

**DUBLIN BUSINESS SCHOOL**

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**“DOES A DUAL ROLE INEVITABLY LEAD TO A DUAL RELATIONSHIP?  
ETHICAL DILEMMAS OF THE PRIEST-COUNSELLOR”**

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## **ABSTRACT**

The objective of this study is to consider the unique dual role of the priest who is also a practising psychotherapist, and how those dual roles may be helpful to or hinder the therapeutic relationship. The study also explores whether this dual role inevitably gives rise to the ethical dilemma of dual relationships and other deviations from the traditional rules and practices of counselling and psychotherapy.

The research employed a qualitative approach using semi structured face to face interviews with six Irish Catholic priests who also practice as counsellors in Ireland. The interviews were recorded using a digital recording device, transcribed into text and analysed using Interpretative Phenomenological Analysis techniques.

The results reveal that dual roles do not inevitably lead to dual relationships and that in fact the priest-counsellors researched in this study are very aware of the inherent danger of the dual relationship and endeavour to avoid them. For the most part, the dual roles of those interviewed are kept separate. Also, the dual role of priest-counsellor did not affect adherence to traditional rules and practices of counselling and psychotherapy. The results outline the benefits and potential problems that the priest-counsellor dual role can bring to the therapeutic relationship.

Recommendations for further research include prospective and existing client perceptions of the dual role of the Irish priest-counsellor and the benefits and problems with same. Also a detailed exploration of the relevant Codes of Ethics and the Irish priest-counsellor's experience of same may be of benefit.

## **CHAPTER ONE**

### **1. INTRODUCTION**

A dual role is one whereby a person is qualified in two professions. In the past, the Irish priest's role may have been considered in part to also provide general/basic counselling to his parishioners. This dual role would have given rise to confidentiality, boundary and other ethical issues. As the counselling profession has become more accessible and integrated into our society certain guidelines and procedures have been put in place to protect the client, the therapist and the integrity of the profession. In recognition of these developments a number of priests are now professionally trained in the field and practising as psychotherapists in Ireland.

Have the ethical issues of the dual role been reduced because these priest-counsellor professionals are now wearing two "separately trained" hats or does the priest-counsellor still find himself facing certain dilemmas? This study was undertaken to explore if the dual role of priest-counsellor inevitably gives rise to certain ethical dilemmas, particularly dual or multiple relationships. It is hypothesized that the priest-counsellor, in accordance with his therapeutic training, would avoid dual relationships by employing strategies such as ensuring their counselling practice is separate from their ministry practice and by maintaining a distinction between their two professional roles.

The Catholic Church in Ireland has recently faced scrutiny and criticism, particularly in relation to the abuse of power, an important component of both the

priest/public and counsellor/client relationships. Updated research in Ireland may be beneficial in identifying any unique ethical dilemmas to the priest-counsellor and offering guidelines of good practice to those dilemmas. Further, it is important that both religious and counselling bodies have the same high level of ethical standards to minimise harm through dual roles and ensure the integrity of both professions, and further research would assist in developing and clarifying these standards.



## **CHAPTER TWO**

### **2. LITERATURE REVIEW**

#### **2.1 Introduction**

There is a considerable amount of literature produced regarding the ethical debate of dual relationships occurring in counselling practice, including the distinction of sexual or non-sexual dual relationships, dual relationships which are created through choice, by chance or which are simply unavoidable, the argument as to whether dual relationships are inherently harmful or beneficial to the therapeutic process, risk reduction and helpful guidelines in managing dual relationships and the clarity or ambiguity of the codes of ethics and guidelines available. There is less literature linking the dual role of priest (or clergy) and counsellor and how their dual role may impact on the therapy. There is very little literature exploring other ethical dilemmas unique to the priest-counsellor. Nearly all of the literature reviewed was American.

This study will begin by outlining the definitions of dual role and dual relationships and then review the argument as to whether a dual relationship is inherently harmful to the therapeutic relationship and the literature regarding multiple relationships and the clergy.

## **2.2 Terminology**

As it is unanimously agreed that any type of sexual relations with a client is unethical, although in some jurisdictions a time lapse is imposed post therapy, any reference to dual or multiple relationships in this thesis, unless otherwise stated, is to non-sexual and non-romantic relationships.

The terms therapist, counsellor and professional are used interchangeably. Clergy therapist and priest-counsellor refer to a member of a religious order who is also a qualified psychotherapist/counsellor. Dual relationship and multiple relationship are terms used interchangeably in this research.

## **2.3 Definition**

A dual role occurs when a person is qualified in two professions. It is not necessary that both roles are employed simultaneously. This study focuses on the unique dual role of a priest who is also a qualified psychotherapist. There is little literature which explores this particular dual role.

Dual relationships arise when the professional (counsellor) enters into a second (or more) relationship with a client. Such relationships may include social, sexual, business, educational and may be simultaneous or subsequent to the therapeutic relationship (Friedman, 2000; Pearson & Piazza, 1997). In 1992, the American Psychological Association adjusted the term to *multiple relations* to reflect “the complexity of contemporary practice” (Gottlieb & Younggren, 2009).

The American Psychologists Association (APA) Ethical Principles of Psychologists and Code of Conduct (2010) defines as follows:

A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

Pearson & Piazza (1997) classify dual relationships into five categories. *Circumstantial Multiple Roles* occur coincidentally such as meeting a client at the supermarket when he is packing bags for charity, and are usually unharmed providing a discussion prior to such meetings or immediately thereafter is undertaken. *Structured Multiple Professional Roles* arise as part of the job of the counsellor and tend to occur in training and supervision scenarios. Again, these may not be harmful provided an open discussion is maintained, together with proper supervision and clear separation of boundaries for each role such as where and when each is performed. *Shifts in Personal Roles* happen due to organisational changes such as a client or former client becoming a co-worker. To ensure they are not detrimental to the therapeutic relationship, open discussion, preferably with a neutral third party, to establish clear boundaries can diminish the power differential and potential for harm, is recommended. *Personal and Professional Role Conflicts* is when the parties already have a personal (or professional) relationship and then subsequently commence a professional (or personal) one with the same person.

This category has great potential for benefit and harm and due to their complexity, consultation is highly recommended together with open discussion prior to commencement regarding the possible concerns and setting of boundaries. The final category is the *Predatory Professional* describing the counsellor who exploits the client for his own needs. This professional is unquestionably unethical and any multiple relationship will result in harm to the client.

#### **2.4 Inherently Harmful**

There has been a great deal of debate over whether multiple relationships should be avoided at all times or whether they can be entered into in and with certain conditions and furthermore, if it is harmful to the client, the therapist and/or the therapeutic relationship to enter into or indeed deny the secondary relationship.

Dual relationships can blur the therapeutic relationship boundaries which are created to provide a frame which “delineates the structure and content of the counseling [sic] relationship and establishes professional responsibilities and appropriate behaviours conducive to fulfilling the task of helping clients in distress.” (Haug, 1999, pg 412). These boundaries provide predictability, reliability and safety for the client and the responsibility to maintain these boundaries lies mostly with the professional. Professional boundaries are integral to the success of therapy (Haug, 1999).

