

**Going beyond ones reach:
Exploring boundaries and dual relationships in the therapeutic relationship**

By Rob Cassidy

**The thesis is submitted in partial fulfillment of the requirements of the Higher Diploma
in Counselling Psychotherapy from Dublin Business School, School of Arts.**

8 May 2015

Supervisor: Cathal O’Keeffe

Contents:	Page:
Acknowledgements	3
Abstract	4
Introduction	5
Aims, Objectives, Expected Outcomes	6
Chapter 1. Definition of Boundaries	7-8
Chapter 2. The Known Boundaries	9-10
Chapter 3. The Use of Boundaries in the Therapeutic Setting	11-12
Chapter 4. Dual Relationships	13-14
Chapter 5. From a Client's perspective	15
Chapter 6. A Position of Power, or a Power Shift?	16-17
Chapter 7. The Therapeutic Setting	18-19
Chapter 8. Conclusions	20
Bibliography	21

Acknowledgements

I would like to thank my family; Andrew, Jennifer, Carol, my Dad and my girlfriend Yolibeth for all the support they have given me over the last two years, I hope you all know how much you mean to me. I would also like to thank my friends, I owe you a great deal.

Finally, I would like to dedicate this to my mother Anne, I know she would be proud.

Abstract

The basis of this thesis is to study the relationships between both client and therapist. More importantly it is to study the 'dual relationships' between the therapist and client that exist in the therapeutic relationship. These 'dual relationships' throughout current research have been seen as quite controversial in the sense of whether or not they can benefit or inhibit the therapeutic relationship. The 'dual relationship' is a part of the area of the therapeutic relationship known as boundaries. It seems from current research that there is a split of opinion on the benefits of the 'dual relationship'. It is hoped that this thesis will review current research and understanding of the believed benefits of use of boundaries and dual relationships within the therapeutic setting. It is also hoped that it will give the background reading for further research in the area.

INTRODUCTION

In the context of ‘dual relationships’ this proposal will look at, based on current research, whether or not the therapeutic relationship can continue should such therapeutic boundaries between the role of the therapist and the role of the client are broken.

Historically the role of the therapist and the role of the client have been set in stone and are quite rigid. In particular any breach of boundaries is contained within the particular psychotherapy organization’s code of ethics, which in essence is that the therapist has a duty of care not to cause harm to the client. This is known as an Hippocratic oath which any physician or clinician must take before seeing clients. However, as psychotherapy and the therapeutic relationship is further understood and our collective knowledge of the relationship has developed it has been questioned whether or not the known boundaries between therapists and clients are too rigid based on the needs of the clients and the current culture that we live in today.

Apart from the golden boundary which is never to be breached, that of engaging in a sexual relationship with the client, it is wondered whether or not exploring these boundaries can further the therapeutic relationship. It should be made clear that what works for one client might not necessarily work for another client and being able to explore the possibility of stepping outside of these rigid boundaries could be beneficial.

Aims:

The aim of this thesis is to study the therapeutic relationship in particular the dual relationship and whether or not it is beneficial or detrimental to the wellbeing of both parties involved.

Objectives:

- To explore the positive and negative effects of exploring dual relationships in the therapeutic relationship.
- To develop an understanding of the difficulties in being able to develop the relationship beyond the known therapeutic boundaries.
- To investigate the use of dual relationships in a therapeutic setting.
- Is there a power shift between therapist and client should dual relationships be engaged and if therapeutic boundaries are broken?

Expected Outcomes:

Ultimately it is hoped that this thesis will show how therapists and clients alike believe that, while they must be careful when dealing with the relationship they are involved in, there are benefits in developing a less rigid approach to developing the therapeutic relationship. It is also hoped that through current research it will show practicing therapist that caution must be used wisely in order to realise when or where the ability to explore dual relationships can be used. As it has been mentioned what works for one client might not work for another.

CHAPTER 1. DEFINITION OF BOUNDARIES

Firstly, what are therapeutic boundaries? Ultimately what will be discussed here are the differences between sexual boundaries and non sexual boundaries within the therapeutic relationship. For this research, it will be accepted without hesitation that a boundary that cannot be breached is where a client and a therapist engage in a sexual relationship. This boundary is one that is completely off limits. Solely for the purpose of this thesis, the paper will discuss the affects of the non-sexual boundaries within a therapeutic relationship.

