

AT PERSONAL RISK

Boundary Violations in
Professional-Client
Relationships

Marilyn R. Peterson



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To Norton, who, while I wrote
this book, became a nurturer and my friend

II

THE POWER DIFFERENTIAL IN THE PROFESSIONAL-CLIENT RELATIONSHIP

AS CLIENTS, WE ARE VULNERABLE because of needs that we cannot take care of ourselves. Professionals, because of their training and expertise, are better equipped to meet these needs. The potential for boundary violations derives from the space that exists between the knowledgeable professional and the vulnerable client. The inequality between us, the power differential, creates the need for protection. Boundaries define formally and informally how professionals are to exercise their power inside the relationship. When professionals maintain these limits, the power differential presents no problems. However, when professionals abuse the privilege of their power, they violate the boundary that protects the space and place us in jeopardy.

SOURCES OF CLIENTS' VULNERABILITY

As clients, we are vulnerable fourfold: (1) to the dictates of our needs, (2) to our need for resolution, (3) to our inability to take care of our needs

alone, and (4) to professionals' influence in our lives. Our needs demand our attention and order the priorities in our lives. Like hungry children, we cannot fully proceed with our broader individual agendas until we first address our immediate nutritional concerns. The process of living continuously creates new challenges, persistently confronting us with our fundamental dependency on others for what we do not have or cannot do. Since many of these challenges can only be addressed by professionals, their influence in our lives is substantial and etched deeply into our memories.

Our needs and the conditions that produce them are an ongoing flow of events that span the map of possibilities. As a client said, "Like the surf in the ocean, life just keeps coming at you." Whether we need the assistance of a lawyer to set up guardianship for our children in the event of our death, the wisdom of a rabbi about how to approach an estranged relative, the attention of a teacher to foster our talents in a personally meaningful direction, the commitment of a physician to steer us through a serious illness, or the steadfast understanding of a therapist to help us unravel the secret of sexual abuse in our family, we cannot move on with life until our specific need is met. Our longing for resolution not only leads us ultimately to rely on the skills of professionals but also increases our sense of need in the meantime. Indeed, having to wait for answers often heightens our anxiety and intensifies how vulnerable we feel.

Our hunger grows as we recognize our own human limits and inability to satisfy our needs by ourselves. We alone cannot educate ourselves fully enough to survive. We do not have the knowledge to prescribe the correct medication for our medical condition. We cannot officiate at our own wedding or represent ourselves in a court of law.

Being dependent on professionals for what we cannot do for ourselves exposes our need to others, making us feel even more vulnerable. In addition, we have to forego the time we customarily spend building trust with strangers. When those "strangers" come from a different culture or are of a different gender, race, sexual orientation, educational level, or socioeconomic class, the differences between us multiply, so

that we are additionally vulnerable to how social attitudes can affect the responses of professionals to our needs.

We mitigate the terror of our vulnerability by allowing ourselves to be dependent and, therefore, less alone. An attorney observed, "Many people are dissatisfied with their lawyer, but they keep going because they are afraid of what the alternative might be. They have so much energy and money invested that even though they don't like this person, they stick with him or her until the bitter end." We repress the magnitude and depth of our dependency, however, until we are faced with the possibility of losing whom or what we need. As a client said in describing her initial reaction to her therapist's absence at a critical time in her life, "I felt so powerless that I almost passed out, like everything I had gained was being taken away."

SOURCES OF PROFESSIONAL POWER

The obligation of professionals is to use their power to meet our needs and make a positive difference in our lives. Though invisible and elusive, the potency of their power is obvious when patients get better, legal clients gain a sense of justice from a jury's verdict, or the laity feel uplifted after a service. This power derives from four sources that, collectively, establish professionals' authority.

Societal Ascription

Society both charges and grants professionals the right to use their power for the benefit of others. Their actions are made credible because their role is sanctioned and protected by law and buttressed by social institutions. Physicians cannot practice without a license. Teachers cannot teach without proper credentials. Lawyers cannot represent clients without being admitted to the state bar.

Because we are conditioned to accept the social structure and values

that legitimize professionals' power, we accept their authority as part of a normative process. We voluntarily comply. Because of social conditioning and professional training, professionals learn to exercise the authority prescribed by their role. They expect their directives to be accepted. We endorse their authority by cooperating.

