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Relational Ethics, Boundary Riders and Process Sentinels: Allies for Ethical Practice

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Introduction

With the ethics of client-practitioner relationships receiving increased attention in the literature, practitioners must find ways of mediating the tensions and challenges inherent in client and therapy work. This paper draws on dual relationship research\(^1\), therapy theory, and practice to sets out concepts for effective ethical practice. It also presents a model for developing a personal-professional relational ethic.

The notion of a personal-professional relational ethic and the concepts boundary rider and process sentinel are offered as helpful metaphors to incorporate in a practitioner’s
‘tool-kit’, as allies for ethical practice. The paper is relevant for practitioners in a wide range of counselling and therapy roles, including: counsellors, psychotherapists, trainee practitioners, supervisors, trainers, psychologists, allied health professionals, and service providers.

Box 1

Summary of client experiences of non-sexual dual relationships

- Emotional reactions of epic proportions and ‘roller coaster’ nature
- Some clients withheld thoughts and reactions to the relationship, remaining silent
- Some clients experienced conflict/distress at prospect of breaking silence and speaking out about their experience
- Although a client might consent, they might not have understood the implications of entering the dual relationship
- Clients experienced significant concerns and problems associated with role identity, role transitions, role boundaries and role confidentiality
- Some clients felt special in the relationship and were reluctant to threaten their ‘special’ status and the ‘payoffs’ it brought
- Clients in beneficial dual or multiple role relationships seemed more emotionally and psychologically robust and able to sustain themselves in the relationship

Origins of relational ethic, boundary rider and process sentinel:

The inevitable complexity of therapy endorses the importance of striving to form and facilitate effective ethical relationships and role boundaries. As part of exploring this complex terrain, research into boundaries in therapy relationships (Gabriel, 1996) and client/therapist experiences of non-sexual dual relationships (Gabriel, 2002, 2005) offered rich empirical data out of which the relational ethics concepts arose.

Qualitative interview data from over 50 clients and therapists showed that dual relationships can be both beneficial and harmful (Gabriel, 2002; 2005). Brief details of key findings are given in the boxes above and below; for more comprehensive details see Gabriel (2002 and 2005).
All research contributors (both therapist and client contributors) were themselves therapists at the time of contributing to the research. Additionally, at the time of their dual relationship, many client contributors were either trainee or trained therapists. Significantly, the research suggests that emotional potency and stress generated in complex or conflicted relational situations can override prior understanding of therapy and relational processes. Chillingly, it suggests clients without therapeutic knowledge, or with limited understanding of therapy, are especially vulnerable.

Practitioners may assume a client is responsible in the relationship and can support themselves emotionally and psychologically. Not all clients can. Even when a client was an experienced therapist at the time of the dual relationship, it did not offer them ‘protection’. Whilst we might assume that an experienced therapist in the role of ‘client’ could be self-supporting in a dual relationship, the findings indicate otherwise (Gabriel, 2002; 2005). We need to be vigilant client capacity for self-care. If therapist ‘clients’ find it difficult to discuss or disclose abusive non-sexual dual relationships with their therapist or anyone else, what chance is there for clients with no therapy knowledge?

Box 2

**Summary of therapist experiences of dual relationships**

- Some therapists were reluctant or unable to take their dual relationship issues to supervision
- Some experienced conflict and ambivalence about breaking silence and disclosing their dual relationships to others
- Many experienced difficulties dealing with boundaries, confidentiality and role transitions
- Therapists in successful or beneficial relationships appeared able to deal with the conflicts and challenges of the relationship
- Where a therapist used some form of client assessment, this seemed to help them better prepare for relational consequences
The therapist needs to be alert to client communication and create opportunities for metacommunication (“communicating about communication”). This informed and reflexive practice is embedded in the model of relational ethic set out here.

**Defining relational ethic**

*Relational ethic* combines *relationship* and *ethic* into a multidimensional concept. The Oxford Reference Dictionary (1986) defines ethic as “a set of moral principles”. It defines relation as “…narration, a narrative”, hence in the context of the client-practitioner relationship, we can construe the relationship as a co-constructed ethical or moral narrative that both influences, and in turn is influenced by, a complex multidimensional context. Here, I use the term *relational ethic* to represent the complex medium through which decisions and interactions associated with a relationship are thoughtfully engaged with (Gabriel, 2001a; 2002; 2005).
Developing your relational ethic

The relational dimensions

Figure 1 presents a multidimensional model for relational ethics in practice and each of the dimensions are described below. The notion of *relationship* is central to the model.

