me as a potential partner? Does he dream of receiving the same treatment he gets from me?
- Does she think about me while she's with other men?
- What would we look like as a couple?
- What would our children look like?
- How would I feel having a woman like that by my side in real life?
- How nice would it be if…?

In the area of fantasy, attraction unfolds as a creative scenario. Fantasy is not a sin. It is

material for self-awareness-it shows us what is missing in our own current balance. Fantasy, as a tool in such a situation, can reveal enormous potential for development and reassessment of the therapist's current state.

When these four spheres are considered together, it becomes clear that attraction is not an isolated experience, but a holistic process that engages the body, the role, the relationship, and the inner world. It is precisely within this holistic understanding that the opportunity arises for tension not merely to be contained but to be transformed into meaning and utilized for the benefit of therapy.

Table 1. A Balanced Analysis of Countertransference Attraction in the Therapeutic Relationship: The Authors' Conceptualization

Areas of The Balance Model	A manifestation of attraction	Activated actual capabilities (conflicting poles)	Potential Risk	Direction for professional integration
Body	Increased physiological arousal; heightened attention to appearance; a feeling of revitalization	sensitivity ↔ self-control; sensuality ↔ restraint	Unrecognized physical tension affecting neutrality	Recognizing bodily signals as early indicators, regulation through self-monitoring, and supervision
Work & Achievement	Increased engagement; desire to extend sessions; desire for "special" treatment	spontaneity ↔ discipline; flexibility ↔ order	Blurring of professional boundaries; overcommitment	Restoring the structural framework, clearly defining the role, and strengthening the professional position. Adhering to the client's request
Relationships	Intense emotional resonance; a sense of reciprocity; idealization	closeness ↔ distance; love ↔ order; trust ↔ caution	Confusion between therapeutic closeness and personal intimacy	Distinguishing empathy from reciprocity, working on countertransference, and maintaining asymmetry
Meaning/ Future/ Values	Hypothetical scenarios outside of therapy; questions about personal reciprocity	creativity ↔ reality; inner freedom ↔ responsibility	Fueling unconscious impulses; cognitive idealization	Using imagination as material for supervision and personal work, symbolic interpretation

2.2. Stage two: Inventory

Positive Psychotherapy views internal conflict as a discrepancy between a person's concepts (ideas) about satisfying their emotional needs in a specific actual conflict situation. In this sense, the therapist's attraction to the client can be viewed not as the internal conflict itself, but as a signal that a certain discrepancy between personal needs, concepts of closeness, recognition, and professional responsibility is activated in the therapist.

The actual capabilities presented in Table 2 do not define internal conflict per se, but rather show how it manifests in the therapist's internal experience. They outline the tension between the emotional impulse toward closeness, responsiveness, or affirmation and the need to

maintain the professional framework and ethical distance.

Table 2. Manifestations of internal tension through actual capabilities in the presence of countertransference attraction
(The author's interpretation based on N. Peseschkian's model)

Area of Conflict	Primary Capacities (Emotional Impulse)	Secondary Capacities (Professional Framework)	Internal Tension / Dialogue
Emotional Closeness	**Love / Acceptance:** Need for connection and affirmation. Предлагам да добавим по една концепта да има	**Discipline / Order:** Adherence to time and role boundaries.	*I want to offer more support, but I have to stay within the framework.*
Communication	**Openness / Contact:** An impulse toward authentic self-disclosure.	**Politeness / Distance:** Maintaining professional neutrality.	*How much of myself can I reveal without violating the alliance?*
Values	**Loyalty / Trust:** Strong loyalty to the special relationship.	**Fairness / Objectivity:** Equal treatment of all clients.	*Is this client more important to me than the others in my practice?*
Professionalism	**Hope / Patience:** Expecting rapid change out of sympathy.	**Accuracy / Diligence:** Focus on methodology and protocol.	*Am I paying attention to the results, or am I enjoying their presence?*

Based on the Four Role Model Dimensions (Boncheva et al., 2021), regarding the therapist-client relationship, we can ask the following questions (see Table 3).

Table 3. The Four Role Model Dimensions Inventory in the Presence of Attraction. - The author's interpretation based on N. Peseschkian's model

I	**What kind of partner have I been told I should have? Does this client remind me of someone significant whom I loved deeply?**
You	What kinds of behaviors between partners have I observed most often? What kinds of behaviors between partners have I longed to see?
We	What kind of partner do I dream of presenting myself as in society? To what extent does this client fit that image?
Primordial We	Which moral and ethical laws from my worldview, philosophical understandings, or religious perspectives does this client adhere to?

The female therapist can elaborate on her self-assessment by using the data from Tables 1, 2, and 3 and asking herself the following reflective questions:

- Where in my own current state of balance is there a deficiency that this client symbolically fills?
- What about this client, which of his actual capabilities (e.g., self-confidence, tenderness), resonates with my personal history and concepts of partnership?
- Is an old attachment pattern or unconscious loyalty to family scripts being activated here?

