

## **Boundaries, Relationships and Diversity: Some Ethical Considerations**

As a developmental psychologist, I find the therapeutic activity to be fascinatingly paradoxical—simultaneously exhilarating and tedious, intense and trivial, touchingly meaning making and incomprehensible, an extraordinary life-affirming creative act whose materials are often anything but life affirming. Studying therapy has become important to me because of its potential to spur emotional growth and learning, and to help people transform from psychological objects to be changed into creators and changers of culture (which, of course, includes themselves).

Since I began my research career about thirty-five years ago, I've studied things that are very difficult to study unless you go outside the bounds of the existing research paradigm. When I was studying language development at Columbia University in the early 1970s, the existing paradigm looked at grammar and vocabulary and basically just counted instances of words and grammatical forms. But Lois Bloom, my mentor, and I were interested in the process by which children become speakers. And this was unstudyable according to the prevailing standards for research and with the prevailing conceptions of what language was, because for psychologists at the time how language was used, what children were actually doing when they uttered sounds, who and what they were engaged in relation with, were out of bounds. We were convinced that to discover anything about the process of becoming a speaker, you had to include the pragmatics of language, or the performative. And once you include that, then you are no longer studying the isolated individual of mainstream psychology. The living paradox we tried to wrap our heads around was that in order to understand how a particular child becomes a language speaker, you must study that child as unified in its relationships with others. Bloom and I entered into the world of young children with an ethnographically influenced method for studying the socio-cultural development of language users. And even though theoretically we were right in step as quasi-Piagetians, we got flak for what was then considered an unorthodox methodology and, I would posit, an unorthodox unit of analysis—the relationship. (Bloom, Hood and Lightbown, 1974; Bloom, Lightbown and Hood, 1975; Hood and Bloom, 1979).

After that my work focused on cognitive development. At Michael Cole's Laboratory of Comparative Human Cognition at the Rockefeller University, I was investigating how schools and everyday life compare as learning environments and the broader issue of how learning occurs as a cultural phenomenon. Put in everyday language, we hoped to discover the answer to the following question: "How come kids who are street smart

are school dumb?” We studied kids in a variety of social contexts in school and out. One of the things I did was look in non-school settings for individual cognitive acts, those that are presumed to occur in psychological experiments and classrooms. I couldn’t find any—not one. We began to see social practices, rather than individuals, as the unit of analysis—groups of two, three, four kids performing remembering and problem solving as a component of whatever it was they were doing. The paradoxicality of what we were studying—if learning is a jointly created, context-specific activity, how does “transfer” and cognitive change in persons occur?—necessitated stepping outside the bounds of the laboratory and its epistemological and ontological assumptions. We concluded that 1) experimental, cognitive psychology was ecologically invalid; and 2) the unit of analysis for creating an ecologically valid psychology was the “the person-environment interface.” We sent a manuscript off to *Psychological Review*, which rejected it outright. We didn’t try to publish it after that, but the manuscript had a long life as an underground manifesto provoking what has come to be known as the cultural theory of mind (Cole, Hood and McDermott, 1978).

Armed with these experiences as a studier of what was considered “unstudiable,” about fifteen years ago I began to study social therapy, the group-oriented approach originated by Fred Newman in the 1970s (Holzman and Mendez, 2003; Holzman, 1999). I’m interested in how emotional development happens, specifically, how the work activity of the group in this specific therapeutic context creates emotional growth. I’ve come to see context as inseparable from the activity of creating it, and so what I study is the living paradoxicality of the group creating itself continuously. This is analogous to, and continuous with, my prior research in language development and cognition, only more radically monistic in terms of the unit of analysis. And like that work, in order to study what I want to study, the unit of analysis could not be the individual, but rather necessitates looking at the relational, the person-environment interface, the group. What I see is that as persons, human beings learn, develop, transform emotionally, intellectually, spiritually and morally through their participation in ensemble, relational activity. Further, the ensemble, relational activity in which they engage is creating or constructing new environments, social practices and performances out of the context-specific elements at their disposal. It is this dialectical, activist process that I’m interested in (Newman and Holzman, 1997).

To approach psychotherapy from this perspective is to bump up against the boundaries imposed by the currently accepted paradigm of psychotherapy. It raises questions about the validity of the assumption of individual cure, the nature of the therapeutic activity and the relationship between therapist and clients. And it requires

rethinking the criteria for delineating psychotherapeutic ethics. On the most fundamental level, the concept of boundaries “tends to separate us so that we listen as professionals, rather than as people; so that we listen to collect a list of symptoms, or to take a history, or to make an assessment” (Combs and Freedman, 2002, p. 212).

