BOUNDARIES, TRUTHS AND 'DUAL RELATIONSHIPS'

The Problematique of 'Dual Relationships'

Petruska Clarkson

A colleague recently told me that the further he goes in his career in the therapy world the more he runs into the same people. This is what he said: 'Last year my supervisor was asked to be on a complaints panel to which my wife, whom at that point he had not met, was also appointed. An ex-therapist of mine, whom I worked with for several years and with whom I had ended with difficulty but effectively and ultimately on good terms has since joined an organisation I hold in low regard and clearly wants me to give some good publicity to it. The publishers of a book I recently edited suggested an author who is an excellent writer but who is someone I have found it difficult to relate to on our two previous meetings. An ex-supervisor of mine, from whom I learnt a great deal — he was ideal for me when I started — has subsequently been admonished for unprofessional conduct. The hardest encounter was meeting and greeting a severely borderline client in my local Indian restaurant, but I managed the minimal necessary contact before merging into the background of the party I was with. Not long afterwards she decided, with help from me, that she needed residential care and went back into hospital. And there is another one who occasionally uses the same swimming pool as I do. Some of my clients live in my neighbourhood and have children at the same school as my children and eat in the same restaurants as me. I do not think it desirable or feasible to try to isolate myself totally from all other aspects of my clients', supervisors', trainers' and therapists' lives. I try to as far as possible. No deliberate socialising;

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lots of consciousness-raising around what is going to happen and what has happened.'

In recent literature and in the contemporary professional climate of counselling and psychotherapy there seems to be an increasing preoccupation with so-called 'dual relationships', the exploration of boundaries and real or possible boundary transgressions. In the ethical codes of every major counselling and psychotherapeutic society these concerns appear to be represented.

There has been a spate of books, papers and conferences on professional abuse of clients, and the power relationships inherent in counselling and psychotherapy. Organisations such as the Prevention of Professional Abuse Network (POPAN) have been formed in Britain and elsewhere which are specifically concerned with identification, prevention and amelioration of professional abuse by psychotherapists of their clients . This phenomenon has emerged concomitantly with the growing recognition of the prevalence of sexual (and other kinds of) abuse of children by their parents, as particularly identified by Alice Miller, and the important and serious questioning of the collusion, minimisation and cover-up by professionals to protect themselves, or white male rights, or the powers-that-be, as described by Masson.

This kind of concern has led some authors such as Lloyd to identify a 'dual relationship phobia' as currently prevalent in counselling education, and has given rise to responsible and coherent arguments against the automatic prohibition of all dual relationships. Of course these contributions are in no way meant to support client exploitation by therapists, but they are intended specifically to resource people more effectively in considering the complexity of relationships in the fields concerned.

Definitions and Implications

Several ethical code items have been proposed or accepted in a number of professional bodies, to the effect that 'supervisors should not accept therapeutic contracts' or that 'dual relationships should be avoided' or some such attempt at legislation or general rule-making. I believe that the issue is far more problematical than it appears and deserves a great deal more thought, exploration and discussion than it has received so far. For example, it is possible that explicit prohibition could more effectively *conceal* a variety of implicit abuses, by creating rules which (a) nobody follows because it is impossible to do so, (b) people simply circumvent by calling similar activities by different names, (c) are unenforceable because prohibition is actually being followed only in name, (d) could open avenues for unfair persecution of therapists, and most importantly (e) lead to abuse of clients, trainees and supervisees, all swamped in ambiguity, confusion and anxiety.

I have elsewhere written more extensively about the fact that dual relationships have always been part of psychoanalytic and psychotherapeutic history. Freud and Klein analysed their own children and had unusual financial arrangements with their patients; Jung and Perls had sexual relationships with their clients. I have also described how there are substantial differences in situations where clients are or may become trainees, or are seen in institutions or in private practice, and have identified the

unavoidability of accidental boundary breaks, including examples of detrimental and beneficial effects and describing the implications of intentional or contractual arrangements.

