Exploring the ethical issues of dual relationships and researching our own clients: a narrative case study approach

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Abstract

This study investigates the issues and ethics of dual relationships in therapy and in research. It is a narrative inquiry into the lived experience of being in a dual relationship told from the perspective of both client/participant and therapist/researcher: a dual perspective on a dual relationship. It is a narrative case study of a situation arising in the researcher's professional practice, carried out in collaboration with an ex-client participant, exploring, in depth, the overlapping relationship between the ex-client and therapist during the therapy and then within the further research relationship.

The underlying philosophical approach of the study and methodology is a social constructionist narrative inquiry that guided the design of the project, as well as the evolution of the methodology and methods used and the presentation of the findings. This posed challenges and re-thinking from traditional scientific methodologies and in the presentations of the stories. The collection of stories (data) involved a series of collaborative conversations between the therapist/researcher and ex-client/participant with the exchange and approval of the transcripts of these conversations with comments and reflections. The analysis (or 'findings') are represented as 'The Stories of the Overlapping Relationships', followed by discussions of more general relevance to therapists represented as 'Stories within Stories'.

The study offers valuable insights into these experiences: what implications there are for the quality and depth of the therapeutic relationship; whether and how they impact on therapeutic processes and on the final outcome of the work; and how both client and therapist make sense of their different roles. The implications of the overlapping relationships were complex and there were risks in terms of heightening the power imbalance between therapist and client and increasing client vulnerability. However, these risks were managed by ongoing, open and honest discussion, clear negotiated boundaries and strict confidentiality. There were some benefits of the overlapping relationships from a deeper understanding of the client's family and social context, in building trust and modelling healthy boundaries. The ex-client found it empowering to take part in the research and was a valuable participant.

The research has implications for several areas of practice such as managing therapeutic boundaries, friendship with ex-clients, researching our own clients, the importance of therapist/researcher reflexivity and relational ethics in practice.

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Chapter 1: Introduction, Origins and Context

In this introductory chapter, I explain the origins and context of the study: the evolution of the project from the seeds of an idea to the final dissertation. In other words I explain *why* I chose to carry out this research, *why* this particular area of practice and *why* I chose to do it the way I did. As researcher and co-participant, it is important that I am as transparent as possible about my motives and the rationale for this project.

Seeds of an idea: Research begins at home

From the beginning, my hope was to carry out research with my own clients, in my own practice. It seemed obvious to me that the best way to understand therapy and its implications was to ask the people who are most directly affected by the process, the clients. I have always felt frustrated when reading therapists' accounts of client processes or experiences and case studies, however interesting and theoretically elegant they might be, when they do not consider the client's perspective. I want to know what the client would say about it. Furthermore, I have always been uncomfortable with the idea of the therapist as an 'expert' and I do not take that position with my clients. It is an important part of my work to encourage clients to give me feedback on how the work is going and to develop a collaborative working relationship.

My interest in clients' perspectives drove my MSc research, an exploration of clients' experiences of therapy (Riva, 2005). Although the project was small scale and the participants were not my own clients, it provided the most important and valuable learning of my training and it still guides how I practice and think about my work. When talking with those participants about their experiences of therapy, I wondered what my clients would say

about their experience of our work and me. I was curious about my clients' views and how their experiences and understandings of therapy compared with my own.

I enrolled on the Doctoral program partly because I wished to shine a spotlight on my practice. I realised that the way I practised had evolved since qualifying and I wanted to look at that, think about it and find out what I did well and where improvements could be made. I had a genuine wish to improve my work with clients and believe that as practitioners, we should be accountable and our work should stand scrutiny. I believe I try to do therapy 'with' clients not 'to' them and in the same way I found it natural to do research 'with' clients rather than 'on' or 'about' them.

I was also aware that my views on the need for, and importance of, practitioner research and research from clients' perspectives were reflected more widely in the profession (Cooper, 2008; Etherington, 2001; McLeod, 2003, Wosket, 1999). McLeod argues that 'practice-based evidence is as important as evidence-based practice' (2003, p.192). I am also mindful that in the history and development of psychotherapy, many key figures in the field, such as Freud, Jung, Rogers, Yalom and Winnicot made their discoveries in their own practice and from their own clinical work. For all of these reasons it seemed natural and important to me that my doctoral research began at home, in my own practice, with my own clients.

Narrowing the scope: Dual Relationships

In order to narrow the focus of my research, I then chose to explore a challenging issue with which I have struggled in my practice, that of dual or overlapping relationships between therapists and clients. It is important to clarify what I mean by an overlapping relationship.

Broadly, a dual relationship arises in any situation where a therapist assumes more than one role either simultaneously or sequentially with a client. To be clear, I am exploring non-sexual dual relationships. All professional bodies prohibit sexual dual relationships and it is accepted that they are generally abusive and harmful to clients. I am not challenging this notion. However, I would argue that other non-sexual dual relationships are not necessarily harmful or even avoidable. Examples include providing therapy to a friend, or a member of a friend's family or someone in the same professional or social group; mixing socially with a client; offering, accepting or purchasing other services from a client such as medical or professional; or in professional circles, acting as a supervisor and therapist or a trainer and supervisor. I am aware, in writing this, that the risks and general taboo around dual relationships mean that the readers' reactions to such situations is probably one of extreme wariness and perhaps judgement.

To place this is context, I am a Counselling Psychologist working in private practice in Jersey, Channel Islands. Jersey is an island with a population of around 100,000 people who live, work and socialise together in a tight-knit community and most are linked personally or professionally in some way. An experience I wrote about in my journal on the journey back to Jersey after a training day in the UK illustrates this. On this occasion, when I arrived at Gatwick airport to check in for my flight, I realised there was fog in Jersey. Flights were delayed then cancelled. We were sent off to a hotel for the night and told to report back in the morning. The problems went on for two days and it was interesting how relationships formed between small groups of passengers. I ended up spending some time with a young man on his way home from voluntary work in Borneo and an older Scottish man. As we talked and became comfortable with each other we acknowledged that we vaguely recognised each other. There then followed a process of trying to establish how we knew

each other. This involved firstly sharing our surnames; then where we lived; then where we worked and had worked; then our hobbies and interests and then the same information for partners, children or parents. We found all of our connections pretty quickly. On reflection I realised that this is something that I and most Islanders do in many situations in everyday Island life. Perhaps this happens in all small communities but I think there is an added dimension in Island communities, like Jersey, which are surrounded by sea and geographically cut off from the outside world.

Obviously, just as in everyday life, this also happens in the therapy situation and is an issue I faced very early in practice with one of my first clients in my first placement in Mental Health for Older Adults. After working for several weeks with an elderly woman who had talked at length about her relationship with her daughter, an only child, and the difficulties in bringing her up alone, I realised that I knew her daughter, whose son had recently moved into the same class as my daughter at a new school. I was new to the work and quite inexperienced and I felt quite shocked, shaken up. I discussed this in supervision and then with the client at our next session. She was unconcerned and did not feel a need to tell her daughter at that time. The work continued and then ended with a good outcome. However, I didn't know how to deal with her daughter and felt very uneasy that I knew intimate details of her life that she had not shared with me. Although she was someone I could normally see as a potential friend and she subsequently became friends with a close friend of mine, I avoided her and any social situations where we could meet as much as I could. Furthermore I could not share with anyone why I was behaving in this way and to this day I don't know whether she ever knew why I was distant or whether her mother ever told her she had worked with me. I still feel uneasy if I see her some 17 years later. So I learned early on in practice how complex and sensitive this area is.

Since then I have many similar experiences. Furthermore, there is a limited therapeutic community in Jersey, so when such a situation arises there is often no appropriate therapist to refer on to locally and most clients cannot afford, or find it impractical, to leave the Island for help. This means that in practice, for me, it is not so much if but when a dual or overlapping relationship will arise with clients. To screen referred clients for potential overlapping relationships would be impractical. To refuse to take on clients where there is an existing or potential overlapping relationship might exclude or deny access to people in difficulty from potential help, which has ethical considerations in itself. I have therefore, with much consideration and discussion with clients and in supervision, worked with clients where there has been a dual/overlapping relationship. Therefore the crucial question, for me has been about how to manage these overlapping relationships responsibly and in the best interests of clients. I have not found a straightforward answer to this within existing literature or professional ethical guidelines.

The area of dual relationships generally is one that generates much debate and seems to divide professional opinion as well as causing concern to practitioners. Although it is accepted that sexual relationships between therapist and clients are unethical and harmful to clients, there is less agreement and research evidence surrounding the implications of non-sexual dual relationships. My initial interest in this aspect of practice was therefore led by my curiosity and unease about questions that emerged from my practice as a therapist in a small island community.

'Dual' relationships is a term which is understood generally in the profession and literature.

However, as my project progressed I found it was not entirely appropriate for the situations I was exploring and discussing. It suggests two related but separate and concurrent relationships, whereas I conceptualise it now more in terms of one evolving, changing relationship with different layers, components or roles. In addition, in a small community it is not just a dual relationship between a client and therapist which can cause problems but also relationships between the therapist and the client's family members or friends and between the client and the therapist's family members or friends. The term 'overlapping relationships' seems to capture this messiness or incestuous nature of small community life better, it seems to fit and meet my experience. The term 'multiple relationships' is also used in some of the literature. In this dissertation, I use the terms 'overlapping relationships', 'dual relationships' and 'multiple relationships' interchangeably but to represent the more complex situations described above.

Professional and Ethical Layers

As well as the practical problem of how to manage these situations, I became aware of more complex professional and ethical struggles. I knew anecdotally that these types of situations arose in our small community and that within our limited therapeutic community, there was often overlap between different roles as therapist, trainer, supervisor, client and manager. However, I experienced reluctance from colleagues to name and discuss these situations. It felt very much like a taboo subject. I found a corresponding sense of taboo reflected in much of the literature. Furthermore although my psychodynamic supervision was essential and hugely helpful in understanding the risks and implications of overlapping relationships, there was often a sense that I was at best justifying my thinking and actions and at worst making the most of a therapeutic error, rather than making a proactive positive decision in the best interests of the client. This meant that on the occasions that I had inadvertently or through

choice worked with or even considered working with clients with whom there was an overlap, I felt guilty and perhaps even some shame. There was a sense that I was doing something unethical and I felt very much on my own. Yet my experience, albeit quite limited, of working with such overlapping relationships, had not been all negative. There had been challenges but I had believed that the problems had been worked through and the clients had mostly benefited from the work. I felt torn between my personal experience and natural way of working with clients and the understandings of much of my professional training, especially psychodynamic theory. I wanted to integrate or reconcile my own experiences of this work, the knowledge I had gained 'on the job' with what I had been taught, with theoretic and profession knowledge. I hoped that reconciliation or integration could be done openly and transparently, as part of the research project.

However, progressing my initial research ideas and designing a research project to explore my ex-clients' experiences of overlapping relationships in therapy, was much more challenging than I anticipated. Even early on I was frustrated by how difficult I found it to articulate my rationale and convince my colleagues of the value of what I hoped to do. It seemed that I was stepping into an ethical minefield. It was suggested that the ethical risks of carrying out a project, which involved talking to my own ex-clients, with whom I had had overlapping relationships, potentially outweighed the benefits. It was interesting and somewhat ironic that the major objections were based on the same risks arising from the creation of a dual relationship and to do with objectivity, power, boundaries and potential harm. These issues went to the very heart of my proposed project and were the very issues I wanted to shine a torch on and explore so I found those objections difficult to accept.

Furthermore, I was once again aware of the sense of a ‘taboo’ around dual relationships,

which seemed to carry an implication that they are always unethical. By this stage I had searched the literature and found little evidence to support that implication. I had also found support for my view that this taboo contributes to secrecy and denial which in turn precludes meaningful debate and understanding (Clarkson, 1994; Gabriel, 2005). The idea that dual relationships in therapy and research are ‘taboo’, meant for me that they were worthy of exploration and discussion, if that could be done in an ethically responsible way.

Personal motivations

There was also a deeply personal layer. I am a retired Chartered Accountant and Chartered Taxation Advisor. Professional integrity, ethics and transparency were core values in my previous career and I was drawn to that career because these values matched mine and also because I liked order, clear rules and procedures. It was very uncomfortable for me to feel as if I was breaking the rules and to struggle to find clear professional guidance to apply to the situations in which I found myself. At times I felt unsupported. In the beginning, therefore, on a practical level, I wanted to put my own client work and how I had managed overlapping relationships under the spotlight in order that I could fully understand the issues involved. However, I am aware that I was also searching for reassurance that I was not working unethically with my clients and doing something that might harm them. I was, in a way, hoping to 'audit' my own practice.

There were other reasons for entering the world of finance and accountancy, which at that time was very much a male dominated profession. Although I've never felt professionally disadvantaged as a woman, I've always been aware that this is a fortunate position and that there are many women who have not been so fortunate. My mother and grandmothers were

resourceful, intelligent and strong women who were uneducated, untrained and dependent on their husbands. I witnessed, and was affected by, their lack of power, independence and a voice. I was fortunate to be educated, academic and growing up in a time when the importance of women's rights and gender equality were becoming recognised. I was driven by a desire to be independent and to be heard, to have a voice, in some ways to compensate for my mother and grandmothers' difficult lives, as well as for myself. In many ways I have achieved those goals, but I also recognise that I still struggle at times to find my own voice and disentangle myself and my own needs, attitudes and beliefs from the expectations of others and of my cultural and social group. I am also aware that in some respects I took on the role of being my mother's voice and, in later life the voice of other family members who lacked the power or capacity to take their own power or voice their own needs and concerns. I also recognise that this is something I've learned to do generally and that this perhaps partly lay behind my later career change. I believe my therapeutic work is related to enabling clients to find their voice (much as I dislike that term) and helping them take their power, agency and responsibility for their own lives. It is unsurprising that my chosen research approach also involves trying to give clients equal power and a voice.

In one of my early supervision sessions, however, I was surprised to discover that the issue of overlapping relationships also had a much deeper significance within my own family life. When I was 13 years old, my mother told me that a close family member who I believed was my aunt, was actually my half-sister. She had been brought up as my grandmother's child to avoid the scandal of my mother having a child out of wedlock. The older members of my family knew this but it was never discussed or mentioned whilst my grandmother was alive. When I was told, my half-sister had just had her first child, so I also had an unexpected niece. Despite the years of training and personal therapy which I believed had made me

reasonably self-aware, I hadn't previously made this link between my wish to study overlapping relationships and my early family life. I had first-hand experience of the complexity of such relationships. I knew how difficult it was to be in dual relationships as grandmother/mother, mother/sister, sister/aunt, and cousin/niece. I was brought up with them. I was also aware of the potential for hurt, confusion, shame and anxiety. I was part of the confusion and secrecy. As a family we were mostly unable to talk about it because of shame and stigma and dealt with it by burying those feelings, but I have no doubt it left its mark on all of us. It is perhaps inevitable that I would be curious about the experiences of overlapping relationships and study them at a later stage in my professional life.

Negotiations, compromises and a way forward

There followed a difficult and uncertain period on my research journey. As before, initially, I felt 'out on a limb' and at times questioned myself about whether I should change my research topic to a less controversial, 'safe' topic or even give up my doctoral work completely. I even questioned whether I could continue to work in a profession if theoretical and philosophical thinking, understanding, and explanations were unable to accommodate my own experiences. However, as Frank (2000, p.354) points out: 'criticism can present a welcome opportunity to clarify one's project'. I was forced to think carefully about what I was trying to do and why. Although I wasn't fully aware of it at the time, these struggles and challenges were an important part of the research process. They helped me identify and understand the core issues. Professionally, my attempts to articulate my ideas helped me clarify and focus the rationale and aims of the project. Personally, I was being forced to face my fears and self-doubts, to stand up for what I really believed, as one of my tutors often stated, 'to find my doctoral voice'.

After much soul searching it became clear to me that what seemed like an ethical flaw in my proposed research was in fact an advantage. I had negotiated and navigated the difficult waters of dual relationships already with the ex-clients who would take part in this study. Furthermore having worked closely with them in a therapeutic relationship, I was in a unique position to judge whether ex-clients were able to take their own power in a new research relationship, whether they were at risk of harm or whether they might even benefit from taking part. I felt cautiously confident that I could also manage the overlapping relationship arising in a research situation and negotiate the move from a therapeutic relationship to a research relationship. Furthermore this provided an exciting opportunity to examine closely the issues arising from dual relationships in practice generally *and* also in practitioner/client research.

I also realised that my personal experiences and reflections, my struggles to be a practitioner/researcher were a relevant and important part of the project. I kept a research journal throughout, recording my thoughts, reflections, ideas, and processes. I realised this was important research data. I was in a unique and fruitful position for researching 'insider' experience. The importance of researcher reflexivity is recognised in qualitative research and this seemed to go further and deeper. I had myself experienced overlapping relationships that would be the focus of this study. I could offer a 'dual' perspective on the 'dual' relationship: my clients' and my own. It seemed natural and important that I position myself as a reflexive co-participant in this study as well as researcher. I believe that my 'insider knowledge' of overlapping relationships both as therapist and as practitioner/researcher gives me access and understanding to this complex, contentious and largely unexamined area and perhaps bridges something of the differences between the researcher and researched.

There followed a further period of careful consideration, open and honest discussion and negotiation with supervisors. I was encouraged and guided by other researchers who had managed to carry out ethical research with their own clients (Etherington, 2000; 2006; Frank, 2013; Gabriel, 2005; West, 2012; Wosket, 1999). Eventually it seemed like the fog lifted and an acceptable way forward emerged where the ethical concerns were brought into the very heart of the project.

Rationale and overall aims of the project

This chapter has explained the rationale behind this research study. The overall aims evolved through careful consideration and negotiation and there are (at least) two layers. Firstly, my aim is to investigate the issues of dual relationships arising in practice generally. However, a further aim is to consider the issues arising from dual relationships in the context of carrying out research with our own clients. Detailed aims, objectives and research questions are set out in Chapter 2.

Brief layout and structure

I sought to achieve these aims through an in-depth, narrative inquiry into the subjective experiences of being in an overlapping relationship from the perspectives of a single ex-client participant and myself as researcher and therapist participant. In Chapter 2, 'A Review of the Literature', I discuss the existing literature relating to dual relationships generally and also in relation to client research. The 'how' of the project, 'Methodology' follows in Chapter 3. Since this is essentially a project looking into the heart of professional ethics and ethical research, the methodology is an important component and this chapter is necessarily

comprehensive and detailed. 'The Stories of the Overlapping Relationships', are included in Chapter 4. This is followed in Chapter 5 by a discussion of issues of more general relevance: 'Stories within Stories'. A final word from Nick and my concluding reflections are included in Chapter 6: 'Final Reflections'.

Chapter 2: A Review of the Literature

Introduction

In this chapter I outline the literature relevant to the project, beginning with the contentious area of dual relationships. I summarise the argument against and in defence of dual relationships, reflecting the changes in professional attitudes and opinions including the guidance from professional bodies. I then discuss the challenges and risks of researching our own clients, arguably contributing to the scarcity of much needed practitioner/client research. Recommendations and arguments from researchers/practitioners on how to minimise the risks and the potential benefits to client participants are also discussed. This leads to the rationale for this project and I conclude by laying out the aims and objectives of the study, clarifying my research questions.

