

THE DUMBING DOWN OF PSYCHOLOGY: FAULTY BELIEFS ABOUT BOUNDARY CROSSINGS AND DUAL RELATIONSHIPS

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This chapter investigates the nature of commonly held and misguided beliefs regarding the “evils” of boundary crossings and dual relationships in psychotherapy: that they are essentially unethical, illegal, harmful, and likely to lead to exploitation of clients (Bersoff, 1999; Koocher & Keith-Spiegel, 1998; Pope & Vasquez, 1998). Boundary issues and dual relationships in psychotherapy have been highly controversial subjects among psychotherapists for a long time. Ethics and law courses and risk management seminars have warned about the quicksand of dual relationships and instructed therapists to avoid them like the plague (Lazarus & Zur, 2002). Despite there being no credible evidence to support the belief in the depravity of boundary crossings and dual relationships, these terms have been used synonymously with harm and exploitation and have been baselessly linked to sex.

Nonsexual relationships in psychotherapy, our focus here, include situations where multiple roles exist between a therapist and a client. Such relationships are normal, healthy, and unavoidable elements of country and small town living and reflect the natural intimacy of many other societal groups with a shared culture, including the disabled,

gays, and closed minority groups (e.g., American Indians). Other dual relationships occur when the psychotherapy client and the therapist are fellow students or members of the same church, synagogue, AA fellowship, or political party action group. They can be academic or professional colleagues, friends, parents of children who attend the same school, or fellow players in a local recreational league.

Boundary crossings in psychotherapy encompass any deviation from traditional, rigid, strict, "only in the office," antiquated, emotionally distant forms of therapy that were established by classic psychoanalysis almost a century ago. They refer to issues of self-disclosure, length, and place of sessions, physical touch, activities outside the office, gift exchange, social, and other forms of dual relationships. Boundary crossings are often part of well-formulated treatment plans or evidence (research)-based treatments (EBT). Examples include flying in an airplane with a patient who suffers from a fear of flying, having lunch with an anorexic patient, making a home visit to a bedridden patient, going for a vigorous walk with a depressed patient, or accompanying a patient to a dreaded but medically essential doctor's appointment to which he or she would not go alone. Robin Williams, playing the counselor in the movie *Good Will Hunting*, uses boundary crossing when he decides to break the ice by taking the highly resistive and distrustful young client, played by Matt Damon, to the riverbank for a walk. Other potentially helpful boundary crossings include giving a nonsexual hug, sending cards, exchanging appropriate gifts, lending a book, attending a wedding, confirmation, Bar Mitzvah, or funeral, or going to see a client-actor perform in a show.

Boundary violations, unlike boundary crossings, refer to situations where therapists violate clients' boundaries by physically, financially, or sexually exploiting them. Accepting a large sum of money as a gift or having sexual relations with a current client are clearly boundary violations, however, it is very tricky to define most other boundary violations because the harm or violation is frequently in the eye of the beholder, especially in a culture like ours that seems to encourage and support those who perceive themselves as victims.

Although the common advice from most ethicists, supervisors, risk management instructors, and attorneys is to avoid all boundary crossings and dual relationships, the reality is that in many situations it is neither advisable nor possible to do so. Often such boundary crossings as hugging a grieving mother or going to an open space with an agoraphobic patient constitute the most helpful, effective, and reasonable interventions. In many settings such as rural areas, military

bases, and religious communities, dual relationships are impossible to avoid; in fact, it would be unwise to do so (Lazarus & Zur, 2002). Nevertheless, many psychotherapists hold the persistent, unrealistic, and irrational belief that boundary crossings and dual relationships are inherently harmful and exploitative, and should, therefore, be scrupulously avoided.

The boundary-crossing dogma and the dual relationships prohibition are examples of how self-serving dogmas are justified, rationalized, popularized, perpetuated, and enforced in the field of psychology and counseling. Our goal is to shed light on how and why the dogma concerning the depravity of boundary crossings and dual relationships has taken hold of the entire profession and why the rigid, analytic-risk-management approach to therapy and ethics has come to dominate. It is fascinating to observe that a profession composed mostly of nonpsychoanalytic practitioners has come to abide by strict or even cartoon-like versions of psychoanalytic theory. Of even greater concern is that educated and intelligent professionals have been transformed into frightened clinicians who too often unprofessionally, unethically, and even immorally place their own fears ahead of the care of clients.

Nonanalytic, intrinsically communal, and relationally oriented professionals have come to endorse separation, segregation, and isolation as the basis for their practices. It is also noteworthy that psychology, which has a widely advertised and highly visible commitment to cultural diversity, actually mandates rigid adherence to mainstream Western culture's emphasis on separation, individualism, and independence over connection, mutuality, and interdependency. Another interesting peculiarity is that therapists, who are often hired to challenge their clients' flawed cognitions and help them think critically, have developed an uncritical and self-serving tunnel vision when it comes to boundary crossings and dual relationships.

This chapter does not intend to give a blanket endorsement to dismantling therapeutic boundaries or promote the indiscriminant employment of dual relationships in therapy. Its intention is to emphasize that the goal of the therapist should be the client's care, healing, dignity, and well-being rather than the avoidance of risk or blind adherence to a certain treatment dogma. Like any clinical intervention, dual relationships and boundary crossings should be intentionally employed only when they are likely to increase therapeutic effectiveness, and as an integral part of a well-articulated, flexible treatment plan based on each client's specific problem, situation, and needs.

ETHICS CODES FOR DUAL RELATIONSHIPS

The ethics codes of most professional psychotherapist organizations frown on dual relationships. Although they do not declare dual relationships unethical, they are bluntly biased against them (Zur, 2002). The American Psychological Association (2002), and all other major professional psychotherapy associations—including the American Association for Marriage and Family Therapists (2001), American Counseling Association (1996), and the National Association of Social Workers (1999)—have very slowly and grudgingly changed their ethical guidelines in the last two decades to reflect the reality that dual relationships are inevitable in many settings. Still, all these codes are very wary about dual relationships, and several mandate the avoidance of dual relationships when possible (Lazarus & Zur, 2002). The codes encourage cultural diversity and sensitivity, but on the other hand, they indirectly view cultures that uphold values such as mutuality, interdependence, and familiarity between caretakers and clients as inferior.

Part of the dumbing down of psychology is that we enshrine ethics codes as sacred documents rather than examine them critically. “I say read the code weekly, but if not weekly, at least monthly,” states Ed Nottingham, an associate member of APA’s Ethics Committee, who was lauded by the *APA Monitor* (Smith, 2003, p.61). Canter and her coauthors, Bennet, Jones, and Nagy (1996), like most experts on ethics, list knowledge of the Ethics Code as a starting point for ethical decision making. Knowing the Code is important, however, the priorities should be to train ourselves in critical thinking and calibrate our moral compasses. We must explore the relevant cultural issues involved and identify our biases and self-serving beliefs. The Code of Ethics should be treated as a professional and political work in progress, not as a sacred document.

In fact, we have allowed the trivialization of the codes of ethics by including a special section that cautions therapists about dual relationships. This is utterly unnecessary because the codes already lay out the mandate to avoid exploitation and do no harm. It is demeaning and patronizing to presume that therapists are incapable of making clinical or treatment decisions on their own, that they cannot apply the “no harm” mandate to dual relationships without committing some egregious sin.

THE MISGUIDED REJECTION OF DUAL RELATIONSHIPS

A stubborn and irrational perception regarding the so-called evils of boundary crossings and dual relationships persists throughout the

profession. Dual relationships, in particular, have been considered illegal (California Board of Psychology, 2001; Evans, 1997; Strasburger, Jorgenson, & Sutherland, 1992), unethical (Austin, 1998; Bennett, Bricklin, & VandeCreek, 1994; Bersoff, 1999; Claiborn, Berberoglu, Nerison, & Somberg, 1994; Epstein, Simon, & Kay, 1992; Gutheil & Gabbard, 1993; Pope, 1988), harmful (Brown, 1994; Epstein & Simon, 1990; Doverspike (1999); Kitchener, 1988; Koocher & Keith-Spiegel, 1998), and exploitative (Austin, 1998; Craig, 1991; Keith-Spiegel & Koocher, 1985; Lakin, 1991; Simon, 1989; St. Germaine, 1996).

These same widespread beliefs aver that dual relationships also interfere with clinical work (Bersoff, 1996; Borys, 1994; Faulkner & Faulkner, 1997; Gottlieb, 1993; Langs, 1974; Pepper, 1991) and violate professional boundaries (Borys & Pope, 1989; Kagle & Geibelhausen, 1994; Kitchener, 1988; Nagy, 2000; Simon, 1995; Sonne, 1994). Furthermore, dual relationships have been cited as proof of therapists' pathology, such as lack of integrity (Kitchener, 1996; Pope, 1991), propensity to rationalization (Borys, 1992; Pope & Vasquez, 1998), tendencies toward narcissism and self-aggrandizement (Pepper, 1991), and opening the way to sexual intimacy (Doverspike, 1999; Epstein et al., 1992; Gabbard, 1994; Pope, 1990).

