

# IS IT OK FOR A CLIENT TO EAT IN SESSIONS?

**Q** A client recently brought his lunch to our session to eat as he had 'back-to-back meetings' at work and otherwise wouldn't have a chance to eat. I was taken by surprise so allowed him to eat but wondered afterwards if I should have asked him to wait and eat after the session?

**A** **Karen Stainsby replies:** Behaviours around eating and drinking have changed over the years. People eat in the street and on the move. It's not unusual for water bottles and takeaway coffees to be taken to meetings and into therapy sessions. Your client is coming to see you around lunchtime. He's short on time and needs to eat. Some might ask, 'What's the problem?'

We can't anticipate everything that might happen in a therapy session but it's probably wise to 'expect the unexpected'. However, you were caught off guard, and having made a decision in the moment you later wonder about it.

One of the fascinating things about working with clients is that, sometimes, ordinary, seemingly irrelevant events can reveal so much about our clients and ourselves. Often these have the potential to be useful to the therapy and I think this might be one of these times. As with most dilemmas, discussions with your supervisor could help you think things through, both for you and your client's

benefit (Good Practice, point 60). In the meantime, I've some general thoughts and questions to offer you:

● **'Respecting' the therapy.** Does such a concept exist? Early in my career, and following something I'd mentioned about a client's very revealing clothing, my supervisor said in no uncertain terms, 'Therapy is a serious business. Clients should be respectful of it.' I wonder what he'd have said about a client eating his lunch. Is there a parallel to be drawn here? Should clients 'be respectful' and regard the therapy seriously? Might it vary between clients? Is there an automatic correlation between your client bringing his lunch and not being 'serious' about the therapy? But also, times and cultural expectations around what's 'allowed' in therapy to support client equilibrium change and evolve.

● **Impacting the therapy room.** If working in person, other clients and therapists may use the space. How easily and quickly can food aromas be cleared? Does the client take their rubbish away? Might a dollop of mayonnaise be left behind on a cushion? Echoes of previous clients do matter, particularly to those clients who have the fantasy that they're their therapist's only client.

● **Do different rules apply to online/ phone therapy?** When we work online, we enter our client's space. They might suddenly appear in their pyjamas, smoke a cigarette or have family members popping in. Where do the boundaries lie, and if working online how much do you think you can influence what happens? What difference would it make if this client was eating while having their therapy by phone?

● **Testing boundaries.** We support clients to access therapy as much as we can. But might providing space for the client to eat their lunch be colluding with an unhealthy work culture? Although what happened may have a straightforward explanation, might this client have been testing your therapeutic boundaries? Maybe at some level he wanted you to stop him. If so, I wonder what it was like for him that you didn't?

● **What might another therapist have done?** There are likely to be many opinions on managing this scenario. If you'd asked him to eat his lunch after the session had ended, he may have felt embarrassed, upset or told off. He might have told you, but if not, an opportunity to explore would likely be lost. Another therapist might have said he could eat his lunch then come into the session when he'd finished, although the session would end at the scheduled time. A further therapist may have asked him what impact he thought eating would have on what he wanted to talk about today. Someone might have suggested future sessions be booked outside the client's work time. All have implications, including the decision you made.



● **Using what happened to help the client.** With back-to-back meetings what does he understand about self-care, and does he feel he's worthy of being looked after? How much can he establish and maintain his own boundaries in both his work and personal life? How much does life – and the therapy – nourish him?

We're not here to make judgments about what clients eat, but I notice myself wondering what he ate, how he ate it, and how this might relate to his therapeutic journey? Talking with clients about food and eating can often provide information about how they manage their lives and relationships. Sometimes it can give valuable information on early attachments and nurturing.

**There are also areas of good practice to consider:**

● **Self-care.** The session seems to have been around lunchtime. Had you eaten or would you be doing so shortly afterwards? When a practice is busy it might be easy to overlook our basic needs (*Ethical Framework*, Good Practice, point 91). Were you distracted by what and how your client was eating? Did it make you feel hungry or perhaps something else – for example, resentful? (Our commitment to clients point 1a, 'making clients our primary concern while we are working with them').

● **Boundaries and contracting.** It's interesting which client behaviours we tolerate and don't, and what that might

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say about us but also those we contract for and don't. Where we draw the line is important to work out. Is it OK for a client to bring a water bottle but not a takeaway coffee, eat a boiled sweet but not chew gum, have a small lunchtime sandwich but not a multi-course picnic? Clear communication is key (Good Practice, points 31 and 33a).

● **Harm.** We promote wellbeing (Principles: beneficence) and commit to avoiding harm (Principles: non-maleficence). If we prevented a client with certain health issues from eating, might we cause them harm? Under the Equality Act 2010 you might consider making reasonable adjustments for some clients (Good Practice, points 22a, 22b and 23). If this is in-person work, what about others who may also use the room? Have you considered allergens that may remain after food has been eaten?

