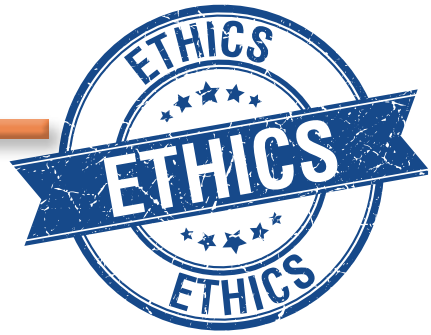

Boundaries across borders

Counselors have been challenged for decades by ethical issues surrounding how to set and maintain appropriate boundaries in the therapeutic relationship. A boundary can be described as a frame around the counseling relationship that creates safety for the client. Counselors need to establish clear boundaries in their work because clients can easily misunderstand the nature of the counseling relationship. A considerable amount of emotional intimacy can be involved, which makes the professional relationship similar to a friendship. A crucial difference is that the intimacy is reciprocal in a friendship, whereas in a counseling relationship, the focus is always on the client.

Much of the discussion around boundary issues has used the terms *dual relationships* or *multiple relationships* to describe situations in which the counselor has another, very different relationship with a current or former client. Examples include counselor and friend, counselor and supervisor, counselor and employee, and counselor and lover. Because a power differential exists in all of these relationships, the potential for exploitation and harm is always present. However, some dual relationships are unavoidable (particularly in specialized settings such as the military, in rural areas and in addictions counseling environments) and, sometimes, they can even be beneficial to clients.

Evolving views

Our profession's views about dual relationships have changed significantly over time. Sigmund Freud and his contemporaries were among the first to establish therapeutic boundaries. In psychoanalysis, where the analyst was seated behind a patient who was lying on a couch, the analyst remained relatively anonymous and served as a "screen" onto which patients could project their transferences. The importance of maintaining the therapeutic frame was emphasized, resulting in clear and somewhat inflexible boundaries.

Many years later, Carl Rogers' view that the therapeutic relationship was a person-to-person encounter in which the counselor conveyed genuineness and transparency gained wide acceptance. This created a notable shift in how therapeutic boundaries were conceptualized, and new questions arose regarding issues such as counselor self-disclosure.

During the late 1980s, researchers revealed that sexual relationships between mental health professionals and clients were much more prevalent than previously had been assumed. This led to a more-restrictive stance on dual relationships, particularly those that were sexual or romantic in nature. More recently, our profession's increased attention to cultural differences and the rapid internationalization of the profession have led to greater recognition of the complexities of boundary setting and a more-flexible and nuanced perspective.

Successive revisions to the *ACA Code of Ethics* have reflected changes in our profession's awareness of and views regarding dual relationships. The original code (1961), which was more focused on personnel and guidance, made no mention of the issue. The second iteration (1974) cautioned counselors to avoid dual relationships by referring prospective clients with whom they already had an existing relationship. The third version (1981) added specific language stating that dual relationships that could impair a counselor's objectivity or judgment (such as with close friends, relatives or sexual intimacies) must be avoided. The 1988 code contained the same language and added a separate standard that prohibited sexual intimacies with clients.

By the time the next version of the ethics code was published in 1995, our understanding of dual relationships had deepened. This iteration of the code advised counselors to avoid dual relationships "when possible" and to be aware of their influential positions with clients so as to avoid exploiting their trust and dependency. The 1995 code also recognized that some dual relationships are unavoidable and offered precautions to ensure that no harm would occur. The term *dual relationships* was replaced by *nonprofessional interactions or relationships*, and a standard was added that provided guidance on managing "potentially beneficial interactions." The revisions found in the 1995 code signaled a shift from a focus on avoiding dual relationships to an emphasis on how to manage them.

In the current *ACA Code of Ethics* (2014), an entire section addresses ethical issues raised by the explosion of new technologies, especially social media. These developments have raised a host of new questions related to boundary issues, such as the shared presence of a counselor and client on a social media site and what limits to set on electronic communications with clients.

Accounting for cultural differences

The increasingly diverse nature of American society and the burgeoning globalization of the counseling profession have led to new ways of thinking about dual relationships. Distinctions have been drawn between boundary violations, which cause harm to clients, and boundary crossings, which are exceptions to customary practice that a counselor may make to benefit a particular client in a particular situation. Many of these "crossings" or exceptions are related to cultural differences. For example, a counselor may have a policy

against accepting gifts from clients but might make an exception when a client is from a culture in which giving gifts is an expectation. In this instance, rejecting an offered gift could be hurtful and might negate any gains made in the therapeutic relationship.

Cultural differences in how boundaries are managed can also present challenges for counselor educators, especially when they work with international students. To illustrate, take the case of a professor who expressed his concern to a beginning master's student that she seemed to be avoiding eye contact. The student explained that in her home country in Asia, maintaining eye contact with a person of higher status is considered rude. This led to a discussion of how to find a balance that would respect both her cultural norms and the norms of the country in which she was studying.