Chomsky's Model and Psychology's "Core Group"

Noam Chomsky's (1988) widely used model of manufactured consent offers help in the exploration of how nonsensical, unrealistic, and self-serving beliefs have come to dominate the field of psychotherapy, especially around the issues of boundary crossings and dual relationships. Manufactured consent has been described as the process whereby relatively few people have overwhelmingly influenced public opinion and decision making, as well as the worldview and functions of a culture or organization. The inflated power of these individuals, who represent and embody certain interests and beliefs, is derived from their control over the dissemination of information and is often fueled by self-interest and dogmatism.

Applying this understanding to the field of psychotherapy and dual relationships makes it clear that a handful of people in key professional positions have held sway over the profession and have controlled and manipulated the dissemination, flow, and types of information available to other professionals. As with manufactured consent in political arenas, the driving force in the field of psychotherapy derives from people who are not necessarily conscious of or deliberately conspiratorial in their manipulations. They are mostly committed professionals

who seek power and control, and hold strong and rigid beliefs in the righteousness of their ideas and combine this with a great determination to convince, frighten, intimidate, or coerce others to do the "right thing."

People in this "core group" hold influential gatekeeping positions in the field of psychotherapy as book and journal editors; members of ethics committees, boards, and task forces; attorneys for professional organizations; forensic consultants; and expert witnesses for boards and courts. The top tier of this core group is composed of Koocher (Koocher & Keith-Spiegel, 1998), Pope (1986, 1988, 1989, 1990, 1991), Bersoff (1999), Epstein (Epstein & Simon, 1990), Langs (1974), and Simon (1991, 1992, 1995). Historically, two women, Bouhoutsos (Pope & Bouhoutsos, 1988) and Keith-Spiegel (Keith-Spiegel & Koocher, 1985; Koocher & Keith-Spiegel, 1998; Pope, Tabachnick, & Keith-Spiegel, 1987) have played an important role in cementing the rigid dogma professing the depravity of dual relationships.

The second tier within this group is composed of Borys (Borys & Pope, 1989), Brown (1991), Gabbard (Gabbard & Nadelson, 1995), Gutheil (Gutheil & Gabbard, 1993), Kitchener (1988), Sonne (1994), and Woody (1998). In the third tier are Doverspike (1999), Faulkner and Faulkner (1997), Gottlieb (1993), Lakin (1991), Nagy (2000), Pepper (1991), Vasquez (Pope & Vasquez, 1998), and Strasburger and Jorgenson (Strasburger, Jorgenson, & Sutherland, 1992). (1)

The power of three highly influential members of the core group seems to be particularly far-reaching. Gerald Koocher, coauthor of the widely used text *Ethics in Psychology* (Koocher & Keith-Spiegel, 1998), is highly critical of dual relationships. Koocher has held numerous positions with the APA, the most recent being a two-term stint as treasurer. He has also been the editor of the influential journal *Ethics and Behavior*. Like Koocher, Donald Bersoff has held several APA positions, including APA attorney and member of the Council of Representatives. (2)

He wrote a widely used text—*Ethical Conflicts in Psychology* (1999)—that is heavily biased against dual relationships. Bersoff's numerous powerful positions within the APA and the fact that the APA published his book constitute an intriguing multiple relationship in itself. Kenneth Pope, the third example, is

the most prolific writer and quoted author on the topic of dual relationships, and probably the most powerful and feared champion of the conservative view of dual relationships. Among many other influential positions, he has served as the chair of the APA Ethics Committee and coauthored a popular text on ethics (Pope & Vasquez, 1998), also published by the APA. Vasquez also has held several prominent positions within the APA.

In a fascinating and profoundly ironic twist of multiple relationships, several members of the core group not only serve on ethics committees and are involved in writing and revising ethics codes but also simultaneously serve as highly paid expert witnesses against therapists who, in their opinion, have violated the codes, laws, or beliefs that they themselves manufactured and put in place. If it were not for the numerous therapists who have lost their licenses, livelihoods, reputations, and dignity, this huge irony would be great material for a third-rate comedy. (3)

Forces Fueling the Aversion to Boundary Crossings and Dual Relationships

A number of forces have fueled the faulty beliefs surrounding the issue of boundary crossings and dual relationships. Psychoanalytic theory emphasizes the importance of the analyst establishing neutrality and clear and rigid boundaries with the client to effectively manage transference, the hallmark of analytic work. Simon, a top member of the core group, epitomizes the analytic case against boundary crossings and dual relationships when he prescribes these supposedly universal rules for therapy: "Maintain therapist neutrality. Foster psychological separateness of the patient . . . Interact only verbally with clients. Ensure no previous, current, or future personal relationships with patients. Minimize physical contact. Preserve relative anonymity of the therapist." (Simon, 1995, p. 514). Langs (1974), a prominent psychoanalyst and equally prominent member of the core group, like most traditional analysts who ignore other therapeutic approaches, views all boundary crossings and dual relationships as having a significant negative impact on the therapeutic process.

Blinded by worship of their analytic dogma, these writers seem to make universal therapeutic proclamations that, although often being out of touch with reality, nevertheless have been adopted by many ethicists and courts. The original intent of consumer protection agencies and professional organizations to protect the welfare of clients by issuing a straightforward ban on sexual relationships between therapists

and clients has mushroomed into a massively broad prohibition of boundary crossings and dual relationships in an attempt to ward off any and all possible harm to patients involved in therapeutic treatment.

Risk management is viewed as sufficient reason for professionals to avoid boundary crossings, dual relationships, and other often positive interventions, despite their therapeutic benefits. Therapists refrain from engaging in certain behaviors and interventions not because they are clinically ill-advised, harmful, or wrong but because they may *appear* wrong in court (Williams, 1997, 2000). Boundary crossings and dual relationships are considered high risk; therefore, most attorneys and risk management experts advise therapists to avoid them. Gutheil & Gabbard (1993) clarified the situation accurately with this chilling statement: "From the viewpoint of current risk management principles, a handshake is about the limit of social physical contact at this time" (p. 195).

Risk management may sound like pragmatic advice, but in fact it is a misnomer for a practice in which fear of licensing boards and attorneys, rather than clinical and client considerations, determine the course of therapy. A big part of the dumbing down in our field can be traced to the fear imposed by those who frighten us into disregarding science and decency for the sake of protecting ourselves. Unethically and callously, most risk management presentations warn against providing care to the homebound sick, disabled, or elderly and warn us against self-disclosure and other humanistic, cognitive, family, behavioral, or group therapy-based interventions. Therapists are supposedly trained, hired, and paid to provide the best care possible for clients. This includes the employment of dual relationship interventions when appropriate. Therapists are not paid to act defensively. Lazarus (1994) pronounces that "one of the worst professional or ethical violations is that of permitting current risk management principles to take precedence over humane interventions" (p. 261).

Feminist therapists seem split on the issue of dual relationships. The more vocal politically and professionally active faction focuses on issues of power, male dominance, sexuality, and patriarchal values. Predictably, they take a strong stance against boundary crossings and dual relationships and fight for the protection of what they see as vulnerable female clients sexually exploited by powerful male therapists. Borys, Bouhoutsos, Keith-Spiegel, Jorgenson, Kitchener, Sonne, and Vasquez are members of the core group representing this ideology. Their influence seems to penetrate important ethics committees, boards, and the legislative arena.

The much less vocal feminist faction centers on essential issues of inclusion, connection, mutuality, self-disclosure, and equality. Predictably, the focus of these writers, as manifested in the important work of Greenspan (1995) and the Feminist Therapy Institute (1987), is how healing often entails tearing down rigid, arbitrary, professional boundaries rather than erecting them. The prolific writer Laura Brown (1989, 1990, 1991, 1994) seems to play both sides of the net as she focuses obsessively on male power and power issues in general, intermittently condemning boundary crossings and dual relationships and at other times acknowledging the importance of feminist principles such as mutuality, self-disclosure, flexible boundaries, and familiarity as aids to healing.

Manufacturing Consent on the Depravity of Dual Relationships

There are numerous ways in which consent on the immorality of dual relationships has been contrived and manipulated.

Repetitive Misinformation That Dual Relationships Are Unethical and Harmful Frequent, repetitive, and persistent dissemination of the flawed idea that dual relationships are inherently unethical and harmful has been one of the most powerful tools for manufacturing consent on this issue (Zur, 2002). The often-quoted ethicist Kitchener (1988) erroneously claims, "all dual relationships can be ethically problematic and have the potential for harm" (p.217). Pope (1990) made a frightening and nonsensical declaration that has become a kind of standard for many professionals: "... non-sexual dual relationships, while not unethical and harmful per se, foster sexual dual relationships" (p. 688). (5) These incessant ubiquitous messages by the core group demonstrate an effective, proven propaganda technique widely used by politicians, the military, and cults (Keen, 1986), aimed at convincing the message recipients that even baseless and irrational assertions are true.