Expert Knowledge

The professional's knowledge is a storehouse of resources desired by clients. Knowing what to do and knowing what will work form the basis of the professional's competence. Since information is used to influence and convince, this powerful commodity has the potential to change lives. Robert Veatch (1985) has pointed out that the Hippocratic oath was framed around the belief that "[k]nowledge was considered to be too esoteric—too dangerous and too powerful to be revealed to outsiders. This is why the Hippocratic Oath contains a pledge of secrecy. The oath was created by a group in the same way that a religious cult would create a code for its members" (p. 209).

This same thought is echoed by an attorney: "Professionals hold the keys. They control the amount of information and explanation given to the client. But the client has access only to the system or the device that enables a client to achieve what he or she wants through the professional's explanation or translation. After all, if everybody knows what I know and everybody can talk about it, what good am I?"

Since professionals' knowledge and expertise light the way for clients, most of us view these holders of such specialized information as wise and masterly. Referring to a physician, a client said, "My daughter had brain surgery. There's something incredible about somebody who spends six hours in surgery and solves this problem. Giving the gift of life is a pretty big deal." Not surprisingly, we clients often regard the mastery of professionals as complex and esoteric. This belief imbues the professional's competence with mystery. "At a cocktail party, everyone thinks you can read their mind," said a therapist. "It's like you have a

crystal ball and know their private histories just from how they behave with you."

Because professionals possess such specialized knowledge and skill, we clients separate ourselves as commoners from professionals as experts. Because of their training, professionals control the resources we need. They know how the system works. In contrast, we do not have the tools to evaluate the merits of their advice and therefore may have to make decisions based on their ascribed rather than their demonstrated competence. Once a particular professional's superior competence is established, we give considerable weight to his or her thoughts and direction and accept as valid his or her definition of our reality.

Clients' Expectations and Projections

As clients, we all need a personal connection with those who touch the significant and sometimes intimate aspects of our lives. We must become acquainted with these strangers. Sometimes we come to know them well. Other times we fill the relational voids with images created out of bits and pieces of information. We draw upon these images and use our memories to create or recall the inner experience of a personal connection. We attach ourselves in order to be touched. We bond to trust. The energy generated by this silent coupling infuses professionals with power.

We give power to professionals out of our neediness. The more distressed we are, the more powerful professionals become. Professionals are the recipients of our secret hopes, anxieties, and defenses. In fact, we project parts of ourselves onto professionals and, through them, act out our inner debates. With physicians, we project our fears about the fragility of life and the awesome regard for its wonder. With lawyers, we project our conflicts about good and bad, right and wrongdoing, justice and injustice. With clerics, we project our questions of conscience and approach them as judges or givers of mercy and comfort. With thera-

pists, we project our shame about our dark side and our longing for acceptance. With teachers, we project our hopes about whom and what we can become.

We also relate to professionals out of our childhood experiences with authority figures. If we were abused in our family, we may be careful not to question the professional. If we were neglected, we may hunger after a warm and sympathetic ear. If we fought our parents for control, we may respond combatively and battle the professional for the power. If the professional does not understand the origin of our presumptive response, has no limits, or is frightened of our anger, he or she may inadvertently feed our paranoia or encourage the negative ways we express our entitlement.

Other expectations derive from the ideal images stored in the our psyches. Frequently, professionals are unknowingly measured by us against these images. When the reality matches the model, the professional is accorded even greater esteem. If a student holds a professor in high regard, the student sees him or her as wise and astute, learned and all-knowing. If a physician helps a patient feel better, he or she becomes a tower of strength with godlike dimensions. All of the morally and ethically based professions have a fiduciary component that calls the professional to hold part of the client's well-being in trust. This reality (which elevates the professional), plus the client's neediness, stimulates these expectations and reawakens dormant childlike postures of dependency.

Our expectations and our hopes, as well as our projections onto the professional, are a covert source of power. Sometimes this projective process is called transference. Other times it is called dependency. It operates in all relationships to some degree but is much more evident with authority figures than with peers.

This invisible power is frequently misunderstood. Professionals who have little direct client involvement find it particularly difficult to comprehend the magnitude of the power given by a client's expectations and

projections. Unable to incorporate this reality, professionals other than therapists tend to regard natural dependency issues as inappropriate, immature, or distorted. They dismiss them as foreign and inconsequential to the business at hand.

Refusing to acknowledge the client's reality does not make it disappear, however. Even though professionals—except for therapists—mentally banish the actuality of the power that derives from their clients' emotional truth, its existence is pervasive and strongly influences the reality of professionals' authority in clients' lives. A patient described how strongly she wanted the approval of a physician who specialized in working with overweight women. Following her weight loss, she discussed the possibility of surgery to enlarge her breasts: "My physician told me they looked fine to him. Since he approved of them, I felt wonderful. I will always remember that. I got the high that I was looking for."