It is important to note at the outset that the idea of inputting boundaries into the therapeutic relationship is to ensure that both the client and the therapist are protected. Nowhere is it stated in any of the current ethical guidelines of the major psychotherapeutic associations that dual relationships are prohibited. What it states is that they prohibit any actions that are harmful to the client (Lazarus & Zur, 2002). So is it that they are merely frowned upon in the classical sense of practicing psychotherapy.

As John Mcleod discusses in an 'Introduction to Counselling', the main boundaries that should be in place in a therapeutic relationship are the following: Time, physical space, what information the client should know about the therapist or what would be beneficial to the client (this is known as self disclosure), the intimate relationship and social roles or norms such as the boundaries outside of the therapeutic relationship (Mcleod, 2003, pg 312). What should also be noted at this stage is that Mcleod states that much research has taken place in which the idea of a boundary is used in the therapeutic relationship as a way to distance and detach oneself from the client (Mcleod, 2003, pg 312).

Lazarus (2002) proposes that there needs to be a clear clarification between boundary crossings and boundary violations. Boundary violations can be thought of as any act that can be detrimental to the well being of the client, for example breaking a sexual boundary with the client or even the therapist using their position in the relationship in order to get money from the client. This is compared to boundary crossings, which is thought of as doing something with or for the client that is not necessarily deemed traditional in its thinking. These could range from going to a client's house who is bed ridden and can't leave the house, to flying with a client who does not like flying (Lazarus & Zur, 2002). These are therefore acts that would benefit the client and would not be seen as the therapist taking advantage of their position in the relationship. Furthermore, it is worth noting that it is believed that the use of

boundary crossings can increase the idea of familiarity and help lessen these senses of rigidity that many people have of therapy (Lazarus & Zur, 2002).

Within the practice of Gestalt Therapy, Dave Mann discusses that boundaries are there to keep the therapeutic relationship together, however once this relationship begins to venture outside of these set boundaries it becomes something more than just a therapeutic relationship within a therapy session (Mann, 2010).

CHAPTER 2. THE KNOWN BOUNDARIES

It is imperative to know or to have an understanding of what the current boundaries are in the therapeutic relationship. Unfortunately, there is not an exhaustive list but these are some of boundaries to keep in mind when conducting therapy, which are as follows; socializing with current or former clients, financial dealings with clients, non sexual physical contact besides a handshake, treating friends or relatives in a professional manner, accepting favours from clients in the form of payment, keeping regular times for sessions, not keeping to a schedule of sessions, fees, disclosing personal information about yourself, contact with your client between sessions which is not for the purpose of a session i.e arranging a time. These are the main boundaries that therapists should keep in mind when treating clients (Lazarus & Zur, 2002).

In current psychotherapeutic theory, dual relationships effectively mean the relationship between a therapist and a client that goes beyond the formal therapeutic relationship. What we are looking for here, is whether or not these dual relationships are beneficial or not and what possible issues might arise if they are to be explored.

As Pope and Keith-Spiegel (2008) discuss in their paper '*A Practical Approach to Boundaries in Psychotherapy*', non sexual boundary can enhance psychotherapy, it can benefit the client's treatment and also strengthen the relationship between both the client and the therapist. However, the opposite of this seems more detrimental in that it could undermine the therapist and ultimately cause harm to the clients. (p. 638)

David Mearns in '*Developing person-centred counselling*', explains that one of the issues that is rarely talked about is the way in which both the therapist and the client experience each other in working together through their therapeutic relationship (Mearns, 2003, pg. 64). It is therefore thought that, should the possibility of exploring boundaries and dual relationships be discussed, both the therapist and the client must actively work together in discussing the ramifications of such possible explorations.

Barnett discusses in his paper, '*Ethical Practice in Psychotherapy*', the importance of realising when the need to go beyond the therapist's boundaries is important. Barnett implies that by being too rigid, the therapist's sheer refusal not to explore going beyond the known therapeutic boundaries can again result in poorer treatment results and may not be in the

client's best needs at that time (Barnett, 2008). Could this be a resistance on behalf of the therapist? Is it possible to think that the therapist would use the ethical guidelines as an excuse for not stepping outside of their own comfort zones in order to benefit the client?