Exclusive Reliance on the Writings of the Core Group: Creating the Illusion of Unanimity Core group writers tend to quote each other relentlessly and almost exclusively. This is exemplified in Borys (1994) and Gutheil (1994), in which the core group writers composed eighty-three percent and seventy-five percent of the citations, respectively. In Bersoff's (1996) widely used ethics textbook, all nine entries on dual relationships in therapy were by members of the core group, and four were authored or co-authored by Pope. Such repetitive and at times

exclusive circulation of a set of references promotes a sense that this is the only valid position available in professional literature. This cultivates an illusion that dissent does not exist and that condemnation of dual relationships is universal.

Exclusion and Suppression of Opposing Viewpoints: The Power of Disinformation Very few propaganda techniques are more effective to persuade, manipulate, and distort a situation as disinformation, the suppression of relevant information. This exclusionary form of “spin” is notoriously successful at creating uninformed consent. Dual relationships have systematically and consistently been suppressed, excluded, and censored. Articles that represent a more positive attitude towards nonsexual dual relationships—for example, Barnett (1992), Barnett and Yutrzenka (1994), Hedges (1993), Jennings (1992), Lazarus, (1994), Sears (1990), Smith (1990), Stockman (1990), and Tomm (1993)—have largely been ignored and excluded by most books and articles, even though they appear to offer a balanced discussion of dual relationships. Conspicuously, Bersoff (1996), Gabbard and Nadelson (1995), Kitchener (1996), Nagy (2000), Simon (1995), Sonne (1994), and St. Germaine (1996) failed to mention any of the above referenced articles of which, as knowledgeable scholars, they must have been fully aware.

Perhaps the most outstanding example lies in the extensively cited ethics text by Pope and Vasquez (1998), which includes forty-eight citations of Pope’s own work but none of the above references. A more recent example surfaced in an *APA Monitor* article (Smith, 2003) on dual relationships. The article adheres to the “anti-dual relationships” APA party line and quotes an old 1993 article; however, it conspicuously fails to mention a whole body of published articles, especially a book by Lazarus and this author (Lazarus & Zur, 2002), that takes a more balanced view of dual relationships. When a protesting Letter to the Editor regarding this omission was finally published, the name of the book was edited out. Our letter to APA included this statement:

...In our view, your reports on multiple relationships do not concur with APA’s own Ethical Principles and its overall Code of Ethics. These principles and codes emphasize integrity, responsibility, and the commitment to present unbiased, complete, and updated information. You boldly elect to neglect the most comprehensive and most updated texts and articles on the topic of multiple or dual relationships... [and] fail to mention that

there is a growing body of knowledge that asserts that multiple relationships can increase therapeutic effectiveness....

Zur and Lazarus (2003, p. 5)

Another example of blunt exclusion is an article by Campbell and Gordon (2003) describing the inevitability of dual relationships in rural areas and concluding that "Although the best practice is to abstain from multiple roles and boundary compromises...." This article clearly suppresses an entire body of knowledge not in support of its conclusion.

Disinformation also takes the form of excluding references to orientations and practices that support boundary crossings and dual relationships. The core group and their followers systematically ignore behavioral, cognitive-behavioral, humanistic, group, family, feminist, and existential orientations, which currently are the most practiced orientations and tend to regularly employ clinically beneficial boundary crossings such as self-disclosure and "out-of office" exposure therapies for anxiety and phobias (Lazarus, 1994, 1998; Williams, 1997; Zur, 2001). Unaccountably, these research-supported interventions are considered violations by many ethicists, psychoanalysts, and risk management advocates and are glaringly absent from papers written by authors who oppose dual relationships. Humanistic orientations and a segment of feminist orientations tend to look favorably on deliberate and strategic implementation of helpful dual relationships (Greenspan, 1995; Williams, 1997) and predictably are almost entirely absent from core group publications.

This systematic suppression extends to the censorship of case studies or clinical examples of beneficial dual relationships. A classic example is the chapter in Koocher and Keith-Spiegel's (1998) textbook that includes fifty-one vignettes of dual relationships, not one of which has a positive outcome. Nagy's (2000) extensive case study list has the same perfect rate of exclusion. Almost all writing by the core group fails to present cases of clinically beneficial dual relationships, although they abound.

In addition, opposing viewpoints are suppressed through denial of the inevitable, normal, and healthy aspects of dual relationships in rural and other communities. More than eighty percent of the U.S. land area is rural, and twenty percent (55 million) of the U.S. population lives, works, or serves in rural areas (Stamm, 2003), a fact that has been conspicuously ignored by most writers from the core group. The

majority of literature on the topic is silent on the inevitable, normal, and healthy aspects of dual relationships in small, tightly knit, interconnected groups of people, such as those in rural areas (Barnett, 1996; Barnett & Yutrzenka, 1994; Hargrove, 1986; Jennings, 1992; Schank, 1998; Schank & Skovholt, 1997).

It is important to emphasize that "small communities" also exist within metropolitan areas, including church communities (Geyer, 1994; Llewellyn, 2002; Montgomery & DeBell, 1997), lesbian communities (Brown, 1989; Sears, 1990; Smith, 1990), deaf communities (Guthmann & Sandberg, 2002), and feminist and other communities (Brown, 1991; Harris, 2002; Lerman & Porter, 1990). Military communities are another rarely mentioned example of an environment in which dual relationships are not only normal but, in fact, even mandated by military law (Staal & King, 2000; Zur & Gonzalez, 2002).

Although mentioning the inevitability of dual relationships, the APA-published book *Rural Behavioral Health Care* (Stamm, 2003) also largely and conspicuously ignores the richness of interwoven lives of caregivers and patients in rural areas. Nagy (2000), a prominent member of many APA and CPA ethics committees, seems to deny the reality of millions of Americans living in rural areas when he ludicrously claims that "There are usually plenty of other therapists you can refer them to ..." (p. 99). The oddest aspect is that such bizarre, out-of-touch, and unrealistic advice goes largely unchallenged or, even worse, is embraced and adopted by journal and book editors, ethicists, boards, courts, and, most disturbing, by therapists themselves.

Disinformation is also fostered by denial of non-Western traditional cultural values of interdependence, mutuality, and dual relationships. Conflicting traditions govern how our society deals with the morass surrounding boundary crossings and dual relationships. The traditional ethnocentric Western view has been one of the most dominant contributors to the condemnation of both boundary crossings and dual relationships. Therapies practiced by non-Western cultures and ethnic groups that do not subscribe to the rigid isolation and segregation forms of therapy are seen as substandard, unethical, and even illegal.

Psychotherapists and counselors pride themselves on being culturally sensitive but, as the imbroglio of dual relationships clearly reveals, the ethnocentric view prevails. Idealizing traditional western values of independence, privacy, and isolation over traditional non-Western values of interconnectedness, mutuality, and interdependence is a key facet of this propaganda campaign (Lazarus & Zur, 2002; Lerman

& Porter, 1990). In a McDonald's-like phenomenon, it seems that the toxicity of individualization, separation, and segregation is being exported all over the world, even in much more communally oriented cultures (Slack & Wassenaar, 1999).

Most ethics codes advocate strongly for rigid boundaries and give mere lip service to cultural diversity. Greenspan's (1995) penetrating analysis on values and therapy—which found Grunebaum's (1986) findings that distant, rigid, and uninvolved therapists have been reported by patients themselves to be actually detrimental—has effectively been ignored by almost all of those opposing the value of dual relationships. Also systematically disregarded have been Sears' (1990) article on dual relationships in the Native American community, Kertesz's (2002) work on dual relationships in Latin America, Lerman and Porter's (1990) emphasis on cultural sensitivity, and Thomas (2002) on bartering.

Extensive Reliance on Psychoanalytic Theory Precluding a Balanced

View of the Issue The endlessly cited works of the analytically oriented members of the core group—Epstein (Epstein & Simon, 1990), Langs (1974), Lakin (1991), and Simon (1991, 1995)—dominate the articles that demonize dual relationships. According to these authors, any deviation from the psychoanalytic blank-screen isolation stance that they so strictly endorse is likely to result in the absolute nullification of therapeutic effectiveness and even cause harm. The rigid analytic orientation of these authors blinds them and their adherents to the fact that most practitioners do not adhere to, believe in, or practice psychoanalysis. To add insult to injury, the works of these writers have been used to justify the imposition of strict rules on the entire field, and administrative and civil penalties on many nonanalytic practitioners (Lazarus, 1994; Williams, 1997, 2000).

Tilting the Playing Field: Conjuring the Illusion of Balanced

Perspectives In the few instances where the opposing view is given a voice, authors who promote the extinction of dual relationships compromise the opposition's validity by giving it minimal space and no serious consideration. In 1994, Koocher, as editor of *Ethics & Behavior*, published an invited article by Arnold Lazarus entitled "How Certain Boundaries and Ethics Diminish Therapeutic Effectiveness." In a perfectly executed spin, the editor then invited six high-profile discussants to respond to the single article. Predictably, none of the respondents was supportive of Lazarus' approach, nor did any come from cognitive-behavioral or humanistic approaches that are likely to endorse boundary

crossings and embrace appropriate dual relationships. Six experts used thirty-three pages to denounce what one expressed in seven pages. By inviting Lazarus, Koocher created the illusion of open-mindedness. In reality, he orchestrated an uneven playing field in which Lazarus' approach ended up being slammed by six highly regarded professionals. The illusion of balanced representation was achieved, and the dogma was preserved and even fortified.

