

THE BOUNDARY BETWEEN THE THERAPEUTIC ROLE AND FRIENDSHIP, WITH THE LONG TERM PSYCHIATRICALY DISABLED

Dennis Sallans, Rec Therapist

Day Center
Clark Institute of Psychiatry
Toronto, Ontario

Introduction

It is not uncommon for the relationship between therapist and client to become confused and drift into the realms of friendship. Given the client's need for therapeutic assistance and the frequency with which he or she may deal with a trusting and supportive therapist, it is hardly surprising that the relationship could be misinterpreted as friendship. Unaddressed, this misunderstanding can cause complications for both client and therapist. It is therefore the responsibility of the therapist to define for him or herself personal boundaries between therapeutic and friendship relationships. This paper discusses the real relationship that develops; distinguishes between therapeutic relationships and friendships; and, emphasizes the importance of developing and adhering to personal guidelines for therapeutic interactions.

The Client-Therapist Relationship

On the topic of therapeutic relationships, much of the literature has focused on describing the relationship, its role, and its importance. While the most popular conceptions of the therapist-client relationship involve issues of transference and countertransference, this paper will focus on the real relationship (Homer, 1987) which develops over time. As the therapist learns about each client and understands the personal struggles he/she faces, a bond develops in which the therapist is concerned and does care about the client's well-being (Goz, 1976). In helping a client resolve their problems, the therapist may be friendly but this should not be confused with friendship. The therapist is acting within the role of professional helper and is trying to accomplish the tasks and goals of therapy.

A client may consider a therapist a friend (Strupp, Fox & Lessler, 1969). A primary source of confusion for the client stems from the intimate nature of their disclosures. In sharing his or her innermost thoughts and feelings, a sense of closeness may develop that the client may associate with friendship. This sense of closeness may be welcomed by the client because of feelings of loneliness and social isolation (Fisher, 1990). The client's susceptibility to confuse a therapeutic relationship with friendship may be compounded by: the therapist's attempts to develop a rapport, especially for new therapists concerned with being liked by clients (Cherniss, 1980); informal work environments, such as recreational settings (Sylvester, 1985); or, therapists failing to set and adhere to personal boundaries for therapeutic interactions (Kottler, 1986). This points to the need for therapists to understand boundaries and set limits with clients early in the relationship (Martin, 1983).



Therapeutic Relationships Versus Friendships

Researchers have compared therapeutic relationships and friendships (Corrigan, 1978; Reisman, 1986; Reisman & Yamokski, 1974). While there are some similarities between the two as both have characteristics such as trust, understanding and respect, there are also many differences. A therapeutic relationship is imposed by circumstance of treatment, and interactions are of a controlled nature and are time limited (Arnold & Boggs, 1989). A formal bond exists, one in which the therapist is subject to professional codes of ethics and standards of conduct (Reisman, 1986). As the therapist is in a position of power, and the communication of intimacies is a one-way exchange, the relationship is not one of equality (Wolman, 1984). A friendship by contrast, is a voluntary and informal bond between two individuals who reciprocate intimacies and seek to spend time together (Allan, 1989). Friendships are based on equality and continue because participants find interactions mutually-rewarding (Bell, 1981). In addition friendships are of a sociable nature (Allan, 1989).

Consequences of a Dual Relationship

Literature recognizes the inherent problems faced by therapists who attempt to balance both relationships (Martin, 1983; Steere, 1984; Moursund, 1985). When a therapist becomes overly-involved with a client, the distinction between the therapeutic relationship and friendship can become cloudy. In failing to recognize these differences and setting boundaries, both client and therapist are at risk for complications that may hinder or halt the therapeutic process. For the client, these complications can include emotional dependence on the therapist, causing the client to neglect developing supportive relationships with peers (Sylvester, 1985); and, expectations of favoritism leading to confusion and feelings of betrayal when these expectations are not met (Cherniss, 1980). For the therapist, complications can include stress, potentially leading to professional burnout (Pines, Aronson & Kafry, 1981); and, accusations of favoritism or misconduct (Cherniss, 1980).