A question would have to arise from this topic is that if clients from rural communities are engaging in therapy, whereby dual relationships are clearly present, are these clients already at a disadvantage before they even begin therapy?

Following on from this aspect, it is important to discuss an aspect of this thesis which will be difficult to research in that it would be hard to come to a conclusion based on each person's own personal preferences. It is clear that developing dual relationships might not work for everyone and that it should not be the norm but should be looked at with keeping each client's own preferences in mind.

CHAPTER 3. THE USE OF BOUNDARIES IN THE THERAPEUTIC SETTING

As it has been mentioned above, as with everything, having something in writing is one thing but to put it into practice is another issue altogether. Frankland, in his book '*The little book of psychotherapy*' gives an example how the ideas of boundaries are used within the therapeutic session. Effectively, Frankland proposes that a therapist who does not maintain their own boundaries, for example extending their own working hours to be helpful towards a client, can lead the client to feel unsettled (Frankland, 2010). This is only one example, however it does bring up a good point regarding a therapist's rigidity. Do therapists themselves inhibit developing their relationship with their clients due to the fact that they are bound by such boundaries?

One type of boundary that seems to be very prominent between a therapist and a client is that of self-disclosure. Effectively, this means how much information the therapist is willing to discuss with their particular clients. This boundary is quite striking in that it can be both detrimental to both the therapist and the client. Naturally as the therapeutic relationship develops the client's curiosity regarding their therapist will increase. They will want to know personal information about their therapist. Frankland believes that the therapist would disclose information to the client only if the information would benefit the therapeutic relationship (Frankland, 2010). This particular aspect seems to raise more issues or areas of developing the relationship with the client than other boundaries, in particular clients who have problems with observing set boundaries.

Barnett in another paper based on ethics in the therapeutic setting discusses self-disclosure in terms of what the therapist is willing to tell the client or alternatively what the therapist will unavoidably tell the client. This is known as deliberate self-disclosure or unavoidable self-disclosure. The deliberate self-disclosure is, on the therapist's part, a conscious decision to tell the client something about themselves. This can be done in a way to ensure the client that the particular therapist is suitable for the task of treating them. Or more importantly they tell the clients something about themselves knowing that it would be beneficial for that particular treatment. An interesting point that is raised in Barnett's paper is that of unavoidable self-disclosure. This is how the therapists might dress, do they wear particular jewelry and would they wear any religious items such as a cross. All these aspects might mean nothing to the therapist but to the client, it might mean something completely different (Barnett, 2011).

The important aspect to take from this is that particular research was based on therapists' views on other therapists' sessions with clients. To balance this, research based on the clients' views would need to be taken into consideration. Early research that was based on mock therapy sessions showed that self-personal disclosure seemed to have a more negative impact on the outcome of the therapy sessions. Keep in mind that this research was conducted just under forty years ago and was also conducted by therapists. While research conducted on real clients in the early 1990's gave mixed results.

According to Audet, the results were mixed in the sense that half of the clients who took part in the research found that therapists who disclosed personal information with clients seemed to have a negative impact. The clients in question felt the therapists had lost some of their credibility and the client had lost confidence in their therapist as a practitioner. However, in later studies in the late 1990's it was found that clients had a more positive experience in their therapeutic relationship when therapists disclosed more personal information about themselves. It seemed, to the client, that the therapist had become more relatable and more real, or interestingly the clients felt their therapists were more imperfect (Audet, 2011).

CHAPTER 4. DUAL RELATIONSHIPS

It must be asked whether or not the fear of exploring dual relationships in their entirety actually stops therapists in engaging with dual relationships in order to help their respective clients. One argument put forward by Lazarus is that therapists do not enter into dual relationships because there is a fear that psychotherapists will in fact try and use these new ways of relating, to their own advantage (Lazarus & Zur, 2002). However, in doing so are therapists then restricting themselves in some way? It is as if they are taking a risk based approach in thinking that if some dual relationships are bad then surely they are all bad and none of them could be seen to be beneficial for working with clients.