2.1 Dual Relationships

General background

The subject of dual relationships has been the source of much disagreement and disquiet in the psychotherapy community for a long time and can be seen as part of the broader debate around the crossing of therapeutic boundaries generally. Kottler (2003, p.4) claimed ‘sorting out dual relationships has become the most prevalent ethical issue of our time’. There have been a number of shifts in attitudes towards boundaries and in particular towards dual relationships.

Looking back, it is notable that many of the founders of psychotherapy crossed boundaries and engaged in dual relationships with their clients. Jung had relationships with his clients (Rutter, 1990). Freud analysed his own daughter, his friends' wives and had multiple

relationships with his clients (Jacobs, 1992; Lazarus and Zur, 2002a; Zur, 2017). Melanie Klein had complex multiple relationships, including analysing her own children (Kahr, 1996). Winnicott also engaged in multiple relationships with clients and colleagues (Jacobs, 1995). However, in early 1930 as Freud became concerned to preserve the professional standing of psychoanalysis, he changed his attitude, and called for strict analytical boundaries, outlawing multiple relationships. (Lazarus and Zur, 2002a; Zur, 2017).

Sexual dual relationships

The concerns around boundaries and dual relationships in particular, were reinforced, after the 1960s ‘sexual revolution’ with reports of multiple sexual relationships and other boundary violations by therapists (Rutter, 1990). As a result of accounts of harm and a cultural change in attitude, there was pressure to provide more regulation of therapists' conduct (Gutheil and Gabbard, 1993). Since then, the detrimental effects of sexual dual relationships have been well established and documented (Bond, 2015; Koocher and Keith-Spiegel, 1998; Rutter, 1990; Pope and Vasquez, 2016). Even where the sexual relationship takes place after therapy has ended, there is evidence that clients and therapists are harmed (Pope and Venner, 1991, cited in Garrett, 1994). The issue of sexual relationships with former clients has been subject to considerable debate and disagreement and it is argued that the risk of harm is dependent on the nature, intensity and length of work and theoretical orientation of the therapist. However, the commonly held view is that sexual relationships with clients are best avoided no matter how much time elapses after the termination of therapy (Bond, 2015).

Historical prohibition on non-sexual dual relationships

For some time there was a similar, but less evidentially-based, prohibitive view of non-sexual dual relationships and an assumption that they were harmful, unethical and to be avoided. For example, Pope (1985) argued that psychologists were responsible for ensuring that dual and overlapping relationships of any kind did not occur. Langs (1973, 1976, 1982, 1984-85, cited in Guthiel and Brodsky, 2008) went as far as to advocate that therapists did not live in the locality where they practised. Kitchener (1988) argued that dual relationships were problematic because there could be confusion and misunderstandings about changes in roles of both client and therapist and conflicts arise when expectations attached to one role are incompatible with another role. There was a fairly widely held view that they involve detrimental boundary violations that erode and distort the therapeutic relationship, and thus the outcome of therapy. It was claimed they cause conflicts of interest which compromise the therapist's capacity for sound professional judgement and that they may also cause therapists to misuse their power to influence and exploit vulnerable clients for their own benefit, causing them harm (Koocher and Keith-Spiegel, 1998; Pope & Vasquez, 1998, 2016; Sonne, 1994). At worst it was claimed that they were a 'precursor of exploitation, confusion and loss of objectivity' (Koocher and Keith-Spiegel, 1998, p.172).

A significant factor in this prohibitive stance was the belief that non-sexual dual relationships 'foster sexual dual relationships' (Pope, 1990, cited in Gabriel 2005), referred to as the 'slippery slope' argument (Zur and Lazarus, 2002a). It was argued that the gradual erosion of role boundaries in dual relationships culminates in harmful sexual relationships (Borys and Pope, 1989; Gutheil and Gabbard, 1993; Lazarus and Zur, 2002a). Schoener (2001, cited in Fay, 2002), a specialist in the rehabilitation of therapist sexual offenders, argues that there is no evidence to support the claim that sexual behaviour is more likely following other

boundary crossings. However, in the litigious culture of 1980s and 1990s and increased focus on risk management, especially in the USA, the controversy, prohibition and taboo around boundary violations and dual relationships prevailed with much debate and attention to these issues.

Arguments in defence of dual relationships

All of these arguments seem to be based on a lack of integrity by therapists. Gabriel argues that this implication that therapists may 'intentionally or unintentionally exploit their clients is contentious as well as disturbing in a profession that promotes a duty of care to clients and prizes fitness to practice of its practitioners' (2009, p.11). Others point out that the problem of exploitation lies with therapists and depends on their disposition to corruption rather than overlapping relationships (Lazarus and Zur, 2002a; Tomm, 1993).

There are also challenges that the motives for prohibition lie in risk management and fear of litigation rather than ethical practice based on sound clinical judgement (Barnett, 2017; Zur, 2017). Hedges (1997, p.221 cited in Gabriel, 2005) warns of the 'hysterical paranoia' around these issues in the USA which in his view undermined the spontaneous, creative and unique aspects of the personal relationship that is essential to psychological processes.

During the 1990s, there were attempts to readdress the imbalance in this debate, with more and more challenges to the view that non-sexual dual relationships were avoidable, unethical and/or harmful. In the UK, Clarkson summed up the state of affairs arguing that 'we need to come to terms with the fact that some of psychotherapeutic practice is in a state of denial around dual relationships' (1994, p.37). She challenged the implications of a 'mythical,

single relationship', cautioning therapists against 'an unrealistic attempt to avoid all dual relationships' (1994, p.32). There followed a period where further attention was given to potential problems and the factors to be taken into account when considering whether a dual relationship was likely to be harmful or helpful, such as context, culture, expectations, power differentials and theoretical orientation (Gutheil and Gabbard, 1993; Pope and Vetter, 1992; Smith and Fitzpatrick, 1995). Gutheil and Gabbard claimed that the impact 'can only be assessed by a careful attention to the clinical context' (1993, p.188).

There was also an increased awareness of the challenges of working in rural, small and/or geographically isolated communities (Barnett and Jutrenzka, 1995; Barnett, 2010; Campbell and Gordon, 2003; Casemore, 2009; Curtin and Hargrove, 2010; Williams, 1997) and evidence highlighting the dilemmas, challenges and even opportunities in these situations.

There was also literature discussing the challenges for therapists working in close knit communities, such as LGBT communities; religious groups and faith communities and ethnic groups, where clients often seek therapists with similar values within their own communities. There is an argument that in such small, tight-knit communities, therapists' credibility and gaining trust is critical in attracting clients and so it is inevitable that therapists will make ethical decisions to work with people with whom they have social connections outside of therapy (Gabriel, 2005; Syme, 2003).

Dual relationships are also claimed to be an essential and inevitable part of belonging to religious groups and faith communities and can provide richness and depth to therapy (Llewellyn, 2002; Sanders, 2017). Lynch (1999) points out that pastoral carers have to be

flexible in their responses and relationships and that pastoral relationships are only effective if they contain elements of friendship. Deaf communities are another prime example of the practicality and functionality of dual relationships that relieve deaf clients of the burden of communicating with non-signing therapists outside the community and so reducing feelings of isolation and misunderstanding commonly experienced by deaf people (Guthmann and Sandberg, 2002). There is a cultural dimension too. Mok (2003, cited in Sanders, 2017) points out that in Asian cultures talking to a stranger about personal matters is often inappropriate and that people prefer to talk to someone they know and trust from a pre-existing relationship. Kertész (2017) discusses how Latin American countries with 'warmer' human relationships favour and value the establishment of multiple bonds between therapist and client. The rising profile of social media with its greater possibilities for online 'contact' is bringing even more challenges and the likelihood of multiple relationships (Amis, 2017).

There are also many situations where dual relationships are mandated. For example, in military settings psychologists are embedded in the military unit and so dual relationships are unavoidable and often beneficial (Barnett and Jutrenzka, 1995; Johnson and Johnson, 2017). Similarly police psychologists routinely encounter dual relationships with challenges and benefits (McCutcheon, 2017).

In academic and professional circles, it is not uncommon that therapists in different roles, such as supervisor, trainer, therapist or colleague will encounter former or current clients and there are arguments that although there are risks and challenges, these can enhance therapy (Harris, 2002; Hyman, 2002). Syme (2003) argues that the majority of experienced senior counsellors have overlapping roles as trainers, supervisors, researchers and therapists. Whilst much has been written about dual relationships and therapists' attitudes to

experiences and concerns about them, there are relatively few research studies. Afolabi (2014) analysed and reviewed the literature on dual relationships and found only a few studies documenting empirical findings confirming that dual relationships can be either harmful or helpful to client and therapist. In the USA, Schank and Skovholt (1997, p.48) interviewed psychologists and highlighted challenges and benefits. They concluded that 'although setting appropriate boundaries is a professional necessity, psychologists must also maintain a balance of flexibility in overlapping relationships.' In Canada, Halverson and Brownlee (2010) found that dual relationships were ubiquitous and less of a concern in rural communities and identified potential concern and therapeutic benefits. Again the research was carried out by therapists only. In one of the few UK studies of clients' and therapists' experiences, Gabriel (2005) carried out research with therapists in dual relationships as trainees, supervisees/professional colleagues or friends. She found that dual relationships can have beneficial as well as detrimental consequences. However, clients who experienced detrimental effects felt abused and experienced trauma in a similar way to those who have felt harmed by sexual dual relationships. There was also evidence of harm to therapists from dual relationships, an aspect which is rarely considered in the literature. It is interesting to consider whether the same results would arise with clients without any training and understanding of therapy.

A different client's perspective of dual relationships is offered by Heyward (1995), who suggests that the *denial* of a dual relationship can also be harmful to clients and that 'abuse can result from a professional's refusal to be authentically present with those who seek help and abuse can be triggered as surely by the drawing of boundaries too tightly and by a failure to draw them at all' (p. 32).

Implications for Transference

There are strong challenges for dual relationships from classic psychoanalytical perspectives where the neutral stance of the analyst is regarded as a prerequisite for the 'transference' to emerge. The concept of transference has been central to psychoanalytic and psychodynamic therapies since Freud's earliest writings.

Rycroft (1968:168) defined it as 'a process by which a patient displaces onto his analyst feelings, ideas etc. which derive from previous figures in his life.' When he first introduced the concept, Freud regarded it as an impediment to therapy: 'the most powerful resistance to the treatment' (1912:101). However later he came to understand that it could be a helpful therapeutic tool in understanding a patient's inner world and it became the cornerstone of psychoanalytically orientated therapies. In classic psychoanalytic theory, transference involved the patient's projection of his internal conflicts onto the 'blank screen' of the analyst's personality. The transferred feelings were seen as belonging to the past and there was no 'real' relationship between the analyst and patient outside of the therapeutic relationship.

The idea of countertransference was introduced by Heimann (1950:82), who suggested that the emotional response of the therapist was also helpful in understanding the internal world of the patient. Countertransference is the therapist's own emotional or somatic response to the transference they experience from clients. Traditionally, countertransference feelings evoked within the analyst were recognised, but then put aside in order to interpret the patient's material. The task of the analyst therefore was to remain neutral and anonymous, and then analyse correctly the patient's material which would spontaneously unfold, undistorted by the analyst's personality or inner world.

It is easy to see how, from this traditional psychoanalytical viewpoint, dual relationships could be prohibitive as they would seriously jeopardise, if not make impossible, the prerequisites of therapist neutrality and anonymity and so contaminate the transference, making the analysis impossible.

However, the original concept of transference has undergone major transformation as theories have developed and evolved within psychoanalytical approaches and other psychological approaches generally. These developments offer alternative ways to view the transference relationship and to work therapeutically with transference. Object relations theory views transference more broadly as the reactivation of internal relationship patterns developed in early life. Working through the transference involves understanding the connection of current feelings, responses, and expectations towards the therapist with early object relations, both experienced and fantasised. This leads to internal changes in the client as they are become able to experience and then hopefully internalise what the therapist might offer, rather than project their own internal world onto the therapist. Thus the transference provides a ‘mirror to the internal self’, showing how the client organises his experience of relationships. Murdin (2010) argues that transference as a universal, ubiquitous process by which we repeat the relationship patterns of our past. From this perspective it is seen as an adaptive process to avoid relearning how to interact every time we we meet someone.

There has also been an important shift from the classical view of what has been called a ‘I-person’ conceptualisation of the nature of transference to a ‘2-person’ psychology. There is

recognition that there are two subjectivities (or complex senses of self) in the therapy room and each have their own respective internal organising principles and memories being elicited, experienced and recognised by the other. The therapeutic relationship is shaped by both subjectivities and how they express and experience the other in it (De Young, 2015). This means that in therapy, it is not a client's mind that is being studied as much as the intersubjective field. Therefore any analysis of what is emerging in therapy must be more than the client's contribution to it, it must also be an analysis of the relationship. Therapy is seen as a real relationship between two people and there is a focus on transference and countertransference as mutual co-constructions (Aron, 1996).

From these relational, intersubjective viewpoints it is accepted that the therapist can never be neutral or a blank screen. This has raised questions about therapists' positioning in therapy and how much therapists can be involved in terms of emotional engagement, spontaneity and personal disclosure to clients. While many therapists no longer adhere to the 'blank screen' notion, there is still a recognised understanding that they hold a position where they are not openly self-disclosing, and what constitutes 'appropriate' knowledge for a client to have about a therapist is debatable. Controversy around such matters within psychoanalytical therapy and the wider profession is ongoing (Grant & Crawley, 2002). However, if it is accepted that anonymity and neutrality are not possible and moreover not crucial to the emergence, understanding or potential helpfulness of transference and countertransference then one of the major criticisms of dual relationships is certainly weakened.

Some literature has gone so far as to argue that not only are dual relationships unavoidable in certain situations, they are potentially beneficial (Anderson and Kitchener, 1998; Lazarus and Zur, 2002a; Williams, 1997; Zur, 2017) Lazurus and Zur (2002a, p.470) conclude that:

'not only are dual relationships unavoidable in these small communities and interest groups but that they are often a desirable, expected, essential and inherent aspect of interdependent rural and small communities, as they increase familiarity, build trust between therapists and clients, and therefore are likely to enhance therapeutic effectiveness.'

Broader debate and more general acceptance

This broader, more considered debate around dual relationships has continued into the 21st century. It is arguable that there is now acceptance that they are not necessarily harmful and that the risks can be managed through careful consideration, informed consent and ongoing monitoring. There is evidence of benefits to the therapeutic relationship and outcome with examples of therapists and clients successfully living and working in the same location. (Barnett, 2017; Gabriel, 2005; Lazurus and Zur, 2002a; Syme, 2003; Younggren and Gottieb, 2017). In the USA, there are decision-making models to guide therapists in navigating this ethical decision-making regarding dual/multiple relationships and avoiding exploitative situations (Gottlieb, 1993; Pope and Spiegel, 2008; Sonne, 2007; Younggren, 2002). Most consider dimensions such as power differential; duration of the relationship and clarity of termination of the therapy and deal with issues such as informed consent and risk of exploitation.

Guidance from professional bodies

The way psychotherapy professions have approached questions of boundary crossings, including dual relationships, has also changed with more discussion and consideration of all of the difficult issues raised and a greater appreciation of the complexity of ethical decisions

in practice. The codes of ethics of professional organisations now reflect a more contemplative attitude to multiple/dual relationships rather than a prohibition. All codes prohibit sexual dual relationships (British Psychological Society (BPS), 2018, p.26; UK Council for Psychotherapy (UKCP), 2009, 1.4; British Association of Counselling and Psychotherapy (BACP), 2016, 34). All contain prohibitions on the exploitation of clients, working with clients where there is a conflict of interest and dual relationships with a risk of harm. However, rather than outlawing multiple/dual relationships they emphasise the necessity to manage dual relationships and deal with issues of consent and confidentiality. Interestingly the British Psychological Society guidelines changed during this project. Before August 2007, the British Psychological Society Code of Ethics and Conduct (2009, p.22) stated that psychologists should be:

> 'aware of the problems that may result from dual or multiple relationships'

It also specified that they should:

> 'Avoid forming relationships that may impair professional objectivity or otherwise lead to exploitation of or conflicts of interest with a client.'

The newest Practice Guidelines (2017, p.26) are more detailed taking account of context and advising that psychologists should:

- 'ensure that the relationship reflects the appropriate context within which the practice is taking place
- be aware of the issues of multiple relationships and professional boundaries which lead to (real or perceived) conflicts of interest or ethical considerations

- clarify for clients and other related stakeholders when these issues might arise. '

Further specific guidance is given (p.27):

'As far as is reasonably practical, psychologists should not enter into a professional relationship with someone with whom they already have, or have had, a close personal relationship. This includes family members and friends. Where there is no reasonable alternative, such as a lack of availability of other professionals and it is acceptable in the particular context of practice the psychologist should make every effort to remain professional and objective while working with the individual they know or have known.'

A more balanced view of dual relationships

Today, it seems clear that the ethical attitude to dual/multiple relations has relaxed somewhat, from an automatic prohibition, to more open, reasonable and context –based views with less focus on fear and risk management (Gabriel, 2005; Koocher and Keith-Spiegel, 2016; Syme, 2003; Zur, 2017). Therapists' attitudes to dual relationships however still appear cautious. Kitson and Sperlinger (2007), carried out a survey of UK clinical psychologists and found most reported dual relationships as appropriate only in limited circumstances. In the USA, Zur (2017, p.9) argues that today 'ethical multiple relationships are almost universally accepted'. In the UK, Bond (2015, p.29) expresses a more cautious view that 'not all dual relationships are undesirable, provided the boundaries between relationships can be clearly identified and respected by both the counsellor and client'. However, he advises that it is: 'widely considered better to avoid dual relationships whenever possible as this is the easiest way of protecting boundaries from actually (or even the suspicion that they may be) being crossed inappropriately.' (2015: p.90).

Practitioner responsibility

Whatever the prevailing attitude, there is clearly now greater responsibility on practitioners to consider the therapeutic impact of such relationships and ensure the benefits outweigh any detrimental consequences (Bond, 2015). Pope and Vasquez (2016, p.270) conclude that: 'Nothing can spare us the personal responsibility of making the best effort we can to assess the potential effects…, and to act in the most ethical, informed, aware, and creative way as possible.' This can be challenging, especially since there is still a scarcity of research in this area. Furthermore, much of the literature is based on the views and attitudes of therapists, many of whom have not actually experienced dual relationships, rather than practical experiences of dual relationships.

It is also somewhat paradoxical that in examining the implications for clients of dual relationships, there is little research from the perspective of the other party in those relationships – the client. This is also an issue which goes straight to the heart of the therapeutic relationship and yet there is little research on the implications of dual relationships for the therapeutic relationship: how the different roles in these situations are managed and how they impact on the important therapeutic relationship day-to-day. It is encouraging that the taboo on non-sexual dual relationships is lifting as this allows more open discussion of the dilemmas. However, the arguments about whether they are unethical and to be avoided or inevitable and potentially helpful are far from concluded.