In addition, I have distinguished between five kinds of ethical and legitimate relationships which may be potentially available for therapeutic use. These are: *working alliance*, where client and therapist are enabled to work together even when the former experiences strong desires to the contrary; *transferential/countertransferential*, wherein unconscious wishes and fears are transferred on to or into the therapeutic partnership; *reparative/developmentally needed*, where there is intentional provision by the psychotherapist of a corrective, reparative or replenishing relationship or action in a context of original parenting that was deficient, abusive or overprotective; *person-to-person*, where there is a real or core, as opposed to object, relationship; and *transpersonal*, that timeless facet of the psychotherapeutic relationship which is impossible to describe, but refers to the spiritual dimension of the healing process. It is important to remember these are not stages but states in psychotherapy or psychoanalysis, often subtly 'overlapping', in and between which a client construes his or her unique experiences. I believe all five are potentially if not actually present in all supervision, consultation, organisational, relationship and training situations.

They are not, however, what are meant by 'dual relationships', although each and all can be subject to similar issues of duality, conflicts of interest and cultural values.

Some of the Questions

What are dual relationships, then? Bond treats the problem under the heading of 'conflict of interest', which is indeed converted in the BAC Code of Ethics and Practice in the following way: 'B.2.2.13. Counsellors should avoid unnecessary conflicts of interest and are expected to make explicit to the client any relevant conflicts of interest'. Bond points out that there are 'no apparent legal constraints' and goes on to offer a useful discussion and model to guide decision-making in such cases.

So what are we trying to prevent? When is a conflict of interest relevant? Where within training and supervision may it be disguised, while in other situations being outlawed or feared? The vignettes that follow are intended to raise more questions than they answer. All examples are of course fictional and any similarity with persons living or dead is entirely coincidental. Some of the questions are:

- What is a relationship?
- What is the nature of the therapeutic relationship?
- When is a relationship dual?
- Why are people so afraid of dual relationships?
- Is it possible to avoid dual relationships?
- Is it good to try to avoid all dual relationships?
- What are the similarities between therapeutic and supervisory relationships?
- What are the similarities between therapeutic and training relationships?
- Will legislation prevent the exploitation of clients?
- Can personal work be combined with training or supervision in any way?
- Is this possible without potentially jeopardising the professional progress of the trainee?

- Is it possible that clients can exploit therapists?
- When is supervision or training therapy?
- When are they therapeutic?
- Who decides?
- Can all conflicts of interest be anticipated?
- Can all conflicts of interest be known?

Fictional Vignettes

It is commonly held that the personal issues of a counsellor or psychotherapist affect the process of their work with clients. This is frequently based on identification of the 'parallel process' in supervision, often in cases where the therapeutic process is unsatisfactory or problematic in some way.

For example, the therapist takes too much responsibility for the progress of the therapy because in her own family she was the eldest caretaker child who felt responsible and cared for an ailing and depressive mother. This is usually referred to as proactive countertransference or some equivalent term. By rescuing her clients she is disempowering them and preventing them finding and enjoying the challenges of their own autonomy.

The training group is dealing with a particular content — for example psychopathology or diagnosis and assessment. In order to make this material better experiential learning, the trainees are invited to try applying these categories to themselves. They discuss with their colleagues, trainers or supervisors that they are for example basically 'passive-aggressive' or 'histrionic' personalities. This becomes common parlance in the training group. When the trainers are making decisions about accepting trainees on the next training year or recommending them for graduation, this information is used to support the trainers' professional judgement about the trainees' career progression.

Thomas is in a small ongoing supervision group with Jane. Thomas feels that he lacks confidence in writing and presenting his case study, or offering a workshop at a conference. Jane maintains that 'where people are stuck professionally is where they are stuck personally'. During the supervision session it emerges that he has had this self-doubt since childhood, having been a rather shy middle child in a large and extroverted family with a dominating father. His supervision concerns how this past experience affects his development as a professional.

In a training group trainees are often invited to 'work with each other' in order to demonstrate or practise certain skills, techniques or processes — say, empathy. The trainee may disclose very personal information, cry or swear about a loss or a disappointment, or simply explore interpersonal difficulties within their collegial relationships. In this setting the trainer obtains delicate and sensitive material about their history, their vulnerabilities, their fears and their transferences toward other trainers, supervisors or therapists — past, present and future.

In another training group John the trainer frequently demonstrates aspects of theory or practice by 'working with one or more of the participants'. The themes may vary from early abuse to current life crises such as divorce or redundancy. The focus is on learning from the therapeutic process. The

training group then questions John about his thinking in doing this work and a full discussion follows where they draw extensively on the personal work which Thelma has just done with him.