A client described her reaction to the attorney who rescued her life savings in a court battle: "I was alone and vulnerable. I had no money. He fit everything from father figure to protector. In the courtroom, I felt like I was watching my boyfriend beat up someone who had hurt me. In a very classy way, he tore apart the man who robbed me. Sitting there and watching that, I was absolutely bonded to him for life."

A student described how much he admired a teacher who had coached him in softball when he was 14 years old: "I just kept getting better and better. I felt real confident. It was a big ego boost. For the first time in my life, I was part of a team effort. I was in awe of him. I wanted to be liked by him. He had made everything all right. Because of his support, I couldn't do anything wrong. It was the most important time of my life." Since the student had been embarrassed by his limited athletic abilities, the teacher's singling him out to play first base significantly altered his self-perception and his behavior.

These stories provide the context for understanding the normal dimension of dependency in the professional-client relationship. Moreover, since our unstated expectations exponentially raise the amount of

power we give professionals, professionals cannot afford an innocent or derisive posture around this component of their authority.

The Professional's Sense of Personal Power

Societal ascription, expert knowledge, and clients' unstated expectations are three sources of power that ultimately lie outside professionals. The fourth source exists within. "My power is core to me," said a psychologist. "It is who I am and how I know myself. It is my essence." Whether professional or client, how we express our power reflects our self-image. Our assertion of power is a statement of our individuality, a way of declaring our self-worth and value.

As with clients, how professionals handle their power is filtered through their childhood experiences with authority figures. They may replicate with their clients how they were treated as children. As one professional said, "When I was a child, my parents never imposed strict rules, but we all knew where the limits were. They engaged us in a Socratic dialogue so that we felt we were a part of the decision. I do the same thing now with my patients." Or they may do the opposite. They may fight against resembling their cowardly father or incompetent mother. They may feel repelled by the images of their dictatorial teachers or boring ministers. How they experience, structure, and react to their power is guided by these unconscious influences.

How they express their personal power is also guided by their feelings of self-worth and entitlement. If they feel powerless, they are uneasy about their rights; they do not feel legitimate. They wait for others to direct them. Concerned with safety, they take few risks. Sometimes they see themselves as victims. Other times they feel fraudulent and guilty. If, on the other hand, they feel omnipotent, they vest themselves with authority and feel special and unique. Self-righteously, they claim their jurisdictions as superior and self-important individuals. Needing to be right or seen as unassailable, they feed their grandiosity.

Either way, how professionals feel about themselves, how they feel

about what they have to offer, and how they define themselves as authority figures diminish or augment their power. A physician shared a story that illustrated her introduction to her power and the risk she was to others.

When I was a resident, a woman gave birth and then her uterus inverted. The doctor supervising me had me remove the placenta from the uterus, which was exactly the wrong thing to do. The patient began to bleed. We rushed her to the ER. It looked like we would have to do a hysterectomy. The anesthesiologist was an old general practice doc. He said, "Let me try it once." He was able to get the uterus back in.

I was just blown away. I don't know how else to describe it. The patient nearly died and I was physically on the other end; I did the act. In retrospect, I don't think I caused it, but it's as close as I've ever been to killing somebody.

That night I cried harder than at any other time I could remember. I wanted to be God. I didn't like the feeling of being able to make that kind of mistake. I didn't want it to happen again. I'm sure I could have decided, "I'm never going to get that close to another patient. I'm never going to do deliveries. I'm never going to do anything. I want to avoid this feeling." It was awful.

There are times when we are making decisions quickly and there are big consequences. It's not like I'm God every day I make decisions, but the power is always there. Most situations aren't that vivid. It's more the subtle decisions we make. But that event was a watershed choice for me.

In this story, the patient gave over her physical welfare, and potentially her life, to the physician. The physician came face to face with the issue of her power. Knowing the patient could have died, she struggled against the reality of her power and the reality of her ignorance: "I wanted to be God. I didn't like the feeling of being able to make that kind of mistake." Precariously perched between these two realities, she

felt her own and her patient's vulnerability to her mistakes. She considered escape: "I'm never going to get that close to another patient. I'm never going to do deliveries. I'm never going to do anything. I want to avoid this feeling."