Portrayal of Dual Relationships as Synonymous with Harm,

Exploitation, and Sex Many writers not only view dual relationships as leading to harm and exploitation but, most disturbing, use the term interchangeably with harm, exploitation, and even sex. In Austin's (1998) book, the dual relationships chapter opens with: "Any relationships with a client other than the therapeutic relationships constitute a dual relationship. A client has the right to be treated by a therapist who will not exploit their trust" (p. 450). Kitchener (1996) links dual relationships with lack of integrity, betrayal, and untrustworthiness. Grosso (1997) includes socializing with clients among his examples of harmful dual relationships. Sonne (1994), rather strangely, cites a resemblance of dual relationships to drunk driving. Doverspike (1999) associates dual relationships with sleeping at the wheel, and Koocher and Keith-Spiegel (1998), like Pope and so many other writers, baselessly associate dual relationships with inherent harm and conflict of interest.

Viewing Dual Relationships as a Prime Risk Management Concern

For professionals, risk management seems to constitute a valid reason to avoid dual relationships. Boundary crossings and dual relationships are considered high risk and, therefore, not advisable according to attorneys and risk management experts. This dogma was installed by the core group and others who often also serve and are paid as risk management and forensic experts in litigation. This same group has instigated a fear of lawsuits and of hypervigilant regulatory and consumer protection agencies. This has created an atmosphere of anxiety for therapists, particularly around the issues of boundary crossings and dual relationships. This fear has altered the way many therapists conduct therapy and steered them away from utilizing proven effective treatments that may include boundary crossings or helpful, healthy dual relationships.

Cognitive Dissonance as a Contributing Dynamic to Belief in the Evils of Dual Relationships Therapists are continuously exposed to warnings about the dangers of dual relationships. These warnings come from many sources: risk management workshops, analytic sources, graduate classes, supervision, ethics and law seminars, attorneys' advice columns, newsletters, and so on. The fear of licensing boards, attorneys, and litigation has led most therapists to avoid not only dual relationships but also any behavior that resembles boundary crossing (e.g., home visits). As the cognitive dissonance theory (Festinger, 1957) predicts, such fear-based avoidance behaviors also alter clinicians' attitudes toward dual relationships, even among those who do not believe that dual relationships are inherently wrong. Consent in this case, has been manufactured by instilling fear; this results in alteration of behavior and the subsequent change of attitudes to justify the behavior.

The Fallacy of the "Slippery Slope" Myth Surrounding Dual

Relationships One of the main arguments against dual relationships is the snowball effect described by Gabbard (1994): "...the crossing of one boundary without obvious catastrophic results (making) it easier to cross the next boundary" (p. 284). In a classic example, Sonne (1994) details how a therapist and client who play tennis together can easily begin to carpool or drink together. But it is Pope (1990) who has been a one-man juggernaut in the popularization of the slippery slope idea, transmogrifying it into something like a professional ethical standard. Clearly, scholars from the core group sexualize any deviation from strict analytic practices and make a direct causal link not only between dual relationships and harm but also between nonsexual and sexual dual relationships.

Although the slippery slope claim is clearly illogical, fear-based, and syllogistic, it is nevertheless referred to extensively and presented as if it were evidence-based and factual. Almost all core group members have found support for their dogmatic stance in the fact that a boundary crossing always precedes sexual exploitation of clients. Confusing such sequential relationships with causal ones is like saying that doctors' visits cause death because most people see a doctor before they die. To assert that hugging a child or mourning mother or a visit to an elderly client are likely to lead to harm, exploitation, or sex is illogical and paranoid (Lazarus & Zur, 2002).

It is insulting for educated psychotherapists to be repeatedly lectured on the paranoid notion of the slippery slope. It is intellectually demeaning to claim that a handshake between a therapist and client is likely to

lead to sex, or a gift to exploitative business relationships. Nevertheless, if repeated often enough by enough experts, ethicists, and attorneys, it becomes the dumbed-down professional standard.

Burning the Heretics: Depiction of the Opposition as Unethical and Pathological Therapists involved in dual relationships are generally accused of lacking integrity and of being unethical and immoral by many members of the core group and their followers. The work of Pope (1988) especially denigrates therapists' arguments for the curative power of dual relationships as self-deceiving and self-serving rationalizations. Therapists who believe that dual relationships can be beneficial to clients are said to employ defense mechanisms such as rationalization and exploit clients for their own needs and gratification. Members of the core group describe the narcissistic, self-deceptive, egocentric, self-aggrandizing, delusional, and pathological characteristics of therapists who violate the supposedly universal, rigid analytic boundaries. Craig (1991) makes a frightening inference worthy of a witch hunt: "Ethical counselors cultivate unambiguous relationships. ... Unethical counselors cultivate dual relationships" (p. 49). Attributing such ugly character flaws to therapists who disagree with mainstream traditions is one of the most dangerous abuses of psychology, similar to that used in totalitarian regimes such as the USSR.

A debate on the merits of dual relationships during the APA's annual convention in Chicago in 2002 revealed yet a new tactic in the fight to protect the dogma. What was meant to be a scholarly debate between invited top experts on the subject of dual relationships was moderated by a former APA president in front of hundreds of psychologists, including members of the APA Ethics Committee, the APA's attorney, and the director of the APA's Insurance Trust, the director of the APA Office of Ethics, and many other prominent APA members. Without intervention from the moderator or protest from the audience, one panelist launched a vicious personal attack on two of the participants, Dr. Lazarus and this author, questioning our credentials and integrity and criticizing our professionalism and judgment, among other things. The attack astounded many of the attendees, at least one of whom—Cyril Franks, Distinguished Professor Emeritus of Psychology, Rutgers University—wrote to the APA to complain about this unprecedented behavior of bypassing "all the significant issues that had been raised" and instead impugning the integrity of other panelists. Franks was also very disturbed at the unprofessional behavior of the monitor in refusing to stop "this unseemly development" (Franks, 2002).

Of course, this letter never saw the light of day. Censorship is a relentless and consistent force in these circles. Refusing to condemn this outrageous conduct was tantamount to approval by the APA Ethics Committee and many other APA officials who were present at the debate. This, combined with the *APA Monitor's* refusal to publish Franks' letter, indirectly encourages such vicious personal attacks on those who will not toe the party line.

Publication of Flawed and Biased Research Research on dual relationships inspires methodological concerns stemming primarily from the ideological biases of researchers (Williams, 1992). For example, a number of surveys conducted on dual relationships in therapy have had significantly low return rates that put the validity of the findings into question. The miserably low return rates reported by Epstein, Simon, and Kay (1992), Ramsdell and Ramsdell (1993), and Sharkin and Birky (1992) were twenty-one, twenty-six, and thirty-two percent, respectively. This kind of invalid meaningless research should have never been published.

Given the witchhunt-like atmosphere surrounding the issues of boundaries and dual relationships, most therapists who believe that crossing traditional boundaries can be curative are, in spite of promises of anonymity, highly unlikely to respond to such surveys. This creates a heavily biased sample that in turn nullifies the validity of the research. Biased survey instruments developed by Pope et al. (1987) have been repeatedly cited and used by many researchers despite questions about the validity and reliability of the questionnaire. For example, a question like, "Your therapist hugs you in the session" gets perilously close to, "When did you stop beating your wife?" and could have been presented as, "Your therapist holds you at a time of deep distress and grief."

Similarly, the assessment of harm to clients and its alleged causal link to boundary crossings and dual relationships has also been criticized for methodological reasons (Williams, 1995). The admitted biases of researchers, combined with the dread of persecution, has in essence nullified the possibility that any significant and valid data might be collected about the effect or value of nonsexual dual relationships. In his novel *Lying on the Couch*, the renowned group therapist, existentialist, and psychiatrist Irvin Yalom (1997) makes clear that those who have benefited from dual relationships are not likely to appear in research statistics. Yalom argues that those who have profited from dual relationships may be doing so well that they no longer seek counseling and are consequently unavailable to researchers.

Another possibility is that although the dual relationship experience was positive, the client is likely aware that the relationship was also regarded by some as illicit, and might, therefore, try to protect the therapist with silence. "The truth is, we just don't have the data," Yalom claims through one of his characters. "We know about the casualties only. In other words, we just know the numerator, but not the denominator" (p. 220). In an attempt to present a unified consent about the evils of dual relationships, researchers continue to present flawed, biased, and, above all, misleading "scientific" conclusions.