Arnold Lazarus in his book '*Dual Relationships and Psychotherapy*', picks out six key areas which are a cause for concern for therapists and clients when the idea of dual relationships is brought forward as a possible way of furthering the therapeutic relationship. These range from power and exploitation, to the slippery slope where by a little leeway is given which then results in the boundary being pushed further the next time, to familiarity and issues pertaining to transference.

Rightly so, there are very real concerns which can emerge when the possibility of dual relationships are discussed. One of the main arguments for not engaging in dual relationships is, as it has been mentioned above, that therapists could use their position to exert power and exploit their particular clients for their own gain. While this is a valid argument against the development of dual relationships, it does not really validate why dual relationships cannot be explored. If a therapist is looking to exert their position and knowledge to exert power and exploit their client, well frankly there are more serious concerns to worry about.

One such aspect that is raised by Lazarus that is quite relevant in today's world, whereby the so-called six degrees of separation is in fact reducing, is that of familiarity (Lazarus & Zur, 2002). For example, in rural settings there is the belief that no therapist who believes themselves to be ethical in anyway should not be engaging in activities which could be seen as a step towards a dual relationship. The idea behind this is that if the perspective client or even the client who is attending therapy knows personal information about their therapist the very outcome of the therapy sessions can become ineffective.

Interestingly enough an argument that is used to dissuade against using dual relationships is that if clients know particular personal aspects of their therapist's lives, it could lessen the

power that the therapist has. The therapist could be seen as being more equal and would again possibly lose their position of the specialist in the relationship if it were (Lazarus, & Zur, 2002).

In reviewing current literature based on boundaries and the idea of dual relationships, one thing is clear is that there are certain difficulties in keeping perspective. What this means is that there are multiple circumstances that makes it necessary for the presence of dual relationships and the willingness to explore the relationship outside of these set boundaries.

Take for example the fact that a certain percentage of the population lives in rural areas where the population density is quite sparse or that the population can be quite dense in one particular town but is distance wise cut off from other parts of the country. As such there is the possibility that particular therapists in those towns are connected to their clients and their community by way of taking other roles within the community or are connected through clients if their children go to the same school. Could it be thought that these clients are already at a disadvantage due to the fact that they know their therapist? Does this mean that the outcome of the therapeutic relationship is completely ineffective?

Nickel (2004) discusses this difficulty or issue in a paper called '*Professional Boundaries*' in which she explains that not only is there a high probability of such dual relationships being present in rural communities but it also requires a careful evaluation of each therapeutic case. (pg. 17) Again as it has been mentioned before what is beneficial to one person might not be beneficial to another. Nickel's paper (2004) explores the difficulties in resisting the idea of boundaries in rural communities. Nickel (2004) states that having a black and white view on dual relationships and boundaries is not realistic and that the presence of these two aspects of the therapeutic relationship are an inescapable part of therapeutic practice in rural communities (p.19)

Furthermore, Lazarus states that in rural communities, the fact there is little anonymity between client and therapist is more beneficial for the outcome of the therapeutic relationship and therapy sessions. He is of the belief that therapeutic effectiveness increases due to familiarity (Lazarus & Zur, 2002). Again, one could think that this has to do with necessity rather it being a norm in psychotherapeutic practice as a whole. However, what it does show is that familiarity between therapists and clients, or the presence of dual relationships is not necessarily a hindrance to therapeutic progress.

CHAPTER 5. FROM A CLIENT'S PERSPECTIVE

As it has been mentioned above the majority of recent research has been based on views from therapists about the effects of exploring boundaries on clients. However, research from clients on the effect of exploring boundaries could give us more of an idea of how effective or ineffective these boundaries are in the therapeutic relationship. In Audet's paper, '*Client perspectives of therapist self-disclosure: violating boundaries or removing barriers*' research was carried out on clients' views of their therapists before any personal information about the therapist was disclosed. Interestingly, the research found that clients believed that their therapists were rigid, impersonal, clinical, and authoritative. Audet, also points to the fact that before any personal information was disclosed by the therapist, the client felt that the therapist was the dominant figure in the relationship that held the power. By disclosing personal information about them, were the therapists willing to relinquish this supposed position of power between themselves and the client.

