Boundaries in Professional Relationships

by Gary Richard Schoener

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Preface

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Introduction & Background

The concept of boundaries is not limited to professional relationships -- nations, tribes, families, and individuals all have boundaries. Poet Robert Frost once wrote "good fences make good neighbors." Cultures have widely differing understanding of boundaries, and when someone from one culture moves to a new environment their sense of boundaries may evolve, more closely mirroring the beliefs of the place where they now live.

Authored between the 3rd and 2nd Century BC, the Oath of Hippocrates was part of a great body of medical writings collected by the Library of Alexandria in Egypt, the great library of the ancient world. Historians have called this collection the Corpus Hippocratum. In the Oath, the promise is made that "In purity and holiness I will guard my life and my art" and that the physician will
treat the sick and "will keep them from harm and injustice." It includes a promise to provide the mentor who taught him medical skills with money if he is in need and to hold him equal to his parents, and to train his sons in the medical arts. By way of some professional boundaries, the physician agrees:

To not train anyone in the medical arts who hasn't taken an oath and signed the covenant [equivalent today to not collaborating in the practice of unqualified people]

"Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves." [a broader standard than usually in use today, forbidding sex with even slaves in the household]

"What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself holding such things shameful to be spoken about." [a broader standard than our current concept of confidentiality in that it includes things "outside of treatment"—this promises to not be a gossip, something very important given that doctors were travelers and thus potential sources of "news"]

**Political & Philosophical Underpinnings**

Professional boundaries are relevant to the delivery of professional services in that the degree to which they are necessary or produce some predictable outcome, the professional is obligated to be concerned about them. While Freud originally believed that the psychotherapist could simply serve as a "tabula rasa" (blank slate) on which the client's feelings were projected, and which could then be analyzed, he came to understand the power of "countertransference," or the therapist's feelings and needs.

As regards the boundaries of confidentiality, political and societal issues are very important. There has always been a debate and changing view of the rights of the individual versus rights of the society, or of third parties. This has to do with the establishment of conventions, rules, and laws concerning the reporting of various types of abuse, or the need to warn persons who may be injured by a client.

Any treatment, or any practice or decision concerning a professional
boundary can be evaluated based on the ethical premises:

- Beneficence -- the likelihood that it will do good
- Non-malfeasance -- the likelihood that it will not cause harm
- Client autonomy -- the likelihood that it will foster client independence
- Fidelity -- the degree to which it reflects what was promised and is true to the articulated goals of the professional service

The psychotherapist (or other professional) is a fiduciary -- a person in whom trust is invested by the client. The professional relationship represents a fiduciary contract -- that is, an agreement between unequals in which one person has more power, and therefore more responsibility. Thus, while both have duties and responsibilities, it is the professional who has greater duties and responsibilities.

Remembering Our Own History

The maintenance of professional boundaries has always been a problem in our field. While we might prefer to see people with boundary maintenance problems as a handful of poorly trained or ethically limited persons, this ignores our history. The early analytic circle in Vienna was rife with dual relationships, violations of confidentiality, and poor boundaries. Grosskurth's book *The Secret Ring: Freud's Inner Circle and the Politics of Psychoanalysis* and Kern's *A Dangerous Method* are among the many works which detail some of this history.

Melanie Klein, who psychoanalyzed her own children, encouraged patients to come away with her on holiday and then provided therapy while they lay on her bed in her hotel room. Ernest Jones had Klein analyze his children and wife. Certainly many in the early analytic circles analyzed each others family members, mistresses, etc. Sigmund Freud analyzed his own daughter, Anna Freud, who later indicated she felt exploited by many aspects of this process, especially his use of her clinical material for teaching well after she had herself become a professional in the field.

Many key contributors to the fields of psychotherapy and psychoanalysis have had a romantic or sexual involvement with a current or former client -- in some cases a client who was in training or already in the field him or herself. Carl Jung had a romantic involvement with Sabina Spielrein, a young medical student who came to Jung struggling with serious emotional problems and then
went on to a brilliant career in psychoanalysis, cut short by her murder by the Nazis on 27 July 1942. The historical record suggests that Jung helped her considerably, although doubtless also injured her. During a now famous interchange of letters with Freud, Jung acknowledged his misdeeds, only to have Freud blame Spielrein. The involvement between June and Spielrein was not a singular one in early analytic circles:

Jung was scarcely the only person to become involved with a patient. Gross's exploits were legendary, Stekel had long enjoyed a reputation as a "seducer," Jones was paying blackmail money to a former patient, the even good Pastor Pfister was lately being entranced by one of his charges. Indeed, the most extraordinary entanglement was Ferenczi's, the amiable Hungarian having taken into analysis the daughter of the woman he was having an affair with and then fallen in love with the girl. Freud in fact was then currently seeing the younger woman at Ferenczi's request in an attempt to help rescue the situation. That Spielrein had once been Jung's lover would have disturbed Freud not at all. (Kerr, 1993, p.379)