2.2 Researching our own clients

Research practice gap

It is generally accepted that practitioner research has much to offer therapists in the field making decisions about how to improve their practice. It is also important to reflect on the history and development of psychotherapy and notable that many key figures in the field, such as Freud, Jung, Rogers, Yalom and Winnicot made their discoveries in their own practice and from their own clinical work.

Despite the benefits, for many years, the profession has wrestled with the challenge of closing the 'research-practice gap', highlighted by US research in 1986 (Cohen et.al., 1986) revealing that practitioners found little of relevance in the research literature to guide them in the moment-by-moment decisions they faced in practice. Studies also confirm that experienced therapists do not utilise psychotherapy research to inform their practice (Morrow-Bradley and Elliot, 1986; Trepper, 1990). These challenges gave rise to a call for more practice-driven research with emphasis on the therapist as researcher and inquirer (Feltham, 2000; McLeod, 2003; Wosket, 1999).

Lack of research from clients' perspective

For some time, it has also been recognized that there is a gap in research from clients' perspectives, with most presented from the practitioner's or theorist's viewpoint (Spinelli, 1994). Etherington (2001, p.6) argues: 'too rarely do we hear the client's voice tell of their experience of counselling. The voice of the counsellor is heard more often, but without the client's perspective we only know half of the story'. The argument for research taking account of clients' views is strengthened by evidence that these views often differ from those of therapists (Paulson et.al., 1999; Elliot and Williams, 2003). In her book, Falling for Therapy (2000), Anna Sands offers a client's perspective of her experiences with two very

different traditions. She provides invaluable insights and highlights the potential for damage within the therapy relationship, advocating greater humanity and openness from therapists. It is clear that clients have much to contribute to the field of inquiry. This view is shared by Cooper (2008) and McLeod (2003) who argue that qualitative research exploring clients' experiences of therapy is needed to challenge and extend existing understandings.

Certain studies have sought to bridge these gaps, for example, Rennie's studies of clients' experiences of therapy (1992, 1998) and the work by Greenberg, Rice and Elliot (1993) on process experiential therapy. It is not uncommon for client narratives to be included in psychology texts (Eg Yalom, 1989; 2001; McBride, 2008). However, in many of these accounts, it is often still the practitioner/researcher who reports or interprets the clients' accounts. Furthermore research carried out by practitioners, in their own practice, with their own clients is scarce.

It is recognised that Etherington is an expert in the fields of both client research and narrative inquiry as a research methodology. She has widely published research papers and books on both topics. For this reason her work is referenced often in this thesis in both this chapter and in the Methodology, chapter 3.

Guidance from professional bodies

There are challenging and complex ethical issues to be overcome when researchers carry out research with their own clients. Professional bodies offer some guidance. The British Psychological Society Code of Human Research Ethics (British Psychological Society, 2014) outlines underlying principles which should inform psychological research practice, including:

- Respect for the autonomy, privacy and dignity of individuals and communities
- Scientific integrity
- Social responsibility
- Maximizing benefit and minimising harm.

In addition, specific areas of importance such as minimising risk to participants; obtaining valid consent and respecting confidentiality are highlighted. Research is also carried out within the general code of ethics which involves respect, fairness and the avoidance of harm.

However, these guidelines are just the starting point. It is stated expressly that 'no guidance can replace the need for psychologists to use their professional judgement' (British Psychological Society, 2017, p.3). It is arguable that professional ethics cannot fully prepare us for the ethical dilemmas, conflicts and problems that arise when carrying out qualitative research (Etherington, 2001; Simons, 2009; McLeod, 2011).

Risks and potential problems

One of the major concerns in practitioner/client research is that it involves the creation of a new relationship in addition to the therapist/client relationship and so the ethical challenges of dual relationships are again all important. Again it could be argued that the same risks of exploitation of client/participants must be avoided by ensuring relationships as therapists are kept independent of research relationships. However, fortunately, as the attitude to overlapping relationships has evolved, the research climate has also changed and researchers seem to have found ways of navigating the ethical challenges such that the

benefits of the research outweigh the risks (Anderson and Gerhart, 2007; Etherington, 2000; 2001; 2006; 2007; Frank, 2013; Gabriel, 2005; Gale, 1992; Josselson, 1996; Simons, 2009; Skinner, 1998; Wosket, 1999).

One of the main ethical problems arises from the potential conflict between therapeutic and researcher roles taken by the practitioner. Therapy is an activity that is primarily in the interest of the client, and as a therapist the practitioner has a duty to act in the service of well-being of the client. However, in the research relationship, there is a new and different set of interests. As a researcher, the practitioner has a duty to collect data and make a contribution to knowledge and understanding. Much of the time these roles may complement and enhance each other. On occasions, however, they may be in conflict where clients may find it difficult to understand the new roles and see the research as an extension of the therapy. Another danger is that the practitioner researcher might exploit their power and influence for their own ends, for example by putting the research commitments and needs before the client needs (Etherington, 1996; 2001).

In practitioner/client research there is the added complication that it might be difficult to employ standard research safeguards of informed consent. There are concerns that it can be difficult to ensure that clients are giving valid informed consent to participate rather than feeling bound to seek to please someone who has helped them or who they perceive as having authority or power (Etherington 1996, 2001; McLeod, 2011). The client may believe at some level that he/she is special or chosen as favourite client of the therapist and again feel bound to please them. Josselson (1996) refers to this as narcissistic injury. For these reasons they might also strive to produce the right answers or say what they think the researcher wants to hear.

Minimising the risks

However, it also arguable that the risk of clients feeling bound to consent is minimised by practitioners using their intimate knowledge of their ex-clients to select participants they believe to be able to take their own power in research and decline to take part if they wish. In order to ensure that participants give as fully informed consent as possible, in these situations, it is also important to have full, open and clear discussions about what is involved in the study, the implications and risks. Etherington (2001) suggests this includes explaining to participants that they are embarking on a new research journey which requires a different kind of relationship from the therapeutic relationship; to discuss fully and clarify what that means for them and then to establish clear boundaries, which may be different from the therapeutic work. Gabriel (2005) also stresses the importance of a clear contract and argues that practitioner/researcher role conflict is minimised by providing clear information for participants; forming an effective research alliance and having a clear policy on confidentiality. There are obvious similarities with creating a safe therapeutic space for clients and again it is arguable that practitioner-researchers are well placed to meet these requirements.

It is also arguable that the process of interviewing people about sensitive material may stir up difficult and unwanted feelings or cause distress and upset which some may experience as 'doing harm' (Renzetti and Lee, 1993). However, most of these conflicts are also seen in counselling practice and so practitioner-researchers may be familiar with these issues when they become researchers (Etherington, 1996). Researchers who are also practitioners are best placed to address these risks. Etherington (2001) points out that in engaging in research with ex-clients, practitioners have the benefit of already having formed a relationship characterized by trust. This intimate knowledge of clients can inform the

researcher about the appropriateness of engaging with this particular client for research and judge if/when a client is likely to be harmed. It also means that the therapist/researcher has to take authority in situations when they might become aware that a participant, through lack of awareness might be exposing themselves to harm (Etherington, 2000). Grafanki argues a trusting therapeutic relationship also 'facilitates the gathering of data that are authentically grounded in participants experience thus more complex and rich' (1996, p.331).

Benefits to client participants

There is evidence that clients can benefit from participating in research. Gale (1992) reports that research interviews can be more therapeutic than therapy interviews. Skinner (1998) discusses the therapeutic value of research on sensitive issues, such as child sexual abuse. He identifies complementary aspects of the therapy process and research process and the potential for skilled researchers to intervene therapeutically. Wosket (1999) argues that 'research conducted sensitively and ethically by counsellors in their own practice setting, far from being damaging or exploitative, can actually enhance the therapeutic experience of clients' (p.106). Rennie (1998) also identifies therapeutic value to clients from participating in research. He suggests it can help clients become more reflective which in turn enables them to think intentionally and follow through with actions thus enabling them to become agents in their own lives.

I find this alternative view of clients as active participants, empowered and able to take informed decisions and reach an equal relationship a compelling one - surely the objective of therapeutic work is to help clients reach this stage. Etherington (2001) makes a good case that narrative research with ex-clients has a role as 'a celebration and extension of the

counselling process' with clients experiencing an increased sense of empowerment from deciding on whether to take part in research; what additional information they can supply and in negotiating their position after consent to participate is given.

2.3 Aims, objectives and research questions

It is clear from the above that the controversy around dual relationships in general is far from over. Furthermore, there is still little research and guidance on how to manage these situations in practice. There is similar reluctance or caution around researching our own clients despite a recognition of the need for relevant practice-driven client research. I hope that this study will contribute to these important debates.

Research Aims:

The rationale of the project and overall aims were introduced in chapter 1 and are more specifically defined as follows:

1) To explore, gain insight into and understanding of the ethics and issues of overlapping relationships in therapy.

2) To identify the issues and ethics arising when we carry out research with our own clients.

It is hoped that achieving these aims will help broaden the debate on ethical duality.

Research Objectives:

In order to achieve these aims, I collect and (re)present stories of lived experiences of overlapping relationships from collaborative co-created conversations between

client/participants and therapist/researcher. These provide insight and understanding to achieve the following objectives:

1) Identify the risks arising from overlapping relationships in therapy

2) Identify the risks when practitioners carry out research with their own clients

3) Understand how these risks in both situations can best be managed

4) Identify any benefits arising from overlapping relationships in therapy and in research

5) Identify what factors help mitigate the risks and increase the likelihood of benefits in both situations

Research Questions:

In meeting the 5 objectives listed above, it is hoped the following questions will be addressed:

1) In what ways do overlapping relationships impact therapeutic processes and outcome?

2) What are the implications for the therapeutic relationship, taking into account transference?

3) How can we design and carry out research with our clients in ways that do not risk harming participants and may indeed benefit them?

4) What is the impact on the power dynamics between therapist and client and researcher and participant?

5) How are the ethical dilemmas raised in these situations resolved in practice?

6) Are the therapist and client, researcher and participant able to make sense of their

different roles?

7) What else can we learn from the stories of lived experience?

I hope to contribute to the growing body of practice-based research and research from clients perspective as this is an exploration of both ex-clients' *and* therapist/researcher's experiences – a 'dual' perspective of the dual relationship. Gabriel (2005, p.45) points out that although exemplary, the practitioner research published thus far does not address in depth the clients' perceptions and experiences of the conflicts in the client/participant role. It is hoped that this study will go some way to fill this gap. By representing the client's and therapist's voices, the aim is to obtain a deeper, richer understanding of the issues arising from dual relationships.

Chapter 3: Methodology

This study is a narrative case study carried out with a single ex-client participant. It takes an over-riding post-modern, social constructionist approach adopting narrative methods of data collection, analysis and representation. As stated in the introduction, this is a project about professional ethics and ethical research and so the methodology is central and my process of selection of methodology is an integral part of the project and therefore essentially transparent and detailed. This chapter is divided into three parts. Part 1 explains the overall philosophical framework and methodological approach. Part 2 details the evolution of the project design and methodology. Part 3 covers the step by step methods of data collection, analysis and representation: the *how* of the project.

3.1 Overall Philosophical Framework and Methodological Approach

Choice of methodology

As this was a somewhat unorthodox study that felt like I was entering relatively new research territory, it seemed crucial that the methodology selected was philosophically appropriate as well as relevant and practical. Furthermore, since one of my research questions was how to carry out research with our own clients in an ethically responsible way, my own methodology had to be able to meet these ethical challenges.

In broad terms, I was clear from the beginning that this would be a qualitative study as I was interested in 'words' rather than numbers, and I didn't want to reduce my clients' experiences, and my own, to numbers or graphs. I also wanted to approach research with the same values and attention I take to my practice and to be able to be creative and

flexible. However, as I started to design the project and consider different research methods, it became apparent that I had to first address and clarify fundamental philosophical questions and beliefs such as the nature of knowledge and reality, what constitutes data and the role of the researcher. All research is anchored in basic beliefs about how the world exists and this shapes our view of what counts as valid knowledge. These are questions of ontology and epistemology: the study of being and of knowing, respectively. Clough and Nutbrown (2002) claim that ontology and epistemology are the twin terms of methodology. My journey through different methods required me to clarify my assumptions about both.

Carr (1995) argues that values are vital in influencing choices in research and is critical of attempts to use research strategies infused by one set of values to study practices infused by another set of values. Etherington (2004) also stresses the need for internal consistency and transparency with regard to the philosophies and beliefs that underpin research. The values and assumptions inherent in the methodology therefore also had to be consistent with those I hold personally and which underlie my practice. This meant that one of the first steps on my journey was to identify and evaluate my own underlying values and assumptions.

Thus, it is important to state that the methodology was not selected upfront, but rather evolved from the beginning of the project as my learning and understanding developed. The final project design was arrived at after a journey through different methods, concepts and ideas. It also took me through some different philosophical layers and concepts, not only relating to the project design but also to my practice, my own life and my beliefs and values generally. I found this to be intellectually and philosophically challenging. This has been an evolving, dynamic and creative process of learning and dialogue between researcher, participant, supervisor and mentor.

It is critical to the authenticity and transparency of the study that I can justify my choices and make the process of selection of methodology and methods explicit. It is with this in mind that I explain my professional and personal background and try to bare my theoretical and philosophical framework, including how I work as a therapist and the beliefs, values and assumptions underlying my practice. I also attempt to place my philosophies and beliefs within the wider context of post-modernism and social constructionism. My aim is to make explicit my positioning in relationship to the research topic and also to the methodology. My hope is that this full and transparent explanation will not only highlight my influences and possible biases and so ensure authenticity but also lead the way naturally to explain my choice of methodology, the project design and methods.

The Greek origins of the word “authentic” mean to act independently and from one’s own authority, and so is linked to agency (Harper, 2009). I use authenticity in this context, to mean trustworthiness, ownership and independence rather than reality or truth which carry more positivist notions.

My integrative approach to clinical practice

My core practitioner training as a Counselling Psychologist involved training in three theoretical models: humanistic, cognitive behavioural and psychodynamic. I have also undertaken further training in Cognitive Analytic Therapy (Ryle, 1995; Ryle and Kerr, 2002); Compassionate Mind Therapy (Gilbert, 2010); Acceptance and Commitment Therapy (Hayes et. al., 2016, Wilson, 2011) and Mindfulness (Kabat-Zinn, 1994).

However, over the years, although within each of these approaches, I found theories, explanations and techniques which are useful and which inform and guide my work, I also became aware of the limitations of working solely within one model. None of them offered me a completely satisfactory explanation of the psychological difficulties my clients presented or the situations I faced in practice. There were other questions and areas of concern for me. For example, I had grown frustrated in my psychodynamic reading group when discussing so called 'objective' accounts of clients' 'internal worlds' and 'defences', often finding them reductive and disempowering. I had come to the conclusion that the richness and depth of experiences I have encountered personally and professionally cannot adequately be explained by a single theory.

The foundations of my practice are humanistic in that I trust and value the uniqueness of each client, I offer respect and empathic understanding and I focus on health, well-being and growth rather than pathology or illness (Rogers, 1951; 1961; 1980; Mearns, 2003; Thorne, 1991). I endeavour to enter into each therapeutic relationship fully as myself, to be present and to offer my clients a meeting at relational depth (Mearns and Cooper, 2005). However, I have spent many years in psychodynamic therapy and supervision, so psychodynamic ideas inform my practice, including transference and counter-transference; splitting; projection; defences and the significance of child development. I am also interested in embodied communication in therapy and in understanding and working with how clients' physicality impacts on their psychology and the therapy (Orbach, 2009).

Now with 17 years of experience working with clients aged 15 years to 80 years old, with a variety of difficulties, I would claim to be an integrative therapist in that I have assembled my own 'bricolage' of ideas, conceptualisations and techniques (McLeod, 1997) which inform my

understandings, thinking and practice. It is also important to my integrity as a therapist, that my integrative practice is built on firm foundations or values that I have clearly identified and owned and these are discussed below. I agree that 'each therapist brings to his/her work a repertoire of personal experience and values and that therapy models are integrated into a personal world view and style' (Lomas, 1981).

I do not view psychological distress as a disease and I view suffering as an inevitable part of human life. I do not view my clients as mentally ill or ascribe to diagnostic categories. Furthermore I see human emotions and behaviour as purposeful and having a function. This position makes it impossible to accept the medical model as appropriate for my practice. I am reassured when I see that my view is echoed in the counselling psychology profession generally (Orlans and Scoyoc, 2009).

It is also important to me that the way I work is client-driven and creative, not theory driven or technique driven. I view therapy as a collaborative enterprise and believe it is important that it should 'fit', be appropriate, responsive and tailored to the client's needs and wishes. In my MSc research, mentioned above, I was also struck by how diverse and individual clients' expectations and needs were and by how clients reported therapy as successful when it fitted their expectations and needs (Riva, 2005). In the same way I wanted this project to be driven by and responsive to what emerged rather than restricted by a rigid methodology. Overall my approach is largely pragmatic: 'what works for whom and when' and I am client led, not model led, informed by theories but not tied to them.

It is obvious that that 'fit' is a result and integral part of a responsive, honest, respectful and

collaborative therapeutic relationship. I do not view myself as an 'expert' and work to encourage and empower clients to take responsibility for their own care and recovery. So, gaining trust and working to build a strong therapeutic relationship stands at the heart of my practice and integration. Within that I aim to work holistically and at depth rather than at the level of symptoms.

As I reflect on and try to make explicit how my practice has evolved and my underlying values and assumptions, it is difficult to unravel the influences of the various theories and life experiences that have shaped them. However, the main changes in me personally and as a therapist as I have matured and gained experience are that I am more comfortable with uncertainty. I can stay in a position of 'not knowing' and I can accept that there are no clear answers or universal Truths. As I have become more aware of, and interested in, my own spiritual path, I have also become interested in and had an awareness of what has been referred to as the transpersonal therapeutic relationship: the spiritual or more inexplicable dimension and also in the healing and spiritual practices of different cultures (Clarkson, 2003; Rowan, 2005; Wilber, 2006). In terms of my practice, this has led me to be more open-minded, creative and holistic in my overall approach and to more fully understand the principle of non-judgementalism, unconditional positive regard and human compassion. Finally, as I have on the face of it become more 'expert' , knowledgeable and experienced, I have at the same time become more aware and accepting of what I don't know, what I can't know and what I don't need to know.

I hoped to bring all of the counselling skills I have gained through working with clients in these ways and these aspects of my practice, “my bricolage”, to my research, to help me to be able to be present with, listen to and engage fully with my participants and facilitate the

telling of the stories. I wished to work openly and collaboratively with participants, hoping this would not only ensure the relevance of the research but also be respectful and of benefit to them in some way.