**Relationship context**

Relationship context is a significant dimension to explore. Here, the therapist is mindful of the wider environs of the dual relationship. Exploration of the impact of context might occur through collaborative conversations that reflect on context and its influence on the relationship.

The therapist’s theoretical approach is also a key contextual feature; one that will influence how the dual relationship is perceived and experienced. Additionally, values and morals underpinning an individual’s approach will be informed by their philosophy/world view. For example, I am influenced by feminist, social care and social constructionist concepts of relationship (Noddings, 2002; Jordan et al. 2004; Gergen, 1994a, 1994b, 1997, 1999; Gergen and Kaye, 1992). In addition, I am interested in how
our individual, collective, social and cultural identities influence relational ethics (Appiah, 2005).

**Assessment**

Gabriel’s research (Gabriel, 2002; 2005) found that few practitioners were assessing relational competence or capacity to sustain self in a dual relationship. Some will see this as the antithesis of good practice. That said, a dual relationship can be unexpected or circumstantial, leaving no opportunity for planned assessment or risk analysis.

The process of assessment imagined here is about client *protection* and therapist *preparedness*. Essentially, it requires assessing client *and* therapist capacity to sustain self. An assessment could identify skills or qualities that help or hinder the relationship. For example, an adult client survivor of childhood sexual abuse will need clear and compassionate boundary holding in the relationship; in this situation, a dual relationship involving complex role changes is probably contraindicated. An individual’s capacity to deal with relational and situational changes brought about by role shifts (see Gabriel, 2002, for information on using attachment theory to inform assessment) could be assessed. Assessment processes would be designed, facilitated and reviewed through peer and supervisor review. Additionally, an assessment process will have criteria for deciding which dual relationships are contraindicated.

**Intentionality**

Whilst the notion of intentionality might appear to be the therapist’s domain, a client’s intentions will play a crucial part in the process and outcome of the dual relationship. Therapist intentionality has received attention in the therapy literature (see for example, Gabriel and Davies, 2000; Russell, 1993; Russell 1999). Russell (1999) regards the concept as associated with therapeutic technique and here I use it similarly, to signify intentions and subsequent actions/interventions of partners in the relationship. Arguably, an individual’s intentionality in a dual relationship corresponds with the role they are enacting and its associated responsibilities. The therapist takes relational responsibility to instigate communication, relinquishing their facilitation as the client increasingly collaborates in ethical decision-making about the relationship.

**Relational responsibility**

Few would disagree that practitioners are morally, ethically and professionally responsible to their clients. Competent and respectful service is expected and assumed by clients, matching the profession’s concomitant expectation that practitioners can attend to maintaining personal and professional skill, resourcefulness and robustness. There are significant implications here for the aining and ongoing development of practitioners.

Relational responsibility is, ideally, negotiated and shared between the dual relationship
partners. This moves away from perceiving relational responsibility as a task residing with one or other (usually the person in the perceived position of ‘expert’ or figure of authority) of the people involved in the relationship. Whilst the therapist role traditionally attracts particular notions of responsibility and obligation, it should not assume greater status, purpose or authority in the relationship. It necessitates collaboration, with the therapist ethically and professionally obligated to raise relational issues and facilitate client engagement in mutual decision-making. Relationship partners become jointly responsible (McNamee and Gergen, 1999). Principle to this premise is the relational capacity and spatial ability of the therapist.

Spatial ability and relational capacity

Relational capacity and spatial ability feature separately in Figure 1, but are discussed in tandem in this section because they are intimately and inextricably connected in the lived experience of a dual relationship. Relational capacity refers to an individual’s emotional and psychological robustness and competency in relating with self and others, whilst spatial ability denotes an individual’s ability to deal with role change and conflict within the dual relationship.

Possessing skills, knowledge and ability to deal with relational conflict is an advantage in any dual relationship. Essential, training and postgraduate practicum will develop individuals’ understanding and practical experience of managing duality phenomena and specific dual relationship situations — essentially, the practitioner develops ‘role fluency’ (Clarkson, 1994, 2000) and ability to deal with complex conditions (such as, confidentiality issues) across relationship roles. Additionally, it involves developing ethical literacy (Gabriel, 2001b).