● **Moral qualities.** If you decide to raise the issue of this client eating in sessions, what 'Personal moral qualities' might be useful to call on – perhaps care, courage, empathy, fairness and integrity? Underpinning these qualities is wisdom – sound judgment arising from experience that informs our practice.

● **Integrity, candour and justice.** If you don't want him to eat in future sessions, can you maintain integrity and candour by letting him know and the reason why? I appreciate this may not feel easy and you may wish to discuss this and any reservations with your supervisor. Would you let all your clients bring their lunch or just some?

**Reviewing the therapy**  
We agree that 'all our services will be delivered to at least fundamental professional standards or better' (Good Practice, point 20) regardless of whether we deliver the therapy online, in person or via phone. Unexpected or disruptive events in therapy can offer an opportunity for us to review with the client how the work is going (Good Practice, point 32). Perhaps you could start by looking at power in the relationship. You say you





'allowed' your client to eat. It's important we consider our client's right to be self-governing (Principles: autonomy) – it's about not colluding but noticing and being curious in the service of the client. Have you thought about how you manage the power differentials that exist within your therapeutic relationships? How might this differential have been impacted if you'd stopped him from eating? Where does negotiation feature in your relationship? If he pays for the session, does he assume the right to unilaterally decide how to behave? By eating his lunch when presumably he knows you can't eat yours, is he trying to exert his power?

More generally, it might be worth reflecting on whether this client is getting enough 'food' from the sessions or maybe signalling that something's missing or needs adapting. If he finds the therapy stressful, could he be using the food to self-soothe?

### A final thought

Could this insight into an everyday aspect of your client's life offer potentially useful therapeutic and ethical 'food for thought'?



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*This column is reviewed by an ethics panel of experienced practitioners.*

## READER RESPONSES

### Trust your instincts

While volunteering for a service providing time-limited free counselling sessions, I worked with a woman who was processing her recovery from cancer. For her final session she arrived with a takeaway coffee, a Tupperware box and a stainless steel spoon, apologising for being late and saying she had brought her breakfast with her. When settled down I observed her place the box on her lap, unclick it and begin to mix her oats or muesli and yoghurt and start to eat.

I was mindful that the client dealt with low blood sugar and also that this session marked the conclusion of our work together. I deliberated on whether intervening would risk a rupture as we were at the end of our relationship.

I opted not to intervene, feeling a strong internal inclination to allow her this moment. It became apparent that the client was particularly hungry, consuming her food within minutes. Her demeanour noticeably softened as she settled back into her seat, expressing gratitude: 'Thank you, I really needed that. I haven't had a chance to stop all morning.' My response to the client was simply, 'You're welcome.' The remainder of our session seemed to pass swiftly, and before I knew it our time together had come to an end.

Should the client have been permitted to eat? Should I have refused? I've always believed in trusting my instincts, and that's precisely what guided me in this instance,

by recognising the client's history of low blood sugar and need to eat. My decision was centred on prioritising her wellbeing and I was able to manage the short-lived distraction. An aspect that struck a chord with me was the client's lack of self-care – she had no time to pause and nourish herself, neglecting this fundamental need.

Reflecting on this experience, I would undoubtedly make the same decision if faced with similar circumstances again. However, if a client were to bring their breakfast or lunch into a session in the early stages of our work, I would open a dialogue with them, fostering collaboration on how they can prioritise self-care in their own lives.

**JASVEEN MHAJAN MBACP** is a person-centred pluralistic counsellor.

### Be careful you don't shame the client

In the first year of a psychodynamic course, I was taught to firmly hold the frame so unconscious dynamics could emerge, be recognised and worked through. Eating and drinking in a session were no-nos.

However, during a recorded role play I was faced with a volunteer client who spontaneously wanted to bring a coffee into the room. Against my instincts I refused, and the client became unco-operative. The role play was assessed as a fail as I had 'angered' my client. Branded a 'potential danger to clients', I had to leave the course, confused and unhappy.

Things fell into place when I changed to training with a relational-developmental focus. I could see that I had inadvertently shamed the client, then felt unable to address the issue because it was not part of the role play brief. I had put a rule above the relationship.

Today I know that everything happening between me and the client is worthy of attention and can become material for exploration. In the case in question I would enquire why someone has to fit their meal into our session. How do they feel in their job regarding power, self-determination and workload? Do they find it difficult to think ahead? Is our appointment the only time to sate their



hunger because they dare to be themselves with me? The client's behaviour may have many reasons, all useful to discuss.

Coming back to my earlier experience, I always do my best not to shame a client, respectfully apologise and de-shame where this has occurred. As much as I can, I will normalise their actions and show my acceptance of them if not of all they do. Any therapeutic intervention here should aim to preserve the integrity of the relationship and the trust of both parties.

**JUDITH HENJES MBACP** is an integrative psychotherapist in private practice.

### Pay attention to what's evoked in you

In my experience eating in sessions may be a pleasure, a practical challenge or a therapy issue. Understanding each aspect clearly and responding appropriately are what keeps work ethical. I have shared food with clients in the past, sometimes provided by them, at others provided by me. This was usually by way of a celebration, sometimes at a final session.