However, these views seemed to change somewhat when the therapist disclosed personal information about himself or herself. This idea of a position of power seemed to be relaxed and the therapist was no longer seen as someone who was rigid and bound by boundaries. The general feeling was that the therapist was now more real and more relatable (Audet, 2011).

CHAPTER 6. A POSITION OF POWER, OR A POWER SHIFT?

As it has been mentioned briefly above, theorists, clients and therapists themselves have brought up the idea that the therapeutic relationship holds a position of power in favour of the therapist. In the paper that Audet wrote in respect of the clients' perspectives on therapy sessions, the clients believed that the power in the relationship rested with the therapist. One could think why would it not rest with the therapist. As it stands they are the taught person in the relationship on how therapy is to be conducted. The purpose of this paper was to discuss boundaries, their use and also the use of dual relationships in therapy sessions. What emerged from recent research was that at the outset of therapy sessions, before any known boundaries were 'breached', some clients believed that the therapist was the person who in effect was running the sessions. However as a result of this, the therapists could be seen as rigid and clinical and not relatable.

It was suggested that therapists might not explore the therapeutic boundaries because in doing so they would lose their position of power within that particular relationship. In Audet's paper on clients' perspectives a number of clients believed that once therapists had disclosed personal information about themselves they had lost some of their credibility and had become more of an equal with the client rather than the person in the relationship with the power. Therefore it could be thought that if boundaries are to be explored with the belief that they will benefit the client, should therapists not be encouraged to do so rather than worry about this supposed shifting of power.

As Barnett discusses in his paper, '*Boundary Issues and Multiple Relationships*', there is the belief that if the therapeutic relationship is not carefully managed, the clear power differential between the therapist and the client can become harmful to the client (Barnett, 2011). Barnett's paper further discusses the power imbalance between the therapist and the client. The therapeutic relationship, as it has been mentioned above, by its very nature is stacked in the favour of the therapist. The client is there to discuss their lives and any issues that may be present which they want to work on, not the other way around in terms of the therapist. As it has been discussed above, the therapist can disclose personal information in order to benefit the client if they feel the need to do so.

More importantly, Barnett confirms that due to this power imbalance in favour of the therapist, the exploration of boundaries must be weighed up before doing so. Barnett details

seven steps or thought processes that the therapist should go through in order to weigh up in their mind whether or not this boundary crossing is beneficial. These will range from whether or not it is for their own personal gain or more importantly whether or not it would benefit the client. Crossing a particular boundary does not impact upon a part of the clients lives that may have been discussed previously. One issue that is brought up by Barnett is the thought of discussing crossing a particular boundary with a client. It is being more open with the client and making them aware of what is happening. However, it is very important that the therapist does not impart or rather impose their own beliefs upon the client in case it would affect the client's own thought process. Allowing the client to come to a conclusion on their own process can be far more profound than if the therapist imposes their assumptions on the client.

CHAPTER 7. THE THERAPEUTIC SETTING

A part of this paper was left to review the way in which the therapeutic setting is used to conduct therapy sessions. Can the therapeutic setting be a boundary in itself depending on how the therapy room is set up? Louise Duggan in her paper '*Heterotopias of Healing*' engages various therapists in discussing the impact of the therapy room on the therapeutic process (Duggan, 2013). One interesting aspect that was discussed among the therapists who took part in the research was that of the location of the therapists' therapy room. Those who had worked in public spaces such as public spaces had reiterated their clients' concern for anonymity. It seemed that clients were concerned that they would either be seen going in and out of the therapy room or would be heard during their therapy session. There was the suggestion that it as a good idea to have a separate entrance and exit so that clients would not bump into someone they might know. This was noted by a therapist as confirmation of the type of stigma that is associated with mental health issues (Duggan, 2013). It could be suggested from this that the clients are initially put into a place where their stress levels could be heightened. Would these heightened stress levels affect how the therapeutic relationship develops?