The problems that might arise following the development of a dual or multiple relationship include, but are not limited to, an inability for the therapist to be

objective, empathetic, selfless and to make proper professional judgments such an appropriate and effective challenge to a client's maladaptive thoughts and/or behaviours (Nickel, 2004) as a result of transference or acting out. Client autonomy and confidentiality may be compromised as well as conflicts of interest or competition due to differing obligations of each role (Kitchener, 1988). The therapeutic relationship can become unsafe and the holding environment compromised (Haug, 1999). On the part of the client, there is an increased risk for them to become dependent, (Nickel, 2004) to feel entitled to special treatment (Haug, 1999; Nickel, 2004), to become confused as to the particular nature of a therapeutic relationship (Haug, 1999) and for misunderstandings to arise (Haug, 1999). As a counsellor possesses the potential for influence, they hold a position of power and the development of a dual relationship can bring inequality to the power differential (Kitchener, 1988). The risk of exploitation of the client dramatically increases at the creation of any dual relationship (Haug, 1999; Kitchener, 1988; Nickel, 2004).

Most authors and professional bodies agree that there are circumstances where entering into a dual relationship is unavoidable such as within small or specific sub-communities including ethnic, religious, cultural, gay/lesbian/bisexual and transgendered, deaf, military, university and correctional communities (Gottlieb & Younggren, 2009; Robinson, 2003). Living in a close community the counsellor will inevitably encounter past and present clients in a social or business setting, will share common contacts with their clients and know their families (Schank &

Skovholt, 1997). Younggren & Gottlieb (2004) also refer to the unavoidable and obligatory multiple relationships that arise in the military where a psychologist “must perform these dual functions or risk being found in violation of the Uniform Code of Military Justice”. Some authors contend that in such instances multiple relationships are acceptable, and often even helpful to the therapeutic relationship, when properly and cautiously managed. Robinson (2003) states, “Providing a service within one’s community helps establish trust and can quickly overcome many cultural barriers to successful therapy.”

Tomm (2002) states that it is “not the duality that constitutes the ethical problem, it is a therapist’s personal propensity and readiness to exploit clients... that is central” (ibid., pg 34). He suggests that dual relationships provide the means for a more honest, open, realistic, responsible and human relationship. That both parties can be experienced as ordinary human beings reducing the possibility of idealisation of the therapist. In his own experience, he found that being in a dual relationship with a client made him more mindful, honest, consistent, coherent and authentic: “It is much more difficult to ‘hide behind the cloak of professionalism’ when I allow a dual relationship to emerge” (ibid., pg 41)

Kitchener (1988) argues that “all dual role relationships can be ethically problematic and have the potential for harm”. She explores expectations, rights and obligations, conflict, competition and power in social and professional roles, in particular how these might impact on both the person acting in the roles and the others with whom they interact. Social roles hold certain expectations, prestige and power and conflict

and competition will arise when the behaviours associated with each role are in some way incompatible. Moreover, the professional acting in the dual role may find that both their own objectivity and that of the client they are in a dual relationship with is compromised, even if the professional acts at all times with the interests of the client above his own. Interestingly, Gottlieb & Younggren (2009) introduce research that suggests that when making decisions that affect personal needs and desires, humans act with an unconscious self-serving bias and that it is, in fact, impossible to remain completely objective.

Theoretical orientation has an important influence on the whether a dual relationship is harmful or helpful. Younggren & Gottlieb (2004) point out that traditional uncovering psychotherapeutic practice incorporates the identification and use of transference and countertransference in the therapeutic relationship and thus any multiple relationships should be avoided. However, it may be crucial to the therapy for a therapist practicing cognitive behavioral therapy to have a dual role such as accompanying a client with social phobia to lunch in a busy canteen. The therapist will have established a trusting relationship with the client but in order to progress the therapy, such an outing may be essential (Zur, 2002). Similarly family therapy may involve multiple relationships as the therapist may counsel a family together and then attend to individual members separately (Zur, 2002).

Friedman (2000) and Montgomery & DeBell (1997) both suggest that brief crises counselling is not harmful but rather can be effective when administered by a person known to them and with whom they already have an established, trusted

relationship. In this scenario, both refer in particular to a member of the clergy. In such instances immediate relief can be gained without the need to commence a new relationship with a stranger. Zur (2002) states that “familiarity often shortens the length of therapy and increases its effectiveness” (pg 49). To keep the risk of harm low, Welfel (1998) suggests that therapists should only offer short term, less intense therapy to an individual with whom they have an existing relationship and “reserve long-term counseling [sic] for people with whom outside connections are non-existent or peripheral” (ibid., pg 183).

Robinson (2003) identifies dual relationships in two types of boundary violations. The first being based on role-behaviour, that is, the defined therapeutic role and the secondary role such as teacher or business relationship. This role is usually clearly defined, often contractually agreed, and can vary slightly between practitioners or agencies. A violation of this type of boundary can be effective, such as the use of physical touch in a supportive manner rather than evocative and may prove to be practically challenging rather than harmful, such as a therapist meeting a client at an AA meeting and deciding to change meetings in the future. The second he describes as a “deeper” violation; that is, a violation of the ego boundary. The client’s ego, his conscious and unconscious beliefs about himself, is vulnerable to and easily influenced by the counsellor and any exploitation of the client by the therapist is undeniably unethical and harmful.



## 2.5 Multiple Relationships and the Clergy

The nature of the job for members of the clergy involve holding dual roles such as “liturgical leaders, financial and property administrators, professional fund-raisers, public speakers, spiritual directors dispensers of sacraments, counselors [sic], confidants and organizers” (Kane, 2006). Traditionally many people would turn to their priest, minister, rabbi etc. for, among many other things, emotional assistance and support (Haugh 1999; Montgomery & DeBell, 1997). These accepted blurred boundaries in the pastoral role, together with parish sizes and the decline of people entering the clergy, may contribute to the exposure of a clergy counsellor to participate in dual relationships (Kane 2006).

Haug (1999) lists a number of factors that she suggests make the clergy therapist vulnerable to multiple relationships and to the ethical dilemmas they pose. *Exaggerated expectations* may be held of the member of the clergy by the person seeking counselling and the “sacredness” they can provide (ibid., pg 412). As opposed to mental health training, *clergy training* does not incorporate personal development, ethical considerations or self care. Many religions are gender hierarchical and such *gender dynamics* may influence the clergy member’s ability to remain objective and non-judgemental. Juggling the high profile and *esteemed public persona* and the often lonely private life may affect their objectivity in managing client’s transference and projections as well as monitoring their own personal needs in the relationships. The encouraged and accepted *social* aspect of their role as clergy such attending weddings, visiting parishioners at home or

hospital or offering a comforting pat on the back may limit their ability to adequately define boundaries and the job requirement to be readily available at any time to members of their parish may diminish their ability to meet personal needs outside the work environment. The public image of caring and friendliness can result in a “difficulty setting limits assertively and protecting professional and personal time and space” (ibid., pg 413). Finally, the *practice structure* of the clergy job may affect vulnerability such as minimal boundaries between personal and professional life, dealing firmly with fee payment, lack of supervisory and/or peer support and professional accountability.

Clergy therapists are inclined to encounter the following dilemmas arising out of their dual roles:

- Maintaining *confidentiality* that is appropriate to the client-counsellor relationship which is usually stricter than that of parishioner-priest (Haug, 1999) and the conflict between confidentiality and responsibility where the counsellor priest encounters issues that must remain inside the therapeutic setting, but at the time having a responsibility to inform and support other parishioners in the same matter (Craig, 1991; Montgomery & DeBell, 1997).
- Being able to remain non-judgmental and open to the possibility that the client may not share the same *religious viewpoints* or that the therapy may involve the client exploring and questioning their relationship with their spirituality (Haug, 1999).