In an online session with one new supervisee, the first thing they asked me was, 'Do you mind if I drink tea while we're speaking?' I was a bit taken aback, although I understood immediately that drinking tea in sessions had been controversial for this person in the past. In those circumstances I realised that I didn't mind at all. Part of my reasoning was that we were doing supervision which can often be more collegial and, as we were online, there was no chance of anything being spilt on my furniture.

Contrast this with a situation where a new client brought a drink in a cardboard cup to my practice room. Without making reference to it at all, he carried it up my cream-carpeted stairs, sipped it while we were speaking, and even suggested he leave the empty cup for me to dispose of! I felt annoyed and insulted, while at the

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same time I knew what it evoked in me was a therapy issue, and one I needed to address with him. He decided to end the sessions not long afterwards.

**GERRIE HUGHES UKCP** is a Gestalt psychotherapist and supervisor, and author of *Food and Mental Health: a guide for health professionals* (Routledge).

### Consider your contract

An aspect of my work involves working with sportspeople. Inevitably some of our sessions sit outside the traditional therapeutic office, and I can be found on golf courses or pitchside on occasion. For me the important thing is focus. Athletes need regular food intake and sometimes a contracted break for five minutes to consume food is needed, and then we reconvene.

For other therapists this might also apply to a client with diabetes who needs to look after their health in the moment. I am happy to consider contracting around non-traditional needs but the important thing for me is transparency and respect.

As a relational supervisor I'd ask you to consider the pros and cons of not addressing this in the moment or later. We can be concerned about challenging the client and claiming a hard boundary for ourselves. The risk of fracture and the joy of repair are fragile. There is rarely a

## SUPPORT AND RESOURCES

You can find more information in the following BACP Good Practice in Action resources, available online at [bacp.co.uk/gpia](http://bacp.co.uk/gpia)

- Reasonable adjustment in the counselling professions (GPiA 080)
- Self-care for the counselling professions (GPiA 088)
- Boundaries within the counselling professions (GPiA 110)
- Contracting for adults across the counselling professions (GPiA 130)

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clear-cut, definitive answer, but our job as a counsellor is to show due consideration and reflection on the issue. It can be a challenge, as even when we think our contracting is tight there will inevitably be something that pops up that makes us pause and consider our contract again.

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## Context matters

My client contracts do not specify no eating during sessions, so if they bring food to eat I take the opportunity to explore their 'why'. Are they too busy? Are they hungry? Or is there something else? I also explore topics such as their food choices (what they are eating), their portion sizes and timings. I find that this can open up new avenues to explore, issues such as their relationship with sugar, their perception of themselves, lack of company, and being seen to eat. Sometimes it may be as simple as the client having had a lack of time to eat beforehand, but even that opens up a new topic of conversation.

I previously worked in an addiction charity where client contracts were more specific, requiring individuals to refrain from eating or drinking (except water) during a session. If I am aware of a client in my current practice having addictive traits I would delve more into the here and now of their emotions, and their patterns and behaviours. Even if food was not their primary addiction, I would explore their relationship with food, how, when and what they eat, how they feel about themselves and the food they are consuming. I would also use any family history of addiction to bring context.

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## HOW WOULD YOU RESPOND?

We welcome members' responses to these upcoming dilemmas. You don't have to be an expert – if a question resonates with you, do share your experiences or reflections with your peers. We welcome brief or longer responses (up to 350 words) by the deadline below. Email your response or any questions to [therapytoday@thinkpublishing.co.uk](mailto:therapytoday@thinkpublishing.co.uk)

### Can I supervise a former therapy client?

February 2025

A therapy client I worked with for around 10 sessions came back to me three years later for therapy as he had decided to train as a therapist. I discussed the boundary issues in supervision but as the original work had been short term and ended some time previously we decided it was OK. I saw him for around two years during his training and he qualified 18 months ago. He recently approached me about supervision – I would like to take him on but wondered how I ensure I am his supervisor rather than therapist given our history? **Deadline:** 10 November

### Do I need a formal qualification to take on supervisees?

March 2025

I have been qualified for more than 20 years and have worked in various settings including for EAPs and the NHS, and now have a thriving private practice. I am quite well known in my local area as an established practitioner and often get requests from counsellors for supervision. I always turn them down as, although I have been meaning to do a supervision course, my practice is busy so I have never found the time. However, recently I met a supervisor at a CPD event who said there is no 'official' requirement for formal supervision training, and what counts is experience. They also said there is much you can learn from reading, and encouraged me to 'go for it'. However, I am still unsure – is it really OK to take on supervisees without a formal supervision qualification? **Deadline:** 7 December

The dilemmas reported here are typical of those worked with by BACP's Ethics consultants. BACP members are entitled to access this consultation service free of charge. Appointments can be booked via the Ethics hub on the BACP website.