Subjectivity and inter-subjectivity

I think it is implicit in how I work that I value subjectivity, difference and diversity. I recognise and respect the subjectivity of human experience and the importance of each individual's feelings, opinions, beliefs and contexts as opposed to an 'independent', expert or objective point of view. However, I am also interested in the meanings, processes and beliefs between people. I have found that many of the difficulties my clients face cannot be resolved without understanding the often challenging family, social and cultural contexts in which they live. I recognise the importance of inter-subjectivity and the psychological relationships between people and believe that we are inherently social beings with shared meanings and belief systems. At this point, I view the aims of therapy as two-fold: to gain internal self-awareness, insight and understanding (intra-personal skills), but also to use all of that to live meaningful lives in the external world (inter-personal skills). That requires an appreciation and recognition of the importance of the social and cultural context in which clients live and have lived.

Post-modernism and social constructionism

In traditional scientific methods, based on modernist, positivist thinking there is an assumption that knowledge can be founded in absolute truths, external to the knower and present itself objectively to the knower (Etherington, 2000). However, post-modernists have a different view of reality.

Post-modernism emerged in the 20th century with the development of ideas taking a critical perspective on the knowledge and conceptualisations generated from the earlier period of 'modernity', which were based on the search for Truth, the true nature of reality, rules and structure. Post-modernism calls for an ideological critique of foundational knowledge, overarching conceptualisations of reason, meta-narratives and taken for granted assumptions. It rejects notions of 'Truth', certainty and objective reality and the belief that knowledge can be identified in an objective and fragmented way. Post-modernism emphasises the coexistence of a multiplicity and variety of situation dependent ways of life.

Social constructionism has developed alongside post-modernism and shares these ideas, challenging taken-for-granted Truths and the conventional view that knowledge can be based on an objective unbiased observation of the world. It recognises the historical and cultural specificity of knowledge and claims that knowledge is constructed and sustained by social processes (Burr, 1995; Gergen, 1982). From this perspective, reality is socially constructed and knowledge is situated within context and embedded within historical and cultural stories, beliefs and practices (Gergen, 1982). The fact that the professional codes of ethics changed during the period of my study is a living example of how knowledge is socially constructed: the story of what is ethically acceptable has changed and this is reflected in amended codes.

In the process of identifying my beliefs and assumptions and reflecting on how I conceptualise clients' difficulties and my work with clients, although I did not understand it in those terms at the time, I realised that I had been influenced by the post-modern movement

around me and grown into a post-modernist who believed in pluralistic truths and who questioned and challenged dominant stories and overriding 'Truths'. I came to realise that many of the theories and practices I had trained in came from an essentialist position and were regarded as 'Truths'. I understood why over the years I'd become increasingly uncomfortable and questioning of ideas and conceptualisations which reduced human experience to single explanations or 'Truths'. In developing my own integrative practice, I have adopted a pluralistic approach, recognising competing theoretical approaches but refusing to align myself with a single model or meta-narrative. That integrative approach to clinical work is essentially based on post-modern, social constructionist foundations.

From early in my work I had accepted the constructivist idea that reality is a product of one's own creation with each individual seeing and interpreting the world and their experiences through their personal belief systems. I had embraced a view of the world that recognises diversity and difference and multiple realities. However, as my practice evolved, I had moved from a personal intra-subjective view of the person and their inner world to an inter-subjective view, taking account of context and recognising the importance of the interpersonal processes that shape beliefs and attitudes. I realised that much of my training had been based on an individualistic model of self and that was persuasive in my thinking. However, I had grown into a more social constructionist, recognising the importance of social and cultural context in the construction of personal belief systems, attitudes and realities and the role that our social history, language and context play in human experiences and perceptions. I accept McLeod's (1997) claim that the sense of what it is to be a person is socially constructed in that it depends on our relational web, the belief in kinship systems, and the economic order into which one is born.

Initially I was concerned that not all of my views sat completely comfortably with a post-modernism and social constructionism position and there might be inconsistency. There were some areas of post-modernism which I struggled to reconcile fully with my practice and personal position. I wrestled with the tension between the Western concept of 'self', adopted by many psychological approaches, as an independent, autonomous bounded being and the view of a person as socially and culturally constructed. I had embraced the humanistic ideal of a person as unique, autonomous and striving towards meaning and fulfilment (Rogers, 1961). However, I am reassured that Rogers' ideas have been developed and moved forward by others towards a more pluralistic view of the person (Mearns, 2003; Mearns and Thorne, 2000; Mearns and Cooper, 2005; McLeod, 1997).

I am also somewhat wary of extreme relativism in that I worry it undermines the possibility of any stable representation. I also note Rowan and Cooper's comment (1999, p.2) that it can be difficult to deconstruct subjectivity in the intimacy of the therapeutic relationship and that 'the challenge is to find a way of embracing contemporary critical thinking without losing the human being in the process.' However, the self-pluralistic perspective proposed by Rowan and Cooper (1999) of individuals encountering the world through a plurality of voices, in relation to a plurality of self-concepts yet who still retain a meaningful coherence both at the level of constituent pluralities and the level of total self makes sense to me; it resonates with my own personal experiences and my experiences of my clients. It makes sense to me that our socially constructed selves and identities are continually being reconstructed and updated. I am also aware that I am still constructing and re-constructing my own ideas and identities and selves and that at times I am influenced and pulled back into positivist ideas and language of my education and training.

Feminism

As I clarified how I worked it became clear that I had also developed strong beliefs about equality, collaboration and valuing local stories and clients' intuition. On reflection, I realised how much I had been influenced by the feminist values shared by social constructionists that challenge the ways culture, history and language influence our experiences and sustain inequalities and power differences. Feminist approaches emphasise equality and expose the contextuality and partiality of all truths as well as the latent power relations exercised in society, including therapy.

My understanding of embracing feminist therapy involves an open, transparent, honest and collaborative way of working with clients, respecting their views, an awareness of power differentials and trying to address them and recognising real constraints and influences in their real, external world, as well as their internal worlds. I have always felt uncomfortable about the power imbalance inherent in therapy and rigid aspects of practice, which I believe heighten the expert status of the therapist and exacerbate power imbalance. I challenge many of the ideas from the medical model, such as the use of the term 'patient', the fifty minute session, diagnostic categories and so on.

Social constructionism and feminism gave me an understanding of how psychology and the knowledge it claims are historically and culturally specific and often politically motivated. For example, McLeod (1997) explains how early practitioners such as Freud and his followers constructed psychology as an applied scientific discipline, which required a medical model conceptualization, in order to gain credibility and power.

Feminists have also challenged traditional scientific research arguing that rather than being value free and context free rules for accessing overarching truths, they are socially constructed through practical activities including those designating what reality is and what counts as reality. They challenge relationships based on power and control (Kelly, 1988) and challenge researchers to make transparent the values and beliefs behind their interpretations and to lower the barrier between the researcher and researched so that both sides can be seen and understood for who they are and what motivates them. (Malawski, 1994, p.12 cited in Bayer & Shotter, 1998). Traditional scientific research has also been described as supporting traditional masculine values of intellect, external knowledge, objectivity and placing less value on 'women's ways of knowing' such as feelings, knowledge from within, self-awareness and interpersonal skills (John's, 1998, cited in Etherington, 2000).

In my research plans too, without full awareness, I had been influenced by post-modern constructionist and feminist values. Despite the ethical challenges and initial opposition, I was certain that I wanted to be present and engaged with this research with my clients and that this was valuable and important. I was also reluctant to simply accept the ways research was traditionally carried out. I saw my potential participants as collaborators, who were equally expert in this area as myself. These beliefs influenced the choice of research topic as well as the methodology. As a feminist I strived to challenge issues relating to power differences, inequality and the notion of 'experts'. I also wished to utilise the "women's ways of knowing" I value in my practice.

Reflexivity

The challenges to come out from behind the barriers of 'expert' status and anonymity requires reflexivity on the part of therapists and researchers. My clinical approach requires that as a therapist I work with self-awareness and reflexivity. Working reflexively means operating on several levels of awareness simultaneously. To be reflexive is to have an ongoing conversation about an experience while at the same time being present in the moment (Etherington, 2004) or a capacity for 'turning back one's awareness on oneself' (McLeod, 2011, p.48). Reflexivity also involves personal agency since to reflect on ourselves in turn requires an awareness of ourselves as active agents in our own process (Wosket, 1999). I agree with Rennie (1998) that we also need to know what we feel, think, imagine and what is happening in our heart, mind and body; we need to know the inner story that we tell ourselves as we listen to our clients' stories. Yalom's writings (1980, 1989, 2001) demonstrate beautifully the power of reflexivity in how he responds to clients from his conscious awareness of his relationship with himself and his contexts. I actively use my own reflexive awareness to help me understand and respond to my clients. I believe this responsiveness helps redress the power imbalance and strengthens the therapeutic relationship, as well as helping clients to become reflexive agents in their own lives. I think working in this way also requires a responsiveness and emotional openness that is not for the faint hearted, as well as creativity and flexibility.

It seemed natural and important that I carried this reflexivity through to my research project. Reflexivity in research challenges us to acknowledge how our own experiences, culture and contexts, social and personal history, feelings and thoughts inform and influence the processes and outcomes of our inquiry, from the research question and project design to initial conversations with participants, to transcribing, analysis and writing. Etherington

(2004, p.36) argues that reflexivity in research creates a 'dynamic process of interaction within and between ourselves, our participants and the data that informs decisions, actions, interpretations at all stages.' Hertz (1997) states that a reflexive researcher does not simply report facts or 'truths' but actively constructs interpretations of his or her experiences in the field, and then questions how those interpretations came about.

Reflexive feminist research encourages us to display in our writing the full interaction between ourselves and our participants so that our work can be understood not only in terms of *what* we have discussed but *how* we have discovered it. For many researchers this is a moral issue as well as a methodological issue (Etherington, 2004; Frank, 2013; Josselson, 1996; McLeod, 2011). Hertz (1997) describes this as a new kind of ethnography, a qualitative study where the author's voice and those of her respondents are situated more completely for the reader. It is also important to note that reflexivity is ubiquitous (if unacknowledged) in that it permeates every aspect of the research project. Since the researchers are acknowledged as active participants in the process it is essential to understand the location of selves throughout. Hertz (1997) also claims that when researchers are aware of being both subject and object, through serious examinations of the self they are empowered to a deeper understanding of themselves and their respondents.

Researcher reflexivity is at the heart of this project and as crucial and helpful as therapist reflexivity is to my clinical work. I aim to take a thoroughly reflexivity stance and use my reflexivity and self-awareness to inform and enhance my research project. It was important that the methodology respected the value and importance of reflexivity throughout the whole of the research process and could acknowledge the role of the researcher in the co-creation of meaning. It had to allow for transparency of my own processes throughout as well as

those of the participants.

Narrative approaches

As I have gained experience in my work as a therapist and in my own life I have also come to see how people make sense of their lives and experiences through stories. I recognise the value of narrative and storytelling in therapeutic work, which is based on the assumption that people live storied lives and that telling and retelling our stories can help us to understand and process our experiences and create a sense of meaning and self (McLeod, 2003; White and Epston, 1990). I do not claim to be a narrative therapist and take note of McLeod's (2003) warning against selectively sampling those aspects of narrative thinking that are consistent with existing ideas whilst rejecting or ignoring those elements that do not fit. However, I do believe that there are narrative aspects to my work and underlying assumptions that are consistent with narrative approaches. A narrative approach to my project offered me rich, creative and empowering ways of knowledge construction and representing that knowledge in storied forms.

An overall social constructionist approach to research

It is clear from the above that I adopt a social constructionist, post-modern and holistic model of knowledge and ways of knowing. I believe there are many different ways through which we construct our knowledge of the world. I regard knowledge as multiple, uncertain and constructed. So, although the accountant in me saw the attraction of a scientific, modernist, positivist research design where I could have a clear structure and perhaps test a hypothesis and find answers, in my heart of hearts, I knew that my research, like my client work, would have to be based on a different philosophical stance. Positivist methods were not the best

way of gaining the knowledge I would find useful in my practice. Adopting an overall post-modern, social constructionist and feminist approach to my research project would be most consistent with my personal values and the values and assumptions underlying my practice, as well as generate the kind of knowledge I considered relevant and appropriate.

3.2 Project Design and Methods

Shaping the project design

Within the overall post-modern, social constructionist and feminist framework summarised above, the project design began to take shape, as I clarified my objectives and hopes for the study and the various methodologies available. In tune with my therapeutic approach, I needed a methodology that would provide me with a means to engage fully with participants and listen to their stories openly: a way that valued and respected their unique views and experiences. However, the methodology also had to reflect and allow for the view of experiences and realities as socially constructed and subjective, and not lose the experiencing person in the process. I wanted to capture the richness, depth, complexity and multiplicities of those experiences and to be able to reflect the different ways of knowing that also inform my practice. It was also important that the research would be collaborative and that my ex-client participants would be fully empowered and, at best, benefit from taking part.

When I considered the range of qualitative methodologies available it became clear to me that I did not want the project to be theory driven. In addition, I did not wish to generate 'universal Truths' or create or prove theory but to build meaningful 'local knowledge' as referred to by McLeod (2010). The research questions had emerged from and were

embedded in my own local practice.

Finally, I wanted a methodology which would help me engage with and use "tacit" knowledge (Polany, 1967) or edge of awareness knowledge that I utilise and value in my client work, not only in analysis and writing but also in the process of evolving an appropriate methodology and design and throughout the research process. As Gendlin (2009, p.253, cited in West, 2011) says: 'One doesn't want to be the kind of scientist or philosopher who ignores unclear edges and says only what is already well known. To think something new, one must often enter a murky physical feeling which might not seem promising at first.' By tacit knowledge I mean hunches, intuition, felt sense, body sensations, moments of inspiration. West (2011) puts forward good arguments for greater awareness and use of the tacit dimension in qualitative research in counselling psychology. Etherington (2000) also acknowledges how tacit knowing guided her in her personal life, her practice and research.

I also decided that these aims and the spirit of my study lean towards 'inquiry' rather than 'research' with its connotations of traditional science and perhaps positivistic associations. I agree with Orlans and Van Scoyoc (2009) that the term 'research' tends to be set up as a different act from practice whereas the concept 'inquiry' might be a way to unite research and practice in the therapeutic field.

Heuristic inquiry

There are aspects of the heuristic inquiry method developed by Moustakas (1990) that

resonated with my values and the aims of the study. For example, there is an accepted personal and autobiographical element. Moustakas (1990, p.5) claims that 'Heuristic research begins with something that has called to me from within my life experience, to which I have associations and a fleeting awareness.' Heuristic methodology encourages personal engagement with the topic (Etherington, 2000; McLeod, 2003). Furthermore, Hillman (1994) describes heuristic methods as seeking to empower participants, thereby minimizing the imbalance of the power relationship.

So in many ways heuristic methodology seemed personal and powerful. However, on deeper examination, I realised that the heuristic methodology described by Moustakas, focused on 'discovery' and laid down prescribed stages of the research process and ways of analysing data. It did not meet my need for a methodology which was not theory driven, less structured, where the stages could emerge or evolve naturally.

I was also initially attracted to heuristic inquiry as it claims to generate rich data which captures the depth and richness of human experience, through 'qualitative depictions that are at the heart and depths of a person's experience – depictions of situations, events, conversations, relationships, feelings, thoughts, values and beliefs' (Moustakas, 1990, p.38). However, I was mindful that 'Heurism' itself is socially and culturally situated and of its time and based on 'realist' and 'essentialist' notions of self and the model of an autonomous, individual self rather than socially constructed selves and identities. In terms of data generated then, it would allow for rich, tacit and intuitive knowledge to be integrated but from an inner, intra-subjective perspective rather than an inter-subjective position. It does not offer a way of taking full account of context and culture. As my whole project was context driven, it was important that I found a methodology that recognised subjectivity and allowed for and

was able to transparently reflect context.

So the stages of a heuristic process allowed me to conceptualize the possibilities for less traditional scientific approaches in the design of my project and served as an overall guide in the project design, especially with regard to the process of gathering data and capturing experiences, but not an appropriate methodology.

Narrative inquiry

Narrative inquiry as a methodology is based upon collecting, analysing and re-presenting people's stories of their lived experiences as told by them. It has been referred to as an umbrella term that captures personal and human dimensions of experience over time, and takes account of the relationship between individual experience and cultural context (Clandinin and Connelly, 2000). My particular approach to narrative inquiry is based on social constructionism and feminist ideas and practices (McLeod, 1997; Etherington, 2004). In narrative inquiry, stories of lived experience (data) are co-constructed and negotiated between the researcher and participants as a means of capturing complex, multi-layered and nuanced understandings of experiences (Etherington, 2000; Riessman, 2008).

My first introduction to the power of narrative inquiry in research was reading Etherington's book *Narrative Approaches to Working with Adult Male Survivors of Childhood Sexual Abuse* (2000). I was incredibly moved and changed by the narrative representation of the traumatic and harrowing experiences of two brothers' early sexual abuse. This was exactly the kind of knowing I hope to achieve and communicate to others from my research. I subsequently found other narrative researchers' work which was equally moving and important (Misher,

1999; Riessman, 2008; West, 2012).

The key idea in narrative inquiry is that participants make sense of their experiences as well as communicate them to others in the form of stories and those stories can be treated as a primary source of data (McLeod, 2011). 'Narrative knowing' is created and constructed through stories of lived experiences, and the meanings created, which helps us make sense of the ambiguity and complexity of human lives. It is argued that this knowledge is as equally important and valuable as 'paradigmatic knowledge', which draws on reasoned analysis, logical proof and empirical observation to create unambiguous objective truth that can be proven or disproved although this approach historically has been given more precedence and relevance in the psychology field (Bruner, 1986).

Within narrative inquiry, researcher involvement is acknowledged and valued. A narrative researcher begins from a curious not knowing position, however, there is recognition that he/she is not neutral or invisible but rather that his/her intentions and experiences and the quality of his/her engagement in the knowledge construction are central to the process of investigating (Anderson and Gerhart, 2007). McLeod (2003) also acknowledges that the researcher in narrative inquiry can no longer be regarded as a neutral or invisible presence. Indeed the intentions and experiences of the researcher and the quality of his/her engagement in the task of co-constructing knowledge becomes central to the process of investigation. The focus is on how contexts and the relationships between researcher and researched shape the creation of knowledge.

I have emphasised the importance of researcher reflexivity in this project and positioned

myself clearly as co-participant as well as researcher, acknowledging the need to be deeply and thoroughly reflexive and open about my own motives, experiences and processes. This is more than just stating my position in relation to the topic of inquiry, it involves an attempt to combine my personal journey, research and analysis with the systematic use of myself, as in my counselling practice (McLeod, 2003).

Narrative inquiry was therefore the most appropriate and useful methodology for helping me understand and represent my ex-client's and my own experience of overlapping relationships. It offered me the same advantages I had identified in heuristic inquiry in terms of researcher involvement, empowerment of participants and rich data but sat comfortably within a social constructionist perspective. It helped me gain an 'insiders' view. Furthermore rather than simply obtaining a historical account of these experiences it enabled me to show how the meaning of those experiences was co-created between us. It would allow me to reveal *how* the knowledge was created as well as *what* was created. It took account of and reflected context. A narrative inquiry approach was ideally suited to the exploration of storied experiences of client and therapist, researcher and researched, and to capturing the complexity, depth and richness of those experiences as well as offering creative and flexible ways of representing them.