Any psychotherapeutic approach in which life is understood as relational rather than individuated and that works with social and/or cultural units of cure, change and transformation rather than individuated units poses a methodological dilemma. For what’s brought to light is an assumption of psychotherapy that—if accepted—makes studying these approaches impossible. Here’s the assumption: if the entity that experiences emotional distress or disorder is the individual, then the treatment (cure, therapy, etc.) must be individuated. If one accepts this, then there is no methodological basis for the unit of cure being a social one. And if that’s the case, then therapies in which the relationship or the group is the social unit being built and cured will be seen and judged by the same criteria applied to therapies in which the individual is related to as the unit. This includes the criteria employed when considering boundaries and dual relationships. For the very conception of boundary— and with it concerns about boundary violations in psychotherapy—rests on the assumption of the individual as the unit of cure and change.

So what is one to do? It seems to me that such alternative psychotherapeutic practices are rich sites for potential new learning, including new ways of thinking through ethical issues, and should be studied by practitioners and theorists of all perspectives. As a studier of social therapy, which embraces and works with the living paradox that even though people experience emotional distress and pain on their own, they cannot get help (be cured, change, transform, develop emotionally) on their own, I would surely love some company. So I invite you to think through some things with me about boundaries from my vantage point—that people need to be organized as social units in order to carry out the task of getting therapeutic help and developing emotionally or, put another way, that the cure for emotional pain is the creating of new social units.

In my exploration of psychotherapeutic ethics—the issue of boundary and dual relationship in particular—I’ve been pleased to find a rich, generally well-argued and diverse literature that puts forth philosophical, logical, therapeutic, moral and humanistic critiques and challenges. A particularly comprehensive book is *Dual Relationships and Psychotherapy* (Lazarus and Zur, 2002), with chapters by psychologists, attorneys and social workers. Equally valuable are the various feminist,

theological and postmodern critiques by, for example, Combs and Freedman, 2002; Heyward, 1993; Hugman, 2003; Ragsdale, 1996; and Witkin, 2000). Here I can only give a cursory summary of what I understand the major arguments to be.

First, there is prevalent category mistake. Critics such as Tomm (2002) and Fay (2002) point out that defenders of boundaries often confuse exploitation with actions that might lead to exploitation, they substitute dual relationships for exploitation, they confuse boundary crossings with boundary violations, and they confuse the applications of techniques in another model of therapy with boundary violations.

Second, critics point out that psychological discourse is self-validating and, if professionals do not acknowledge this, we should be wary of their ethical codes. Witkin, a leading postmodernist in social work, is especially concerned that psychology defines morality based on what it declares to be real; in declaring the reality of its invented terminology—as with dual relationships and boundary violations—psychology perpetuates the belief that fact and value are independent of each other, and silences discourse about their historical and cultural interweaving (Witkin, 2000).

Third, a code of ethics lets psychotherapists off the hook. According to Hugman, making morality contractual implies that moral responsibility has limits (Hugman, 2003, p. 1028), with psychotherapists needing to consider only what is prescribed and proscribed in the code—and nothing more. Others (Ragsdale, 1996; Combs and Freedman, 2002; and Tomm, 2002 among them) have noted that, in effect, defining ethical behavior as an issue of boundaries discourages therapists and counselors from critically examining the social factors and discourses that support injustice and exploitation on the one hand, and connection and collaboration on the other. This leads directly to the fourth argument: that tying ethics to the concept of boundaries is bad therapeutic judgment. As Tomm sees it, the effect is that “human enrichment possibilities are being restrained, professional hierarchy is being privileged and social alienation is being enhanced” (Tomm, 2002, p 42). Fear of “boundary violations” can lead to professionals severely limiting the ways that they allow themselves to connect. In working with children, for example, some professionals fear that it is too “risky” to do things that can be valuable in building strong therapeutic relations with young clients, such as taking walks together, touching and hugging, attending school plays in which they are performing, and exchanging small gifts (Zur, 2004). Similarly, therapists who work with clients of different cultural backgrounds from themselves can appear (and be!) distant by refusing invitations to weddings, funerals, and other cultural and sacred rituals.

Fifth, the concepts of boundary and dual relationship privileges one worldview and psychological theory and de-legitimizes others— pathologizing certain cultural practices along the way. Many, especially feminist, theological and postmodern oriented critics (including Freedman and Combs, 1996; Dineen, 2001, 2002; Heyward, 1993; Ragsdale, 1996; Walker, 2002) point out that the values of privacy, separation, individuation and independence are privileged, while the values of sharing, reliance upon one another, connection and collaboration are ignored—or worse, de-valued and viewed with suspicion. This privileging and silencing of values is essential to explore in relation to the real-life possibilities and challenges inherent in the cultural diversity of our culture.