In many organisations it is the training analyst or primary psychotherapist who makes the final recommendation as to whether a candidate be admitted as a full member. This follows a paradigm where the professional is the personal. However, it has been obvious since Freud's time that this results in a different kind of psychoanalysis or therapy than where the therapeutic journey and the professional development are kept as far as possible in separate compartments. In many of these situations the therapist, so to speak, is the trainer, since this may be the primary mode of professional development.

If the paradigm of possible division of the personal from the professional spheres of existence is properly adhered to, it frequently leaves the supervisor or trainer trying to bridge the gap without access or consultation from the psychotherapist, who may know that the trainee is bulimic or suicidal on a regular basis while nevertheless reporting excellent client progress to the supervisor. If this boundary is breached in collegial discussion, how can the trainee/client/supervisee give informed consent and foresee the implications for their professional life? Or will they 'give the supervisor what they want to hear' out of fear of retaliation or hope of job advancement?

Recommendations

I have been at conferences and in professional associations with ex-therapists, ex-supervisors and current colleagues and will, perhaps for the rest of my professional life, be associated with them and similar others in the same kinds of ways. Supervisees and ex-clients who come into the profession will face the same situations wherever they are involved with any training organisation or professional body in any way.

One of the greatest difficulties lies not in trying to avoid these situations, because we cannot; but in finding ways of understanding and supporting ourselves and each other in these multiple role situations, which are so unbelievably demanding and challenging and potentially stressful to all concerned. If only they *could* be dealt with by a simple manageable prohibition of dual relationships.

There is much to say in terms of recommendations and little space. Of course we should uphold and improve the ethical consciousness currently developing to protect clients, trainees and supervisees from the abuses of the exploitation of dual relationships. Independent advice and consultation can be essential in many cases. And then we could go further.

Firstly, we could face up to the fact that much of the profession is in a state of dual role denial, role confusion, and the unaware interpenetration of role, time, space and political boundaries. This is not a criticism, but meant more as an acknowledgement of work to be done. Prohibition of alcohol did not solve alcoholism. It aggravated the problem by adding multiple opportunities for crime and deception.

Secondly, we could accept the necessity and urgency of developing countertransferential awarenesses, methodological tools and conceptual and moral facility in 'role fluency'. We could agree that we must train and supervise with the existen-

tial vicissitudes of the so-called single role therapeutic relationship in mind, and not hold as normal what is in fact an ideal state. We need to equip ourselves and our charges to deal with, rather than to avoid real life.

Thirdly, we could stop over-idealising the therapeutic hour and the consulting (or supervision) room, and take seriously the research on state-dependent learning which mandates a thorough rethink of what in psychotherapy we believe makes most difference to a patient's real life or a supervisee's real practice outside.

Fourthly, we could try to avoid any judgement made by a trainer or supervisor which takes into account personal information or evidence collected in the course of training and supervision, whether positive or negative. Or we could at least acknowledge that such judgements or recommendations must be biased by any therapeutic or intensely personal disclosures received. Impinging or possible conflicts of interest should be declared: these would include business dealings with related bodies, history or promise of referrals, political advantage, the procurement of benefit, donations, standing for election to office. The exploitation of trainees or supervisees for political, emotional or financial reasons in such circumstances may be professionally more endemic and potentially even more damaging to the trainee psychotherapist than the possibility of exploitation as a client, where the personal and the professional are not so intrinsically interconnected.

Fifthly, we could discuss, explore and investigate together incidents, examples, technologies and understandings of how and when, in these morally complex postmodernist times, we can refine and revise our practice to take into account all the rapid developments in our field — but without, if possible, falling into either the Scylla of confusion, or the Charybdis of a neo-psychotherapeutic kind of fundamentalism.

Further Reading

Tim Bond, *Standards and Ethics for Counselling and Action*, Sage, 1993

Petruska Clarkson, 'A multiplicity of psychotherapeutic relationships', *British Journal of Psychotherapy* 7: 148–163, 1990

Petruska Clarkson, *The Therapeutic Relationship in Psychoanalysis, Psychotherapy and Counselling*, Whurr, 1995

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Petruska Clarkson and S. Clayton in Clarkson, *Changing Organisations, Professional Development, Personal Development and Counselling and Psychotherapy*, Whurr, 1995b

A.P. Lloyd, 'Dual relationship problems in counsellor education', in Barbara Herlihy and Gerald Corey (eds), *Dual Relationships in Counselling*, American Association for Counselling and Development, 1992