Unlike some interpretations of role theory, where an individual’s role in an event or situation is fixed, from a symbolic interaction perspective ‘role’ is regarded as fluid, with the potential to change over time and context (Stryker and Stratham, 1985). This is fitting for any reading of the complexities of a dual relationship.

Role fluency is a useful concept not only for the therapist, but also for the client. We can view role fluency as shapeshifting; that is, the capacity to move across boundaries into various relational roles. That said, the process is contingent on client and therapist psychological robustness and we probably assume too much about client and therapist capacity to sustain self in complex relational roles.

Notions of the ‘sussed therapist’ are common and limit transparent discourse on our realistic fears and anxieties in dual relationships. None of us might want to be viewed as a ‘wounded healer’ or ‘flawed therapist’. Perhaps what is most important is that we are aware of our wounds and that they do not undermine our relational decisions and interactions.
A collaborative narrative

The individuals in the relationship need to form a mutual and collaborative narrative or story, to enable a wider framework for understanding, through which the relationship can be experienced and understood. Given that many clients are unable to speak out in, and about, the relationship (Gabriel, 2002), the implications are immense. Where a client cannot challenge the therapist’s ‘inconsistencies’ or ‘mistakes’, or is unable to contribute to relationship decisions, conditions for exploitation or harm exist. To avoid this, it is crucial to construct a collaborative and ethically mindful client-therapist narrative.

Allies for ethical practice: Boundary riders and process sentinels

‘Boundary’ is ...a limit line, with inherent fluidity and permeability, as well as safety and security. It is a limit line that requires the thoughtful actions of the boundary rider, the counsellor, to monitor and repair where necessary in order, as far as is possible, to ensure security and safety.

(Gabriel and Davies, 2000)

The boundary rider

The boundary rider monitors and maintains the limit ...and extent of a given relationship.

(Gabriel, 2005)
The practitioner - boundary rider forms, facilitate and holds appropriate and ethically minded relational boundaries in their client relationships. A practitioner can invoke boundary rider in her/his unique way. Essentially, it provides a ‘short-hand’ concept for tracking the limits and ethical edges of the relationship and offers a creative solution to the inevitable challenges of helping work.

**The process sentinel**

“*The process sentinel is the guardian of the relationship and relational processes. They work in collaboration with relational partners to maintain and develop relational content, process and progress.*” (Gabriel, 2006)
The process sentinel works and relates reflexively, through a constant attendance to ethical and relational process. As a creative means to ethical ends, it sentinel concept offers the practitioner a tool that they can hone to suit their theory and practice.

**Box 5**

The process sentinel:
- Develops comprehensive relational skills and capacity
- Works with complex ethical issues
- Responds ethically in chaotic, conflicted relational situations
- Has ‘eagle eye’ perspective
- Tracks relational minutiae
- Epitomizes reflexive relating

**Box 6**

*Boundary rider and process sentinel: summary of skills, knowledge and ability for dual relationship relating*

- Awareness of role identity
- Understanding of role context
- Boundary awareness and facilitation
- Capacity for role fluency
- Personal and relational competence
- Understanding of contraindications for dual and multiple role relating
- Capacity to use an ethical decision-making framework

**Concluding comments**

Duality, multiplicity, complexity and conflict are universal and ever-present features of human existence. The concepts presented in this paper offer a comprehensive ethical
practice portfolio, to support helping practitioners deal with relational complexity. They are offered in a creative spirit, to prompt ethical ‘play’ and thoughtful development of ethics in practice. Used in conjunction with an ethical decision-making framework, (Bond (2000); Gabriel (1996; 2005); Gabriel and Casemore (2005); Gabriel and Davies (2000)), they become essentials for effective and ethical practice.

References


Gabriel, L. (2005). Speaking the Unspeakable: the ethics of dual relationships in


Examples from Psychological Practice. *Ethics & Behavior* 2, 4, 227-244.


1 The research explored clients’ and therapists’ (non-matched) experiences and perceptions of non-sexual dual and multiple role relationships.

2 The term *dual relationship* is used here as a term to denote a dual or multiple role overlapping relationship between client and therapist

3 *Ethical literacy* involves accruing deep understanding of the multidimensional and complex nature of therapy relationships, as well as the attendant knowledge, aptitude, skills and understanding.

4 While developing role fluency, role boundaries are crucial and ways of ‘marking and minding’ them become a significant part of the process, with practitioner supervision playing a pivotal role here. In addition, explicit and collaborative boundary and role monitoring is essential.

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