Sixth, the concepts of boundary and dual relationship are self-contradictory. For if we try to equalize the inherently unequal relationship between therapists and clients by creating a code of ethics that rests on the notion of boundary, it turns out we create another inequality—we wind up claiming to empower clients while we perpetuate a sense of weakness, dependency and vulnerability (Dineen, 2001, 2002; Rivera, 1996). Further, we may promote the values of freedom and individuality, but at the same time we socialize therapists and clients to conform to prescribed roles. Both clients and therapists wind up being infantilized, critics say, when their judgments are “superceded by a biased set of ethical standards” (Fay, 2002, p. 165). As DeLeon points out, we should not forget that “psychology’s clients are individual people, with all of the rights and responsibilities granted to them under our Constitution” (DeLeon, 2002, p. xxii).

Which leads to the final criticism prevalent in the literature: adherence to the ethics of boundaries is unscientific, unethical or both. To Fay, the category error is unethical: “It is a fallacy to declare behavior per se unethical. This argument may be summarized in one short sentence: Context is everything. The operative ethical issues are exploitation and harm, not behavior itself” (Fay, 2002, p, 155). DeLeon calls for professional responsibility: “It is not responsible behavior by any professional to attempt to categorize discussions surrounding dual relationships (or any other aspect of treatment for that matter) in an all-or-none fashion, or to propose blanket, uniform “solutions” (DeLeon, 2002, p. xxii).

I find these objections to the conceptualizations of boundary and dual relationship—and attempts to control the therapist-patient relationship by appealing to them—thought provoking. I also agree with most of them. Still, I find them lacking because the subject of this literature is “individual” therapy, and the client (singular)-therapist

(singular) relationship. That there could be an entity other than the individual as the unit of treatment or cure is unexamined. If our understanding of what it is to be human, to be in emotional distress, to get and to give help, to participate in a therapeutic activity, and to develop emotionally is transforming, mustn't ethical considerations and questions transform as well?

Discovering—or creating—answers to this question presents an exciting opportunity for psychology. The philosophical, scientific, ethical and cultural underpinnings of the boundary issue raised by approaches that reject deeply rooted assumptions of psychology and psychotherapy are an invitation to psychologists to renew their commitment to openness, integrity and scientific responsibility. In my opinion, this requires us to examine our own assumptions as we work to create ethics consistent with and inclusive of diversity. In this respect, nothing is more important than embracing the rich diversity of people who come to us for help. But equally important—because ultimately it cannot be separated from cultural diversity—is including the diversity of approaches that comprise psychotherapy in its current transformation.

The issue of power joins these two kinds of diversity. According to narrative therapists Combs and Freedman, “By focusing our attention on bounded, individual psychological issues, the metaphor of boundaries can distract us from thinking about power. It oversimplifies a complex issue, inviting us to ignore discourses around gender, race, class, culture, and the like that support injustice, abuse, and exploitation” (2002, p.206). In social therapy (the therapy I study), we accept this and push the envelope. The bounded individual and her or his issues come complete with social location and identity, and social location and identity can make it difficult for people to grow. As one example, many people, by virtue of their identities, won't even come into therapy; they aren't ready to accept the public image that is associated with being in therapy.

To social therapists (and this is quite controversial!) identity can be psychologically oppressive. In social therapy the whole concept of identity (not simply particular identities) is engaged, as therapists and clients together question why we need and how we use an identity understanding of self. This is fundamental to our work of reinitiating emotional growth.

One of the ways that we work with the identity understanding of self is to construct therapy groups that are as diverse as possible, rather than placing clients in identity-based groups. In our experience, a social environment of diversity is an effective

environment for learning not only about “the other” but also about oneself. Thus, social therapy groups are heterogeneous, consisting of people of all ages, ethnicities, sexual preferences, “identifying problems,” etc.

In closing, let me say a few words about the social therapeutic understanding of power, for I think it adds yet another argument for why the concept of boundary in psychology and psychotherapy is stifling of growth (both of clients and of the field). Social therapy is not designed to help individuals with their individual problems or to help individuals feel or become more powerful. Rather, it is designed to help people (groups, couples and families; children and adults) exercise their collective power to create new emotional growth, a process that requires deconstructing the sense of self (an authoritarian commodification of personhood) and reconstructing the concept of social relationship (Newman and Holzman, 2004).

Our experience is that this comes, not from some abstract ideological commitment, but from a participatory process in which people actually construct something together—in this case, their therapy group (or their family, in family therapy). In this process people come to appreciate not only what they create but that they can create. They come to realize the limitations of trying to learn and develop individually, and to appreciate that doing so comes from participating in the process of building the groups in which one functions.

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