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Boundary Issues are Commonplace: Setting the Limits

Over the last few months while working on this book I have been asked, 'What are you writing about?' My answer has been to explain that what I am examining is why the professional associations of psychologists, counsellors and psychotherapists all insist nowadays that their members avoid dual relationships with their clients. This means that therapists do not mix socially with clients, offer clients another service apart from therapy, purchase services from clients, nor do they offer therapy to another member of a client's family. In other words they only have a professional relationship with a client, and that is as therapist. The standard response to this is, 'Of course! Is there a whole book to be written about that?'

This prohibition of dual relationships is relatively new. The models offered in the early history of psychoanalysis by the 'founders' of the profession reveal a very different picture, with multiple relationships being considered unremarkable. Cooper (1993) suggests that these 'pioneers and heroes' were exploring the analytic relationship 'in order to discover what was possible and what was not', a morality developed gradually in parallel as the impossibilities were discovered. Freud's patients all came from a small, tight-knit, social group in middle-class Vienna so dual relationships were inevitable. He had complicated multiple relationships with all his early associates who were professional colleagues, as well as with friends and his analysands. He also analysed some of his friends' wives. One example is Jones' first wife; although Freud revealed little, Jones did write to Freud enquiring how the analysis of his wife was going and instructing him on what needed to change in his wife (Jacobs, 1992). Freud also analysed his daughter Anna, who subsequently became an analyst in her own right. He crossed many boundaries with his patients that today could have resulted in an appearance before a complaints panel. For instance, he gave patients gifts and financial support, invited the Rat Man for a meal, gave legal advice to some and acted as a match-maker for two clients (Lazarus and Zur, 2002).

Melanie Klein also had some very complex multiple relationships. She, like Freud, analysed her own children and analysed Jones' second wife and his two children. Indeed Jones invited her to London for this

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task. Klein later became Winnicott's supervisor and analysed his second wife Clare (Kahr, 1996). To complicate matters further, Winnicott analysed Melanie Klein's son (Jacobs, 1995). Winnicott had multiple relations with Jones, Khan, Milner and Little because he had a relationship with each of them as a colleague and then at least one additional relationship. He analysed Jones' daughter, Margaret Little, Masud Khan and his second wife. Masud Khan edited Winnicott's papers for 20 years from 1950 to 1970 and all the books that Winnicott published during his lifetime. In the case of Marion Milner, the Winnicotts took a young woman named 'Susan', whom Alice Winnicott had found in a hospital for nervous diseases, into their home. They then referred her to Marion Milner for psychoanalysis. Throughout the long analysis Winnicott 'not only carried the medical responsibility but was always ready with an illuminating remark on the telephone in moments of crisis' (Milner, 1969). This was not the only time they had a severely disturbed young person and patient of Winnicott living with them (Kahr, 1996). Margaret Little (1985) wrote a very detailed description of her analysis by Winnicott between 1949 and 1955. During the analysis they were both members of the Board and Council of the British Psycho-Analytical Society. Ferenczi went on holiday with some of his patients (Clarkson, 1995). A more recent example of a respected analyst who had dual relationships with her clients is Nina Coltart. In the latter part of her life, when she had semi-retired, some of her long-term clients continued to see her occasionally. She would pick them up by car from the train, give them tea, work with them on their material and then return them to the train.

These relationships were non-sexual and do not appear to have been exploitative or abusive. Jung, however, not only had 'close friendships and love relationships' (Wehr, 1985) with two of his patients Sabrina Spielrein and Toni Wolfe, but almost certainly did have sexual relationships with these women (Rutter, 1990). They later became his students and 'made independent contributions to psychoanalysis and analytical psychology' (Wehr, 1985). Reich married one of his patients and 'saw satisfactory sexual release as a prime goal of therapy' (Marmor, 1972; cited by Russell, 1993). Ferenczi and Rank both had sexual relations with patients or ex-patients (Mann, 1997) as did Perls (Shepard, 1976; cited by Russell, 1993) and Rogers (Clarkson, 1995) and in each of these cases no formal complaint was made and no action taken by either a professional association or the women concerned. It is interesting to compare this with the more recent case of Masud Khan, whose position as a training analyst was terminated by the British Psycho-Analytical Association in 1975 and then in 1988 he was struck off (Cooper, 1993). His termination as a training analyst was related to a number of misdemeanours around boundaries, including a complaint about sexual involvement with a student, although no patient could be persuaded to make a direct

complaint (Rayner, 1993). There is indirect evidence that this was not an isolated example of sexual exploitation of a patient. His breaking of the non-sexual boundaries included socialising with patients, introducing them to one another, meddling in their lives and sending them on errands. He was finally struck off for bringing the profession into disrepute. This followed the publication in 1988 of *When Spring Comes*, in which he 'spewed out not only inappropriate self-revelatory information, but also contemptuous anti-semitic venom' (Cooper, 1993). It is clear that Khan's behaviour was extreme and the British Psycho-Analytical Society and his colleagues had been pushed to their limit; however in earlier times it is unlikely that he would have been struck off. By the 1970s the climate of opinion had changed radically; reasons for this change will be explored later.