From an early stage, I was aware of the different time perspectives of this study and that I was capturing data at different times and from different perspectives, looking back at the same experiences from different points in time. That looking back and reconstructing or re-telling, is an inherent part of narrative inquiry. Etherington (2000) describes it as being like 'reflections upon reflections upon reflections ...those reflections carry echoes of distant pasts, as well as images of the present...they are ever changing, alive...' (p.13). A narrative

reflexive methodology allowed me to represent the natural flow between different time perspectives as well as between the personal and professional aspects of the study.

Narrative case study

Initially, I anticipated that there would be 2 or 3 participants. However, as explained further below, as the project evolved, it became apparent whist working with the first participant that a single case study would allow for a more detailed, rich and in depth analysis. McLeod (2010) claims that the aim of a narrative case study is to 'tell the story' of the experience and express its 'meaning'. Commenting on Etherington's (2000) research, as 'the most completely realized narrative case study of therapy that is currently available' (p.193), he points out that this is a method that is 'grounded in personal rather than theoretical sensitivity, with an assumption that meaning will emerge from a process of personal engagement with the text, rather than through any technical or rational dissection of the text'. This resonated with what I hoped to achieve in my study. I had various sources of information which could be included in the study, such as the transcriptions of conversations with the participant; her personal reflections and letters; my own personal reflections, notes and supervision notes. It would be possible therefore to create a 'rich case record' (McLeod, 2010).

So this study used data collection and data analysis based on narrative methods. I considered this to be an exciting, creative and appropriate methodology which sat comfortably within my theoretical orientation and philosophical framework. This project can be described as a multi-method narrative case study as discussed by McLeod (1997) and influenced by Etherington's 'exemplary' case study published in 2000.

Quality criteria in narrative inquiry

Narrative inquiry does not seek objectivity or generalisability. Instead, the aim is to construct unique and individual stories, which are by nature subjective. In more traditional scientific research, from a positivist perspective, the quality of research is judged on criteria such as validity, reliability and generalisability. Validity is viewed in terms of truth and accuracy and is ensured by reliable control, manipulation and measurement of data etc. This poses challenges for the narrative researcher working under post-modern, social constructionist, non-positivist paradigms. In narrative research there is no 'Truth' to be asserted but many 'truths' which emerge as socially constructed , co-created events and the influence of the researcher on the process of collecting the stories is an important a feature of analysis as the stories themselves (Etherington, 2007). Researcher subjectivity is intrinsic and valuable to narrative research (Reissman, 2008).

Appropriate alternative criteria of validity are therefore required for the knowledge generated by narrative studies (Polkinghorne, 2007; Denzin, 2009; Elliot et. al., 1999). Polkinghorne (2007) argues that validity of stories in narrative research is attested to by providing rich detail and revealing descriptions. Furthermore, ultimately the judgement as to the worthiness of the research lies with the readers and whether or not the evidence and arguments convince them of its plausibility, credibility and trustworthiness. Lincoln and Guba (1985) argue trustworthiness is a more appropriate term than validity. To ensure trustworthiness, criteria such as verisimilitude; narrative truth; member checking and peer validation; utility and transferability have been suggested (Eisner, 1998; Elliot et. al., 1999; Loh, 2013; Riessman, 2008; Polkinghorne, 2007).

These criteria are discussed further below in Part 3, Methods where I describe the ways I will try to ensure trustworthiness in this study and in Chapter 5, The Research Stories, where I discuss whether and how I demonstrated trustworthiness. However, Sparkes and Smith (2009) warn us that these 'criteria' should not be seen as specific predetermined and constraining or standard templates as this carries positivist assumptions. Instead they should be viewed as lists of characterizing traits or enabling conditions. Researchers need to 'adopt the role of connoisseur in order to pass judgement on different kinds of knowledge in a fair and ethical manner.' (p.1).

3.3 Methods

Participant Selection

My criteria for participant selection was guided by the research discussed in Chapter 2.2 above and agreed with my mentor, Professor Kim Etherington ('Kim'), who is experienced in the field of client research. I carefully reviewed ex-clients where there had been an overlapping relationship, checking that I had consent to contact them to offer them the option to opt in to future research. I was guided by Josselson (1996) who advocates that practitioner/researchers ask the following questions:

> 'Do you really feel like interfering in his/her life?'
>
> 'Will you be able to live with the consequences of this encounter/intervention?'
>
> 'Is it justified from an interviewees own perspective?'

In other words my knowledge of potential participants must lead me to believe they might benefit or gain something from taking part in the project and would be able to take their power in making choices about the participation (and re-presentation/dissemination). In practice this meant that I would not select clients where I thought there had not been an 'appropriate ending' perhaps, because I felt they would benefit from further therapy, or where the ending had not been fully discussed and worked through. In addition, to the best of my knowledge, transference and counter-transference issues arising must have been addressed in the therapy. Since the research methods demanded introspection and reflection it would also be helpful if participants had shown an interest in the therapeutic process and a willingness and ability to reflect. The rationale is that such clients would be robust enough to participate fully and benefit from the research.

I was clear and agreed with my mentor that I was prepared to put the needs of the research project secondary to my client/participant needs, even if that meant holding up my research or putting it aside. I am an independent practitioner and researcher and not supported by or bound to any agency or organisation so I was comfortable that I could put my ex-clients' interests before the interests of my research.

I initially selected 3 participants I thought might be suitable and discussed them with Kim. She really challenged me about the ethics of my work with these clients and the implications and value of including them in my project. I found these discussions difficult and discomforting, I felt exposed and quite vulnerable and found myself wondering if Kim was judging me as a bad or unethical therapist. I also felt protective of my clients and my work. I

think this was partly due to the general taboo around overlapping relationships and also perhaps a lack of professional confidence. However, I am grateful that these early challenges alerted me to the level of reflexivity, transparency and honesty I would need to maintain throughout this project, as well as the rigour and courage that would entail. They also offered me some understanding of anxieties and unease participants might experience during research conversations and I tried to hold that in mind throughout the study.

We agreed that Nick stood out as the most suitable first participant. Several aspects of my work with and intimate knowledge of Nick suggested she met the above criteria and these are discussed further in Chapter 4 'Introducing Nick and the therapeutic work' and Chapter 5, 'Riding the Boundaries: Ethics in Practice'. Overall I believed she would benefit from taking part in the study and that she would think carefully about the implications of taking part and come to her own informed decision.

I initially contacted Nick by email giving her brief details of the proposed study and asking her if she might be interested in taking part. She emailed back saying she would be interested and I then telephoned her to arrange an initial consent meeting. Before the meeting, I sent her an information sheet with brief details of the study and what we would discuss at the consent meeting. I agreed with Nick that our meetings would not take place in the same place as our therapeutic work to avoid confusion and to affirm the change in our relationship. During the consent meeting I explained as fully as possible what would be involved in the research, the implications of participating, including the potential risks from power imbalances, confusion over roles and any unforeseen risks. The meeting was recorded and transcribed. I tried to cover as many of the risks and implications of taking part that I could foresee. For example, by introducing another role or aspect to the relationship

with Nick, there was a danger that there might be increased confusion about roles and boundaries which might make her feel uneasy or even upset. She might also see me in a different light and gain insight into my thinking and processes and that could be upsetting and confusing. I made it clear to Nick she could withdraw from the study at any time. I encouraged her to raise any questions or concerns.

However, although I believed we had agreed a clear research contract with appropriate boundaries and limits to the research relationship, I was aware that although during the consent meeting, Nick had listened carefully and expressed understanding and agreement, she had no questions or challenges. Our relationship had shifted and so, like me, she may have been finding it a little difficult to adjust to that. But I was also aware that she might not know yet how she would find it and what concerns would arise. In a qualitative study like this, issues might arise that we hadn't foreseen and it is impossible for participants to know in advance the full implications of what they are consenting to. I understood that it is not sufficient to have initial consent only. It is important to ensure that informed consent is an ongoing process by re-confirming it at stages throughout the research, once participants have a clearer understanding of what is involved and have had time to reflect on the implications of taking part in the project.

We therefore agreed that further consent meetings to clarify matters would be carried out if considered necessary and in addition either of us could request and negotiate a revision of the contract if appropriate. In practice this was an informal, natural process and we discussed possible problems as they arose. For example, before sending Nick copies of the transcripts with my reflections, I discussed with her the possible risks that she might feel uneasy and I was satisfied that she took on board and thought carefully about the risks

before agreeing. Furthermore Nick read, approved and added comments to the transcripts throughout the process and had opportunity to voice concerns or objections. So, overall, the study was collaborative. Nick demonstrated that she was involved and our dialogue was open and honest. Nevertheless I also explicitly checked at several stages that she was happy to continue, thus giving an opportunity for informed consent to be re-confirmed throughout the process.

Nick and I also discussed what would happen if she needed further support in the future, either because of issues arising in the research or for other personal reasons. We agreed it would be confusing to go back to a therapeutic relationship and so she would be best to see a different therapist. At the beginning of the project, I was concerned about this and considered it to be a potential downside of her taking part in the study. However, as we discussed it further during our conversations, I came to understand that Nick was confident she would be able to find appropriate support in the UK if she needed it and that this was a natural progression in her independence and sense of empowerment.

McLeod (2003, p.173) argues that informed consent depends on three criteria: competence; the provision of information and voluntariness. I was satisfied that Nick was competent to make decisions about whether to participate. I was satisfied that throughout the process she was given adequate information to enable her to make an informed decision about whether or not to continue. Finally I believed her to be confident and aware enough to voluntarily take part.

Confidentiality and Data protection

Pseudonyms were used to anonymize the participant, and others and protect confidentiality. Issues of confidentiality were discussed and the differences between the limits on confidentiality in research and therapy were explained. It is recognized that in qualitative, narrative case study research with one participant and detailed descriptive material, maintaining anonymity may be difficult. I discussed this with Nick to ensure she understood the risks and agreed to the steps taken to ensure confidentiality. Furthermore not only was it important to protect her identity, it was also necessary to protect the identity of her family and others referred to in the research. We agreed that we would talk freely during our conversations. However we would then review the full dissertation at the end to ensure that her anonymity was not at risk because of too much potentially identifying information, making any changes to personal details and facts that we agreed necessary. I also explained to Nick that there might be an opportunity to publish aspects of the research in professional journals or at professional seminars and agreed that if that were the case I would inform her and ask for her consent after showing her the materials to be presented.

I was also aware that, as researcher, I do not have the same protection of anonymity. This meant I had to be mindful of the implications of how much I disclosed in telling the stories of my experiences as a therapist.

During the research process, data was locked in a secure place, either in a locked filing cupboard or in a password protected folder on my computer. I also kept back up data on a data storage device kept in a locked filing cupboard.

Collection of data

Narrative inquiry can use a wide and varied range of data gathering (McLeod, 2010; Etherington, 2000). My main source of data came from the collaborative interview conversations between myself and my ex-client. However, as the process evolved I found that there were other sources of research data informing my study, which provided rich, in-depth and diverse understanding and information. For ease of reflection, analysis and writing, I sorted them into 5 categories as explained below.

Research conversations: Joint participant data

This data was gathered through three conversations with Nick, lasting between 60 and 120 minutes. I viewed these as collaborative conversations, opportunities to tell stories, rather than structured interviews. I had explained the rationale for and focus of the research to Nick and told her that I was interested in her experiences of our overlapping relationship, how that was for her, how she made sense of it and what impact it had on her and our work. So we both had an idea of issues that might be relevant. However, I wanted it to be a collaborative conversation and not an interview. The difference being that she was able to guide and direct the information created as much as me and I followed her lead, shared my personal experience of the topic and then commented on the unfolding communication between us. I wanted thoughts, feelings, ideas and images to emerge, unfold and be expressed naturally.

In the conversations I tried to t1alk to Nick from a position of not being her therapist and not having been there, 'as if' I were finding out the story of her relationship with me and her experience of that 'anew'. Nevertheless, I found the shift from therapist to researcher more difficult than I had been prepared for. As I transcribed and reflected on the first conversation I was aware that I was somewhat tentative with my responses and reflections and avoided

direct questions similar to how I was as a therapist. Having said that Nick seemed to come to the first meeting prepared with her story to tell. There was an energy to her telling of that story and it felt important to give her the space to tell it.

I sent the transcript to my mentor Kim, and we reviewed it and discussed it together. She pointed out several instances where I could have been more questioning. In subsequent conversations I learned to be more active. As Kim asserts 'I believe that although there are many similarities between my roles as therapist and researcher, there are also differences. The main difference being that as therapist my purpose is to assist my clients re-search into themselves and their lives, and in my role as researcher the positions are reversed: they are there to assist *me* in discovering something about a topic or concept I am curious about', Etherington, 2004, p.110).

I had explained to Nick that this would be different from our therapeutic work. Initially it was a little difficult and we both felt slightly awkward in these new roles. At the same time my intimate awareness of how Nick interacts and communicates and our previous strong rapport helped us find our way and helped to guide me in understanding and exploring of what she was telling me. As the project progressed we both seemed to relax as we eased into our new roles. I was also aware that I was more open about my own experiences and more active and questioning than I was as her therapist, especially in the earlier stages of our work.

There was no fixed length for the conversations and I allowed them to flow naturally and end at a natural point when it seemed everything had been said. I hoped to achieve what Moustakas describes as 'genuine dialogue, (in which) one is encouraged to permit ideas,

thoughts, feelings and images to unfold and be expressed naturally. The inquiry is complete only when the individual has had an opportunity to tell his/her story to a point of natural closing', (1990, p.460).

Immediately after each research conversation, I noted my initial reflections, aspects of the experience that stood out for me and the impact the conversation had had on me. I include a page from my journal of notes I made after the first conversation (Appendix A). Then as I transcribed each conversation, I listened to it several times and began the process recommended by Riessman (2008) of 'immersing' myself in the stories, noting my reflections and thoughts. In this way, taking part in the conversations and transcribing them were not separate processes from the analysis, but took place as a 'series of cycles of inquiry' (McLeod, 2003, p.73). As I transcribed I found it helpful to note my reflections and comments next to the transcript as they came to mind including the thoughts and reflections I was aware of at the time but didn't voice, the reasons why I didn't voice them if relevant, and thoughts occurring later. These included theoretical links, practical issues, areas or comments that aroused my curiosity and might be worth revisiting and emotional responses. I sent the transcript to Nick for approval without those comments. At that point I did not think it was appropriate to share these comments with Nick. I was aware that the conversation itself and subsequent reading of the transcript was new, strange and different from therapy and therefore might raise some issues and/or be upsetting without also hearing my initial thought processes. I wanted to check how she responded to the transcripts as they were. She returned the transcript and had voluntarily added some comments of her own at various points throughout the transcript.

In thinking, talking and transcribing I had already began the process of analysis. It was clear

that Nick was also thinking about and processing the issues we had discussed. It seemed appropriate to give us both time and space for this reflection. We met for a further conversation several months later. I told Nick that this was an opportunity to pick up any points or issues we felt were left over from the previous conversation, anything we were curious or uncertain about from what the other had said and to bring up anything new that had occurred to us since we last met.

The second conversation was taped and transcribed and as I transcribed I added my comments and reflections as before. However after discussion with my supervisor and mentor and with Nick's agreement, this time I sent her the transcription with my comments. I was aware that it might be difficult and/or strange for Nick to read my thought processes and reflections and I discussed this with her beforehand, making her aware of the potential difficulties. However it was clear that Nick was curious about the process and had already begun to reflect on our conversations after our meetings. She agreed it would be helpful and interesting to read my comments. It seemed like a natural, organic step to send her my comments and then let her add her own comments and return them to me. Furthermore, in this way, she too was taking part in the analysis and co-creating meaning. In narrative inquiry it is acknowledged that the collection and analysis of data takes place at the same time. We were engaged together in the task of meaning-making and thickening of the narratives (Geertz, 1993; White and Epston, 1990). Thus the analysis was a mutual, organic process taking place all the way through the project, from the beginning in the initial meetings to the final representation, as we co-constructed the narratives and created meaning together.

This 'layering' enabled a rich thickening of the stories and deepening of the process. Gerhart

et.al. argue that the most important concept in collaborative research is that: 'Research is not simply an act of finding out but is also a creating together process' (2007, p.371). They also point out that 'when research participants are no longer viewed as containers for information but interactive participants, research becomes a generative process' (p.373). It felt like we were truly collaborating and thinking separately but then coming back together to generate or co-create something new. It provided an opportunity for a continual process of reflexivity and reflection.

There followed a further period for reflection when we then met for a third conversation several months later when we repeated the process. At the beginning of the project it was anticipated that two or three participants would be required to generate meaningful data for analysis. However after the third meeting with Nick it became apparent that there were many significant stories emerging which we had begun to explore in great depth. After each conversation more reflection and analysis and follow-up conversations were generated and more layers of understanding seemed to be unfolding with new ideas and data generated. After discussion with my supervisor and mentor we came to the conclusion that involving another participant might not allow the space for the depth, complexity and richness which had been derived from the first participant. In order to do justice to the issues raised I decided to carry on with one participant.

Personal information relating to participant

However the data was not limited to that obtained through the conversations we shared. Nick gave me her permission to include notes and letters she wrote during the course of our therapeutic work, if they were appropriate and relevant to the study. However, as an

additional safeguard, I sent her copies of the data selected, for her consent before inclusion.

R*esearcher reflections*

As previously explained, I am positioned as a co-participant in this study as well as reflexive researcher. Although I was aware of how thoroughly reflexive and transparent I needed to be, and sensed that my experiences as a therapist in a dual relationship and as a researcher were relevant and important, I was not initially sure how I could incorporate them into the study. I then realised that my story was also data. I therefore included my personal diary notes and reflections.

Mentor and supervision data

Throughout the research process, I had regular supervision sessions with my mentor. I transcribed many of these sessions and made detailed notes of the others. The data therein represents my thinking and processes and was a good way for me to reflect on and see how the study and my thinking and understanding evolved.

I also had regular supervision sessions with my academic supervisor and again made detailed notes of these sessions and kept copies of email exchanges. Again this is data reflecting the evolution and development of the project, especially in the early stages of ethical negotiation.

Analysis of narratives/narrative analysis

It is also important to distinguish between the analysis of narratives and narrative analysis (Polkinghorne, 1995; Etherington, 2004; 2007).The analysis of narratives uses narratives as data through which it is possible to access the world of the storyteller; seeking 'to locate common themes or concepts, manifestations among the stories' (Polkinghorne 1995, p.13). Thus the narratives are the starting point rather than the end point of the analysis.

Narrative analysis on the other hand treats stories as knowledge per se, it does not seek to find themes and is not interested in prediction or verification (Etherington, 2004). Frank writes that 'to think *about* a story is to reduce it to content and then analyse that content. Thinking with stories takes the story as already complete; there is no going beyond it. To think *with* a story is to experience it affecting one's own life and to find in that affect a certain *truth* of one's life' (2013, p.23). Narrative analysis is about thinking with stories.