Personal Boundaries for Therapeutic Interventions

Setting personal boundaries is important because beyond professional codes of ethics and standards of conduct, interactions with clients are guided by personal values and decisions (Moursund, 1985). For example, while professional ethics dictate that sexual relations are strictly forbidden, there seems to be little consensus with respect to limits for other forms of conduct such as the appropriateness and amount of therapist self-disclosure (Egan, 1975). Differences of opinion may reflect differences in theoretical orientations and/or frames of reference. While there are many factors that determine personal boundaries, guidelines would be helpful for therapists struggling with this issue.

Guidelines should be flexible enough to accommodate different environments, situations and individual needs. For example, one client may benefit from an activity such as going for a cup of coffee. The benefits could include developing a rapport and role-modelling. Another client may not need, nor benefit from this same activity, and doing it may cause



confusion as to the therapist's role. The following case example will be used to develop and discuss guidelines that can shape personal boundaries.

Case Study

Isaac, a new recreation therapist, tried to be very sensitive to the needs of clients. He, like most new therapists, wanted his clients to like him and was friendly. Because of his role, he engaged in fun activities with them. These activities were often away from his office (i.e. in the community), but were all job-related. One client, Ronald, considered Isaac to be "one of his favorite people to hang out with". Ronald phoned Isaac regularly and showed up at places he knew Isaac would be. Although Isaac did not want interactions with Ronald outside of working hours, he was unsure how to handle the situation and was afraid of hurting his feelings.

Discussion

Isaac's predicament points to the need for the therapist to be aware of the reasons for engaging in an activity with a client. In the above case, Isaac was clear, at least in his own mind, why he was interacting with Ronald. Isaac considered it part of his job. He was not socializing with Ronald to meet his own personal social needs. This is a very important issue. Therapists must be aware of their own needs and insecurities so that the client is not used to meet personal needs (Sylvester, 1985). To remain professionally detached, therapists need to realize their limits and ensure that the focus of therapeutic activities is on meeting the needs of the client.

Isaac's case also points to the need for therapists to communicate to the client what they are doing and why. In failing to do this, Isaac found himself being regarded as a friend. It is easy to understand why Ronald considered Isaac as a friend. As a recreation therapist, Isaac was working with Ronald in informal settings in which fun activities were happening. Ronald became dependent on Isaac for social activities, and as a result was starting to neglect social relationships with peers. It would have been helpful, for both parties, if Isaac had explored with Ronald the problems of extra contact, and encouraged Ronald to have interactions with his peers. Isaac could have explained that they were participating in recreational activities for therapeutic purposes, of which one of the benefits was that Ronald had developed some social skills that could be generalized to real friends (Richardson & Ritchie, 1989).

Related to this last point is the need for therapists to clarify their role. One way this could be done is by outlining goals and tasks that need to be accomplished with the client. If the therapeutic relationship is not goal-directed it may be an ineffectual process (Arnold & Boggs, 1989). However, simply setting tasks and goals may not be enough. Therapists may have to set limits and explain what is, and what is not, acceptable. In Isaac's case, he could have discussed with Ronald that the phone calls and surprise visits were not acceptable and that he did not want this to continue. Isaac could have explained that his role was that of a recreation therapist, a role very different from a friend. In so doing, Isaac could have clarified his role and reinforced limits.



Over time, Isaac began to feel stress from the extra attention Ronald was giving him, but did not know what to say without hurting his feelings. While not knowing what to say, or how to say it can be a barrier, telling clients that they are not friends — as difficult as it may be -- is a necessary limit (Martin, 1983). When a client makes a statement like, "You are my friend", or, "You are one of my favorite people to hang out with," therapists need to clarify their role. One way to do this is straight forward limit setting with empathy. For example, say something like, "It sounds as if you want a different type of relationship, but I want to make it perfectly clear that the relationship I'm comfortable with is a professional relationship, and nothing else" (Martin, 1983). Another way to clarify the therapist role is to show the validity of a statement, but frame it in the context of therapy. For example, say something like, "It's normal to have these friendly feelings, but we are not friends."