Outside psychotherapeutic and counselling settings, multiple relationships exist in almost every walk of life and seem to be accepted without comment unless something goes wrong. There is no reason why I should not be friends with my physiotherapist, piano teacher or the local builder, baker or window-cleaner and meet any one of them socially or chat to them if I meet them in the street. None of them has rules from their professional association or employers that prevent social contact. However, the two parties are likely to differentiate in their behaviour and demeanour between the two relationships. If a schoolteacher sends her child to the school at which she teaches there is no rule to prevent this nor to forbid her teaching her child, though she would probably think long and hard before doing so because of its undoubted effect on family relationships. Doctors and dentists will treat family and friends though they would probably not treat very close family except in dire emergencies. There is also no embargo on patients becoming friends. It would not be uncommon for a doctor to have carried out an internal examination of a female patient and then meet her socially at a mutual friend's house a few weeks later. Solicitors often offer preferential rates to family members though they must have any such work, particularly family wills, checked by an impartial colleague.

In many settings multiple relationships are not questioned and are used to get work. This was particularly so when professional bodies prohibited advertising: as a result professionals such as solicitors, physiotherapists, architects, accountants and doctors (pre-1948 and the introduction of the NHS) relied on their social contacts to find clients or patients. Their friends became clients, or vice versa, and in turn they recommended the professional services to others. Even nowadays, with most professional bodies allowing advertising as long as it is accurate, many people still use their friends as a source of work. In this way multiple relationships with clients or patients are both common and useful.

In the 1970s I lectured at a university. I had multiple relationships with my students; teaching them, employing them to baby-sit, arranging

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and attending at least one social event a term with my tutorial groups, and having one student as a lodger for a whole year. I marked exam papers of all these students at a time when scripts were not anonymous and took part in the examiners' meeting in which their final degree mark was decided. I declared an interest in the case of the student who lodged with me, but was not asked to leave the room during the decision-making and my opinion was actively sought. No one, least of all myself, questioned the propriety of doing this. It was assumed by my colleagues and confirmed by my behaviour that I was a responsible person who acted with integrity and did not abuse either my power or my position of privilege.

For priests, multiple relationships with members of their congregation are inevitable. To conduct their role adequately they will have a spiritual and a pastoral role quite apart from a social role with their church members. Some have eschewed friendship with any parishioners rather than add the further complications that this would entail. Such an approach can have disastrous emotional effects on the priests and their families. I will look specifically at the problem of multiple relationships for priests later in this book.

The professional associations of psychologists, counsellors and psychotherapists have brought in much stricter rules about dual relationships in response to complaints from clients that they have been abused or exploited by a professional helping relationship changing in nature. Countless examples of the potential complications of dual relationships could be drawn from real life situations; perhaps equally pertinent is that this theme has been richly elucidated in twentieth-century fiction and especially in films, revealing the positive as well as the destructive elements of such relationships.

If films and TV programmes are to be believed the development of sexual relationships between therapists and clients is commonplace. The therapist violating the sexual boundary can be male or female. Examples of the former are found in *Basic Instinct* (1992), *Color of Night* (1994), and *The Evening Star* (1996) and of the latter in *Spellbound* (1945), *The Prince of Tides* (1991) and *Mr Jones* (1993). These violations all happen without any suggestion that such behaviour is harmful or unethical and on occasions the implication is that either the client or the therapist was helped by the relationship. Therapists are also portrayed as having affairs or marrying patients the moment therapy ends, or terminating therapy so that a sexual relationship can start. An example of this is in the film *Deconstructing Harry* (1997) directed by Woody Allen, who often makes films portraying therapists who behave unethically. Other examples are *Annie Hall* (1977) and *Husbands and Wives* (1992). In *Husbands and Wives* the male therapist has an affair with his client and then blames her for seducing him! There is no suggestion that therapist must abstain from a sexual relationship with a client.

Some films portray the therapist as a wounded healer who is healed. It is the therapeutic relationship with the client that is the catalyst for the therapist to change – *Good Will Hunting* (1997), *Don Juan DeMarco* (1995) – but in the process the therapist has had two roles: healer for the client and wounded healer helped by the client.