A second example involves a master's intern from a South American country who was chastised by his university supervisor after he (once again) ran over the time limits of his session. The intern's exasperated response was, "I just don't understand this obsession with a 50-minute hour!" He explained that time is viewed differently in his country, where people tend to be fully engaged in the interactions they are having at the moment and are not concerned with what is coming next. In his culture, "on time" is a very flexible concept. After his explanation, he and his supervisor were able to discuss ways that his counseling practices will differ when he is working in the U.S. and after he returns home.

Counselors and counselor educators who work abroad need to have a keen sensitivity to cultural differences, and they need to be consistently aware that our codes of ethics were developed from a Eurocentric perspective. Being open to adjusting one's usual practices with respect to boundaries is a necessity to avoid therapeutic error. There are abundant examples of potential missteps, a few of which I will mention here.

If a counselor working in a culture that has a different sense of personal space were to reflexively step back when approached by a client, an unintended insult could occur. An inadvertent insult could also happen if a counselor were to refuse a client's invitation to come to dinner and meet his family, if the norm in that culture was that "anyone who learns a person's secrets becomes a member of the family." If a counselor working in a predominantly Muslim country was unaware of the norm of lowering one's gaze and, thus, maintained eye contact with a client, especially one of a different gender, the client likely would be quite uncomfortable. A counselor's reluctance to make physical contact with a client (for example, hugging a client who has experienced a devastating loss) would be a missed opportunity to build rapport in the many cultures around the world where touch and physical contact are expected ways of expressing caring and concern.

In many African countries, effective counseling may include activities such as shared meals, rituals, singing, touching and storytelling, all of which occur outside of the traditional office or clinic setting. In addition, these activities are not confined to a predetermined time limit. In some cultures, an expectation exists that counselors will share aspects of their personal lives, meaning rapport can be strengthened when counselors shift their customary boundaries regarding self-disclosure. When working in locations where clients do not have financial resources to pay for counseling, or in cultures that do not operate on a monetary economy, counselors will need to rethink their ethical stance toward bartering. In all of these situations, counselor awareness and flexibility are essential.

Putting boundary crossings in context

When it comes to boundary issues, context is everything. If you work with ethnically diverse clients in the United States or want to expand your experience by working in a foreign country, these suggestions may be helpful in enhancing your competencies as an effective and ethical practitioner.

1) Before you enter an unfamiliar community or culture, educate yourself about the norms and customs of that setting. Developing cultural literacy can go a long way toward avoiding boundary-related mistakes.

2) If possible, talk with a counselor or other mental health professional who is familiar with the community or culture and who can advise you regarding what boundary issues you might encounter and how they might best be resolved in a culturally appropriate manner.

3) Seek consultation, even if geographical distance necessitates that it occurs through electronic communication. It is risky to rely solely on self-monitoring because our judgment becomes cloudy when our own needs are involved.

4) When boundary issues arise, work with the client to resolve them whenever possible. This can be a mutual learning experience.

5) Be open to the possibility of working collaboratively with other helpers and healers in the culture, such as community elders, religious leaders and indigenous healers. These individuals can help you navigate boundaries in ways that are appropriate to the context.

6) Because the boundaries you customarily establish with clients are frequently challenged in new environments, make self-reflection a habit. Some questions to ask yourself:

- Does this boundary enhance or threaten the client's sense of safety in our relationship?
- Is setting this boundary meeting my needs or the needs of my client?
- If I enter into a dual relationship with this client, will the secondary relationship enhance the therapeutic relationship?
- Before shifting a boundary, have I thoroughly discussed the shift with my client to ensure that the client understands and accepts the change?
- Have I conducted a risk-benefit analysis before engaging in a dual relationship, giving careful thought to the what-if question of "What's the best that could happen and the worst that could happen?"

7) Come from a humble stance when entering and working in a new community or culture. Be willing to learn from and be changed by the experience.

Conclusion

Professional counselors in all settings, foreign or domestic, are bound to encounter boundary issues in their work. The 2014 *ACA Code of Ethics* allows counselors to use their discretion and engage in boundary crossings when precautions are taken to safeguard client welfare. This flexibility enhances the ability of counselors to make decisions that are culturally appropriate.

At the same time, when counselors enter into dual relationships or shift the usual boundaries of the therapeutic relationship, there is no guarantee of a positive outcome. Boundary decisions can be complex and multifaceted, and the complexity increases when counseling involves multicultural considerations in the United States or cross-cultural considerations in international work.

However, counseling in new and unfamiliar environments does much to keep counselors on their growing edge. Although these experiences can be challenging, most counselors who have moved outside of their comfort zones and into a new and different culture or community have described their experiences as incredibly rewarding and even life-changing. ❖

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