How this physician worked through this incident influences how much at risk she and her future patients will be to her power. If she accepted her limitations, she might be more available emotionally, more tolerant of ambiguity, and more realistic about her competence. It would be easier for her to ask for help when she needed it. In contrast, if she insisted on being right, she might be less available to input from others, less tolerant of uncertainty, and more perfectionistic with herself and others. She might condemn herself for her mistakes or alternately hide them, even from herself. Struggling with judgments and issues of self-acceptance allows professionals to face and evolve their sense of personal power. Their experiences with themselves are fundamental to how they use their authority in their relationships with clients.

Professionals' power originates from these four sources—societal ascription, expert knowledge, clients' unstated expectations, and sense of personal power. It is an energy that professionals must harness to make change happen. Some of their power is connected to their role and function and some to external factors that influence each client's response. The remainder rests on their maturity and longevity in their respective fields.

THE POWER DIFFERENTIAL

The space between professionals' authority and clients' vulnerability creates a fundamental inequality in terms of who has the advantage in the relationship and the factors that diminish the client's ability to be self-determining. Moreover, as clients we add to our vulnerability by our decision to relinquish control to the professional, which throws into stark relief the power differential between us. By this act, we relinquish our power to be self-determining, which leaves us less self-protected.

Differences in Advantage

Being in need threatens our status as self-sufficient human beings. When we juxtapose ourselves against a knowledgeable and assured professional, we expose our lesser position. This basic fact establishes the professional's superior status.

Limits on Self-Determination

Turning over control—whether functionally or emotionally—to the professional creates the true vulnerability within the professional-client relationship. Of course, the setting and level of need vary from client to client. Clearly the vulnerability of a student in a classroom differs from that of a patient on an operating table, a client in a criminal proceeding, or a parishioner who seeks the advice of a cleric. In all instances, however, we temporarily relinquish some measure of our autonomy, which automatically restricts our ability to choose freely.

As clients, we are vulnerable for the following reasons:

- We are in one sense dependent consumers who are frequently uninformed as to what to expect from professionals. As petitioners, we must wait for their direction. Professionals, in contrast, know the territory well and use their influence to define reality for us.
- Our choices are limited, and the rational exercise of choice by each of us in this position is tempered by our concerns for how our choices could affect our safety in the relationship. The hallmark of professionals, however, is the capability of using a wide range of discretionary judgment in decision-making. Any hope that professionals will be accountable for their choices rests primarily on their voluntary self-monitoring.
- We do not know as much as professionals. Therefore, we lack the skills to evaluate their competence. Even after we are done using their services, we cannot always assess the adequacy of their perfor-

mance. A client described how she had no base from which to measure the help she had received until she changed therapists and experienced the difference between them. "I really didn't know what therapy was all about. I was naive and just kept stumbling through things. Last February, I went to another therapist. The difference was day and night. In the five times I went to her, I learned more than in the four years I had spent with my previous therapist."

- We often do not have enough information to negotiate with professionals about our rights. Without their direction, we may not know the appropriate behaviors to assume. A nurse made some observations about the impact of current medical practice on patients' rights: "In school I learned that confidentiality was almost sacred. The public believes we practice that philosophy. Yet today if you show up in a hospital, you have several physicians, several nurses, someone interpreting lab work, a dozen technicians, a social worker, and the list goes on and on. The medical records are shared among the preapprovals, the insurance companies, the payers, and the whole health-care system. So the presumption about confidentiality is pretty shaky. But patients aren't aware of that fact."

- Our choices may be narrowed by the unavailability of professionals. In rural communities, for example, one church may serve all denominational needs. A college may have only one teacher who specializes in the subject matter you wish to pursue. Or a company plan or HMO may send someone only to a particular doctor. Whether grounded in reality or the result of a lack of knowledge, our belief that there are no alternatives gives us the sense of a monopoly, which further restricts our ability to choose.

- Our choices are restricted by time. When in the middle of a crisis, we have neither the time nor the motivation to shop around and dispassionately choose among alternatives. When we are confused or anxious, the influence of professionals often determines the direction we take.

- Our freedom to choose is affected by our anxieties about the

future. Different from a reciprocal relationship in which the parties hold equal power, the asymmetric professional-client relationship makes it difficult for us as clients to feel free enough to disengage at will without risking our welfare. If a student drops a class because of the teacher's misconduct, for example, he or she might not be able to fulfill the requirements for his or her degree. More insidiously, we often do not feel free to disagree without having to worry about harmful consequences. Confronting a therapist, for example, could result in a punitive response.