Narrative analysis views life as constructed and experienced through the telling and retelling of the story. (Bruner, 1986; Frank, 2013; Reissman, 2008) and the analysis is the creation of a coherent and resonant story. The stories presented in narrative analysis make the world 'newly strange' and rescue it from 'obviousness' (Bruner, 1986, p.24), something I aspired to achieve. In this study, I have therefore used narrative analysis because it was the most powerful way to represent experiences, to honour the participants' experiences and to represent authentic voices.

Analysis, sorting and representation of the data/writing

In many research traditions the analysis of data can be carried out as a clearly delineated stage in the research process and described in detail so that it is easily repeated. In this 'lived research', it is difficult to identify linearly and disentangle fully the processes of analysis from initial conversations to the final representations and stories. As noted above, in my study, the analysis was ongoing, organic and collaborative. This means that my account of the analysis is not so clearly delineated. I realise I made analytic decisions in what I attended to and how I responded during the conversations; how I transcribed the conversations; the comments I made thereon; what I selected for representation and how and where I represented it and how and when I included my researchers voice. Moreover many of these decisions were made 'in-the-moment'. However, as Bruner reminds us that 'Meaning always involves translation' (1986, p.23). It is therefore important that I attempt to illuminate the process of that translation or analysis.

Following the initial conversations and transcriptions described above, I stepped back from the data for a period of 24 months whilst I began drafting the introduction and methodology chapters. Although this break was partly due to work and family commitments, it also felt like a natural step which gave time to let the data 'settle' and offered a space for me to clarify my reflexive processes and assimilate ideas and issues which had been brought up. During this period there was a great deal of wrestling with ideas and issues not just in terms of how they related to the research but also to my practice and personal life. The process felt very personal and significant to all areas of my life. I was, without full awareness, continuing to work through and analyse the data.

When I felt an urge to return to the data and begin to write the narratives, I re-read the

transcripts and notes. Initially I found this difficult as the data was so familiar to me that I couldn't see it and I was impatient to start writing because I had so many thought and ideas in my head. However, I deliberately slowed myself and tried to put aside previous thoughts and ideas and just think 'with' and 'be with' the data as discussed by Frank (2013, p.23).

Narrative inquiry is inherently flexible and there are many different ways of representing peoples' stories. It was difficult to know where to start. There were many possible stories in the data and I wrestled with which narratives to include: Nick's story; the therapist story; the story of the overlapping relationship? Initially I thought I should include each of these as stand-alone stories. I thought this would be a powerful way to understand and contrast the individual experiences. However, as I experimented with this, I realised the stories were interwoven and co-created in the conversations and impossible to separate. Nevertheless, it felt natural and important to begin with Nick's story and I tried to find a way to condense some 100 pages of transcript into a narrative which could capture a sense of her individual experience.

In my first aborted attempt, I chose to focus on parts of the narrative in which she discussed the overlapping relationship, since that was the focus of the study. I read through the transcripts focusing on the story of our overlapping relationship. I noted next to each section of the transcript a description of the contents of the narrative as it related to the story of the experience of the relationship, gradually building up areas or aspects of her experience and changing and refining the descriptions as I went. These descriptions seemed to fall naturally under sub-headings such 'the relationship before therapy started'. I found a mind map a useful way of gathering my thoughts and organising the conversations under those sub-headings.

However, when I read through the story part of the way through this process, it did not 'feel' right. It sounded predicable, it seemed to represent the story in a linear way through the relationship and did not give a full sense of her experience as she had shared it. I realised I had inadvertently got caught up in a kind of thematic analysis and furthermore those themes were ones I held from my understandings and knowledge not hers. I could see that I was trying to organise her story into my conceptual framework. It was very difficult to disentangle myself from the methods of the research traditions I was more familiar with. It was very difficult to disentangle my story from hers. I decided to scrap the first story and had a six month break then started afresh.

Once again, I wanted as much as was possible, to tell Nick's story, from a client and personal viewpoint uncontaminated by my thoughts as researcher and to retain and present her stories of lived experience. I did not want my analysis to distract from her story. I experimented with having my story as therapist as a separate distinct story as I thought it might be helpful and interesting in distinguishing and understanding the differences between our experiences as therapist and client. However, it was also important to be clear about how the conversations had unfolded and the co-construction had taken place, to make transparent how I had influenced and shaped the way the conversations had unfolded by their discursive nature. Research interviews have been criticised for producing 'silently orchestrated' conversations (Speedy, 2000) that disallow any view of the power relations within the research (Mishler, 1991; Kvale, 1996; 2007). Transparency provides greater opportunities for open minded responses and more intimate explanations of a person's lived experience and therefore perhaps greater potential for understanding (Etherington, 2004). I was also very aware that this was a story about a relationship between the two of us. In the end I present the story of the relationship mainly from Nick's perspective, trying to keep as closely as possible to the stories she told which were co-created by both of us.

With this awareness and intention, this time I approached the data as follows:

1. I wrote on a card “what did Nick want people to know?”, “what were the most significant, important and interesting parts of the story for Nick?”, and kept it in front of me as I worked through the conversations.
2. I re-read the transcripts, reflections and comments and re-listened to some of the tapes, noting the points in the conversations that felt significant and emotional.
3. I was guided by the parts she seemed passionate and/or emotional about, where there was energy to the dialogue, by changes in pitch, speed, intonation and by hesitation and silence.
4. I identified words or short phrases that seemed to represent those key points, incidents and events in the stories and used them as sub-titles or mini chapter titles. I then went through the transcripts and comments again, collating the sections that best represented these points in the stories and moving them under the appropriate titles. I tried to represent Nick's voice as authentically as possible and omitted my researcher's voice where I felt it did not add to her experience or where it seemed to disrupt the narrative flow. However, I included my researcher voice where it was important to show how the story was co-constructed or where the dialogue was evocative or poignant.
5. If I came across a section that didn't seem related to the key point under the title, I considered whether a further subtitle was required. So in this way I refined the process as I went along, changing some sub-titles and amalgamating others. Where portions of the conversations seemed appropriate under more than one subtitle, I included it twice initially and then reconsidered and checked for repetition later. This took time and revision but gradually I was able to build up the stories.
6. I scored through the parts of the transcripts used and then at the end I was able to review the sections I had not used to check and ensure I had not omitted any necessary parts of

the story. At the end of this process, I had in effect, re-ordered the research conversations into chapters or mini-narratives. I then had to edit these mini narratives to present coherent, meaningful stories. I began by deleting repetitions, trying to retain only the stories that I thought best represented the point being made. I also changed the order of utterances for clarity. Where Nick returned to an earlier topic within the same conversation or in one of the later conversations, I sometimes linked the stories together for clearer effect.

7. Mind-map/diagrams, which I revised as I went along, helped me keep the full story in mind and organise the data in coherent ways. A copy of one version is included at Appendix B.
8. By this stage I had a story based mainly on Nick's experiences without my commentary. I then repeated this process with the other data, for example my reflections and notes and transcripts of conversations with my mentor and supervisor. I was then able to build up narrator commentary and analysis.
9. Although I kept Nick's quotes in the narrative under the sub-titles, I later added clearer subtitles to help the reader better navigate the stories.
10. In the final presentation I show Nick's words drawn from the transcripts and notes, with my words as co-participant/researcher where I considered they were important to show how the conversations unfolded, and sections of my words as narrator to clarify or explain.

As I was writing, it was difficult for me to decide the balance between Nick's words and my researcher commentary and critical reflection. I experienced a tension between my wish to present her story and balance the power differential, and, at the same time holding my authority to write the doctorate and address the objectives of the study. I tried as much as possible to stay with *her* story, the words spoken in our conversations and the comments

added later, adding my narrator's voice only to add understanding and help the story flow. However, I acknowledge that this was a highly selective subjective process, a characteristic which is accepted in narrative research. I also acknowledge that during the condensing process I leave aspects of the story untold and therefore unexplored. Although my aim was for this to be a collaborative study and I have attempted to represent Nick's story in a way which retained the sense of her as a person and captured the essence of her experiences, I recognise that, even with her approval, the final representation (what I choose to present, the order, what I choose to leave out) is mine and I can never truly know and present her subjective experience.

Stories within stories

As I worked through the conversations I was also aware of the natural emergence of other stories that interested me that had general significance for counselling and psychology. I did not wish to dilute or change the emphasis of Nick's story or distract from her personal experiences of being in an overlapping relationship by discussing these in detail in the main narrative. They were the questions and issues I thought about and wrestled with throughout the project and so in a way are my stories or therapist stories. Again mind-map/diagrams, which I updated and revised as I worked through the data, helped me collate and organise my thoughts, a version is included in Appendix C. I represent these stories in the hope they help the reader to understand the main narrative, providing context and background. After consideration, it seemed natural to include them as discussion points or 'Stories within Stories' in Chapter 5.

Presentation

Below, I used a variety of text boxes, colours and fonts so that the reader can readily differentiate between the various voices presented and to help locate the origin and construction of the story.

The participant's narratives, extracts of the spoken words are included in red shaded text boxes, in italics. ***My researcher voice is represented in bold so that the reader can clearly see my part in the co-construction (not to suggest that they are more important).***

Nick's personal reflections, noted on reading and approving the transcripts are presented in red bordered text boxes, in italics.

My personal reflections, noted during our work and evoked from my experiences of conversations; transcribing or immersion in the transcribed text, are presented in grey bordered text boxes.

My attempts to connect the extracts in some meaningful way in order to provide an overarching narrative, are unboxed.

Trustworthiness

It is important for narrative researchers to respond to queries as to the quality and rigour of their research although as discussed above, this requires different criteria to those used in

traditional scientific research. The trustworthiness of narrative projects can be judged by their verisimilitude. Riessman (2008, p.192) uses the analogy of art to explain this quality: ‘when evaluating the depiction of a landscape, viewers ask not whether it looks like a place, but whether it evokes the experience of a place.' Thus the trustworthiness of this thesis will be increased if the writing seems real, if it allows the reader to vicariously experience being in a similar situation and if makes it possible for the reader to access the lives of others (Eisner, 1998; Loh, 2013).

It is also important to note that the ‘truths’ sought by narrative researchers are ‘narrative truths’ rather than ‘historical truths’. Polkinghorne (2007, p.479) claims that in narrative inquiry ‘storied evidence is gathered not to determine if events actually happened but about the meaning experienced by people whether or not the events are accurately described.' He argues that these storied descriptions about the meaning attributed to life events is the best evidence available. It is argued that truth is in the details and narrative inquiry seeks specific details and helps to do that by ‘thickening’ stories.

In narrative inquiry where it is accepted that researcher subjectivity is an important and intrinsic part of the process, reflexivity and transparency at all stages is vital to trustworthiness. The researcher's awareness of the ways potential distortions occur and their transparency in communicating this within the research, become the kind of criteria by which qualitative research is judged. (Etherington, 2001, 2006). Fox et. al. (2007) address the important issues for practitioner/researchers when undertaking ‘insider research’ into their own practice, including the problems of an inherent potential for researcher bias and potential weakness from the effects of blurring of roles between researcher and practitioner.

However they too argue that rather than trying to eliminate these researcher effects, the practitioner/researcher should, through the use of reflexivity, acknowledge these effects and incorporate them into the project design.

In narrative inquiry trustworthiness of stories is also ensured by member checking (Loh, 2013; Mishler, 1999). In this study the transcripts were sent to the co-participant to give her the opportunity to add further context and understanding and where she felt appropriate alternative interpretations. This was more than approving or validating the transcripts, she had an opportunity to extend or elaborate the stories. At each stage Nick contributed, negotiated and approved the narratives, so that validation was a dynamic process taking place throughout the study in 'gradually refining and corroborating evidence that is true and credible' (Simons, 2009, p.133). The internal consistency of the stories was also ensured through carrying out three separate conversations with the participant with time in between to review the transcripts of previous conversations and reflect on issues raised. Nick also reviewed and approved the final draft of this thesis before submission, writing:

I think you've captured our relationship well and I feel your thoughts and reflections on me are accurate.

She also wrote a final note which is included at the end of Chapter 6.

When writing I tried to ensure reliability and consistency by repeatedly listening to the tapes and re-reading the transcripts to verify as far as possible my understandings. The support of my mentor, who is familiar with the field of inquiry and the methodology was also important

and acted as a form of peer review. She reviewed the first transcript as well as all of my analyses and re-presentations and generally challenged me to be clear, critically reflexive and transparent throughout the project.

Ultimately, the trustworthiness of this study will be demonstrated by is plausibility, integrity and honesty and as Polkinghorne (2007) states the reader will make this judgement, based on the evidence and arguments. If I am able to make sense of the 'data' in ways that are meaningful to the participant and that resonate with her truths and my own, I believe this will ensure that they are most likely to resonate with the readers. Being transparent and thoroughly reflexive about the conversations and my own processes, motivations, values and assumptions, at all stages, will help the readers make those judgements.

Chapter 4: The Stories of the overlapping relationships

Introducing Nick and a brief summary of the therapeutic work

Before beginning the story of the relationship it seems appropriate to offer some context, to introduce Nick and explain how we came to meet and to give a summary of the therapeutic work. Nick was referred to my private practice, by her GP as she was suffering from 'chronic anxiety and panic attacks'. She was 24 years old then. I had a social relationship with her parents and liked and respected them. As far as I am aware her GP was unaware of our social connection and it was usual for him to refer his patients to my practice. When Nick's father realised he had referred her to me he called me to discuss whether I would see her professionally. He expressed great concern for her and told me she was in a very bad state. Although she lived in the UK, her parents had brought her to Jersey as they feared she had suffered a mental breakdown and was no longer able to work and look after herself. I agreed to carry out an assessment with Nick and discuss with her the appropriate support.
Before the assessment I received copies of reports from two psychiatrists and her UK GP detailing a 'long and complex psychiatric history, with problems including anorexia bulimia; bi-polar disorder; anxiety; panic attacks; depression; poor affect regulation and rebelliousness'. Her social use of alcohol and drugs, piercings and lack of cooperation with mental health services were also noted as problems. Nick was taking a great deal of medication prescribed by a variety of doctors.

When we met for assessment Nick was in a very distressed state, extremely anxious, tearful, and she told me that she had been suffering severe panic attacks for about 3 weeks since starting a new job. She also shared some of her history of anxiety, depression, hyperactivity, self-harm, and bulimia although she had also enjoyed periods when she had felt happy and

able to cope. She told me she had experienced several unsuccessful therapeutic encounters and had gone through the work without engaging.

The following is an extract from my assessment notes:

Experience of the client/observations:

Nick was clearly very upset and distressed at needing help. I sensed her feelings of humiliation and distrust (natural and understandable). Initially this sometimes made her come across as distant and not willing to engage. Her dominant presentation was somatic and emotional. She did not seem to have great insight into the cause of her problems at this stage and blamed herself. However, despite this, she did engage and I felt a connection between us. I liked her. At the end of the session she asked if I would work with her and I felt we could work together, so I agreed.

As I write this I am, once again, all too aware of the risks and ethical implications of the initial decision to work with Nick and thoughts and concerns that may be arising in the reader. The thoughts and motivations involved in my decision to meet with her and to work with her are discussed further in Chapter 5, 'Riding the Boundaries: Ethics in Practice'.

At the end of the assessment, I agreed to see her, but with the proviso that we would end the work and find someone else to help, if either of us felt uneasy or that our overlapping relationship was too difficult to deal with or impacting negatively on the work. As discussed later, that agreement was not as straight forward for Nick as I first thought. The following

extract from my assessment notes was agreed with Nick and her mother when she came to pick her up from my office.

Ground rules: discussed Nick and her mother and agreed at assessment:

- **Everything discussed including timing and duration of therapy to be between Nick and me (unless she agrees otherwise)**
- **Nick's situation is not to be discussed with anyone outside therapy.**

Following the initial assessment Nick and I met twice a week, excluding holidays, for the next 22 months. For a large part of that time she was living again in the UK and so commuted to Jersey for her sessions. The work was challenging but Nick engaged fully, she worked hard, used the sessions well and made good progress relatively quickly. She was reflective and curious and motivated to make significant changes in her behaviour and life. Gradually, her symptoms reduced and she was able to return to work. She gained insight and understanding into the roots of her difficulties. We came to realise that the things she had seen as problems or weaknesses were in fact coping mechanisms. She was then able to discuss and deal with the real difficulties she had struggled with. She grew in self-confidence and assertiveness and was able to become more independent and take control of and responsibility for her own life.

Throughout the therapeutic work we regularly reviewed her progress and a month before ending agreed the date of the final session and worked towards it. The ending was

emotional but felt appropriate. A copy of a goodbye letter Nick gave to me on her final session is included in Appendix D, as I believe it demonstrates her clear, independent frame of mind and ability to cope and make decisions independently.

We did not meet socially during our therapeutic work and I was careful to restrict my social interactions with her family, especially at the beginning. Following our last session we did not meet again for eight months as Nick was travelling, although I socialised on several occasions with her parents during that period and heard that she was doing well. I then met her at a big social function organised to celebrate her father's birthday. I subsequently invited her along with all of her family to a family celebration. As her parents were not able to attend she came with her partner. Since then we have met at joint social functions on several occasions and continue to keep in touch and to meet for coffee and a catch up perhaps every three to six months. My relationship with her parents has also become closer and I would say we are now good friends rather than social contacts.

My decision to ask Nick to participate in this story was discussed with my mentor and is discussed in Chapter 3.3, 'Participant selection' and in Chapter 5, under 'Researching Our Own Clients'. We had worked together over several years and over that time she had gained considerably in confidence and self-awareness. I felt we had an open and collaborative working relationship and had addressed difficult issues arising from the work and from our overlapping relationship. I regarded her as strong, independent, curious and reflective. I was confident she could take her own power and if she gave consent it would be carefully considered. At several points during the therapeutic work she had exercised her power and renegotiated our contract. We had had an emotional and difficult, but 'good', ending. She was intelligent and interested in the therapeutic process and had started a career in counselling. We seemed to manage the transition from a professional relationship to a

personal one and she did not appear uneasy in my company socially and our relationship felt 'natural'.

Vulnerability, helplessness and lack of power at the start

'At the beginning I felt so helpless, I just went along'

In the initial consent meeting, I had explained to Nick the background to the research and that my aims were to capture her experiences of our relationship and in particular the overlaps with the family. I was interested in how it felt for her and what difficulties and/or confusion that might have caused. When we met for the first conversation it was initially a little awkward for us both adjusting to the new roles of researcher and research participant. However, it was eased by the fact that Nick seemed to have thought about the issues already and to have something to say, she had her stories ready to tell.

As we started to talk about our relationship, she naturally reflected back to the beginning. We both agreed that our relationship began before we met as we each knew about the other. However, whereas I had been able to think through the implications of what this might mean, I learned that Nick had not felt she had a choice, as she felt vulnerable and helpless. Her parents were extremely protective and made most of her decisions for her and she felt unable to question them.

I had all these troubles… and I decided that I needed help and my parents thought it'd be good to have it in Jersey and I was referred to your practice and dad said oh well Sharon's really nice so you should

go see her. So yeah… it was sort of straight away... if I was going to have help in Jersey it would be you.