The core group and their supporters have used their influence and gatekeeping positions in the field of psychotherapy and counseling to manipulate, influence, and ultimately manufacture consent about the depravity of boundary crossings and dual relationships. They have employed misinformation, disinformation, and distortion of facts to reach their goal. They have excluded those who differ with them from voicing their opinions while forming their own consensual choir by quoting one another incessantly and at times exclusively. They have silenced the opposition by introducing fear (preaching "risk management"), intimidation (pathologizing those who do not share their views), and coercion (serving on punitive ethics committees and boards). They have profited from the rules they themselves created by serving as expert witnesses and helping indict those who did not follow their rules.

Worst of all, members of the core group have succeeded in demonizing and sexualizing what has always been normal and human behavior, such as laughter and sharing. The therapeutic aspects of touch in therapy (Smith, Clance, & Ames, 1998) have been demonized and sexualized in similar fashion. They have been able to pathologize what is healthy and what we have considered essential to human survival throughout most of human history: a sense of mutuality, familiarity, communion, interdependence, and connectedness.

Self-Serving Motives behind the Condemnation of Boundary Crossings and Dual Relationships

The obvious question that follows the discussion of how consent has been manufactured is why such nonsensical concepts have been so readily accepted. The common reason given for the ban on boundary crossings and dual relationships is that it protects clients from exploitative therapists. However, this "for-your-own-good" argument is not as simple as it sounds. The passive acceptance of boundary crossings and dual relationships as bad by almost all psychotherapists and

counselors, regardless of their venue or treatment orientations, cannot be fully explained by the manipulations of the core group. For such an irrational myth to exist and find professional acceptance despite its unrealistic demands to rigidly isolate and fanatically segregate, it must serve the therapists themselves in some professional, emotional, or financial way.

Promotion of an Isolated Therapeutic Environment Increases

Therapists' Influential Power The private nature of psychotherapy has been known to enhance clients' self-disclosure, reduce feelings of shame, and increase their sense of trust and safety. However, these same attributes may also exponentially increase the power of therapists over their patients. In the isolation of the office, clients are left to rely on their imaginations and, as a result, many tend to unrealistically idealize their therapists and attribute great power, wisdom, and beauty to them. Such idealization or projection without any real-life corroborative support is likely to gratify many therapists and give them power over their unrealistically adoring clients.

Psychoanalysis, in particular, has emphasized the importance of therapy in isolation and anonymity of the therapists for transference/clinical reasons. This may apply to psychoanalytic techniques, however, there is no therapeutic reason to make the "blank-screen" approach an industrywide standard. It is unpleasant to acknowledge but military basic training and cults are examples of institutions that, like psychotherapy, use isolation to increase influential power and conduct brainwashing. Although there are several compelling reasons for therapy to be conducted in a private and confidential environment, the obsession with privacy and the resultant rigidly imposed isolation may ultimately be more damaging than enhancing to the welfare of clients. This self-serving obsession with isolation unfortunately has been translated into laws, ethics codes, and guidelines that imbue therapists with undue power. This power can be used positively, but it may also increase the risk of exploitation and harm to clients.

Promoting the Illusion of Therapists' Omnipotence and Clients'

Helplessness The inflated notion that therapists have extraordinary and unrealistic power to manipulate, control, exploit, and irreversibly harm consenting clients by a slight deviation from standard procedures is one of the most ludicrous, unfounded, and prevalent assumptions underlying the belief in the depravity of boundary crossings and dual relationships. Therapists' insidious belief in their own omnipotence

has been a concern since the early days of therapy when Jones (1951) labeled it the "God Syndrome." Much has been written about the mental health of therapists and the often not-so-healthy reasons they turn to the psychotherapy or counseling professions.

There are some arrogant therapy teachers who even make their students sign a contract that the student will not divulge their methods to those who are not specially trained in them. The reason given is that these supposedly superpowerful techniques can severely harm clients treated by anyone who is not approved and trained by the master. That the master and his acolytes are handsomely paid for this "special" treatment may have something to do with it. In reality, the motivation is economic and self-aggrandizing.

The argument against dual relationships portrays patients as malleable, weak, and defenseless in the hands of their powerful and dominant therapists. Doverspike (1999), like most of his fellow members of the core group, lauds the concept of "once a client, always a client." The State of Florida Psychology Practices Code, chapter 21U, section 15.004, shockingly states: "For purpose of determining the existence of sexual misconduct as defined herein, the psychologist-client relationship is deemed to continue in perpetuity." The argument is that if a male therapist, for example, saw a woman in brief therapy discussing her concerns about her young child, twenty years later he would still have infinite power over this supposedly helpless and vulnerable female. According to this feminist-inspired, power-based, political ideology, because of the professional power discrepancy between a male therapist and a female client, consensual intimate relationships between therapist and clients can never take place.

This uncritical view of the disparity in power, besides being unrealistic, is highly demeaning to our clients in general, and insulting to women clients in particular. The myth presents a stereotypic view of women clients as hysterically amenable, emotionally helpless, and utterly vulnerable to their therapists' influence. In reality, many therapists work with some women clients who are much more powerful than they are—influential executives, powerhouse attorneys, inspired authors, and creative entrepreneurs. Many therapists with low self-esteem work hard at cultivating an aura of power to appear and feel credible. Healthier therapists focus on healing relationships and breaking down rigid boundaries rather than on the power relationships and inflexible boundaries in therapy. The rigid imposition of isolation and the myth of the depravity of boundary crossings and dual relationships purport to protect clients from exploitative therapists but, in fact,

offer a way for therapists to promote a self-aggrandizing, unrealistic, anarchistic sense of power.

Protecting Therapists from Shame and Exposure The lives of many therapists are actually far from what clients imagine them to be or what the therapists pretend they are. Therapists who are poor, lonely, or depressed understandably attempt to disguise this situation. The ban on boundary crossings and dual relationships and the dogma of isolation allow therapists to rationalize and legitimize their concealment of distressing and shameful aspects of their lives. The question must always be, "Is the motivation selfish or benevolent?" Boundaries, confidentiality, and privacy can be appropriate but are not always clinically advised. Many clients respond better to flexibility, self-disclosure, familiarity, or dual relationships with the therapist (Greenspan, 1995; Lerman & Porter, 1990). Erecting a rigid, ideologically based fence around therapy and an artificial wall between therapists and clients—which might interfere with therapy—is a perfect way for therapists to legitimize their defenses and deal with any sense of shame and need to hide.

Allowing Incompetent Therapists to Stay in Business: The Resistance Excuse There are several less high-minded reasons for the pretense that rigid therapeutic boundaries must be maintained for clients' protection and privacy. These have to do with the professional, emotional, and financial benefits that therapists reap from the implementation of these beliefs. In the isolated setting, therapists can bask in their clients' idealization, experience the attendant increase in power and influence, and enjoy the therapeutic mystique that thrives in this environment. In rigidly segregated consulting rooms, therapists can also blame the client for lack of progress and use terms such as "resistance" to justify the continuation of charging clients, at times for many years, even though nothing is being accomplished. Such insulation allows therapists to stay in business regardless of their clinical effectiveness.

SUMMING IT UP

Like most professions, the mental health profession is deeply vested in protecting its turf (e.g., lobbying for parity law), enhancing its status (e.g., pushing for higher reimbursement rates), and increasing economic power (e.g., petitioning for prescription privileges). Imposing rigid isolation on psychotherapy is an additional aspect of efforts to

enhance therapists' influence and power, even at the expense of client care. The processes that are fueled by the need for professional survival often fly in the face of reason, self-examination, and critical thinking.

The assault on boundary crossings and dual relationships provides us with a good case study of the dumbing down of psychology. The dogma persists even though many theoretical orientations support boundary crossings as being clinically helpful and at times the best intervention for the situation. The dogma persists even though trust and familiarity are fostered by dual relationships and less isolated environments are likely to reduce the possibility of exploitation rather than increase it.

The dumbing down of psychotherapy naturally starts in graduate schools where techniques, orientations, research methods, statistics, and risk management are the focus of learning without a balancing emphasis on anthropology, philosophy, comparative religions, critical thinking, or compassion, empathy, and intimacy. Although technical and scientific knowledge are an essential part of psychotherapy, we also know that techniques by themselves count for only a minimal variant in therapy (Lambert, 1992; Bergin & Garfield, 1994). Even though the literature has repeatedly concluded that the therapeutic relationship is the best predictor of clinical effectiveness (Frank, 1970; Norcross & Goldfried, 1992), courses that concentrate exclusively on the intimate relationships between therapist and client beyond concerns with transference and countertransference are rare.

Graduate school professors endlessly quibble about which orientation is superior rather than teach students to intervene according to the client's condition, situation, personality, and culture. As a result, instead of thoughtful, knowledgeable, and sensitive therapists who are able to think critically, form intimate connections with their clients, and effectively employ proven clinical interventions, graduate schools mostly spit out highly technical, ethically and morally insensate, frightened, and theoretically rigid therapists. In a similar manner, licensing focuses on abstract knowledge of research methodologies, techniques, and ethics and law rather than going through the much more difficult process of also evaluating therapists for the capacity for empathy, self-awareness, emotional health, and critical thinking. Given our graduate education and licensing methods, the dumbing down of our profession is virtually assured.