- Preserving a confidential and secure *therapeutic setting* particularly if practicing at their site of worship (Haug, 1999).
- Role confusion resulting if a client is also a parishioner to whom the priest relies upon for administrative duties or volunteer participation in religious practices or community outreach programs (Montgomery & DeBell, 1997).
- The receipt of *gifts and gratuities* (Haug, 1999; Montgomery & DeBell, 1997).

Recommendations made for pastoral therapists mirror those for any counsellor encountering a potential dual relationship; avoid the additional relationship where possible, open discussion of role definitions and expectations and keep documentation of same, informed consent, regular review and assessment of the dual relationships, regular supervision and peer consultation, practice short term, less intense therapy, regular education and consultation of codes and guidelines (Friedman, 2000; Haug, 1999; Montgomery & DeBell, 1997). Haug (1999) adds attending personal therapy and developing and enhancing a personal life and personal needs.

## **2.6 Conclusion**

The literature reviewed offers a detailed exploration as to what dual relationships are, when and how they might occur and whether or not they are inherently harmful. The research aimed specifically at clergy therapists mirrors most of the general research on the management of dual relationships and offers elaboration on unique

vulnerabilities that the clergy therapist is inclined. Most authors agree that a dual relationship can be problematic and that there is potential for both benefit and harm to the therapeutic relationship. Accordingly, it is prudent to practice defensively thereby minimizing the risk to the client by avoiding dual relationships where appropriate and being aware and educated in managing when same is unavoidable or beneficial to therapy.

## **CHAPTER THREE**

### **3. METHODOLOGY**

#### **3.1 Objectives**

The Methodology objective was to explore and record personal experiences and opinions of priests who hold a dual role because they are also a qualified counsellor, noting in particular the ethical dilemma of multiple relationships and any other issues that may have arisen for them from their dual role, and their use and observation of published Codes of Ethics.

#### **3.2 Method**

A qualitative method was employed for this research paper using semi structured interviews for data collection and Interpretative Phenomenological Analysis (“IPA”) of data.

Semi structured interviews offer more flexibility in the gathering of information as the investigator uses open ended and non-directional questions as a guide and encourages the respondent to explore their experiences and concerns regarding the research topic. Further questioning and exploration can be pursued where the interviewee’s responses lead to interesting and significant ideas or themes without restriction. This interview design is the most efficient way to obtain the most clearest and concise picture of the participant’s personal world and how they make sense of their experiences and perceptions (Smith & Osborne, 2003).

A list of 18 open ended questions, see Appendix Three, were composed arising from themes which emerged from the Literature Review herewith, to help the author assemble information appropriate to the topic and to offer the interviewee the opportunity to explore their experience, opinions and understanding of the topic. Each participant was asked the same 18 questions and further exploratory queries were raised at appropriate time during the interview to expand and enrich the content and information being provided.

### **3.3 Participants**

Six priest counsellors were interviewed for this study. IPA studies are generally small samples as the “aim of the study is to say something about the perceptions and understandings of this particular group rather than ... make... general claims.” (Smith & Osborne, 2003, pg 57). Accordingly, five or six would be considered a reasonable sample size (Smith & Osborne, 2003).

Two of the participants were sourced through the websites of accrediting counselling bodies while three were obtained through recommendation and word of mouth. One of the participants was recommended by another participant. All of the participants were contacted by telephone. The author introduced herself, where she had sourced their name and details from, explained the topic of research and proposed methodology and then enquired as to whether the interviewee was willing and able to participate in the project. Two prospective interviewees declined on the basis that they were presently out of the Country but stated that they would have

participated had they been in a position to do so and expressed their best wishes for the research.

At the time of contacting the prospective participants, only one was known to the author. That participant is an educator and the author attended a lecture presented by the participant four years ago.

Five of the interviewed priest counsellors are currently working with counselling clients. The sixth participant has not had counselling clients for some time but is presently working in the field at an academic level. All six participants were priests at the time of being interviewed by the author.

### **3.4 Procedure**

All six interviewees were met in person by the author at a location convenient to them. Two were interviewed in their counselling rooms and four in public coffee houses. Each interview was recorded on a hand held dictaphone and subsequently transcribed onto the author's personal computer and the files were password protected. Once transcribed, the recorded interviews were then deleted from the tapes in accordance with The Data Protection Act, 2003.

The procedure for the semi structured interviews was the same for each participant. The author offered the participant with an Information Sheet, see Appendix One, which outlined the history and objective of the research topic, a brief outline of why they were asked to participate and the interview design, details of confidentiality and their right to withdraw from the study. A Consent Form, see Appendix Two,

was also submitted for signature and retained by the author. The author then confirmed agreement to the use of the Dictaphone with the participant and placed it within view of both parties.

The interview began by obtaining details of the participant's counselling qualifications, theoretical orientation and history of their practice experience. Three themes were then identified, exploration of the dual role held by them as priest and counsellor and the ethical dilemmas that may arise out of same, consideration of multiple relationships and assessment of Codes of Ethics. All interviewees consented and responded to additional questions that arose from their answers to the composed questions.

### **3.5 Data Analysis**

IPA method of data analysis aims to provide insight into the participant's personal world through their perceptions, emotions and account of their experiences. Included in the process is the researcher who is "trying to make sense of the participants trying to make sense of their world." (Smith & Osborne, 2003, pg 53). 'Meaning', rather than 'measure', is the focus of IPA, however it is also helpful to identify themes and common connections.

Each interview was recorded, transcribed and printed for ease of reference. Themes which emerged from the Literature Review, together with the author's hypothesized results and any new ideas and subjects introduced by the participants were identified and highlighted. Themes and connections were then connected and clustered.



### **3.6 Ethical Considerations**

All of the participants received the Information Sheet and signed the Consent Form prior to beginning the interview but after any questions had been answered to their satisfaction. The author advised that any recorded information would be transcribed and then deleted from the recording device and that files would be securely stored and protected.

Any names and places used in this study have been changed or omitted to maintain interviewees' confidentiality and anonymity.

### **3.7 Limitations**

The sample, while all priest-counsellors, did not encompass all theoretical orientations of counselling practice. In particular, no priest-counsellor who practices family therapy or systemic therapy was interviewed.

All of the participants were practicing ministry and therapy in the City of Dublin. One participant spoke of the experience of previously practicing both professions in a rural setting.

The sample included only priests who are trained and qualified in counselling and psychotherapy. There has been no consideration or investigation into priests who counsel informally without qualification.

## **CHAPTER FOUR**

### **4. RESULTS**

This chapter will record the information obtained from the participants. Initial general information was compiled including the participants' training, theoretical orientation and membership of accrediting bodies. This information is headed General Information below.

Subordinate themes were identified from the interviewees' accounts of their experiences of dual roles and dual relationships. These themes are: adherence to traditional rules and practices of counselling and psychotherapy; deviation from traditional rules and practices of counselling and psychotherapy; separation of roles; problems arising from dual roles in the therapeutic relationship; benefits of dual roles in the therapeutic relationship; and opinions and experiences of various Codes of Ethics.

