BOUNDARY CROSSINGS vs BOUNDARY VIOLATIONS: Is it just about sex?

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Boundary violations refer to 'an unethical act or acts that are deleterious in a therapeutic relationship or harmful to the client' (such as exploitation for personal gain). A boundary crossing by contrast refers to 'a helpful extension beyond the confines of the consulting rooms' such as accompanying a patient with agoraphobia to shopping mall for instance (Walker 2002). How and under what circumstances do we distinguish between the two concepts? Is it always self-evident? Recently at an area meeting of psychologists I asked my colleagues their views on this matter specifically as it related to physical contact with clients, offering a client a beverage, seeing a patient outside of the office etc. The response, including my own, was fairly consistent; we all confidently registered our profound disapproval. However, I subsequently administered a checklist asking my colleagues whether over the course of their career they had ever:

1) Hugged a client
2) Loaned a book
3) Borrowed a book
4) Prepared a cup of tea
5) Seen a client at their home etc

A disparity began to emerge between our thoughts and our actions. Most clinicians, particularly the more senior

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ones, had at some point done one or all of the above in one form or another. Of course, with the discussion that followed very good therapeutic reasons were given for each and every instance that the clinicians felt comfortable enough to discuss. Does this mean that boundary violations are a meaningless concept that we should ignore? Most certainly not, however context appears to be everything. To paraphrase the philosopher Ludwig Wittgenstein: the meaning of actions derives from the context within which they are executed. Maybe, therefore there is wisdom in keeping our Code of Conduct sufficiently broad to allow for interpretation. Our American colleagues have sought in their professional rules and regulations much greater specificity and the result has been that the guidelines have had to be continually revised and watered down substantially specifically as they apply to dual relationships (Zur 2002). However to arrive at this point a number of professionals have suffered considerable heartache, not to say ruined careers from frivolous legal action.

So what do our guidelines tell us? Whilst the term 'dual relationships' was not specifically mentioned within the Code, 5.3 comes closest to addressing this issue.

'*5.3 Not exploit any relationship of influence or trust which exists between colleagues, those under their tuition or those in receipt of their services to further the gratification of their personal desires*'.

Of course in the vast majority of instances interpreting such an injunction is straightforward, but our work is of course not always so straightforward. Where do we look for guidance in interpreting such guidelines? We have several options. One avenue that many of us may take, whether consciously or not, is through the disciplinary notices in The Psychologist. What do they tell us about boundary violations?

I looked at the disciplinary notices or references to ethical and professional code of conduct guidelines made within The Psychologist since its inception in 1988.

Several difficulties emerged with respect to this exercise, namely that the format or reporting of such matters has changed over the course of the journal's history. For instance it was only in October 1993 that it was announced that a report from the Investigative Committee would be included as a regular feature to The Psychologist. The form this took was rather than specific references to individuals who had been investigated, areas of complaints were enumerated. As an example in January 1994, five areas of complaint presumably following disciplinary action were listed. These included: failure to cite sources, confidentiality etc. The only issue raised which touched on boundary crossings concerned the appropriate use of the title 'psychologist' to promote psychological rather than non-psychological services. The July 1994 issue did within the report contain a specific direct reference to boundary crossing that was in the context of sexual harassment though here again details were not given. Similarly April

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1995 and November 1996 likewise contained oblique references to boundary issues without specificity.

What would appear to have changed all this was the case of Peter David Slade in the August 1996 issue. Considerable controversy and debate emerged around this case given the grievous nature of Professor Slade's conduct to both his patients and his students and what was perceived to be fairly or otherwise a weak response from the Investigatory Committee. Subsequent to this controversy there was a marked change in the level of specificity given, in that names of the professionals who were being disciplined were now being given. It is also interesting to note that in a number of the cases reported following this issue, by far the majority involved violation of item 5.3 of the Code of Conduct.