Although privacy, confidentiality, and appropriate boundaries are key elements in effective therapy and should be implemented appropriately and flexibly, we must refuse to suppress diverse opinions on any

topic, including that of dual relationships and boundaries. That is a guaranteed way of dumbing down any field of knowledge. Psychologists have long studied the phenomenon of groupthink, obedience to authority, and authoritarianism; however, they fall into the same trap for which they criticize others. Our graduate schools and the entire profession should be celebrating a diversity of opinions; instead we see widespread suppression of any view that is not mainline, self-serving, or politically correct.

Burning the heretics, pathologizing and marginalizing those who disagree, and extirpating the dissenting view are only some of the techniques used to silence opposition. Hansen and Goldberg (1999) reflect on the presentation of boundary crossings and dual relationships as harmful and exploitative: "... when a psychologist sees professional behavior contrary to his or her personal values, the observer may well cry 'unethical,' when a more apt response might be 'I disagree'" (p. 499). The lack of differentiation between disagreement and what is unethical has led to uncritical acceptance of the party-line dogma and, hence, the dumbing down of our field.

The belief in the depravity of boundary crossings and dual relationships in psychotherapy is primarily based on the urban analytic risk-management model of psychotherapy. It baselessly claims that boundary crossings and dual relationships are essentially unethical, harmful, and lead to exploitation of and sex with clients. Even though most therapists are not psychodynamically oriented, boundary crossings are often part of evidence-based therapies, and dual relationships are a healthy and normal part of communal life and can enhance therapeutic effectiveness. Still, the irrational and unrealistic belief in the evils of boundary crossings and dual relationships prevails.

This essentially paranoid myth has primarily been disseminated by a core group of influential professionals who hold key gatekeeping positions in the field. They have manufactured consent through classic propaganda techniques such as incessant repetitions of the message, misinformation, disinformation, publication of biased research findings, concealment of information, and pathologizing and marginalizing the opposition. These techniques have proved very effective when employed for larger issues of war, economy, or social policy and have brought about the methodical demonization of boundary crossings and dual relationships in psychotherapy. Regardless of how unrealistic, illogical, or paranoid the dogma is, therapists seem to swallow it hook, line, and sinker.

But more than good propaganda techniques are at the root of such acceptance; there is a subtler, more insidious reason than a misguided belief in the immorality of boundary crossings and dual relationships. A deeper motive is that the ensuing mandated segregation of therapy and the avoidance of boundary crossings and dual relationships actually benefit therapists. Although the ban is claimed to be for the clients' "own good," in fact, the absence of all boundary crossings and dual relationships and the resulting isolation increase therapists' personal, professional, and economic power. In an ironic twist, the ban, which was supposed to protect clients from exploitative therapists, increases isolation of the clients, thereby increasing not only the therapists' influential power but the likelihood of exploitation. The most "beneficial" aspect of the imposed isolation is the therapists' ability to blame clients for lack of progress because of their "resistance" while continuing to charge for ineffective therapy.

Spreading the irrational, unrealistic, and paranoid message that boundary crossings and dual relationships are immoral is an affront to our professional judgment. Putting risk management and fear of speaking up for what we believe ahead of clinical considerations and care for our clients erodes our original commitment to healing. Rigidly employing "only in the office" emotional distance therapy impugns our professional integrity. Focusing on the codes of ethics as our exclusive guiding text to the exclusion of philosophical, cultural, and spiritual considerations dumbs down our moral and ethical judgment.

Although most of the professional literature on the topic of boundary crossings and dual relationships is dominated by the core group and their faction, a few professional journals have encouraged critical thinking about the complexities of boundary crossings and nonsexual dual relationships. They include: *Professional Psychology: Research and Practice*; *Psychotherapy: Theory, Research, Practice, and Training*; *The Independent Practitioner*; and *Voices*. There are also a limited number of books that support critical thinking and a balanced view of boundaries and dual relationships. These include Herlihy and Corey (1992), Heyward (1993), Howard (1986), Lazarus and Zur (2002), and Lerman and Porter (1990).

When is it appropriate to intentionally employ boundary crossings? The shortest, most comprehensive, and intelligent answer is provided by Lazarus (1994) when he says, "It depends." It depends on the client's situation, culture, socioeconomic class, presenting problem, personality, diagnosis, and background. It is essential to the welfare of clients that clinical decisions are based on these kind of considerations,

instead of on ignorance, fear, dogma, or self-serving beliefs. Clinical interventions stemming from the rigid standpoint that dual relationships are inherently detrimental do not do justice to clients or the profession. Rather than avoiding boundary crossings and dual relationships on general principle, therapists can accept and welcome them as an effective therapeutic tool to be employed when clinically appropriate.

If the misinformation currently being disseminated succeeds in continuing to stop therapists from placing the best interests of clients first, then we all fall victim to blind compliance and fear-based avoidance behaviors. Ignorance of a truly broad and balanced array of perspectives or, even worse, the illusion that one possesses that knowledge, considerably compromises the potential for clinical effectiveness. To discard the option of healthy, helpful, nonsexual boundary crossings and dual relationships in psychotherapy is not only unjust to clients, but an insult to the profession.

It is our responsibility as therapists to maintain our personal and professional integrity by being truly informed, thinking critically, and being aware of our own biases, fears, self-serving attitudes, self-aggrandizing beliefs, and convenient behaviors. Ultimately, we alone can make the decision to eschew fear, self-interest, and dogma in order to put our clients' care above all else. It is at that moment that we truly act with integrity and become moral, ethical, and effective human beings and therapists.

REFERENCES

- American Association for Marriage and Family Therapists (AAMFT). (2001). *AAMFT Code of Ethics*. Washington, DC: Author. Retrieved July 8, 2001, from: <http://www.aamft.org/about/revisedcodeethics.htm>.
- American Counseling Association (ACA). (1996). *Code of Ethics and Standards of Practice*. Alexandria, VA: Author. Retrieved July 8, 2001, from: <http://www.cacd.org/codeofethics.html>.
- American Psychological Association (APA). (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- American Psychological Association (APA). (2002). Ethical Principles of Psychologists and Code of Conduct. Retrieved May 3, 2003, from: <http://www.apa.org/ethics/code2002.pdf>
- Austin, K.M. (1998). *Dangers for Therapists*. Redlands: California Selected Books.
- Barnett, J.E. (1992). Dual relationships and the federal trade commission. *The Maryland Psychologist*, 3, 12-14.
- Barnett, J.E. (1996). Boundary issues and dual relationships: Where to draw the line? *The Independent Practitioner*, 16 (3), 138-140.
- Barnett, J.E. & Yutrzenka, B.A. (1994). Non-sexual dual relationships in professional practice, with special applications to rural and military community. *The Independent Practitioner*, 14 (5), 243-248.

- Bennett, B.E., Bricklin, P.M., & Vandecreek, L. (1994). Response to Lazarus's "How certain boundaries and ethics diminish therapeutic effectiveness." *Ethics & Behavior*, 4 (3), 263-266.
- Bergin, A.E. & Garfield, S.L. (Eds.). (1994). *Handbook of Psychotherapy and Behavior Change* (4th ed.). New York: Wiley.
- Bersoff, D.N. (Ed.) (1996). *Ethical Conflicts in Psychology*. Washington, DC: American Psychological Association.
- Bersoff, D.N. (Ed.) (1999). *Ethical Conflicts in Psychology*. Washington, DC: American Psychological Association.
- Borys, D.S. (1992). Nonsexual dual relationships. In L. Vandecreek, S. Knapp, & T.L. Jackson (Eds.), *Innovations in Clinical Practice: A Source Book, Vol. 11*. (pp. 443-454). Sarasota, FL: Professional Resource Exchange.
- Borys, D.S. (1994). Maintaining therapeutic boundaries: The motive is therapeutic effectiveness, not defensive practice. *Ethics and Behavior*, 4 (3), 267-273.
- Borys, D.S. & Pope, K.S. (1989). Dual relationships between therapist and client: A national study of psychologists, psychiatrists, and social workers. *Professional Psychology: Research and Practice*, 20, 283-293.
- Brown, L.S. (1989). Beyond thou shalt not: Thinking about ethics in the lesbian therapy community. *Women and Therapy*, 8, 13-25.
- Brown L.S. (1990). Ethical issues and the business of therapy. In H. Lerman & N. Porter (Eds.), *Feminist Ethics in Psychotherapy* (pp. 60-69). New York: Springer.
- Brown, L.S. (1991). Ethical issues in feminist therapy. *Psychology of Women*, 15, 323-336.
- Brown, L.S. (1994). Boundaries in feminist therapy: A conceptual formulation. *Women and Therapy*, 15, 29-38.
- California Board of Psychology. (2001). *A Consumer Guide to Psychological Services*. Sacramento, CA: Author.
- Campbell, C.D. & Gordon, M.C. (2003). Acknowledge the inevitable: Understating multiple relationships in rural practice. *Professional Psychology: Research and Practice*, 34 (4), 430-434.
- Canter, M.B., Bennett, B.E., Jones, S.E., & Nagy, T.F. (1996). *Ethics for Psychologists: A Commentary of the APA Ethics Code*. Washington, DC: American Psychological Association.
- Chomsky, N. (1988). *Manufacturing Consent*. New York: Pantheon.
- Claiborn, C.D., Berberoglu, L.S., Nerison, R.M., & Somberg, D.R. (1994). The client's perspective: Ethical judgments and perceptions of therapist practices. *Professional Psychology, Research and Practice*, 25 (3), 268-274.
- Craig, J.D. (1991). Preventing dual relationships in pastoral counseling. *Counseling and Values*, 36, 49-55.
- Doverspike, W.F. (1999). *Ethical Risk Management: Guideline for Practice*. Sarasota: Professional Resource.
- Epstein, R.S. & Simon, R.I. (1990). The exploitation index: An early warning indicator of boundary violations in psychotherapy. *Bulletin of the Menninger Clinic*, 54, 450-465.
- Epstein, R.S., Simon, R.I., & Kay, G.G. (1992). Assessing boundary violations in psychotherapy: Survey results with the Exploitation Index. *Bulletin of the Menninger Clinic*, 56, 150-166.
- Erickson, M. & Rossi, E. (1979). *Hypnotherapy: An Exploratory Casebook*. New York: Irvington.
- Evans, D.R. (1997). *The Law, Standards of Practice, and Ethics in the Practice of Psychology*. Toronto: Mond Montgomery.
- Faulkner, K.K. & Faulkner, T.A. (1997). Managing multiple relationships in rural communities: Neutrality and boundary violations. *Clinical Psychology: Science and Practice*, 4 (3), 225-234.