It is important for therapist and client to understand that while the therapist is not a friend, he or she still cares about the client. The therapist is not trying to hurt a client's feelings. Clients will be able to tell when the therapist is being genuine. If the situation is uncomfortable, a therapist can turn to co-workers for advice and support.

Summary

In therapy, a real relationship develops between client and therapist. This relationship may resemble a friendship and clients may easily confuse it with a friendship. There are differences however, and it is the therapist's responsibility to recognize this fact and be able to set boundaries between friendship and the therapeutic role. This is currently a concern for therapists who value the real relationship. This concern will increase as more equality develops between the client and therapist as a result of the consumer involvement movement (Chamberlin, Rogers & Sneed, 1989). Research exploring the links between specific replies to client probes for friendship and the resolution of such issues appears vital in providing more concrete solutions to this complex and often subtle issue.

References

- Allan, G. (1989). Friendship: Developing a sociological perspective. Toronto: Harvester Wheatsheaf.
- Arnold, E., & Boggs, K. (1989). Interpersonal relationships: Professional communication skills for nurses. Philadelphia: W. B. Saunders.
- Bell, R. (1981). Worlds of friendship. London: Sage.
- Chamberlin, J., Rogers, J., & Sneed C. (1989). Consumers, families, and community support systems. Psychosocial Rehabilitation Journal, 12(3), 93-106.
- Cherniss, C. (1980). Professional burnout in human service organizations. New York: Praeger.
- Corrigan, J. D. (1978). Salient attributes of two types of helpers: Friends and mental health professionals. Journal of Counselling Psychology, 25(6), 588-590.
- Egan, G. (1975). The skilled helper: A model for systematic helping and interpersonal relating. Monterey: Brooks/Cole.



- Fisher, M. (1990). The shared experience and self-disclosure. In G. Strieker & M. Fisher, (Eds.), Self-disclosure in the therapeutic relationship (pp. 3-15). New York: Plenum Press.
- Goz, R. (1976). On knowing the therapist "as a person". In R. Greenson, (Ed.), The technique and practice of psychoanalysis (Vol. 1, pp. 437-458). New York: International Universities Press.
- Homer, J. (1987). The "real" relationship and analytic neutrality. Journal of The American Academy of Psychoanalysis, 15(4), 491-501.
- Kottler, J. (1986). On being a therapist. San Francisco: Jossey-Bass.
- Martin, D. (1983). Counseling and therapy skills. Monterey: Brooks/Cole.
- Moursund, J. (1985). The process of counseling and therapy. Englewood Cliffs, NJ: Prentice-Hall.
- Pines, A., Aronson, E., & Kafry D. (1981). Burnout: From tedium to personal growth. New York: Free Press.
- Reisman, J. (1986). Psychotherapy as a professional relationship. Professional Psychology, 17, 565-569.
- Reisman, J., & Yamokski, T. (1974). Psychotherapy and friendship: An analysis of the communications of friends. Journal of Counseling Psychology, 21(4), 269-273.
- Richardson, A., & Ritchie, J. (1989). Developing friendships: Enabling people with learning difficulties to make and maintain friends. London: Policy Research Institute.
- Steere, J. (1984). Ethics in clinical psychology. Cape Town: Oxford University Press.
- Strupp, H., Fox, R., & Lessler K. (1969). Patients view their psychotherapy. Baltimore: The John Hopkins Press.
- Sylvester, C. (1985). An analysis of selected ethical issues in therapeutic recreation. Therapeutic Recreation Journal, 16(4), 8-21.
- Wolman, B. (1984). Interactional psychotherapy. New York: Van Nostrand Reinhold.
- I gratefully acknowledge the assistance of Carrie Clark, Dale Butterill, and Paula Goering.