I think that I was?… because I'd been treated not very well by other doctors before and I never had a sense of privacy or anything like that… my parents always knew exactly what was happening in the sessions and I just thought that was normal, so I just thought well it's pretty rubbish that my mum and dad know everything, but that's just the way it is. I felt like a little girl … and a bit helpless … so I just didn't really think anything of it. So that's what I thought about seeing you,
I just thought…dad knows best or whatever.

To start off with I think I just felt so vulnerable and lost that I didn't question things like that, because it was just too much to think about. I was just like 'just help me please'.

When she approved the transcript of this conversation Nick later added the following note:

It felt like something different straight away, it didn't feel so medical and clinical, it felt like I had just been given a really good friend I could confide in and I just had to trust you and think of our relationship as something separate. I distanced your relationship with my parents.

Later, towards the end of our conversation, after we had talked at length about the positive and negative aspects of the overlapping relationship, we both acknowledged that because the outcome of our work was positive, some of the more negative aspects might have been

forgotten. We talked again about her vulnerability at the start and she realised that she had also felt angry.

I think all the negative feelings felt entwined with just feeling lost and vulnerable...it was quite hard to make sense of stuff to start off with. Yeah, the way that I felt about you was just - maybe I just felt a bit angry. It was just another thing that mum and dad had suggested and another thing they were involved in. Yeah, another thing that wasn't mine.
So yeah, I think I definitely felt angry to start with. But I think I probably just went along with it. Because it was - to start we talked quite a lot about you knowing my parents and... you said how do you feel about it and I thought...I don't know, I didn't really know… I really, really - it was the first time in my life that I admitted that I really needed help so I was just like anything, I'll just try anything. So I just went along with it to start off with. Then as these sessions went on then I was like actually I feel quite good about this.

I am aware that the therapist's 'expert' status and the vulnerability of clients who need help and support, creates a power differential and this is something I work to rebalance through collaboration and mutual respect. However, I did not realise at the time how little power she experienced at the start and how difficult it must have been for her to trust me. I am also aware that by agreeing to see Nick when her parents made that decision, I might have been inadvertently maintaining their control over her and her powerlessness. She also associated me with her parents and there was a risk that this could have negatively impacted on the therapeutic alliance. She may not have trusted me and/or there may have been confusion

over my role as therapist and family friend.

Despite these risks, I decided to work with Nick. The ethics of this decision are discussed in Chapter 5, 'Riding the Boundaries: Ethics in Practice'. I was drawn to her, interested in her story and troubled by her previous treatment. I am also aware of the irony that I assumed someone selected by her parents could help her gain independence from them.

At the beginning I thought it was a good idea to have some 'get outs' in my contract with Nick. I agreed to carry out the assessment and then we would both decide at the end whether we thought it was appropriate to work together. I then agreed to work together with the proviso that if either of us felt uneasy or that it was not appropriate we would end and refer to someone else. I believed I was offering Nick (as well as myself) a choice and was shocked to hear that she experienced it differently.

I remember you saying we'll meet (for the assessment) and see but I can't promise that I'll see you, we just need to see how we feel about the whole situation. (Nick became emotional and tearful at this point in our conversation). *I can remember thinking at the end …I really, really hope that you're happy with the situation because I would like to see you. I remember thinking I really hope she doesn't – that it doesn't affect her.*

Is it upsetting you remembering it?

Yeah.

Remembering how vulnerable you felt?

Yeah, I feel upset because…if it had affected the way that ...if you decided that this was too much that it would have been such a shame to miss out. I might not have been able to get as good help or to be as understood as you understood me, then it might have taken a lot longer for me to get better.

Yeah and I'm so glad that you felt comfortable enough to continue. But I think I just remember thinking - having a fear that you'd…

Really? That I would change my mind?

Yeah.

When did that go away?

I don't know. It was quite soon, maybe two months or something like that… but yeah I remember having that fear - yeah. I know that it's the way that you were trained and the way that you were but I just felt like - that you really understood me.

This was a moving moment in our conversation and I felt emotional too because looking back it seemed she felt she had so little control over her life at that time, over who she saw and then whether that person would continue to see her. As we talked and when writing, I felt upset that having made a connection with Nick in the assessment, and then, by trying to build in provisos, or get outs and perhaps protect myself as well as her, I had inadvertently increased her fears and anxiety. I did not realise that at the time. My intention was to reduce

her anxiety and possible concerns.

Wosket's (1999) research with her clients, into the therapists' use of self, highlighted that even where there is a good therapeutic alliance, there are points where the therapist's and client's experience of an event or action are different and the latter is out of awareness of the therapist. Nevertheless, this was difficult to hear and of concern to me. It is evident that the meaning of any action or intervention by the therapist must be fully considered in the context of the client's situation and experience. Etherington and Bridges (2011) also highlights the importance of checking out how clients understand the contract.

Summary

The dual relationship carried a risk of increasing the power imbalance between therapist and client. It is also a reminder that it is the responsibility of therapists to fully consider whether clients can exercise power and the meaning contracts/ interventions might have for them.

Confidentiality, clear boundaries and building trust

'There's no way it would have worked if it had not been completely confidential'

As we had talked about the beginning, I felt uneasy hearing that she experienced having so little power over whether to come and see me and I realised I was not fully aware at the time that what I thought were choices, did not feel like decisions she was able to make then. This carried risks for the therapeutic relationship and success of therapy. I wanted to know if and when that changed and if and when she made her own decision to engage with the work. I was curious about when she started to trust me and what made that possible. I was interested in what factors mitigated those risks.

I remember you really spelling out confidentiality, which is obviously something that I've never experienced before.

Well I think because I really wanted help and so it was the first time I wanted to tell the truth. I'd never admitted to doctors before that I had such a severe eating disorder. I never actually told them the full truth, which probably was another reason why I didn't get better. But with you I think because you were so direct about it being really confidential, what happens in here stays in here. You reiterated that a lot, so it made me feel a lot more secure and like it was going to be – it was just like this relationship and then it was all very – quite private. It felt like when I went into the treatment room that it was our space...and what happens in there stays in there.

I had to put a lot of trust into you and so that was quite scary. It made me feel a little bit more vulnerable to start off with because I was telling you all this stuff and I had to just trust that you would not say anything to my parents. But then after time, knowing that you would not, it definitely helped me.

There was no way it could have worked if it had not been completely confidential and also that we did not socialise outside the office. I knew you to start off with but it was not like we were seeing each other all the time. I suppose at the beginning that would have been really confusing.

It is not surprising that confidentiality and clear boundaries around the therapy were key in creating a safe space for us to work in and in building trust. There was a risk of confusion and vulnerability for us both. These are pre-requisites for any strong therapeutic alliance. In

overlapping relationships it's even more important to create a safe therapeutic space and to openly address any concerns about confidentiality and boundaries. The clients in Gabriel's study reported confidentiality was crucial (2005). It was also important in achieving that, and in avoiding confusion around roles, that we did not socialise outside therapy when we worked together, especially at the beginning. That would have been too confusing for me too. Gabriel (2005) also found that concurrent dual relationships were more difficult for clients and therapists to deal with than sequential dual relationships.

Clear boundaries and strict confidentiality were especially important because Nick had not experienced this before in her therapeutic encounters or her private life. There was a sense she did not expect it and did not feel entitled or empowered enough to demand it. It was also apparent early on that Nick found it difficult to maintain personal boundaries in her relationships. This was an important issue that we worked on in the therapy. Establishing clear therapeutic boundaries in our work helped her to question her own personal boundaries and privacy.

When I met you, it was you that made me think about being independent and having a sense of that privacy.

Yeah, because I think you'd asked me about my previous doctors… and I was explaining it to you...
and you were really shocked. You were like, well why do you think your parents need to know about everything and I was like…I've never really thought about it.

It had always been the case that my parents were really heavily

involved with my life. Then when you did make me think about it being different, I think I just felt so relieved that you were seeing me as a person rather than a problem, that I put the thought that you knew my parents to the back of my mind. I tried not to think about it.

It was vital that Nick's family respected the confidentiality and boundaries of the therapy. I knew Nick's father to be a very successful, quite formidable character, used to being in control and I had realised that it might be difficult for him not to intervene in the therapy. I was aware that this would be an issue that would have to be resolved straight away if I were to be able to work with Nick independently and build trust. I talked about my experiences with privacy at the beginning with Nick.

Because I was thinking – sometimes we were struggling – I was struggling too to get our independence from your parents at the beginning, then we worked it out. I was thinking about how, when we first met and I got a big bundle of stuff from your parents and we agreed I could ring dad and say this was to be between Nick and I and you cannot be involved. Then he send a letter confirming appointments and flights, and at the bottom he wrote "PS this is the last time I will ever write".

I think because I had hit rock bottom my parents started to behave differently, they had a lot of respect for you so tried very hard to have a separate relationship.

In situations like this where there are overlapping relationships, confidentiality and boundaries can be much more difficult to ensure and it is necessary to be strict and as far as possible have the agreement of all the parties involved. Paradoxically, my relationship with her parents and their respect for and trust in me, meant they did not interfere and I was able to maintain those boundaries. There is evidence that clients can benefit from working with therapists within their community who they "know" because this builds trust (Schank and Skovholt, 1997; Gabriel, 2005; Syme, 2003). However, in this case knowing her parents, enabled them to trust me and therefore the therapeutic process.

Nick added the following comment to the transcript:

Even now my parents know what is going on in my life and are involved in a lot of relationships. But it seems our relationship was sacred to them as well. I think this is because they knew you, trusted you and understood it was our relationship.

Summary

In complex, overlapping relationship situations, therapeutic trust can be built by maintaining clear, agreed boundaries and strict confidentiality, provided this is honoured by all the parties involved. Somewhat paradoxically the overlapping relationships "knowing" the therapist helped the process of building trust.

Managing the overlaps with openness and transparency

'It felt like I was gaining a lot more independence and I felt a lot more in control knowing what was going on.'

The establishment of clear boundaries and confidentiality gave us a good foundation from which to begin to build a working relationship separate from the family. However, the challenges and risks involved in the overlapping relationships were ongoing and needed continual monitoring and open discussion. We talked about the times in the work when overlaps made things challenging, when things felt weird and the importance of talking openly about them at the time. To reduce the risk of conflict of interest, I deliberately held back on family socialising in the initial stages of the therapy when Nick was vulnerable and made a conscious decision that having agreed to work with Nick, her interests should come before that of the family and my relationship with them. I think with hindsight I also needed distance from the family to enable to fully engage with Nick and understand her situation more objectively. I was also apprehensive that her parents might, in their worry for her wellbeing, ask me how the therapy was going and ask questions about her problems. However, as Nick made improvements and began to gain confidence, I felt more relaxed about meeting up with her parents socially. Although I felt apprehensive, I talked through the implications and risks in supervision and with Nick and she agreed. We discussed what this had been like.

It was a bit weird when you met (my parents) later - I think you did something with my parents and I wasn't there and I felt a bit - I don't know, I was a bit possessive of you. And that wasn't ideal, I guess, because I felt that you were mine and not theirs.
But, it wasn't really difficult because I knew that you had a relationship before. I think it'd be obviously harder if you had formed a relationship after we started seeing each other for whatever reason. Because I think then I'd feel even more possessive about you, like you were mine…I would have not trusted you as much. It wouldn't

have been discussed beforehand so I knew where I stood… maybe I would have felt like you were cheating on me or something.

Socialising with her parents in this way brought up some complex, difficult issues that were uncomfortable but important for us to discuss in the therapy. As well as the risks to confidentiality and of confusion of roles, we came to understand that I had triggered a deep fear that she might lose our important relationship. This is what she expected based on her experiences of relationships in the past. It was difficult for me to hear and accept that my behaviour had caused such an intense emotional response but the rapport we had developed meant we were able to discuss this openly and honestly and it did not seem to negatively impact on her trust and the good work we were doing. I accept that the overlapping relationships added complexity and intensity to this transference situation, however we were able to discuss and work through the issues it raised.

I think because we always had a really open relationship and it was always talked about. Because the relationship with my parents was never not talked about and not thought about, it was constantly being brought up and discussed. You asked me how I felt about things and I think because it was open and it wasn't like a secret, that it made it a lot easier. Because I thought okay I can say if I had an issue that I wasn't happy about....and then it just felt nice that you were thinking about me and putting me first or…

You felt that way? You thought that I would put you first?

Yes, I think you still would - I knew that you couldn't not be friends

with my parents, but I just thought it was really nice that you always asked me how I felt about it and we always talked about it. You always - it felt like every time that you were going to see my parents or afterwards - we talked about it before, we talked about it afterwards, and it just felt really open.

I think it was crucial that Nick understood and trusted that I cared for her and that I was attentive and focused on her feelings and needs. I would not have met her parents if I thought it would harm her or our work. This was especially important to Nick. She, like many clients hadn't always experienced others as recognising her needs and feelings. I think this trust demonstrated the strength of our therapeutic alliance and helped us manage this potentially difficult situation.

I wanted her to elaborate on the idea of secrecy as it seemed important.

You said something about secrecy, do you think that's what's dangerous – secrecy?

Yeah, definitely. I think if we'd never really – if we just pretended it wasn't there, your relationship with my parents and it was something like we had this relationship in the office and that was it, and what you did with my parents outside of the therapy room was something separate and it didn't really matter to this relationship, it would have made me feel really uncomfortable and I wouldn't have trusted you as much.
Whereas because we had an open relationship and we talked about

that you were seeing my parents at the weekend or had to - you know, you'd done this with them, it felt a lot - I felt a lot more secure knowing that you were - yeah, there was no secret part of your life, like you and my parents, what you're doing when I wasn't there and stuff like that. Yeah, that definitely helped talking about it all the time and acknowledging it.

So our work was secret or private but the other stuff was open? I was thinking because in your family there was a lot that wasn't spoken about and that's what was difficult, wasn't it?

Yeah...in my family things are not openly discussed- dad is trying to protect us or it feels like it is too upsetting for us to talk about things resulting in anxiety and anger.

But we managed to speak about it.

Yeah, because I never really - when they spoke to previous therapists it was always - it was never discussed with me. I guess a lot of my issues were like my parents taking control and not feeling that I was responsible enough to deal with the things. But difficult situations were always discussed in our sessions and this helped me feel like I was valued and trusted you. It felt like I was gaining a lot more independence and I felt a lot more in control knowing what was going on, rather than it all being a secret.

It is difficult to hear that previous therapists discussed Nick's private affairs with her parents and she was not informed. In their efforts to protect her, her parents had in fact dis-empowered her and infantilised her. Our refusal to avoid openly discussing difficult, painful and awkward situations and feelings helped her gain confidence and built trust between us.

Summary

Although clear boundaries and confidentiality were vital, we also navigated the risky waters of the overlapping relationship, by being continually transparent and honest about what was happening and the implications as far as we could be aware of them. As Younggren and Gottlieb (2017,p.41) state, open and honest discussion must be 'woven into the very fabric of treatment so that noting potential problems whenever they arise is simply viewed as part of informed consent and therapeutic process' .

Implications for the therapeutic work

'It was quite good because you knew my situation and I think it helped in a lot of ways'

As we talked together, it became clear that, in terms of the impact on the therapy and outcome, the overlapping relationships had some advantages and some disadvantages. Nick told me that she believed there were some advantages from my knowledge of her family.

I didn't have to explain myself. You knew pretty much exactly what the set up was like, which I thought was really beneficial because some of that is really hard to explain and everything. When I'd say - I really hate my dad sometimes because he's like this and I think outsiders, strangers, wouldn't maybe get it.

I didn't have to constantly explain his character or whatever. Also I think you knew about the situation with - just the way the family's run and that we've moved over from the UK and what my dad does. Just the way that my dad controls my family and that he is a really, really kind person... because you knew that and I knew that you knew that. My dad's not a bad person, he's just doing it because he loves us. Even though it sounded like I was making excuses I wasn't. So, I think if you hadn't have known him then I would have felt like I was betraying him a lot. Because I always knew, even though I struggled with the way he was behaving or acting towards me, I always knew it was because he loved me and because he wanted the best for me. But that didn't stop me having negative thoughts towards him. So yeah, no, I think - I don't think I would have felt comfortable at being as honest. If you hadn't have known him I would have maybe said less negative things and more positive things... to try and help you create a positive image of him.

I too felt that I understood Nick's social and family situation. I respected her parents and believed they had strong family values, there was much love in the family and their control came from a wish to protect her. My knowledge of her social/family context helped me to understand the issues and conflicts she struggled with and so helped build trust. Without such situated knowledge it would have taken longer to understand and help her make sense of her difficulties. Other authors have found that overlapping relationships can offer therapists a fuller picture of client's lives and give helpful context to their experiences (Harris, 2002; Zur, 2002). At the beginning I don't believe Nick had the confidence to fully explain or articulate her situation and difficulties. I think clients often feel disloyal to their family when

talking about experiences that are/were difficult for them so it was helpful that she knew I liked them and that made it safe to do that.

However, as we explored this together she recognised that there were times when she was also worried that our work would adversely affect my relationship with her dad.

But … obviously at the same time I didn't want to say - or I felt bad saying bad things about my parents because I didn't want it to affect your relationship with them… I hope that next time you meet up with dad you don't think I can't believe he's done that or he's like that. I think my main worry was that you'd stop liking my dad.

So if we hadn't known each other that wouldn't have been a worry. You'd have said whatever you liked because you know I'd never meet your dad. But the fact that you worried that having heard about some of your dad's behaviour that you didn't like, it would mean that I would act differently towards him?

Yeah. I don't think it ever stopped me - right at the beginning it might have stopped me being totally honest about the negative feelings I had for my dad because I wanted to protect your relationship with him, that's what I wanted to protect the most… and also I wanted to protect him.
But then as our relationship developed I never felt like I had to water down what I thought about him or explaining things that he'd done.

Did that make it harder for us to do the work when you were a bit worried about dad and what impact it might have on my relationship with him?

No, I don't feel like it stopped my wanting to see you at all. I can't ever remember a moment thinking oh this is too incestuous or whatever. I never felt like that. But then obviously occasionally I thought I feel really bad saying that about my dad, I don't know what's going to happen when they see each other or how he's going to feel .Of course I thought about it but like I said, it never stopped me wanting to see you.

Later she added:

I always knew our relationship could stop if I wanted it to. You made it clear at the start that, because of the family connection, the minute things felt strange it had to be talked about and if it felt too uncomfortable it could stop. Mum and Dad saw I was responding so I think they always wanted the relationship to continue even if it felt awkward sometimes.

I was relieved that despite the potential risk, her wish to protect my relationship with her parents did not seem to have impacted negatively on the therapeutic work in the long term. I too recognised the risk that the relationships outside of therapy might be affected by the therapeutic work. I was also aware that it might be difficult for me to separate the parents Nick discussed in the therapy with the people I knew outside and that I might hear information about them they hadn't chosen to share. In practice I dealt with this by holding

them as different people in my mind. I agree with Barnett and Jutrenzka (1995) that it is essential to learn how to compartmentalise roles and responsibilities in those situations. We talked again about what it was like when I first socialised with her parents. Although I had been nervous about whether they would respect the boundaries and confidentiality, in the end there was no need for apprehension, her parents were warm and welcoming but did not mention or ask questions about the therapeutic work. It was much easier than I anticipated and made me feel more confident about the therapy as well as enabling me to experience first-hand some of the family dynamics.