In November 1998 the case of Peter David Slade re-emerged in The Psychologist again involving sexual misconduct. Angry correspondence began to surface as The Psychologist printed specific details concerning the predatory nature of Slade's sexual misdemeanours. The end result was an extraordinary letter in February 1999 where the President of the BPS responded to accusations from the membership that Slade, because of his imminence, had been treated leniently. What is interesting from The Psychologist's point of view is that there appears to have been something of an editorial change at this point in that far greater specificity was given with respect to the disciplinary notices themselves. For instance, specific misdemeanours are outlined not just an enumeration of the Codes violated. From the clinicians' point of view this of course is a welcome change in that it provides information that is more substantive and hence more readily able to offer meaningful guidance.

I believe that the Slade case has influenced the way in which we think of boundary violation, i.e. purely in terms of grossly indecent conduct such as sexual involvement with a patient, for instance. There are, I would argue, other forms of crossings/violations, which are perniciously creeping into our practice, which may ultimately prove much more damaging to the profession as a whole, let alone to the patients we serve. Increasingly psychologists are finding themselves working out of the office as part of professional teams particularly within the NHS. The difficulties inherent in working in an inter-disciplinary team will be familiar to most readers. One however stands out in the context of the issue of boundaries, that is the degree to which other professionals may or may not understand the nature of our work as psychologists and the subsequent demands placed on us. Those

of us who work wholly independently without any contact with other disciplines (and this increasingly, I suspect, applies only to those in private practice), explaining ourselves and what we do refers simply to providing the client with a rationale about the model of therapy we work from. However unless there are regularly scheduled in-house service related presentations within your inter-disciplinary team, your colleagues' understanding of your role will come from the experience they bring from prior work or over the course of time in their work with you. Ignorance of the nature of our work may result in requests from professionals therefore to fulfil functions that may ultimately weaken or hamper the therapeutic bond with the patient, or indeed render it unworkable. Examples of this might include advocacy, identifying external supports and resources, or help with such matters as financial, educational matters etc. This threat I believe may be particularly acute for newly qualified professionals who may be anxious to do well in their first employment.

Lazarus (Lazarus 2002) argued that dual relationships are a myth and that this is in effect left over from our psychoanalytic forefathers when transference was viewed as the key vehicle for the therapeutic process, and that anything that interfered or sullied the transference was of course viewed as an anathema. Behavioural and CBT approaches however abjure the notion of transference and therefore allow for a more direct client/therapist interaction within which a reasoned degree of self-disclosure, for instance, may be possible.

In recent years furthermore, it has been recognised that dual relationships or boundary crossings even should, on conceptual grounds, one wish to hold onto the notion, is not always possible on practical grounds. For instance where contact outside the office may be unavoidable such as in relatively isolated communities e.g. the military or rural settings. However the fundamental precept of non-exploitation remains. In this context a notion of boundary crossings as opposed to boundary violations has emerged; however I would argue that the notion of exploitation alone cannot altogether guide us in distinguishing between a boundary crossing which may be therapeutic and that which is not in a client's interest i.e., undermining of the therapeutic alliance. Exploitation, of course, is to be repudiated, however non-exploitation alone does not equate to 'helpful extension' and may in fact prove harmful.

Changes in the expectations put to us of the nature of our duties vis-a-vis patients may alter that working relationship irrevocably. Therefore looking for blanket well-defined guidelines may prove insufficient and ultimately blind us to the more subtle threats to our working practice, which do not involve overt or grievous acts of exploitations such as those typified by the Slade case.

Further Reading

Walker, L. (2002) 'Feminist ethics, Boundary Crossings, Dual Relationships and Victims of Violence'. In *Dual Relationships and Psychotherapy* ed Lazarus, A and Zur, O. New York: Springer Publishing Co. pp432-448.

Zur, O. (2002) 'The Truth about the Codes of Ethics'. Ibid: pp55-63.

Lazarus, A. (2002) 'How Certain Boundaries and Ethics Diminish Therapeutic Effectiveness'. Ibid: pp25-31.

'Code of Conduct for Psychologists' British Psychological Society 2000.