- Feminist Therapy Institute (1987), *Feminist therapy code of ethics*. Denver: Author.
- Festinger, L. (1957). *A Theory of Cognitive Dissonance*. Evanston, IL: Row, Peterson.
- Frank, J.D. (1970). *Persuasion and Healing*. New York: Schocken.
- Gabbard, G.O. (1994). Teetering on the precipice: A commentary on Lazarus's "How certain boundaries and ethics diminish therapeutic effectiveness." *Ethics and Behavior*, 4 (3), 283–286.
- Gabbard, G.O. & Nadelson, C. (1995). Professional boundaries in the physician-patient relationship. *Journal of the American Medical Association*, 273 (18), 1445–1449.
- Geyer, M.C. (1994). Dual role relationships and Christian counseling. *Journal of Psychology and Theology*, 22 (3), 187–195.
- Gottlieb, M.C. (1993). Avoiding exploitative dual relationships: A decision-making model. *Psychotherapy*, 30, 41–48.
- Greenspan, M. (1995). Out of bounds. *Common Boundary Magazine*, July/August, 51–58.
- Grosso, F.C. (1997). *Ethics for Marriage, Family, and Child Counselors*. Santa Barbara, CA: Author.
- Grunebaum, H. (1986). Harmful psychotherapy experience. *American Journal of Psychotherapy*, 40, 166–176.
- Gutheil, T. & Gabbard, G.O. (1993). The concept of boundaries in clinical practice: Theoretical and risk management dimensions. *American Journal of Psychiatry*, 150, 188–196.
- Gutheil, T.G. (1994). Discussion of Lazarus's "How certain boundaries and ethics diminish therapeutic effectiveness." *Ethics and Behavior*, 4 (3), 295–298.
- Guthmann, D. & Sandberg, A.K. (2002). Dual relationships in the deaf community: When dual relationships are unavoidable and essential. In A.A. Lazarus & O. Zur (Eds.) *Dual Relationships and Psychotherapy*, New York: Springer, pp. 298–297.
- Hansen, N.D. & Goldberg, S.G. (1999). Navigating the nuances: A matrix of considerations for ethical–legal dilemmas. *Professional Psychology: Research and Practice*, 30 (5), 495–503.
- Hargrove, D.S. (1986). Ethical issues in rural mental health practice. *Professional Psychology: Research and Practice*, 17, 20–23.
- Harris, R.S. (2002) Dual relationships and university counseling center environments. In A.A. Lazarus & O. Zur (Eds.) *Dual Relationships and Psychotherapy*, New York: Springer, pp. 337–347.
- Hedges, L.E. (1993). In praise of the dual relationship. *The California Therapist*, May/June, 46–50.
- Herlihy, B. & Corey, G. (1992). *Dual Relationships in Counseling*. Alexandria, VA: American Association for Counseling and Development.
- Heyward, C. (1993). *When Boundaries Betray Us: Beyond What Is Ethical in Therapy and Life*. New York: HarperCollins.
- Howard, D. (1986), *The Dynamics of Feminist Therapy*. New York: Haworth.
- Jennings, F.L. (1992). Ethics of rural practice. *Psychotherapy in Private Practice (Special Issue: Psychological Practice in Small Towns and Rural Areas)*, 10 (3), 85–104.
- Jones, E. (1951). The God Complex. In idem, *Essays in Applied Psychoanalysis*, 2, pp. 244–265. London: Hogarth.
- Kagle, J.D. & Geilbelhausen, P.N. (1994). Dual relationships and professional boundaries. *Social Work*, 39 (2), 213–220.
- Keen S. (1986). *Faces of the Enemy: Reflections of the Hostile Imagination*. San Francisco: Harper & Row.
- Keith-Spiegel, P. & Koocher, G.P. (1985). *Ethics in Psychology: Professional Standards and Cases*. New York: Random House.
- Kertesz, R. (2002). Dual relationships in therapy in Latin America. In A.A. Lazarus & O. Zur (Eds.) *Dual Relationships and Psychotherapy*, New York: Springer, pp. 329–334.

- Kitchener, K.S. (1988). Dual role relationships: What makes them so problematic? *Journal of Counseling and Development*, 67, 217–221.
- Kitchener, K.S. (1996). Professional codes of ethics and ongoing moral problems in psychology. In W. O'Donohue & R.F. Kitchener (Eds.), *The Philosophy of Psychology* (pp. 361–370). London: Sage.
- Koocher, G.P. & Keith-Spiegel, P. (1998). *Ethics in Psychology: Professional Standards and Cases*. New York: Oxford University Press.
- Lakin, M. (1991). *Coping with Ethical Dilemmas in Psychotherapy*. New York: Pergamon.
- Lambert, M.J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of Psychotherapy Integration* (pp. 94–129). New York: Basic.
- Langs, R.J. (1974). The therapeutic relationship and deviations in technique. In R.J. Langs (Ed.), *International Journal of Psychoanalytic Psychotherapy: Vol. 4* (pp. 106–141). New York: Jason Aronson.
- Lazarus, A.A. (1994). How certain boundaries and ethics diminish therapeutic effectiveness. *Ethics and Behavior*, 4, 255–261.
- Lazarus, A.A. (1998). How do you like these boundaries? *The Clinical Psychologist*, 51, 22–25.
- Lazarus, A.A. & Zur, O. (Eds.) (2002). *Dual Relationships and Psychotherapy*. New York: Springer.
- Lerman, H., & Porter, N. (Eds.) (1990). *Feminist Ethics in Psychotherapy*. New York: Springer.
- Llewellyn, R. (2002). Sanity and sanctity: The counselor and multiple relationships in the church. In A.A. Lazarus & O. Zur (Eds.) *Dual Relationships and Psychotherapy*, New York: Springer, pp. 298–314.
- Montgomery, M.J. & DeBell, C. (1997). Dual relationships and pastoral counseling asset or liability? *Counseling and Values*, 42 (1), 30–41.
- Nagy, T.F. (2000). *Ethics in Plain English: An Illustrative Casebook for Psychologists*. Washington, DC: American Psychological Association.
- National Association of Social Workers (NASW). (1999). *Code of Ethics*. Retrieved July 27, 2001, from <http://www.naswdc.org/Code/ethics.htm>.
- Nietzsche, F. (1977) (Trans) *Portable Nietzsche*. Trans. By Walter Kaufmann, New York: Viking.
- Norcross, J.C. & Goldfried, M.R. (Eds.). (1992). *Handbook of Psychotherapy Integration*. New York: Basic.
- Pepper, R.S. (1991). The senior therapist's grandiosity: Clinical and ethical consequences of merging multiple roles. *Journal of Contemporary Psychotherapy*, 21 (1), 63–70.
- Pope, K.S. (1986). New trends in malpractice cases and changes in APA liability insurance. *Independent Practitioner*, 6, 23–26.
- Pope, K.S. (1988). Dual relationships: A source of ethical, legal, and clinical problems. *Independent Practitioner*, 8 (1), 17–25.
- Pope, K.S. (1989). Therapist–patient sex syndrome: A guide to assessing damage. In G.O. Gabbard (Ed.), *Sexual Exploitation in Professional Relationships* (pp. 39–55). Washington, DC: American Psychiatric Press.
- Pope, K.S. (1990). Therapist–patient sex as sex abuse: Six scientific, professional, and practical dilemmas in addressing victimization and rehabilitation. *Professional Psychology: Research and Practice*, 21, 227–239.
- Pope, K.S. (1991). Dual roles and sexual intimacy in psychotherapy. *Ethics and Behavior*, 1 (1), 21–34.
- Pope, K.S. (1994). *Sexual Involvement with Therapists: Patient Assessment, Subsequent Therapy, Forensics*. Washington, DC: American Psychological Association.