THE FUNCTION OF BOUNDARIES

The power differential between professionals and clients impinges on the ability of clients to decide freely. Because professionals often shape our destiny, the limits on our self-determination leave us particularly vulnerable to their influence. Boundaries protect the space that must exist between professional and client by controlling the power differential in the relationship. They allow for a safe connection based on our needs, not those of the professional.

Boundaries regulate our interactions. "They define where I end and you start," said a therapist. "It's a way of saying what is mine, what I will allow and what I won't. They mark the territory between us." These demarcations provide us with a sense of personal privacy and safety. Operating within the boundaries that define a healthy professional-client relationship produces the consistency and predictability in behavior that lowers the risk to clients.

Rules and Regulations

Each profession has written policies and codes that enumerate the boundaries of professional conduct with clients. Principles of informed consent, confidentiality, the right to be served, equality of treatment, and fair and objective measures of student progress are but a few of these rules.

Each profession acknowledges the rights of clients by formalizing its obligations to clients within a code of conduct. In essence, codes are a form of boundary maintenance. They explicitly define the standards that are intended to safeguard the client's trust by restricting the professional's power. For example, rules about confidentiality attempt to guard the client's privacy by restricting the professional's freedom of disclosure. Rules about conflict of interest tend to guard the primacy of the client's need by restricting the professional's self-interest. Rules about competence and specialization presume to guard the quality of service to the client by restricting the professional's practice and sphere of expertise. Rules about termination seek to guard against potential client neglect and abandonment by restricting the conditions under which the professional can leave the relationship.

The general intent of these codes is to protect the client, who has less power in the relationship. Since codes are external to the process of the relationship, however, their protective ability is limited. While they intimate that our needs must come first, they give no practical working definition of what this means. While they try to establish the space between the professional and us as inviolable, the distance between the theory and the practice is extreme.

The Implicit Boundaries

Codes by themselves cannot possibly address all or even most of the situations encountered by professionals in the exercise of their authority. Moreover, their literal and narrow interpretation dangerously promotes the secularization of the spiritual dimension between professional and client.

In order to address our safety fully, professionals have to draw from a deeper well to determine the priorities and parameters between us and them. Indeed, within the spirit of the codes is the ethos of care, which guides our expectations of the relationship. The ethos of care has its own

implicit boundaries, which prohibit actions that betray trust. The structure of the professional-client relationship derives from a relational model of care in which professionals are charged to (1) establish and maintain trust through their willingness to engage fully and respectfully with their clients; (2) take charge by accepting their authority and setting the tone and direction that keep the work focused and task oriented; (3) create and maintain a safe environment by establishing clear boundaries; and (4) define for us the behaviors that are necessary to fulfill our expectations by keeping us mindful of our power to effect our own decisions, aware of our responsibilities for ourselves, and cognizant of the need for feedback in the give-and-take that keeps the process between us healthy and current. Operating within a relational model imposes a natural constraint, in that it pulls professionals to remain sensitive to the power differential.

While these unspoken and less visible boundaries monitor the inequality between us, they also create the safety net of understanding that joins us in an agreed-upon and common purpose. This shared framework allows us as clients to comprehend what is happening to us and to presume the good intent and beneficial flow of the relationship. Such understanding is particularly evident in this physician's explanation to his patient about his behavior. "Sometimes I get angry," he said. "I'm not supposed to do that. I'm supposed to be a professional. But I'm just a human being in the real world and I have feelings too. When things are going well with you, I celebrate. By the same token, I also get blue and sad about a situation. I may have been angry the last time I saw you, but I don't remember that anymore. I'm your friend and I get angry with my friends and my children and my colleagues. Just because I raise my voice doesn't mean I care about you any less." While the appropriateness or inappropriateness of this physician's anger remains to be judged, he acknowledges the implicit boundaries mandated by the ethos of care when he expresses his concern about his impact on his patient.

When professionals operate within the explicit codes and implicit

boundaries of the relationship, the power differential is contained. When they use their power outside these limits, the boundary that protects the space is violated. Since professionals govern significant parts of clients' lives, their use of authority is inherent in the professional-client relationship. Whether or not professionals actually acquiesce and accept this responsibility, the injunction to do so is clear.

As clients, we expect professionals to manage the boundary that maintains the natural asymmetry between us. This boundary exists for our protection. More fundamentally, it protects the relationship by keeping the space between us and professionals healthy and viable. Indeed, the professional's commitment to honor this boundary is part of the covenant that obliges professionals to act within the dictates of our needs. Our safety is compromised when the boundaries that guard our concerns are erased. The covenant that binds professionals to us is broken when they deny, ignore, or use the power differential in a way that negates the ethos of care.