Interestingly, during her research Duggan found that the therapists who took part in her research believed that showing qualifications and therapeutic related books proved to the clients they were worthy of the task of conducting therapy sessions with them. It was noted that these qualifications and books and had a positive impact on the therapeutic relationship (Duggan, 2013). What emerged from Duggan's research was that the first priority of each of the therapists was to ensure that the therapy setting was deemed to be safe and comfortable for each client. Once the clients felt safe and secure they were then able to explore the space where the therapy sessions were held. In doing so each therapist confirmed that the objects that they filled their respective rooms with seemed to evoke something within particular clients (Duggan, 2013). Again it would have to be made clear that each therapy space might bring up a different reaction in each client. Some client's might be happy to go to a therapist house but some clients might prefer to keep a sense of professionalism to their relationship with the therapist.

The therapeutic setting could be linked back to the power balance that is held between the therapist and the client. Does the therapist hold more power in the relationship if they hold sessions in their own house where they are much the owner of that particular space? This is a

place where they feel comfortable therefore is the client at a disadvantage before therapy begins. Or could it be thought that the therapist who holds therapy sessions in a very non-descript room is seen as very cold and non-engaging. Are those clients at a disadvantage because they do not feel comfortable in that particular space?

CHAPTER 8. CONCLUSIONS

This paper has taken a look at the research conducted on the various aspects that make up the therapeutic relationship, with a particular interest in the exploration of dual relationships and boundaries. With the caveat that not everything will work the same for each client, the idea of boundary exploration and dual relationships seems to be extremely subjective depending on the particular preferences for both the client and the therapist.

What is clear from the available research is that therapists have an obvious obligation to ensure that they do not harm their respective clients. However, what they also have is an obligation to ensure that their clients are given the best opportunities to develop. Is the possibility that boundaries and dual relationships could be beneficial to their clients something that therapists should be cautious of engaging with as an excuse for their own anxiety around these boundaries. It is included in each association's code of ethics that therapists should not harm their clients and they should not breach particular boundaries. However, do therapists use these codes of ethics as a barrier for something that they do not want to engage with without being perceived as too rigid or formal by their own clients. In a sense do they use the ethics around boundaries as a way of personally not exploring boundaries?

What is clear from current research is that there are both pros and cons for the exploration of boundaries and dual relationships within the therapeutic relationship. But what must be remembered in each case is that the safety of the client comes first, that is the priority. What is very clear from research that has been carried out so far, is that further research needs to be carried out. What is also clear is that with very clear and sufficient supervision, therapists should be given the opportunity to explore further boundaries with their prospective clients.

BIBLIOGRAPHY

- McCleod, John. *An Introduction to Counselling*. 3rd Edition, 2003. Bell & Bain Limited Glasgow.
- Mearns, David. *Developing Person Centred Counselling*. 2nd Edition, 2003. Sage Publications London.
- Pope, K.S., & Keith-Spiegel, P.(2008). A Practical Approach to Boundaries in Psychotherapy: Making Decisions, Bypassing Blunders, and Mending Fences. *Journal of Clinical Psychology*. Volume 64 (5), pp. 638-652.
- Nickel, MB. Professional Boundaries: The Dilemma of Dual & Multiple Relationships in Rural Clinical Practice. *Counselling and Clinical Psychology Journal: Volume 1, No 1*, pp. 17-22.
- Lazarus, A., & Zur, O. (2002). *Dual relationships and psychotherapy*. New York, NY: Springer.
- Frankland, A. (2010). *The little psychotherapy book*. New York: Oxford University Press.
- Mann, D. (2010). *Gestalt therapy*. New York, NY: Routledge.
- Barnett, J. (2008). The ethical practice of psychotherapy: easily within our reach. *J. Clin. Psychol.*, 64(5), 569-575. doi:10.1002/jclp.20473
- Barnett, J. (2011). Psychotherapist self-disclosure: Ethical and clinical considerations. *Psychotherapy*, 48(4), 315-321. doi:10.1037/a0026056
- Audet, C. (2011). Client perspectives of therapist self-disclosure: Violating boundaries or removing barriers?. *Counselling Psychology Quarterly*, 24(2), 85-100. doi:10.1080/09515070.2011.589602
- Duggan, L. (2013). *Heterotopias of Healing* (Masters). Dublin Business School.