Freud's reference was to Ferenczi's involvement with Elma Palos (the daughter of his future wife Gisella Palos), whom both he and Freud had treated, in the now famous letter from Freud to Ferenczi of 13 December, 1931 containing Freud's criticism of Ferenczi's kissing of patients. Although this exchange is often used to suggest that Freud was a stickler on boundaries, the historical record shows otherwise Furthermore, Freud was providing private information to Ferenczi in an apparent attempt to influence his choice of a mate. In addition, for many years the extent of Ferenczi's misconduct was not widely known because Ernest Jones' widely-read translation of this letter, significantly, omitted Freud's attempt to connect the kissing of patients with what he termed Ferenczi's "old misdemeanors", "...the tendency to sexual playing about with patients...". For his part Ferenczi replied to Freud in a letter dated 27 December 1931:

"The sins of youth," misdemeanors if they are overcome and analytically worked through, can make a man wiser and more cautious than people who never even went through such storms...Now, I believe, I am capable of creating a mild, passion-free atmosphere, suitable for bringing forth even that which had been previously hidden. (Masson, 1984, p. 160)

While at the University of Toronto, Ernest Jones became the subject of an allegation of sexual involvement with a client. He had not only initially denied the involvement but attacked the woman's general
practitioner who had assisted her in making the complaint. However, his defense was seriously undermined by revelations that he had attempted to pay money to the former patient to stay quiet about the matter.

Another example of the problems in maintaining professional boundaries is provided by the experience of famous psychotherapist Margaret Mahler:

...my almost three-year analysis with Aichhorn, while helpful in many respects, was far from "classical." For the fact is that Aichhorn and I were, by this time, very much in love with one another, making impossible the classical relationship between analyst and analysand. In taking me under his wing and vowing to see me restored to the good races of the Viennese psychoanalytic establishment, Aichhorn only buttressed my self-image as an "exception" -- now in an entirely positive sense as opposed to the negative sense inculcated by Mrs. Deutsch. Under Aichhorn's analytic care, I became a sort of Cinderella, the love object of a beautiful Prince (Aichhorn) who would win me the favor of a beautiful stepmother (Mrs. Deutsch). At the same time, my analytic treatment with him simply recapitulated by oedipal situation all over again...

By the time Aichhorn intervened and secured my readmittance to the institute training program some six months after our analytic work began, I was his favorite pupil. As our personal relationship blossomed, I became his lover as well. (Stepansky, 1988, pp. 68-69)

Famous women analysts were also at times in charge and their male trainees or clients were the subject of their personal interests. Frieda Fromm-Reichmann has written that her husband, Erich Fromm, was a patient when they became romantically involved, noting that at least they had the "common sense" to terminate the therapy before marrying. Even today, it is widely known but rarely discussed, that a number of key figures in the various psychotherapy fields are married to former patients.

Karen Horney is alleged to have had sexual relationships with candidates at the analytic institutes with which she was associated in both New York and Chicago, "including supervisees and analysands" such as "Leon Saul, who was traumatized by the experience"(Paris, 1994, p.142). She has been described at times as behaving much like the stereotype of the "dirty old man" who plays "sexual politics. "Horney's lovers sometimes became favorites to whom she gave power, until, to their pain and bewilderment, she turned against them. She then replaced them with other favorites.
Otto Rank reportedly became sexually involved with a former patient. Freud himself encouraged Horace Frink, a young analyst whom he was treating, to follow his desires and divorce his wife so he could marry a patient. Freud may have had financial motives in this case, hoping for a donation to the psychoanalytic movement from the patient's wealthy family, and that the outcome had some very negative consequences for those involved.

Perhaps this should not surprise us. Reviewing even the earliest fumbling in the evolution of psychotherapy -- Joseph Breuer's treatment of Anna O. -- which Freud felt led to the development of the "talking cure" or psychotherapy, leads one to believe that clients often find their own way to health. According to Ernest Jones, Anna O. developed a hysterical pregnancy. For his part, Breuer became entranced with this interesting client, leading his wife to become both angry and depressed. One night Anna O. went into a false labor and Breuer was obliged to visit her. According to Jones, he left her home in a cold sweat, went home, and the next day he and his wife left for Venice to spend a second honeymoon. What happened to the young woman? She grew up to be Bertha Pappenheim, a leading feminist, social reformer, and a pioneer in the field of social work in Germany. True, the relationship with Breuer did not involve sexual activity, but it certainly involved heavy transference and countertransference, probably left unresolved.

Even today a small group of writers is challenging the cultural and professional zeitgeist about professional boundaries. Rev. Carter Heyward, in her book *When Boundaries Betray Us*, argues that her psychotherapist "betrayed" her by not being willing to be involved in a post-therapy friendship or intimate relationship. Psychotherapist and author Miriam Greenspan, in her article "Out of Bounds," argues that rigid therapist-patient boundaries are consequences of a patriarchal society and can encourage abuse.