The male therapist can elaborate on his self-assessment by using the data from Tables 1, 2, and 3 and asking himself the following reflective questions:

- Which of my unmet needs from the balance model am I trying to fulfill through my contact with this client?
- What do we have in common? - We explore dreams, shared concepts, ideals, and temperament of the principle - Similarities/Opposites attract.
- Doesn't this client remind me of the partner I've always been told/shown I should have by my side?

2.3. Stage three: Situational Encouragement

At this stage, the therapist shifts from anxiety to actively managing resources. The principle here is: no denial, no dramatization, but awareness. In Positive Psychotherapy (PPT), this is the moment when the symptom (attraction) is reframed as a valuable experience for professional growth and the capacity for emotional response.

2.3.1. Clinical approaches to stabilizing the framework:

- Supervision: Examining dynamics in a safe space to decipher countertransference.
- Personal reflection and self-therapy: Exploring personal concepts of intimacy and partnership.
- Clear professional self-monitoring: Constant monitoring of boundaries (time frame, physical distance, body language).
- Referral of the client to another therapist: Applied as an ethical act of responsibility if the capacity for objectivity is permanently compromised.

2.3.2 Attraction can serve as a therapeutic resource in the following ways:

- Indicator of specific countertransference: What does the client demand from those around them through their charm or vulnerability?
- Signal of the therapist's own current vulnerability: An occasion for rebalancing and/or changing the therapist's own life.
- An occasion for personal work: An opportunity to integrate unconscious aspects of the personality (the Shadow).

At this stage, both the female therapist and the male therapist actively seek the positive function of their arousal. If attraction is a capacity to respond, then the task here is to channel that energy back for the client's benefit, without crossing the boundaries of professional ethics.

2.4. Stage four: Verbalization (if necessary)

In the clinical practice of Positive Psychotherapy, the verbalization of erotic countertransference is an act of extreme discretion. The qualification - if necessary - underscores the therapist's ethical responsibility: expressing feelings is not an end in itself, but a tool. It is undertaken only if exploring the emotional charge would aid the client's awareness without jeopardizing their psychological security or the professional boundaries of the process.

In most cases, the attraction itself is not named directly to avoid overwhelming the client with the therapist's emotional world. Instead, the focus shifts to the process and the dynamics of the here and now:

- I notice that a special emotional connection is developing between us. Let's explore together what this means for you and how it relates to your actual capabilities to connect with others.
- I sense a strong tension or intensity in our interaction. How are you experiencing this closeness right now?

2.4.1. Main principles of professional verbalization:

- The focus remains on the client: The therapist does not seek reciprocity, but uses their own emotional response as a mirror for the client's needs and patterns.
- Translation into the language of capacities: An analysis is conducted to determine whether the attraction is an unconscious expression of a specific hunger for affirmation or a deficit in the capacities for trust and commitment.
- Honesty with the supervisor: Every step toward potential verbalization must first be analyzed in detail within the supervisory process.

2.5. Stage five: Goals Expansion

In its most mature form, the experience of attraction transforms from a problem to be solved into a resource for the future. It becomes:

- An integral part of professional identity-the ability to be fully and authentically present without losing one's professional boundaries.
- Proof that the therapist is a living person capable of emotional resonance.
- A space for developing inner stability and a higher degree of differentiation between personal needs and the professional role.
- Developing the ability to be self-aware and tolerate higher levels of frustration: To endure the - I want to, but I can't, without it breaking you down.
- An opportunity for the therapist to be more honest and open with themselves: To connect with one's own needs and desires that have not been recognized.

Attraction does not undermine professionalism-it is a test of its depth and an opportunity for its growth. Unresolved attraction is what threatens it.

2.5.1. Specific dynamics through a gender lens

The female perspective

When a female therapist is attracted to a male client, deep psychological layers are often triggered:

- Themes of recognition and the need to be seen as a woman beyond the role of an expert.
- Themes of choosing and being chosen resonate with archetypal models of female self-worth and value.
- Themes of femininity, boundaries, and power-the balance between empathetic softness and the ethical firmness of the framework.

These dynamics are amplified if the client is charismatic, intelligent, vulnerable in a way that elicits a desire to care for them, or is going through a crisis in their intimate life that creates a void for projections.

The Male Perspective

When a male therapist is attracted to a female client, latent and as yet unconscious processes are often triggered:

- Topics on care, support, and protection: How much, when, and how to provide support.
- Topics on affirming the male role through interaction with a woman: the balance between providing, protecting, and pleasing, and whether this is necessary in a specific interaction.
- Topics on the need to be recognized by other men on the principle of a trophy: the balance between having something others want and what a person truly needs.
- Topics on the need to be chosen: the balance between a person nourishing their own self-esteem and allowing themselves to be nourished from the outside.

Therapeutic closeness can be experienced as intimacy, but it is not intimacy. It is a safe space for healing, in which eros serves merely as the fuel for change, not the goal of the interaction.