#### **4.1 General Information**

##### **4.1.1 Training and Qualifications**

All of the six participants have completed formal training and obtained qualifications in counselling and psychotherapy and are practicing or have practiced in Ireland. They are all currently practicing Catholic priests in Ireland.

The following Table 1 outlines the theoretical orientation of the training received, the Country in which training was completed and the approximate time training was undertaken. Each participant is denoted as P1, P2, P3 etc.

**Table 1 – Training and Qualifications**

	<b>Theoretical Orientation</b>	<b>Country/City where training completed</b>	<b>Approx. date training was undertaken</b>
P1	Short Term Focused	London	Early 1980's
	Psychoanalytic	Dublin	
	Group	London	
P2	Rogerian	Belfast	Mid 1990's to mid 2000's
	Humanistic	USA	
	Addiction	Dublin	
	Couples	Dublin & USA	
P3	Humanistic	Dublin	Mid to late 2000's
	CBT	Belfast	
P4	Psychoanalytic	London & Dublin	Early to mid 80's
P5	Humanistic	Dublin	Early 2000's
P6	Humanistic	USA	1990's
	Group	London	
	Psychoanalytic	Dublin	

#### 4.1.2 Professional Memberships

Each participant is a member of an accredited body. Three are members of the IFPP, one is a member of the NAPCP and two are members of the IACP. All of the participants were aware of the IACP and most were familiar with their Codes of Ethics.

#### 4.1.3 Ministry Orientation

Three of the participants are Parish Priests, two are Order Priests and one is a Missionary Priest.

## 4.2 Dual Relationships

#### 4.2.1 Does the dual role of priest-counsellor inevitably lead to dual relationships?

All interviewees stated that they had not experienced any dual relationships arising specifically out of the dual role and would avoid same in accordance with traditional counselling and psychotherapeutic practice.

#### 4.2.2 Inherently harmful?

When directly asked “in your opinion, is a multiple relationship inherently harmful to the therapeutic relationship?” each of the interviewees replies with a conclusive “Yes”. Reasons provided include avoiding abuse of power, avoiding blurring of boundaries, ensuring the clients’ needs are being considered and not the therapists, interference and compromise of the therapists’ objectivity, the countertransference and confidentiality.

On dual relationships being inherently harmful one participant states “it’s an inbuilt danger unless you have strong boundaries and a strong sense of self...” Another participant’s response was “Yes definitely, because the counselling relationship needs to be as pure as possible”. A third participant replied “...yes, it just blurs the

boundaries. Whose needs are being met here? Is it the client's needs or is it my needs? Yes is the answer..."

#### 4.2.3 Theoretical orientation

One of the priest-counsellors practices CBT and may engage in a dual relationship in the guise of a behavioral experiment but acknowledges that any secondary relationship is heavily conditional upon an agreed process, informed consent, client safety and confidentiality.

Another of the interviewees practices group therapy where individuals are seen in a group and then on a one to one basis. He refers to Foulkes theory of group therapy when he states "even in a group situation sometimes you have to be aware of the person and their needs and you may actually have to do some therapy with them." In this situation, strict adherence to boundaries was important as was exploration of any issues that may arise from the dual relationship in individual therapy.

It should be noted that the above two examples of dual relationships are within the therapeutic practice and the dual role as priest-counsellor is unrelated.

#### **4.3 Adherence to traditional rules and practices of counselling and psychotherapy**

All of the participants, in some way or another, referred to certain ways that they manage their dual role within their practice as a therapist so as to avoid dual relationships and other ethical dilemmas arising by use of the traditional rules and practices of counselling and psychotherapy.

#### 4.3.1 Maintaining a distance between therapy and ministry practices

Four of the six participants practiced from a Centre and so their client sources were external to their ministerial duties. The other two participants, the two Order Priests, practiced from specifically designated rooms within their Order premises. Both received client referrals through the church however, it was noted that on no occasion would either of them agree to take on a client who was known to them or who they had met through their ministerial duties. Each of the six interviewees stated that they maintained distance between their client base and their place of ministerial practice by not agreeing to counsel a parishioner or attendee of any church where they had public duties. One interviewee simply states “never recreate with people from your Parish.”

#### 4.3.2 Separation of roles

Five of the six priest-counsellors were very firm in their mindfulness of maintaining separation of their role as a priest and their role as a counsellor when practicing counselling and psychotherapy. These priest-counsellors actively ensured that in the therapy room they were the therapist and the role of priest was left aside. It was acknowledged however, that separation and definitions of roles was not uncomplicated and the priest-counsellors relied on personal therapy, supervision and/or spiritual direction to maintain their management of same. One priest-counsellor did not admit to separation of roles, and indeed believed it was important to himself and his clients that he maintain the dual role at all times. His supervisor

was also a member of a religious Order and he used this space to explore how his non-separation of roles may affect the therapy.

#### 4.3.3 Defined boundaries

All of the interviewees talked about upholding clearly defined boundaries in the therapeutic relationship and most referred to use of contracts. One of the participants rejected the use of formal contracts, however in accordance with his training he was definite in his practice of maintaining clear boundaries and creation of an implied contract with a client is practiced instead. Another of the priest-counsellors agreed with the importance of clear firm boundaries in the therapeutic relationship but admitted to being weak in that area. He referred in particular to running over time and accepting telephone calls from clients. He spoke of a client who had no boundaries themselves and so had great difficulty in preserving them in the relationship. He admits that he has to work very hard to keep himself and boundary maintenance in check and he prays that he does his best by his client rather than adhering to strict traditional psychotherapeutic boundaries.

#### 4.3.4 Self awareness

Each interviewee discussed the importance of the therapist's awareness in the therapeutic relationship including; self awareness, personal development, acknowledgement of their own process and an observation of their limitations, desires, strengths and abilities. As mentioned above, one of the priest-counsellors spoke of working on his own issues with keeping boundaries and adhering to rules

“I am not a great one for living by rules... I live consciously for the good of the person primarily...” One of the Order priest-counsellors noted that because he is often moved around he has to remain aware of his feelings of isolation, loneliness and desire for socialization and relationship and not to let them interfere with the therapeutic relationship “... I live in a community but sometimes a community doesn’t meet all my needs, the affect of the need to be cared for, and that sometimes I suppose I am longing for that friendship, that relationship with someone that may well arise out of a counselling relationship... So I feel at times through my clients and through the contacts that I might be tempted to use them to fulfill my need for friendship, relationship...”

#### 4.3.5 Awareness of transference

Awareness of the transference process is another important piece referred to by all participants. Erotic transference was the most common experience and the ethical management of same was paramount to all.

#### 4.3.6 Awareness of power differential

Participants also commented on an awareness of the power differential. This point was very apparent to each of the interviewees and is an experience which arises from both of their roles, as priest and therapist. The power differential was referred to in different formats such as the therapist being described as the expert, using the therapy room to evangelise, the therapist and priest as the ‘person in charge’ and taking advantage of vulnerable people. An interviewee notes that the notion of



power has been made very open and has become clearly defined within the Catholic Church as a result of the sexual abuse scandals and reports into same.

#### 4.3.1 Always act in the best interests of the client

The client's best interests are the main concern of each of the six participants in this research. Every consideration made and every action taken, is always for the best interests of the client. One interviewee asserts that "the good of the client is the most important thing."

