

Editorial

The concept of 'professional boundary' in psychotherapyRussell D'Souza¹, Avinash De Sousa²¹Director of Education, UNESCO Chair in Bioethics, Haifa.²Research Associate, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai National Faculty, 3T Training Programme of the UNESCO Chair in Bioethics

Psychotherapy has been defined as a form of psychological treatment where a trained therapist enters into a professional relationship with the patient, with the aim of reducing certain symptoms, removing certain symptoms and bringing about overall growth and development of the personality of the patient[1]. Psychotherapy treatments occur within a construct that has been termed as the therapeutic frame. A simple definition of 'professional boundaries' is that they are the parameters defining the limits of a relationship in which one person (a patient or client) entrusts his or her welfare to another (a psychotherapist), and where fees or payments are made for the provision of a therapeutic service [2].

Professional boundaries is a concept in psychotherapy which is essential, largely out of concern for the growing number of cases of sexual misconduct by therapists, which led to malpractice litigation and severe damage to the reputation of mental health professionals [3]. There is a growing amount of cases of sexual misconduct being reported year after year where unqualified and untrained psychotherapists engage in both sexual and non-sexual boundary violations with their clients or patients [4]. This is relevant more so in India, where patients may submit whole heartedly to the therapist thinking him or her to be knowledgeable and responsible for providing a cure for their problems. Therapists in some quarters are known to take advantage of such vulnerable patients.

There are namely two types of boundary violations noted in psychotherapy viz. the non-sexual boundary violations which milder and the graver sexual boundary violations. Boundary crossings are benign phenomena that do not occur repetitively and are discussable between the therapist and the patient, while being non-exploitative. In Indian culture, the psychotherapist or doctor is often viewed as a demi-god who will cure the patient. In such cases it is not unusual for patients to talk and enquire about the therapist's likes and dislikes or ask certain questions that may be personal during the course of therapy. Falling at the feet or touching the feet or sometimes kissing the hand of a doctor (who is perceived to be a healer) or therapist is common in our culture and cannot be viewed as a personal boundary crossing [5]. Many patients in therapy often enquire about the therapist, his native place, his family, what they do and whether he has children and how old they are. This is normal social enquiry that is rampant in our culture and must not be viewed as with a boundary crossing mindset.

It is normally seen that rigidity with respect to boundary crossings does no good for therapy. A good psychotherapist adjusts the treatment to the patient rather than expecting the patient to adjust to the treatment. Novice psychotherapists are trained and taught so much about boundaries in courses, that they show great concern about maintaining proper boundaries thereby becoming cold, rigid, formal and inapproachable in their way of dealing with the patient or client. Some patients reject such therapists who behave more professional than human and do not generally follow up for therapy. Rigidity about boundaries serves as hindrance in developing a good rapport with the patient in therapy [6].

This is a common reason why novice therapists complain of a lack of follow up amongst their patients. Patients in India want a therapist who is friendly, homely and yet a guide and an advisor. In such cases the therapist has greater responsibility bestowed on him where he serves as

an elder, friend, philosopher and guide for his patient. He may be looked upon in this role not only by the patient but also by the entire family of the patient. Rigidity and unfriendliness by the therapist in such cases will result in the patient seeking therapy elsewhere where he finds a therapist with the qualities he desires.

Boundary violations on the other hand, represent events or phenomena that are usually repetitive, harmful to the patient, and exploitative of the patient's dependent position in therapy. Sexual activity with the patient or engaging in a sexual relationship with a patient would be the gravest example. Other examples would be exploiting the patient financially or emotionally. The psychotherapeutic relationship is by definition a relationship where there must be equal power with both the therapist and patient. The psychotherapist is trained and paid to deliver a service based on skills acquired by specialized training. The patient may assume that whatever the therapist says or does is designed to help the patient. As a result, many patients innocently succumb to boundary violations under the feeling that it is for their own good [7].

A boundary transgression is used as an umbrella term that encompasses both boundary crossings and boundary violations. Another term of note is boundary blurring which is used to describe instances in which the boundaries are confused but not enacted in the form of a boundary violation.

In India, the doctor or therapist visiting the home of the patient is a common occurrence. The therapist as far as possible must conduct psychotherapy sessions in a clinic setting and must avoid visiting the house of the patient too often as chances of boundary violations occur. It happens many a time that a visit to the patient's house results in the therapist being offered lunch or dinner and a session that should last 30-45 mins may extend to a few hours building the chances for boundary violations and relationships other than that in a therapeutic frame. The therapist should refrain from becoming associated with various family members and relatives of the patient and must focus on the patient concerned. Even getting a 'rakhi' tied by the patient though sacred as a relationship must be avoided as the therapist must maintain his frame of reference. Even travelling on a vacation with the patient and his or her family for counseling sessions there must be avoided.

There are many examples of boundary violations that can occur and some of them are mentioned below –

1. Accepting gifts from the patients in therapy.
2. Physical touch with the patient in therapy.
3. Sexual contact with a patient undergoing therapy.
4. Excessive therapist disclosure in psychotherapy.
5. Meeting outside the therapy setting when not needed.
6. Having lunch or dinner with the patient at his / her home or outside.
7. Confidentiality violations.

REFERENCES

1. Pope KS, Vasquez MJT. *Ethics in Psychotherapy and Counseling :A Practical Guide*. John Wiley and Sons, 2011.
2. Georgaca E. Exploring signs and voices in the therapeutic space. *Theory Psychol* 2003; 13: 541-560.
3. Zur O. *Boundaries in Psychotherapy :Ethical and Clinical Explorations*. American Psychiatric Publishing ; 2007.
4. Celenza A. *Sexual boundary violations :therapeutic, supervisory and academic contexts*. Jason Aronson Inc ; 2007.
5. Gutheil TG, Simon RI. Non sexual boundary crossings and boundary violations :the ethical dimension. *PsychiatrClin North Am* 2002; 25(3): 585-592.

6. Sarkar SP. Boundary violation and sexual exploitation in psychiatry and psychotherapy :a review. *Adv Psych Treat* 2004; 10: 312-320.
7. Goldberg A. Some limits of the boundary concept. *Psychoanal Quart* 2008; 77: 861-875.

Acknowledgements–Nil
Source of Funding – Nil
Conflict of Interest – Nil