



Going Too Far In The Right Direction: Reflections On The Mythic Ban Of Dual Relationships

By: Ofer Zur, Ph.D.

Out of the sincere effort to protect the public from exploitive therapists, a myth has developed about the evils of dual relationships. This essay invites the reader to critically examine one of the most sacred cows of the psychotherapeutic community: the prohibition of dual relationships.

"Dual relationship" refers to any circumstance whereby a therapist assumes a role in addition to that of a clinician. A therapist having sex with a client is an example of a dual relationship; other dual relationships include seeing one's student in therapy, employing or having any other business relationship with a client, belonging to the same church as a client, or having lunch with a client.

The prohibition against dual relationships originates from two sources: (1) Psychotherapists' and regulatory agencies' valid and appropriate concerns with the power differential between therapists and clients, and the corresponding attempt to protect clients from exploitation and harm; and (2) the traditional psychoanalytic emphasis on therapist neutrality and transference work.

We have been warned specifically against having sexual relationships with clients, and on the dangers of dual relationships in general by teachers of ethics, memos from our insurance companies, guidance from supervisors and graduate school professors, and by attorneys' advice columns. Professional

organizations, consumer protection agencies, and legislators use the prohibition of therapist-client sexual relationships and their concern with "exploitation" as the basis for all their protective policies and guidelines. The original intention of the regulatory agencies to protect the welfare of clients by establishing a ban on sexual relationships between therapists and clients has emerged as a massively broad prohibition of all dual relationships.

As a result, the total avoidance of all dual relationships is raised as a magical amulet against any and all possible harm to patients involved in therapeutic treatment. In fact "dual relationship" has been used interchangeably with "exploitation", "harm", or "sex with client" in most of our professional literature. Kenneth Pope, a leading expert in ethical matters, makes a claim that not only exemplifies the above belief, but has become a strict standard of therapeutic ethics and law: "... non-sexual dual relationships, while unethical and harmful *per se*, foster sexual dual relationships" (1990, p. 688). This comment is a fair reflection of the general consensus which does not differentiate between sexual and non-sexual dual relationships. Unfortunately, this ethical blur assumes that non-sexual dual relationships inevitably lead to sexual dual relationships and ensuing harm.

The most recent *APA Ethical Guidelines* (1992) does not even mention the term "dual relationship", let alone

prohibit non-sexual dual relationships. Section 1.17, titled "Multiple Relationships" warns us against "entering into or promising another personal, scientific, professional, financial, or other relationship if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party." (APA, 1992).

Bruce Ebert, Ph.D., J.D., the former chair of our dreaded California Board of Psychology wrote to all psychologists in the *BOP Updates*, "Not all multiple-role relationships are unethical" (1998, p. 5). Ebert himself published the most extensive analysis challenging the constitutionality of the prohibition against dual relationships (Ebert, 1997). In spite of all these analyses, the myth that dual relationships embody evils (and thus must continue as professional taboos) is as intact as ever.

One must wonder "If dual relationships are not unethical, why is the prohibition not dead?" If we examine the myth of demonizing dual relationships, at least three questions must be considered: (1) What is so wrong with clients' familiarity or "duality" with therapists?; (2) Is it possible that the prohibition is not only about protecting our clients but also serves the therapists' own self interest?; and (3) Does the prohibition truly protect patients from exploitation?

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
In this article, it is neither practical nor possible to elaborate detailed answers to these questions. However, it is hoped that brief remarks will stimulate thought and future discussion: In regard to familiarity, a social dynamic that is common in most rural and military (or other small societies) settings, most of my clients chose me because they know me or know of me. Some attended several of my lectures and workshops; others served with me on task forces or committees in our community; and yet others know me well as a trusted neighbor, doting father, or competitive basketball player. Clients chose to engage in therapy with me after they came to know me in those various roles – they selected a therapist based on their own appraisals. They chose me on the basis of first hand personal knowledge of my behavior, morals, ethics, and personality.

What other therapist selection methods are more appropriate or intelligent or sensible? In my opinion, my clients' method is far superior than a blind selection of a "soul doctor" from a Yellow Pages listing. The fact that some of my clients end up on a field trip with me, or serve on a committee, or play on the basketball court at the same time as I do significantly reduces the chance of sexual or other forms of exploitation. It has not interfered with any transference work; rather transference has been made more complex and also richer.

Regarding the last two questions on who benefits from and who are protected by the prohibition, we must consider the impact of isolation – the protective wall that surrounds clinical work. Consider for a moment that the therapy relationship is an isolative experience, and the extent to which isolation tends to increase the risk of exploitation. I suspect that one reason the prohibition is not dead is because it enables incompetent and ineffective therapists to stay unexposed in business without any accountability. In the isolation of the office, they can blame clients for failed therapy ("resistance") and continue to collect fees even though the goods are not delivered.

When it comes to dual relationships, it seems as if we have the answer before we have formulated the question very well; we have maintained that the cart actually comes before the horse. Rather than focusing on prohibiting or banning dual relationships, the real focus ought to be on preventing client exploitation. On all matters of prevention, the first step is to educate the involved parties; in this instance, in what ways can we educate caring clinicians to practice their work with integrity and competency (rather than work as frightened technicians)?

I write this short essay to invite readers to dare to re-think the demonization of dual relationships; to explore how we can best protect clients from exploitative therapists; and how

we can train therapists to increase their effectiveness and accountability. What do you think? 

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