#### 4.3.8 Self care

All of the participants are in active supervision. Most mentioned personal therapy and/or spiritual direction in addition to supervision as a means of maintaining their dual roles and managing ethical dilemmas. Each attempts to monitor their work life balance by seeking leisure and social activities outside of their counselling practice and ministerial duties.

#### 4.3.9 Opinions and experiences of various Codes of Ethics regarding dual roles and dual relationships

All of the interviewees are members of a professional accrediting body for counselling and psychotherapy and are all familiar with the guidelines and Codes of Ethics of those bodies in accordance with the traditional rules and practices of the profession. Most of the participants were also familiar with the IACP Codes in that they have read them and would refer to them whenever they required. All of them

were familiar and up to date with Canon Law, the Code of Ethics and guidelines of practice for the Catholic Church of Ireland.

The participants all agreed that Canon Law was clear and concise with regard to the definition of dual role and dual relationship, with management of same and in regard to ethical decision making. It was pointed out to the author that Canon Law has become far more specific and clear cut following the recent upheaval in the Catholic Church as a result of the exposure of the sexual abuse scandals.

The responses of the participants regarding the clarity of the Codes of Ethics of the professional accrediting bodies for counselling and psychotherapy, however, were mixed. Two of the participants replied yes, one replied no and one replied unsure. Of the final two participants, one replied yes but admitted that they were vague and the other replied yes to the codes being clear about the definition of dual role and dual relationship, and the best management of ethical problems, but that they were not concise with regard to best practice within a dual role or dual relationship.

A particular issue that arose for a number of the participants was the often excessive layers of policy making bodies under which they had to find their place to practice. As a minister there are the regulations of Canon Law and also many of the dioceses in Ireland have a handbook specifically for the priests practicing in that diocese. The counselling and psychotherapy profession is the same in that there are the codes of the accrediting body such as the IACP and then if the counsellor practices

in a centre, as a number of the interviewees did, then that centre would often also have its own set of guidelines or code of conduct.

#### **4.4 Deviation from traditional rules and practices of counselling and psychotherapy**

There were few instances of deviation from the traditional rules and practices of counselling and psychotherapy as a means of managing the dual role and ethical issues arising therefrom.

##### **4.4.1 Separation of roles**

One priest-counsellor admits that he does not separate his roles of priest and therapist at all, while another priest-counsellor separates roles, but only to a certain extent. Both of these priest-counsellors use their title as Fr or Rev in the membership registration with their appropriate accrediting body. The first mentioned priest-counsellor encompasses spirituality wholly in his practice. His counselling room contains spiritual artifacts, readings and books. He uses prayer and signs as a means of guidance in his practice with clients, his supervisor is an Order member which allows him exploration of spirituality as a part of his work and he is very open to using spirituality in the therapy. The second priest-counsellor refers to himself as a Pastoral Counsellor and feels that because he integrates his religious training with his counselling training he occupies a unique niche. He is very open to bringing spirituality into therapy, but confirms that he would only do so where the client is willing. He does however feel it is important

to define the two roles for both himself and his client. He remains aware of the difficulties of being a priest, such as isolation, identity, needs for intimacy, and ensures that these do not spill over into the therapeutic relationship.

#### 4.4.2 Dual relationships

Most of the participants reported an experience of a dual relationship in some form. One participant recalls incidences of clients seeking out his services as confessor. Another remembers an instance in the beginning of his practice as a counsellor when he offered his professional services to parishioner. One participant agreed to take on a client who was employed as a carer for an existing client. These instances were recognised as being ethical dilemmas. In all scenarios, the priest-counsellors have actively avoided such circumstances happening again.

Only one of the professionals felt that a relationship with a former client was acceptable once the therapy was completed. He had an experience of a former client becoming a work colleague but stated that no issues or problems had arisen. The question of an imbalance of power was explored but he maintained acceptance of the scenario.

Two interviewees practice CBT and group therapy respectively. According to the literature, it is possible to define certain therapeutic relationships within both of these practices as dual relationships. In CBT practice the possibility of a relationship outside the therapy room may occur in the instance of a behavioural experiment, such as attending a café with a person experiencing social phobia. The

interviewee practicing CBT agreed that he would be willing to partake in such an experiment with a client but that it would be part of a treatment program, conditional on clear and concise informed consent, meticulous planning, confidential arrangements and the first priority being given to the client's safety. He would not regard this experience as a dual relationship. In his group practice, the second interviewee would meet a group and then meet each of the members of that group for one to one therapy. He realised that such dual relationships could arouse issues for the client but because both relationships were therapeutic, believed that they were not inherently harmful as any problems could be brought up in the individual sessions for exploration.

#### 4.4.3 Other

One professional is not in favour of the use of formal contracts or consent forms however he is very clear on the separation and definition of roles and clearly defined boundaries. He works in a centre and the author understands that he does form implicit contracts with his client in accordance with traditional psychotherapeutic guidelines.

#### 4.5 Separation of roles

As mentioned in 4.3.2 above, one of the participants, and another to a lesser degree, do not separate their roles of priest and counsellor. All of the other participants clearly separated their role as minister from their role as therapist and felt that in the

therapy room they were firstly and foremost a counsellor and their ministerial role was put to the side.

All of the participants sourced their clients externally either by working from a centre, through referral from a centre or other health professional or from advertisement via business cards or flyers. Each acknowledged that they maintained distance between their clients and their parish.

Most of the participants entered into a therapeutic relationship without any spiritual basis but did agree that they would be happy to let the client explore any issues they may have around spirituality if they so wished. The participants generally agreed that to introduce religion into the therapy without the client's consent would be abusive, manipulative and dangerous. One professional speaks of a therapeutic relationship where the client wished to explore their spirituality within a non-catholic religion and confirmed that by maintaining a separation of roles and using his counselling techniques in the relationship, there was no problem for himself or his client.

None of the participants wear clothing that would identify their ministry duties when practicing counselling. Four of the six participants did not use their title of Fr or Rev in any public advertising of their therapist role. One professional reports that when he first started practicing he questioned whether he should tell his clients he was a priest. He decided that in the therapy room he was a therapist and that all

other roles should be put aside and so unless the client brings the fact up, he keeps his roles separate and does not disclose.

#### **4.6 Problems arising from dual roles in the therapeutic relationship**

The general consensus of the participants was that dual roles can be problematic to the therapeutic relationship if the priest-counsellor does not have an awareness and understanding of their separate roles and their own needs and desires within them. On having an understanding of what the priesthood is to the priest-counsellor, one participant says “you have to be clear what the priesthood and what the ministry is about for you and how you are using the therapeutic role because if you are unclear about the ministry then it gets blurred...” He comments that if a priest-counsellor uses the therapy to evangelise he is seriously and dangerously abusing his situation as priest and as counsellor.

When there is blurring of the roles, issues of imbalance and abuse of power can arise, as well as the therapist’s objectivity, confidentiality and countertransference being compromised.

In two of the interviews, the current negative perception of the priesthood due to the recent sexual abuse scandals was suggested as a possible problem for the priest-counsellor. Another of the interviewees, however, says “in light of the situation in Ireland, all the abuse cases and stuff like that, it hasn’t phased the Irish as much as you think. ...they would, in most cases, trust a priest”.