**Some Notes on the Dual or Multiple Relationship**

Featured in many codes of ethics, the the term *dual relationship*, or more current term of *multiple relationships* can be over-used. There has been a tendency to equate this with inappropriate intimacy.

Sonne (1994) has argued that the Ethics Code of the American Psychological Association, despite many revisions, still does not clearly define *multiple relationships* or define when they are harmful. However, contacts with clients outside of the professional psychotherapy relationship are not limited to true dual or multiple...
relationships where there is a conflict of interest and the professional relationship can be undermined. On the other hand are also overlapping relationships where there is not really a significant role conflict, and also encounters with clients outside of the treatment setting. Even encounters vary as to significance, and our own experience as well as some of the research suggests that professionals are far more concerned about encountering clients than are current or former clients. In fact, we have ourselves made the mistake of "processing" an outside contact with a client in a fashion which caused her to simply be angry at us for intruding on the treatment with "our hangups." For example:

"I ran into a client in a church parking lot and said 'hello.' [encounter] I noticed that the client, although she rarely attended, was a parishioner in the same church as our family [encounter, but with the possibility of an overlapping relationship]. The client signed up for the same Sunday school class, one which involved simply hearing lectures and occasionally discussing readings about the gospel. [overlapping] The pastor announced the formation of a marital support group designed to improve marital relationships and my spouse and I signed up, but in the first session we discovered that the client and her spouse were members, something of great concern since participants were to be talking about their marital life." [multiple relationship]

Can You Classify Psychotherapists Based on Conservativeness About Boundaries?

Borys (1988) compared who admitted to sex with clients to those who didn't on a number of self-reported boundaries issues. Despite the fact that 40 of her 44 offenders had a post-termination sexual relationship (which one would have expected to have brought about agreement on a number of items on her scale), she could only correctly classify 55% of the erotic practitioners and 79.4% of the non-erotic when comparing them on her Social Involvement Scale, which included the following items:

- Became friends with client after termination
- Disclosed details of your current personal stresses to a client.
- Invited clients to an office/clinic open house
- Went out to eat with a client after a session
• Invited clients to a personal party or social event

Borys (1988) also found considerable variability within the psychotherapy fields (psychology, social work, psychiatry) as to what is deemed acceptable in a number of areas. For example, therapists' responses to the following boundaries questions yielded the following very varied opinions:

• Accept a gift under $10: 19.5% never, 53% several, 10.4% all clients

• Accept invitation to client's special event: 50% never, 22% few, 3.4% some

• Becoming friends after termination: 65% never, 23% few, 3.3% several clients

• Treating an employee: 57% never, 12.8% few, 3% some clients

• Disclose own stresses to client: 59% never, 26.8% few, 9.7% some, 1.3% many

• Invite to open house: 50% never, 5.7% few, 6.7% some, 2.7% many, 3.4% all

Depending on the school of therapy one belongs to a particular boundary may be more or less important. For a behaviorist to visit a client's home to perform an en-vivo desensitization may be quite proper, whereas for a psychoanalyst to make a home visit might be a boundary crossing.

The Zone of Helpfulness

In the 1950’s and 1960’s concern was about genuineness, warmth, and "connecting with the client." Researchers studied these things and their impact on therapy and counseling. By the mid-1970's into the 1980's the concerns were about intrusiveness, exploitation, and abuse -- all seen as a consequence of over-involvement. Studies have shown that either extreme can be harmful.
The key is to be somewhere in the **Zone of Helpfulness**, whether one tends to be more formal, or one tends to be more emotionally involved or in greater physical contact.

Excessive self-disclosure is the single most common precursor to therapist-client sex:

- Disclosing current personal needs or problems;
- Disclosure as common, rather than rare event, during sessions;
- Disclosing things not clearly connected to client's problems or experiences; or not clearly things which would be likely to encourage or support client;
- Self-disclosure not only frequent, but uses up more than a few minutes in a session;
- Self-disclosure occurs despite apparent client confusion or romantization.

### For Colleagues or Supervisors

Some areas which require watchfulness are:

- Obvious therapist distress or upset
- Therapeutic drift -- shifting style and approach to a given client
- Lack of goals and reflection on progress in therapy
- Therapy which exceeds normal length for a client of that type in the particular therapist's practice.
- Exceeding areas of competence, reluctance to refer for other therapy, assessment, etc.

- Unwise techniques
  - Routine hugs
  - Face to face, intimate hugs
  - Excessive touch
  - Sessions in non-traditional setting when this isn't necessary
  - Adult clients on lap
- Routine or common socializing with clients
- Excessive self-disclosure by therapist
- Direct intervention in client's life

- Becoming enmeshed in client's life -- treating close friends or family members

- Unique vulnerabilities:
  - Attraction
  - Over-identification with client
  - Uniquely similar family dynamics
  - Divorce or loss in therapist's life
  - Identity disturbance in therapist

References


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