- Pope, K.S. & Bouhoutsos, J. (1988). Dual relationships in the practice of psychology. *Professional Psychology: Research and Practice*, 19, 123–135.
- Pope, K.S. & Vasquez, M.J.T. (1998). *Ethics in Psychotherapy and Counseling: A Practical Guide for Psychologists*. San Francisco: Jossey-Bass.
- Pope, K.S., Tabachnick, B.G., & Keith-Spiegel, K. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42 (1), 993–1006.
- Ramsdell, P.S. & Ramsdell, E.M. (1993). Dual relationships: Client perceptions of the effect of client-counselor relationship on the therapeutic process. *Clinical Social Work Journal*, 21 (2), 195–212.
- Schank, J.A. (1998). Ethical issues in rural counseling practice. *Canadian Journal of Counseling*, 32 (4), 270–283.
- Schank, J.A. & Skovholt, T.M. (1997). Dual relationship dilemmas of rural and small-community psychologists. *Professional Psychology: Research and Practice*, 28, 44–49.
- Sears, V.L. (1990). On being an “only” one. In H. Lerman & N. Porter (Eds.), *Feminist Ethics in Psychotherapy* (pp. 102–105). New York: Springer.
- Sharkin, B.S. & Birky, I. (1992). Incidental encounters between therapists and their clients. *Professional Psychology: Research and Practice*, 23 (4), 326–328.
- Simon, R.I. (1989). Sexual exploitation of patients: How it begins before it happens. *Contemporary Psychiatry: Psychiatric Annals*, 19 (2), 104–187.
- Simon, R.I. (1991). Psychological injury caused by boundary violation precursors to therapist-patient sex. *Psychiatric Annals*, 21, 614–619.
- Simon, R.I. (1992). Treatment boundary violations: Clinical, ethical, and legal considerations. *Bulletin of the American Academy of Psychiatry and Law*, 20, 269–287.
- Simon, R.I. (1995). The natural history of therapist sexual misconduct: Identification and prevention. *Psychiatric Annals*, 25, 90–94.
- Slack, C.M. & Wassenaar, D.R. (1999). Ethical dilemmas of South African clinical psychologists. *European Psychologist*, 4(3), 179–186.
- Smith, A.J. (1990). Working within the lesbian community: The dilemma of overlapping relationships. In H. Lerman & N. Porter (Eds.), *Feminist Ethics in Psychotherapy* (pp. 92–96). New York: Springer.
- Smith, D. (2003). Here are things every psychologist can do. *The APA Monitor*, 34/1, 5.
- Smith, E.W.L., Clance, P.R., & Imes, S. (Eds.) 1998. *Touch in Psychotherapy: Theory Research and Practice*. New York: Guilford.
- Sonne, J.L. (1994). Multiple relationships: Does the new ethics code answer the right questions? *Professional Psychology: Research and Practice*, 25 (40), 336–343.
- St. Germaine, J. (1996). Dual relationships and certified alcohol and drug counselors: A national study of ethical beliefs and behaviors. *Alcohol Treatment Quarterly*, 14 (2), 29–45.
- Staal, M.A. & King, R.E. (2000). Managing a multiple relationship environment: The ethics of military psychology. *Professional Psychology: Research and Practice*, 31 (6), 698–705.
- Stamm, B.H. (Ed.) (2003). *Rural Behavioral Health Care*. Washington, DC: APA Books.
- Stockman, A.F. (1990). Dual relationships in rural mental health practice: An ethical dilemma. *Journal of Rural Community Psychology*, 11 (2), 31–45.
- Strasburger, L.H., Jorgenson, L., & Sutherland, P. (1992). The prevention of psychotherapist sexual misconduct: Avoiding the slippery slope. *American Journal of Psychotherapy*, 46 (4), 544–555.
- Thomas, J.L. (2002). On bartering. In A.A. Lazarus & O. Zur (Eds.) *Dual Relationships and Psychotherapy*, New York: Springer, pp. 394–408.
- Tomm, K. (1993). The ethics of dual relationships. *The California Therapist*, January/February, 7–19.
- Wassenaar, D.R. (1999). Ethical dilemmas of South African clinical psychologists: International comparisons. *European Psychologist*, V. 4(3) 179–186.

- Williams, M.H. (1992). Exploitation and inference: Mapping the damage from therapist-patient sexual involvement. *American Psychologist*, 47, 412-421.
- Williams, M.H. (1995). How useful are clinical reports concerning the consequences of therapist-patient sexual involvement? *American Journal of Psychotherapy*, 49 (2), 237-243.
- Williams, M.H. (1997). Boundary violations: Do some contended standards of care fail to encompass commonplace procedures of humanistic, behavioral and eclectic psychotherapies? *Psychotherapy*, 34, 239-249.
- Williams, M.H. (2000). Victimized by "victims": A taxonomy of antecedents of false complaints against psychotherapists. *Professional Psychology Research and Practice*, 31 (1), 75-81.
- Woody, R.H. (1998). *Fifty Ways to Avoid Malpractice*. Sarasota, FL: Professional Resource Exchange.
- Yalom, I.D. (1980). *Existential Psychotherapy*. New York: Basic.
- Yalom, I.D. (1997). *Lying on the Couch*. New York: Harper Perennial.
- Younggren, J.N. & Skorka, D. (1992). The non-therapeutic psychotherapy relationship. *Law and Psychology Review*, 16, 13-28.
- Zur, O. (2001). Out of office experience: When crossing office boundaries and engaging in dual relationships are clinically beneficial and ethically sound. *The Independent Practitioner*, 21 (2), 96-100.
- Zur, O. (2002). The truth about the Codes of Ethics: Dispelling the rumors that dual relationships are unethical. In A.A. Lazarus & O. Zur (Eds.) *Dual Relationships and Psychotherapy*, New York: Springer, pp. 55-64.
- Zur, O. & Gonzalez, S. (2002). Multiple relationships in military psychology. In A.A. Lazarus & O. Zur (Eds.), *Dual Relationships and Psychotherapy*, New York: Springer, pp. 315-328.
- Zur, O. & Lazarus, A. (2003). Letter to the Editor. *APA Monitor of Psychology*, 34(3), p. 5.

Notes & Corrections

- (1) Due to more recent publications, this list was amended. (November 2005)
- (2) Per correspondence with Dr. Bersoff, an erroneous statement regarding his clinical background that was in the original book chapter has been omitted here. The author apologizes for the error.
- (3) It is important to note that in articles published in more recent years, Pope, Sonne and several other authors cited in this chapters has shifter their position and present a more flexible and rational approach to dual relationships. Examples of such articles:
 - Pope, K. S. & Wedding, D. (2007). Nonsexual Multiple Relationships & Boundaries in Psychotherapy. In *Current Psychotherapies, 8th Edition* edited by R. Corsini and D. Wedding, (Eds). New York: Brooks/Cole.
 - Sonne, J. L. (2006) Nonsexual multiple relationships: A practical decision-making model for clinicians. *The Independent Practitioner*, Fall, 187-192.

For a short article reflecting on these changes:

 - Zur, O. (2008). Historical Shifts In The Debate On Therapeutic Boundaries. *California Psychologist*, 41 (1), 6-9.

Article available at http://www.zurinstitute.com/attitudes_towards_boundaries.pdf

 - (4) Simon, R. I. (1994). Transference in therapist-patient sex: The illusion of patient improvement and consent, Part 1. *Psychiatric Annals*, 24, 509-515.
 - (5) Pope, K. S. (1990). Therapist-patient sexual contact: Clinical, legal, and ethical implications. In Margenau, E.A. *The encyclopedia handbook of private practice*. New York: Gardner Press, Inc.

In recent years many authors, ethicists and scholars have realized that many types of multiple relationships are unavoidable, normal and common and at times helpful in many settings. Accordingly, they have updated or adjusted their view of multiple or dual relationships in psychotherapy. Similarly, professional associations' codes of ethics have evolved and changed due to the fact that multiple relationships are neither always harmful nor always avoidable (see <http://www.zurinstitute.com/dualtruth.html>).

The recent, 2017 book [*Multiple Relationships in Psychotherapy and Counseling: Unavoidable, Common and Mandatory Dual Relations in Therapy*](#), edited by Ofer Zur, Ph.D. and published by Routledge, provides an in-depth analysis of unavoidable multiple relationships and is a comprehensive example of the extensive changes in the field regarding attitudes and views of multiple relationships in psychotherapy, counseling, marriage and family therapy, and social work. Additional 2017 updated resources are available at [Extensive Bibliography on Dual & Multiple Relationships in Psychotherapy and Counseling](#).