2.6. Ethical dimensions and responsibility

In accordance with the standards of the World Association for Positive and Transcultural Psychotherapy (WAPP) (Ethical Guidelines of the WAPP, 2025):

- Any form of romantic or sexual relationship with a client is absolutely unethical and unacceptable.
- The sole responsibility for maintaining professional boundaries lies with the therapist.

Attraction in and of itself is not an ethical violation-it is a psychological phenomenon. The violation begins where there is a lack of self-reflection, awareness, and volitional control over the impulse. In Positive Psychotherapy, the ability to manage our own conflicts is part of our capacity for self-help, which we owe to ourselves and to our clients.

Results

3.1. Scientific contribution of the article

This article proposes a conceptual framework for understanding countertransference attraction in the therapeutic relationship from the theoretical perspective of Positive Psychotherapy (PPT). The main contribution of this text lies in integrating the Five-Stage Model, the Balance Model, and the Four Role Model Dimensions Inventory as analytical tools for interpreting this phenomenon through the lens of the symptom as a signal.

In addition, the article proposes an innovative dual-voice approach that juxtaposes the female and male perspectives on the experience of attraction in the therapeutic process. This dialogic format broadens understanding of countertransference dynamics and emphasizes the importance of professional reflection,

supervision, and ethical responsibility as part of the therapist's self-care.

The three original tables presented outline attraction not as a deviation, but as a multifaceted process in which emotion, professional responsibility, and the therapist's personal history intersect.

The author's table for assessing internal conflict (Table 1) contributes to the practical application of PPT theory in clinical practice. It demonstrates how such experiences can be viewed not only as a risk to the therapeutic framework but also as an opportunity to enhance contact skills and deepen professional self-awareness and development.

The data presented in Table 2 do not define internal conflict in the strict theoretical sense of Positive Psychotherapy, but show how the tension generated by the actual conflict situation manifests itself through activated actual capabilities. The table has practical value because it helps the therapist to recognize the internal dialogue between the emotional impulse, personal concepts of closeness, and the need to maintain the professional framework.

Table 3 highlights the deeper layers of meaning underlying the experience of attraction. It shows that the therapist's reaction does not occur in a vacuum but is linked to their personal history, past relationships, and internal concepts of partnership.

These tables demonstrate that experienced attraction can be understood as an intersection between the therapist's personal experience, internal expectations, and value system. It is precisely this that makes it so powerful, yet also so crucial to recognize and differentiate within the context of therapeutic work.

In this way, the article offers a systematic and non-judgmental approach to a sensitive topic while strengthening the connection between the classical theory of Positive Psychotherapy and contemporary discussions of counter-transference in psychotherapy.

Discussion

The issue of the therapist's neutrality becomes particularly acute in the context of experienced attraction and requires a more nuanced distinction between theory and actual clinical practice. In psychotherapy training, neutrality is often discussed-sometimes even as if the therapist must be asexual and detached from their own identity. This understanding serves a protective function, but it also carries a risk-that of creating an image of the therapist as somehow alienated from their own human reality.

From the perspective of Positive Psychotherapy, this seems incomplete. The therapist is present in the encounter with their whole being, with their body, with the way they make contact, with their inner images and experiences. This is precisely why attraction is not something that can simply be excluded. It arises from living contact and carries information.

The question is not whether it exists, but what we do with it. When the therapist is not sufficiently aware of themselves, including their identity and sexuality, this experience can confuse them and cloud their professional judgment. However, when there is clarity and inner stability, the attraction can be recognized, contained, and made meaningful.

In that case, neutrality no longer means absence, but rather the ability to be present without acting impulsively. To feel, but also to choose what to do with that feeling.

In this sense, becoming aware of attraction can prove to be a valuable moment in therapeutic work. It is not a deviation, but part of the process. Although it cannot and should not develop into a real relationship, the experience can be processed in a way that deepens both the therapist's professional stance and the therapeutic process itself.

This article attempts to apply the theoretical frameworks of the Five-Step Model and the Balance Model of Positive Psychotherapy, developed by Nossrat Peseschkian, to navigate and manage the therapist's attraction to the client. The authors' conceptualizations and specific questions based on Nossrat Peseschkian's theoretical framework could lead to a better understanding of this phenomenon.

Conclusion

Feeling attracted to a client does not mean you are unprofessional. It means you are human. Professionalism does not consist in the absence of feelings, but in recognizing them, naming them, and transforming them into a therapeutic resource. When the therapist goes through the five steps of self-analysis, they not only protect

the client but also enrich their own capacity for authentic contact.

The article provides a practical toolkit based on the theoretical framework of Positive Psychotherapy. Although the article offers many practical guidelines for working with countertransference, it does not exhaust all possibilities. The article does not address erotic countertransference experiences toward clients of the same gender as the therapist. Further research is needed.

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1. Declarations

1.1. Study Limitations

All findings in this article are limited to the authors' experience in therapeutic and supervisory environments.

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Authors must declare the use of artificial intelligence tools in the preparation of the manuscript.
Authors confirm that:

- AI tools were not used to generate the intellectual content of the article (ideas, arguments, interpretations, or references).
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