Films also portray confusions between personal and professional roles. *The Prince of Tides* is a particularly interesting example of this because so many boundaries are crossed and different relationships formed between the therapist and her client. For this reason I will look at some parts of this film in some detail. The therapist, Dr Susan Lowenstein, who is played by Barbra Streisand, decides to contact the mother of her suicidal client, Savannah, to find out something about her family because the client is electively mute. When the mother refuses to see the therapist, her son, who is Savannah's twin, Tom Wingo, visits the therapist in her stead. From this point Tom becomes the client and begins to reveal the complex and disturbed childhood he, his sister, and brother Luke, who is now dead, had had. The marriages of both Tom and Lowenstein (as Tom calls her) are rocky. Apart from the therapeutic relationship a personal one grows; they go out for dinner together; she interprets one of his dreams whilst they are dining out; he dines at her house, invited by her husband; he coaches her son in baseball. The relationship develops into a sexual one; they spend a weekend away. At the end of the weekend together they end their relationship and he returns to his wife. They resolve to rebuild their relationship; whether Lowenstein and her husband return to one another is left in doubt.

The other thread of the story concerns Tom's sister who recovers and Lowenstein's son Daniel, who as a result of Tom's intervention is able to stand up to his father and do what he would like with his life. In summary, the boundaries crossed are between professional and personal so that there are several dual relationships. The therapist has a brother and sister as patients. The therapist allows a friendship and then a sexual relationship to develop with a male client. The therapist arranges for her client to offer her son coaching and introduces him to her husband, who then invites him to dinner. At no point in this film is there any suggestion that any of these actions is unethical or harmful; indeed the inference is that all the therapist's actions helped repair her client's marriage. Only one action of Lowenstein is commented upon by Tom as unethical: this is when she throws an inkwell at him. Of course the story and the film would be spoilt by moralising, and it is, as the video sleeve states, 'an emotionally explosive story of profound pain' and 'unlikely passion'. It is a good story.

Another example of complex dual relationships is to be found in *Deconstructing Harry*. The therapist appears to fall in love with her client, Harry, without any attempt by him to seduce her, nor any indication that

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he is in love with her. She abruptly and prematurely ends the therapy stating, 'The inevitable has happened. I think we should terminate your treatment and give a substantial period of time, and if we both feel the same way I think we could see each other socially'. They subsequently marry and have a child. Harry then proceeds to have affairs with her clients. Again there is no suggestion that the therapist behaved unethically. Is there no adverse comment because sex between a therapist and his or her client makes a good story and what is portrayed is fictional?

It is reasonable to assume that films are representative of the imagination of the culture from which they emerge, and one explanation for therapists being presented as flawed individuals is to manage society's fears of people 'who can read their minds'. Thus therapists are ridiculed as well as shown behaving badly and unethically. None the less it surprises me that on the one hand no adverse comment is made about the multiple relationships and their potential to damage people, nor are there any films in which these crossing of boundaries is portrayed as damaging, and yet everyone expects therapy associations to prohibit dual relationships, whether sexual or non-sexual.

Definitions

These confusions of role and creation of multiple relationships portrayed in the films are called dual relationships in the psychological therapy professions, whether they are dual or multiple. Broadly a dual relationship arises in any situation where a therapist assumes more than one significantly different role either simultaneously or sequentially with a client, supervisee or trainee. These relationships are not necessarily harmful, or unavoidable, but there is always the potential for a conflict of interest and of exploitation of the person seeking help. This makes it critical that whenever there is a possibility of a dual relationship the therapist, who is the person who knows the difficulties that could arise in such relationships, must think about and perhaps discuss with a supervisor the potential conflicts of interest and exploitation before entering into such a relationship.

It is clear from this definition that dual relationships could be sexual or non-sexual. Sexual dual relationships are easier to identify although there is some disagreement over what constitutes sexual activity. This will be discussed later. Examples of non-sexual dual relationships arising for therapists would be counselling a member of one's own family, a friend, a friend's offspring, a colleague, a member of the choir one sings in, or of a church congregation that one belongs to, one's dentist, plumber, or night-school teacher. Equally confusing would be mixing a professional relationship with a social one, such as having a meal with a

client or going to a concert, play or film. The potential for conflict and even exploitation in these relationships is obvious, but perhaps less obvious examples of dual relationships are accepting an invitation to a client's wedding; receiving house decoration in lieu of fees; accepting gifts from clients. In each instance a single relationship no longer exists: the friend becomes a client or, vice versa, the client becomes the provider of services. The potential for exploitation is there. It is not only with clients that dual relationships can arise. Counsellors when acting as trainer or supervisor would form a dual relationship with their trainee or supervisee if they simultaneously were also their therapist. Another dual relationship would be acting as both trainer and supervisor to one person. Similarly it is a dual relationship when a counsellor starts a therapeutic relationship with someone within a short period of that person having attended a training course run by the counsellor in question.

All professional bodies prohibit sexual relationships with patients or clients but few give any guidance on non-sexual dual relationships, leaving it to the common sense of their members to handle these with probity. In this respect counselling and psychotherapy are unusual in that in recent years codes of behaviour or practice have been produced with specific guidelines about both sexual and non-sexual dual relations. The rationale for this book is to look at how these professional codes have developed and why some are different from those of other professions. The questions that need to be asked and answered are whether the psychological therapies have introduced something that other professions should be following; or whether they have introduced rules that prevent therapists working creatively and in the best interests of their clients.