All of the participants have experienced difficulties in the dual role as priest-counsellor when it comes to confession. One professional speaks extensively about several experiences of therapy, after about 5 sessions, turning into the sacrament of reconciliation. He recalls another client who presented in therapy with one set of issues and who then insisted that he take their confession in which arose a very different set of issues and his struggle to manage the separation of roles and issues. Another professional states "... they come here and they won't see the counsellor, they continue to see you as a priest, which is different..."

#### **4.7 Benefits of dual roles in the therapeutic relationship.**

The benefits of the dual role of priest and counsellor declared include experience with different peoples and groups. One participant spent over a decade serving as a minister in Asia and another spent 16 years in Africa. Four of the six participants entered the priesthood in the 80's and at that time every new priest was sent to the UK. Another participant, through their Order, is affiliated with projects in Irish prisons and addiction services. All of the interviewees acknowledge that their dual role exposes them to a wide variety of individuals, communities, sub-groups, cultures, institutions etc. Such exposure assists them in remaining non-judgmental with their clients and parishioners.

A number of the participants suggests that motivation is an advantage. Their role as a priest allows them to train and practice as therapists without the need to earn a living and so their motivation for being a therapist is simply to help people. One



priest-counsellor talks extensively on this benefit, using his dual role to educate and assist those in poverty who cannot otherwise afford treatment, to instill confidence, trust and hope in them.

Confidentiality and trust were recurrent themes with the interviewees. It is recognised that both the priest and counsellor are trusted with confidential information from vulnerable peoples. An advantage for the priest-counsellor is that the inbuilt presumed trust that the Irish community generally has for the priest can help overcome the stigma of mental health treatment.

One of the interviewees also suggests that the priest-counsellor is in a position to use his influence as a priest to assist their clients. He recalls an experience of a client in danger of being remanded and he felt that his roles as priest and counsellor assisted in providing the client with a second chance. In this instance, the client had familial responsibilities and addiction issues that were better cared for if he was not in prison and the interviewee agreed to use his influence only after careful consideration of the best interests of his client and all other parties involved.

#### **4.8 Conclusion**

The findings of this study, after a compilation of general information, focused on the participants' views and practices in relation to dual relationships, their adherence or deviation from traditional rules and practices of counselling and psychotherapy, their management of their dual role of priest and counsellor including what they believe benefit and hinder the therapeutic relationship and other common ethical

dilemmas that may arise from their dual role, as well their own experience and opinions with regard to Codes of Ethics of certain Irish accrediting Counselling and psychotherapy bodies.

## CHAPTER FIVE

### 5. DISCUSSION

This chapter will explore the results of the previous chapter and compare them with the information gleaned from the published literature and outlined in the Literature Review herewith.

#### 5.1 Does the priest-counsellor consider dual relationships to be inherently harmful to the therapeutic relationship?

The answer is unanimously in the affirmative. In accordance with the majority of the literature, the traditional rules and practice of counselling and psychotherapy and the accrediting bodies' Codes of Ethics, the participants all agree that they would avoid entering into a dual relationship. They agree with Kitchener's (1988) statement that "all dual relationships can be ethically problematic and have potential for harm". The reasons stated for answering this question positively included, in accordance with their training, to protect objectivity and avoid any biases, to ensure that transference and counter-transference is recognised and appropriately worked through, to protect confidentiality and client autonomy.

All of the participants of this study were aware and respected the power differential of the therapist client relationship. Their sensitivity to same was heightened due to their dual role as priest-counsellor. Their ministerial training and practice, Canon Law and the media, as a result of the recent scandals, all highlight the obvious power differential and opportunity for abuse and exploitation that the priest holds.

One professional interviewed entered the counselling profession following his appointment as delegate to receive allegations of abuse in institutions. His role was to listen to the stories of people making allegations, record them and present them to the Provincial and Advisory Panel. He realised very soon after his appointment that he required further training to be able to listen helpfully and accurately. One interviewee states "...like a priest or a therapist you are in a position of power anyway, because they come to you thinking you are the expert..." As declared by Kitchener (1988) all were definite in their view that a dual relationship increases the risk of the abuse of power.

Kitchener (1988) talks of the danger of conflicts of interest arising out of the obligations of each role. One participant of this study recognises that difficulties may arise in such an instance when a client presents with an issue which conflicts with his religious beliefs and practices. Such theological dilemmas can readily occur such as divorce, abortion, suicide and euthanasia. This participant manages such conflicts by assessing the client's best interests including their supports and limitations and leaves his own beliefs aside. Another of the participants is aware of his own limitation in regard to such a conflict of interest and states that he would be unable to work with a client who presented the issue of abortion.

Haug (1999) and Nickel (2004) point out that a dual relationship may increase the possibility of a client believing they are worthy of special treatment by the therapist. The interviewee practicing group therapy recalls a similar occurrence in his practice where a member of the group acted out a phantasia that he was spending more time

with them. He denies however, that such instances pose an ethical dilemma as such phantasies and transferences would be worked out in the individual therapy.

Haug (1999) suggests that the client may become confused as to the particular nature of a therapeutic relationship increasing the risk for misunderstanding. This posed an ethical dilemma for one of the participants. He has experienced a number of times, clients seeking counselling but he soon becomes aware that it is not therapy that they desire but the sacrament of reconciliation. In this instance, the role confusion is on the part of the client. He further recalls a scenario where he had developed a therapeutic relationship and then that client requested he take their confession. The issues confessed were markedly different to the issues discussed in therapy and such overlapping of roles posed an ethical dilemma for him. As a rule, he does not agree to taking confession of a client or indeed establishing a therapeutic relationship with a confessor and attempts to maintain firm boundaries around this. He finds difficulty in containment in such instances confirming Kitchener's (1988) argument that different expectations of the client for each role can conflict. In this case, the client didn't see any problem at all and so the participant found maintaining the boundaries extremely challenging.

All of the research participants agreed with Haug (1999) that dual relationships compromise therapeutic boundaries, which are vital to the therapeutic relationship. The participants all report that in accordance with traditional rules and practice of counselling and psychotherapy, they recognise the need and importance of boundaries and, in all cases except one, are very strict on maintaining them.

The participants to this study agree that it was in both their and their clients' best interests to avoid dual relationships. In many instances, however, as pointed out in the majority of the literature and professional bodies reviewed, some dual relationships are unavoidable such as within small or sub-communities (Gottlieb & Younggren, 2009; Robinson, 2003). All of the participants ensured that, while they are a member of a sub-community, they did not incur such dilemmas. All of the participants source their clients through external means, such as word of mouth referrals, business cards or advertising flyers displayed in areas away from their religious offices and homes or practicing from a centre. They all maintain distance from their parish or community (as applicable) and ensuring that they only work with clients who are not members of their church or community. As all of the participants interviewed were based in Dublin, maintaining this distance was not challenging. One of the participants has previously practiced in rural Ireland, but still maintained that his clients were not members of the religious community. He reports that some of clients travelled from other Counties to attend therapy with him.

The suggestion in the literature that certain theoretical orientation can determine whether a dual relationship can arise and whether it is helpful or harmful to the therapeutic relationship (Zur, 2002). One of the participants practices CBT therapy and another group therapy and in both instances refer to the dual relationship being helpful but conditioned. The therapist practicing CBT acknowledges that a dual relationship may arise in his work with, say, a person with social phobia. He

concur with Zur (2002) that first a trusting relationship must be established and then a behavioural experiment will be an important part of the client's process. When questioned as to whether he considered the acting out of a behavioural experiment a dual relationship he replied "it is and it isn't, because it is part of a treatment program." He states that before any behavioural experiment is attempted the details would be very closely worked out, troubleshoot any possible issues, obtain informed consent, ensure confidentiality is maintained and follow the protocols of CBT.

Similar to family therapy, the group therapy practiced by one of the priest-counsellors involved working with a group and then having one to one sessions with each member of the group. Again, the priest-counsellor did not see any ethical problems with this practice as any issues could be worked out either of the relationships and both relationships are of a therapeutic nature.

One of the priest-counsellors interviewed started his counselling career practicing short term therapy which both Friedman (2000) and Montgomery & DeBell (1997) suggested would be effective if managed by a therapist who is already known to them, such as a member of the clergy. The participant in this study however, did not experience such a relationship and actively avoids any dual relationship in his practice.

## **5.2 Multiple Relationships and the Clergy**

### **5.2.1 Heightened vulnerability for entering into dual relationships**

Priest-counsellors, according to the literature, may be more vulnerable to dual relationships because of exaggerated expectations, clergy training, gender dynamics, esteemed public persona, social requirements of the priest role and the practice structure of the ministry (Haug, 1999).

The findings of this study suggest that the perception of the public and confusion of roles does indeed impact on the priest-counsellor, such as when a client may request the therapist for confession or vice versa however maintenance of the therapeutic boundaries alleviate the likelihood of dual relationships arising or becoming unethical or problematic.

Recent negative experiences of the Catholic Church in Ireland regarding abuse of power have resulted to changes in Canon Law and ministry practice following strict and very clear guidelines as to ethical considerations. All priest-counsellors are also qualified therapists and such training includes self care and personal development and so clergy training would not contribute to their vulnerability to dual relationships. In fact, this study found that most of the priest-counsellors decided to qualify as therapists because of their interest in their own personal development.

There was no indication from the research of this study that gender plays any role with the priest-counsellor's vulnerability to enter into a dual relationship. All of the interviewees were very aware and mindful of their position of power within the



therapeutic relationship. They were conscious of the danger of romantic involvement and ensuring that any erotic transference issues, with either gender, were dealt with ethically and therapeutically within the therapeutic relationship. None of the interviewees expressed any difficulty or preference with working with men or women nor was there any suggestion that the gender hierarchy of the Church played any significance in their practice as a therapist.

This study found that the Irish priest-counsellors interviewed were aware of their own needs in the therapeutic relationship. Issues include identity, loneliness and the transient nature of the ministry were accepted and closely managed through supervision, personal therapy and personal development lessening their vulnerability to dual relationships.

The literature suggested that the priest-counsellor may have difficulties maintaining boundaries because the social expectations and the caring image of the priest (Haug 1999). The finding of this study would suggest that Irish priest-counsellors place a great deal of importance on boundaries and ensuring that they are ethically and properly managed. However, there is indication that the caring quality may interfere with maintenance of boundaries in some instances, such as accepting telephone calls from clients, or running over time.

The issue of financial transaction does not appear to be an issue for the Irish priest-counsellor as most work for low cost or free and agree that they were able to enter the mental health profession because they were not reliant on an income from this

role and had appropriate financial support from the Church. All of the priest-counsellors who agreed to partake in this research were in supervision for their role as counsellor and acknowledged that as the therapist held the power in the therapeutic relationship and therefore the professional accountability and so it would seem from this study that the practice structure of the ministry does not affect their vulnerability to enter into dual relationships.

### 5.2.2 Ethical dilemmas that may arise from dual roles

The literature suggests that priest-counsellors are likely to encounter certain ethical dilemmas arising out of their dual roles. Craig (1991), Haug (1999) and Montgomery & Bell (1997) all suggested that confidentiality may pose a problem. The findings of this study would not suggest that this is the case. The confidentiality appropriate to the priest and his community is perhaps even more strict than that of the client-therapist. Confidentiality for the therapist client is conditional in a number of instances such as when the therapists believes that client may harm himself or another, whereas Canon Law imposes very strict clear guidelines and consequences for breaking confidentiality. Indeed many of the interviewees agreed that this aspect of both roles was a benefit to the therapeutic relationship.

Haug (1999) discussed the scenario where a therapist encounters a client who does not share the same religious beliefs. Most of the interviewees felt that this would not be an obstacle for them as they kept their own religious beliefs outside of the

therapeutic relationship. One interviewee recalls a very successful therapeutic relationship where his client wished to explore a religious belief that was not Catholic, however he did note that the client was apprehensive as to whether she would be able to have such an exploration with a Catholic priest and it may be an obstacle for a prospective client. One interviewee felt that he would not be able to deal with abortion issues and that he would refer a client who presented and another said that if issues arose in the therapy that were contradictory to his religious beliefs he would find himself in a theological dilemma but that he would attempt to leave his own beliefs aside and consider the best interests of the client and their own unique environment.

Haug (1999) also suggested that it would be challenging for a priest-counsellor to preserve a confidential and secure therapeutic setting especially if they practice at their place of worship. This study would suggest that this is not the case. Most of the participants practice from a centre and the two that have rooms within their Order ensure that there is a secure and discreet entrance for their therapy clients. One interviewee said “I would be conscious of that, trying to create that separateness and space, respecting the privacy of the clients basically.”

As the literature points out, dual roles are a natural part of the priest’s job (Haug, 1999) and indeed the most common ethical dilemma that arose for the participants of this research was the distinction and management of their separate roles; priest, pastor, order/community member, counsellor/psychotherapist and of course their own personal identity. As one interviewee says “...it is a unique challenge for a

priest..., counsellor, pastoral care worker to manage those boundaries and relationships and try and keep myself safe and also ethically managed. It really is a piece of work in itself!”

The recommendations explored in the literature review herewith for priest-counsellors entering into dual relationships or encountering issues arising from their dual roles (Friedman, 2000; Haug, 1999; Montgomery & DeBell, 1997) are all practiced by the participants of this study. Avoidance of dual relationships is agreed, roles are defined for themselves in personal therapy or spiritual direction and to the clients in the therapeutic relationship, documentation made and informed consent obtained where issues arise, regular supervision and continual professional development and familiarity of codes and guidelines. All of the participants of this research also admitted to nurturing their own social outlets and personal development.

## **CHAPTER SIX**

### **6. CONCLUSION AND RECOMMENDATIONS**

#### **6.1 Conclusions**

The purpose of this research was to examine whether the dual role of priest and counsellor inevitably lead to dual relationships and to review other ethical dilemmas that may arise from the unique dual role.

The findings of this research suggest that such inevitability is not necessarily the case for Irish priest-counsellors who hold proper qualifications and training in counselling and psychotherapy. The participants of this study adhered to the recommendations of their training which encourages the avoidance of dual relationships in accordance with traditional rules and practices of therapy and mental health Codes of Ethics and practice guidelines. Even those Irish priest-counsellors who practice CBT and group therapy, both of which sometimes promote an overlapping of relationships, agree that dual relationships are inherently harmful and should be avoided where possible.

The research suggests that Irish priest-counsellors actively maintain distance between their ministry practice and their counselling practice by ensuring that their clients are not members of the Church from which they serve. They are aware of and in the most part adhere to traditional psychotherapeutic boundaries in their practice. Their experience as an Irish priest, particularly during the upheaval faced by the Catholic Church in recent times, has had a significant impact on their

awareness to the power differential within the therapeutic relationship and their sensitivity and mindfulness to honoring and not abusing same.

The main issue faced by the Irish priest-counsellor is role separation. Client/public perception may be problematic for the therapeutic relationship if the client seeks them to fulfill both roles, that of counsellor and that of confessor. Irish priest-counsellors are aware that they must be confident and assured in both roles separately in order to be effective therapists. Supervision, personal therapy and spiritual direction are all regularly attended to ensure that any issues regarding their dual roles are managed for both their own and their clients' best interests.

As with all practicing counsellors and psychotherapists, the priest-counsellor encounters various ethical dilemmas in their counselling practice. However, this research found that they are as aware of the importance of personal awareness and development as any other member of the counselling professional and that they regularly attend supervision so their role as priest does not necessarily provide unique situations and ethical dilemmas for them.

## **6.2 Recommendations**

Further research that might be beneficial, may be to consider the client's view as to the unique challenges faced by the priest-counsellor and whether their dual role has an impact on the therapeutic relationship. An exploration as to what the client might see as the potential benefits and problems when their therapist holds a dual role as priest-counsellor may highlight further considerations.

In order to maintain ethical integrity of both professions, research amongst priests offering an informal counselling service, that is, without proper counselling and psychotherapy training and qualifications, may be useful. Such research may reveal whether the incidence of dual relationships are more likely to arise where the requirement of avoidance of such relationships in formal training is absent.

An examination of the various Irish mental health bodies Codes of Ethics and practice guidelines in relation to the management of dual roles may further enhance this study. The results of this study suggest ambiguity and vagueness within the Codes, in particular in how a therapist should best manage dual roles and dual relationships, together with the overlap of various bodies and their individual guidelines. It further implied the possibility of contradiction in the management of ethical dilemmas resulting from the layers of bodies offering guidelines and codes of conduct. A more in depth review of the Irish priest-counsellor's experience and opinion as to how appropriate and helpful these guidelines are to the practice and management of dual roles may therefore also be helpful.

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## APPENDICES

### APPENDIX 1 – INFORMATION SHEET

#### INFORMATION SHEET

**“A consideration of the ethical dilemmas arising from non-romantic dual relationships which may be encountered by a Priest who is also a practising psychotherapist”**

You are invited to participate in a research study that will form the basis for an undergraduate thesis. Please read the following information before deciding whether or not to participate.

**History and Objectives:** My research paper is considering the potential dual relationships which may be encountered by a priest who is also a practicing psychotherapist and the ethical dilemmas that may arise as a result thereof. My interest in this topic evolved from the changing role of the priest over recent years. The counselling role has always been an integral part of the priest’s service to the community, but now so as to lessen the risk of litigation as well as the regulation of psychotherapy as a profession, it seems that unless a priest is qualified and/or accredited as a counsellor/psychotherapist, it is no longer in his best interests to partake in offering a counselling role.

**Definitions:** For the purposes of my research paper, the terms dual roles, dual relationships or multiple relationships are interchangeable and refer only to non-sexual/non-romantic relationships. Such relationships are defined in my paper as follows:

*Dual role relationships arise when the professional (counsellor) enters into a second (or more) relationship with a client. Such relationships may include social, business, educational and may be simultaneous or subsequent to the therapeutic relationship.*

**Participation:** You have been asked to participate in this study to share your experiences, if any, of dual relationships that have arisen as a result of your roles as Priest and psychotherapist. Participation involves an audio taped interview relating to any dual relationship experienced, consideration of whether dual relationships are inherently harmful to the therapeutic relationship, management strategies employed and view of the current ethical guidelines will be explored. A sample of the questions raised is attached.

**Confidentiality:** All information collected as part of the study will be used solely for research purposes. It will be stored safely duration and will not be publically published without prior consent. Participant's identities will be anonymous.

**Right to withdraw:** Participants have the right to withdraw from the research at any time for whatever reason. Participants can also request at any time to have their interview data removed from record.

**Benefits of Participation:** There are no direct benefits in your participating in this research however an awareness of the ethical dilemmas you may encounter may assist you in your practice and a consideration of the current guidelines and Ethical Codes of appropriate

bodies may identify gaps for future recommendations of best practice, helping maintain the integrity of the psychotherapeutic profession.

**Support Services:** If participants feel they have been affected by the material raised in this study, engaging in personal therapy and supervision is strongly recommended.

**Contact Details:** If you have any further questions about the research you can contact:

Researcher: lonelle@upcmail.ie Supervisor: eamonn.boland7@gmail.com



**APPENDIX 2 – CONSENT FORM**

**CONSENT FORM**

**“A consideration of the ethical dilemmas arising from non-romantic dual relationships which may be encountered by a Priest who is also a practising psychotherapist”**

I have read and understood the attached Information Sheet regarding this study. I have had the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to all my questions.

I understand that I am free to withdraw from the study at any time without giving a reason.

I agree to this research being published and used for future reference if required in the future.

I agree to take part in the study.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant’s Name in print: \_\_\_\_\_

## APPENDIX 3 – QUESTIONNAIRE

### SAMPLE QUESTIONS

**“A consideration of the ethical dilemmas arising from non-romantic dual relationships which may be encountered by a Priest who is also a practising psychotherapist”**

I would be obliged if you would consider the following questions and answer to the best of your ability. Please feel free to expand on any question and add any further information that you might feel relevant.

1. What formal training have you undertaken to become a counsellor?
2. From what theoretical orientation do you practice psychotherapy?
3. Are you registered with any of the main accrediting bodies ie. IACP, IAHIP, NAPCP, FTAI?
4. Are your clients sourced through your work as a priest or through external sources or both?

5. In your opinion, do some clients seek your counselling services because you are a priest?
6. Are you aware if any potential clients have declined your counselling services because you are a priest?
7. Are there any issues that you would not feel comfortable counselling clients in because of your role as a priest?
8. Do you maintain distance between your practice and your parish? If so, in what way ie. physical distance, ethical distance?
9. What ethical dilemmas, if any, have you encountered in your dual role as priest and counsellor?
10. What, if any, considerations did you make before agreeing /not agreeing to take on the additional relationship with a client?
11. Has your dual role ever become problematic post development of a multiple relationship and if so, were any measures taken to alleviate the issue? Please state.
12. Can you state two or three ways in which your dual role can benefit your clients and the therapeutic relationship?

13. Can you state two or three ways in which your dual role can be potentially harmful to your clients and the therapeutic relationship?
14. In your opinion, is a multiple relationship inherently harmful to the therapeutic relationship? Please provide reason/s for your answer.
15. What self care measures, if any, do you practice?
16. Are you familiar with a particular Code of Ethics [IACP, IAHIP, NAPCP, FTAI] for your counselling practice? Please state.
17. Is there an equivalent Code of Ethics for your role as priest? Please state.
18. Do you consider the relevant Codes, both for your role as a priest and your role as a therapist, to be clear and concise as to the:
  - a. definition of a dual role or multiple relationships
  - b. advised practice within a dual role or multiple relationship
  - c. best management of the ethical and/or problematic issues that may arise from same

If not, please state deficiencies and, if desired, offer possible amendments.