I remember the situation with the meal, and saying to you would you be okay if I went and you said you would… but I'm not sure now whether you really meant it. Then talking about it afterwards, I'd sat next to (your sister) and you said that made you feel a bit funny.

Yeah. I think it was - I don't know, I can remember the - I think because it was - actually yeah, I can remember it feeling a bit weird (my sister) being there and you…

Because I hadn't met her really. I don't think I'd met her at all?

No. I think maybe when she was quite a bit younger or something but I think - I don't know I just felt - I felt more overprotective about you when you said that you'd seen her.

So I was really important to you at that point and you didn't want

to share?

Yeah. But I think I've always had a little bit of jealousy with my sister so that was another thing that I was just like you're mine and I didn't want to share you with her or whatever it was at the time.

Do you think in that way it was helpful because it meant that we could talk about the envy between you and your sister?

Yeah. I think - yeah I think maybe it's something that would never have been talked about unless - yes, you know, I'd - maybe it made it easier you meeting my sister and knowing what she was - getting an idea of what she was like that it made it easier to talk about ...I wouldn't have wanted or thought to discuss certain things.

So you thought experiencing her and the family I would get a - I'd be able to understand your experience?

Yeah, definitely.

Better than you could explain?

I think it helps having both. Because it's nice to have someone else's… when you're really caught up in something inside your head that you just see it your way and that's it, I think it's quite helpful for someone to look from a - like as a stranger - well not a stranger but

from afar…

Someone that's not so…

…from a different perspective. So I think it was quite - yeah, you can explain stuff to a certain extent but not really. It's sometimes actually beneficial for someone else to see it and then make their own observation on it.

I also believed it helped me understand how the family worked and the dynamics because I witnessed them first hand. Other therapists have noted that observations and information collated outside the therapy room can be just as helpful as that disclosed within therapy (Harris, 2002). However once again socialising with her parents and sharing with Nick that I had found myself unexpectedly meeting and sitting next to her sister, caused her upset I hadn't foreseen. As we talked this through together, her fear that I would prefer her sister and transfer my attention and love to her emerged. We were also able to understand this fear in transference terms as an earlier childhood experience of losing her parents attention when her sister was born and always feeling less loveable and successful. It was helpful to the therapy and her understanding of her difficulties to see this pattern and experience it directly in the present in her relationship with me. Later in our work, she was also able to see traits in her sister that she disliked and worried that I would dislike and came to understand that these were also aspects of herself. I also wonder whether Nick's trust in my ability to understand her situation and the difficulties she faced was helped by the knowledge that I could deal with and talk with her about the social situations she sometimes had found challenging. I could understand what it was like for her because I had been there, albeit in a different capacity. I was not a guru sitting in an ivory tower without any understanding of

what it was like to live and operate in her social world. It reminded me of other cultures and traditions where 'healers' live and are part of the community they work in.

Later, Nick raised another important aspect of risk which I had not been aware of at the time, the fact that at the beginning she had also felt protective of me.

I think at the time I was maybe more protective over you - like when - you were seeing my parents and stuff outside when I was seeing you, I was really protective over you. More I didn't want my parents to think badly of you. I'd rather that you thought badly of my parents. I don't know why - like maybe I just feel like - because I was feeling angry towards my parents or something, you were like my ally or something?

I remembered that I too had felt anxious not to do anything that might make Nick's parents think badly of me or doubt my integrity or competence as I knew their support in her recovery was important. I wondered whether like me Nick was initially worried that if her parents didn't like me or approve of me, it might mean that they wouldn't value or approve of our work and then that might impact negatively on their view of her or relationship with her. However, I also wondered if it illustrated the power that she believed they held and how powerless she felt at that time - she thought they might have the power to harm me and/or our relationship. I asked her to tell me more about this.

You were the first person to give me a voice and control and because I felt that control was something that my parents did not want/trust me to have I was worried they might take you away from me. When I was

younger I was told off for something I was meant to have done which upset my parents and they threatened to take my car off me. The car was my key to independence as I lived in the countryside with no bus route. You had become my new key to independence and if I/we did 'something wrong', you would be taken away. When we first started this is something that worried me.

This was a very poignant moment in our conversation. It was another anxiety for Nick, a possible risk to the therapy that I had not foreseen or appreciated at the time. I thought that because I had made it clear to her and her parents that the contract was between Nick and me, she had control over whether or not to continue. I had not fully understood her sense of powerlessness. This demonstrates how complex the relationship dynamics and risks underlying this situation were. The risk and responsibility I took on were considerable.

At the same time, she also reflected on how she thought her parents were more willing to relax their control over her and trust her to the therapy because they knew and trusted me.

Mum and dad trusted you. Because they were so heavily involved in me, when I was struggling then they still felt they had some control because they knew you, so maybe it's made them a bit more relaxed that I wasn't just going to see this strange person who they didn't know - at least they could trust - they thought they could trust you with that....

That is important, isn't it, that you trust who you handover control or… with the people that you care about that you know

are vulnerable. It is important that you trust the people that are helping them.

I was fragile and if I had got the wrong help again it would have ended up being detrimental to not only me but also my parents and our relationship. It must have been daunting 'giving' me to someone else to make better, especially as my dad is so controlling. A lot of pressure on you!

Paradoxically my relationship with Nick's parents and their trust in me also benefited the work because it meant that they eased off control and this helped her gain confidence and independence. Again I was reminded of the context of our work and that the family and people who care about our clients also place their trust in us as therapists. Significant others can often have influence over whether our clients continue and therapy is successful and so gaining their trust and support can be very beneficial.

Summary

The implications of overlapping relationships were complex. However, although there were risk in terms of power dynamics, this suggests there were also benefits from a deeper understanding of the social/ family context and in building trust.

The bigger picture: Impact on her family and family dynamics

'It was sort of like family counselling but you and me doing all the work'

We also explored the wider implications of our work, beyond the therapy room, in the changes that rippled out through her family relationships and how these had been affected by the overlapping relationships. Our work and the changes Nick was making also had an

unexpected and positive impact on her parents' behaviour. They respected the clear, strict boundaries we put around the therapy and in turn started to respect her independence and autonomy. That then helped her trust them and feel more independent and in control and the relationships improved.

Yeah. I think that definitely helped me gain confidence and independence. I think it also made me trust my parents a lot more. It helped me develop my relationship with my parents because I could see - I had insight as to how they were behaving like socially with you and it wasn't like - because I expected them to be just like, so how's she getting on, what's happening, what do you think about her eating, stuff like that. Then because they weren't then it made me trust them a bit more and feel a lot less angry towards them I guess. So it was nice.

This was an interesting and positive aspect of the work and the overlapping relationships that I had not fully anticipated. As Nick's parents respected the confidentiality and boundaries of the therapy, her trust in them increased, their trust in her ability to look after herself increased and so their relationship improved. She was also able to be firmer with privacy and boundaries in her life outside the therapy in her relationships generally. This was an area she had struggled with previously and which had contributed to her difficulties. Other researchers have reported that overlapping relationships can be useful in providing role modelling (Pope and Vetter, 1992).

Quite early in the therapy, I gave Nick a letter, summarising the issues we had discussed and the work we had done so far. For reasons of confidentiality, I have not included the letter

in this project as it reveals personal and family details not relevant to the research aims. However, the spirit of the letter was to move away from the pathologising of her difficulties and to re-frame them as coping mechanisms which she had choice over as well as to state the aspects of her life and experiences she had found painful and difficult. Sharing it with Nick had been a pivotal stage in the therapy and I hoped empowering and helpful. Afterwards, Nick told me that she wanted to share it with her parents but was too anxious and so asked if I would read it to her parents. I realised this was unorthodox and not without risk. After discussion in supervision and with Nick and with much consideration, I agreed because it felt important to Nick to be heard and at that stage I needed to support her in that. Her parents joined us for a session and I read it aloud in her presence. I remembered that it was a difficult session and although everyone was calm and respectful there was much emotional undercurrent. Nick and I discussed what that had been like for her and the impact it had.

What was that like for you in that session, do you remember?

I can remember just feeling really - I was nervous but I'm glad that you read it out because I wouldn't have been able to do it. But it's weird thinking about things now because I don't know if it was just to protect myself or because I was feeling really, really vulnerable but I never wanted to think about - when we were all sat in that room I didn't really consider you guys outside of that room because this is where we met twice a week and this is like our space. So they were coming into our space. I don't know - maybe it was just naive or something but I never thought about you guys afterwards really.

Maybe that was for me to think of and them to think about it too because they were agreeing to come in.
I remember he asked you if he could take it, after I read it out he asked you would you mind if I take it and just think about it, didn't he, he wanted to take it, and read it afterwards.

Yeah he did, because afterwards he photocopied it and it was like this is going locked away, I just want to read it myself and nobody else will see it and then he gave me the original copy back. It was all stapled - it must have had about 20 staples.

So no one could open it?

Yeah, all the way round.
It was really lovely.

So he was respecting your confidentiality.

This was a moving moment in our conversation and I remembered and understood how important and new it was to have her privacy respected in this way. We both remembered that this was a significant moment in our work and in Nick's family relationships and personal growth.

She later added a note to the transcript.

It helped with you knowing Dad and experiencing him behaving in this way. When he did this and how he reacted was a really powerful

thing and significant. It would have been near impossible to explain this to someone and it was so helpful that you experienced the same feelings as me and there was no need for me to explain. Writing the letter was a really constructive thing for me and it really helped reading it to my parents. I never thought about how difficult it must have been for you and my parents!

Inviting her parents to this session and sharing the letter with them was a potentially risky thing to do and is discussed more detail in Chapter 5, 'Riding the Boundaries: Ethics in Practice.' There were benefits and risks illustrating how complex the implications of these overlapping relationships were for us all. I agreed with Nick, I understood how significant her dad's behaviour was and was moved when she told me this at the time. That understanding deepened the connection between Nick and me. But at the same time, Nick now understood that the meeting between us all might have been difficult and upsetting for her parents and me. I agreed with her earlier thought that she was unaware of this at the time because of her vulnerability and believe it is an indication of her strength and confidence now that she is more able to see how others might have been affected. It could be argued that the same feelings would have risen in this situation without the overlapping relationships. Therapists can empathise deeply with clients' experiences without knowing their family and her parents would have been affected by hearing the letter whether or not they knew me. However, I believe the overlapping relationships intensified and potentially confused these feelings. At the same time her parents' trust and respect for me and mine for them was beneficial in facilitating this difficult meeting.

Nick also remembered that her father had been upset hearing the letter but thought that reading it, together with the work we were doing, helped him to understand her more as well

as to reflect on himself, his own behaviour and his part in things.

I think he - yeah, I think it really upset him but I think he also liked it at - well not liked it but I think he understood it I think and, maybe hearing it, it was a - yeah, just - not like a revelation or anything like that but maybe it was good for him to hear it.
I think because of the way we worked – less clinical and encouraging me to start figuring out my problems and their solutions. Rather than being labelled and given a pill to solve it, it made my dad realise that I was not a problem, I was just not coping. This possibly made my dad reflect on himself and the way he reacts. It made him think about the way I think of things and this in turn helped him understand me more.
I often thought oh I wonder if it's making him reflect upon himself. Because a few times he'd said, after I started seeing you, "I know I get a bit over the top about things". For the first time ever he admitted that he had issues and I think maybe because it was more of a psychological rather than medical thing that it made him think a bit more about himself.

I would argue that, in a way, I modelled a different way of relating to Nick, for her parents. They started to listen to her and think about the difficulties she faced in a different way. Up until then, she had struggled to be seen and understood by them, in the way she wished. As time went on they then were able to see her as a separate person, to trust, value and respect her as an independent adult. I do not believe this would have had the same impact had we not known and respected each other and they had not been as involved, in a carefully agreed and controlled way, in the work, especially at the beginning.

In a later conversation we talked more about the impact on her parents and the shifting dynamics between us all over the course of the therapy

I was angry towards my parents and then you were - I think because you were the first person to say, well how do you feel about that? Then it felt like you were on my side. Maybe at some point it felt like me and you against my mum and dad, which I mean I imagine must have been - I don't know - not that you would have felt like that but it must have been difficult for you. Like you were on my side but then you also had to be on their side because you're their friend and things.

As I transcribed this conversation I added the following note:

I did feel that I was on Nick's side at the beginning... I felt very protective of her. She was very vulnerable and disempowered and her self-confidence had been badly undermined by other professionals and well-meaning but over-controlling parents. I was angry too at how she had been labelled as ill and a problem and aware of how destructive that was. I felt angry and surprised that her very capable and intelligent parents had allowed professionals to label her but angry on their behalf too.

When Nick approved the transcript with my comments, she added the following note:

It was not a label, it was me, my identity. It made it easier for my

parents and even myself, to understand my behaviour by putting me in a pigeonhole. It felt safer when I was categorised.

Although I knew I was helping and encouraging Nick to stand up to her parents, to express her own feelings, including her anger and assert her needs and views, I didn't feel I was against them. I knew that in the short term it might be uncomfortable for them, painful for them to accept their part in her difficulties, however, I was confident ultimately that their relationship would be improved and more genuine if Nick could separate from them and become independent and self-confident. These issues do not only arise in situations where there is an overlapping relationship. It is not unusual for clients to feel that the therapist is on their side especially at the beginning as they begin to understand their difficulties and relationships, but again, the feelings and conflicts were intensified by the overlapping relationships. However, I think the fact that her parents knew me, knew that I also had teenage children and that I shared similar family values helped them to trust me to support Nick. Being a parent myself helped me think about her parents' position sensitively.

As our conversations deepened and we reflected on the dynamics of the different relationships and roles, it became apparent to us both that we often discussed her dad's behaviour and her relationship with him but not her mum.

I never wanted to talk about my mum in therapy, mostly because my issues were with my dad but also out of protection and respect for her. I never felt like this influenced or changed our work and I do not feel like I missed out a major issue but it was something I felt uncomfortable about and I may not have understood at the time. Yeah, so I was happy to talk about how I felt about dad and our

relationship but I never wanted to talk to you about my mum. Still now I think that's a little bit more sacred or something because she's a woman and - I don't know.

I added the following note to the transcript:

This is really interesting and something we haven't discussed before. I think Nick is highlighting a potentially negative aspect of my relationship with her parents -that it made it difficult for her to explore freely and discuss her relationship with her mum. I think she's reading and continuing to think about herself and her relationships and realising we never worked through her relationship with her mum. I feel slightly apprehensive (did I overlook something important?) but want to pursue more.

The conversation felt slightly uneasy at this stage and I sensed Nick was still reluctant to discuss her mum. But I wanted us to understand what we may have been avoiding together.

You were protecting her a bit?

Yeah. I think because you're both women and I'm a women then there was just something - I also didn't feel like I needed to talk about it. I mean I kind of put everything on - like to say it was dad's fault.

So was it difficult to feel you were developing a relationship with me that might be similar to a mum's one, because that would feel like you were being disloyal?

Yeah. I think my mum also knew when I was seeing you that the majority of my issues were about my dad. So I think she didn't feel that uncomfortable. But if she thought I was talking about her the whole time then maybe she would have not wanted me to see you either.

At the time I was aware that it might be difficult for Nick's mum to see her daughter forming a close relationship with me. However, I don't think I was aware or thought that she might be holding back from talking about her mum because she felt disloyal. That makes me wonder whether I was being complicit in protecting her mum, something about women sticking together. I also wondered whether Nick's mother had also faced some of the issues she struggled with.

In some ways I thought some of the issues that you were fighting, or things you were fighting, you were fighting also on behalf of your mum.

Yeah, definitely. I think that's maybe another reason why it upset me more because I have seen my mum struggling with exactly the same issues that I've struggled with. But then she's been able to cope with it all. She's coped in a different way to what I have. So yeah.
I often felt this...although I am sure my mum is capable of dealing with the situation... I often see situations which make me feel uncomfortable and I want to improve the situation for us both.

This felt very emotional and touched on deeper issues about women and power, about disempowerment that is passed down through generations. Nick could be seen as bringing the family problems into the spotlight.

It also made me think about anger within the family and how it was expressed or not expressed. I remember giving Nick the book 'Dance of Anger' (Lerner, 2004) to read and she loved it and bought a copy for her mum. Nick did find her anger as we worked together. However, I'm wondering if she wasn't able to fully express how she felt towards her mother because it would feel disloyal as I was a woman. This was quite challenging and difficult to think about but we continued to explore these issues.

I guess I couldn't talk to my mum about my relationship with my dad because she's obviously so involved that she wouldn't want to be disloyal to my dad and feel like we were going against my dad. So you could do that role because my mum wasn't able to.

Yeah. So I was doing a motherly role on your mum's behalf that she had been disempowered to be able to do.

Yeah.

That was okay for me to take over that.

Yeah and I think she was okay with that because she didn't want to do it herself.

Because she knew she was stuck?

Yeah.

It's really interesting. So, my role... now I'm kind of seeing my role is going in and helping fix a bit of the family dynamics that everybody agreed was okay for someone else they trusted to come in and fix.

It was like I sort of had three parents or something like that at one point but we all trusted each other and knew that nothing bad at all was happening with the family, it was just a way of all of us understanding - like someone to help us understand how to behave or why it works this way. I guess it's - it was sort of like family counselling but you and me doing all the work.

It did often feel like I was being another mother to Nick, one who wasn't so invested in the relationship with her father and who was more empowered to help her. I also had a sense that Nick's mum was quietly supportive of our work because she wanted her daughter to assert herself and become independent perhaps because she had struggled with that herself. However I was also aware that she was trying to do what was best for everyone in the family and keep the family functioning, as women often do. I thought maybe she trusted me to be free to think about what was right for Nick without having to hold the responsibility for everyone else, as she did. I was also struck by how much Nick really understood what was going on and the family dynamics. I had indeed been pulled, without full awareness, into the family dynamics.

However, that was not without risk as she wisely added to the transcript later.

If it had gone wrong you could get the blame and I could carry on being 'the problem' that needed to be fixed and the family could continue to be a working unit.

On refection, I can see how I may have inadvertently taken on various, different roles in this complex family situation. I agree with the view that the task for therapist in overlapping relationships is to develop role fluency so that awkward boundaries and new ways of behaviour for the clients can be managed respectfully and realistically (Clarkson, 1994; Syme, 2003). I can also see that, although I had different roles as therapist, family friend and additional parent, I did not experience great conflict between these roles. Underlying all of those roles was the wish to help Nick recover and however difficult, everyone accepted that her best interests came first. This meant that I was mostly free to work without influence from demands or responsibilities from competing roles. I agree that problems would have been likely if there was conflict between these roles and interests or intentions of everyone involved (Gottlieb, 1993; Younggren and Gottieb, 2017).

Summary

The impact of overlapping relationships and therapeutic work on family dynamics is complex and is difficult to unpack. We did not fully address all the family relationship issues during her therapy, such as the complex relationship with her mother.

There were some benefits from overlapping relationships. My relationship with her parents and their trust and respect for me seemed to have helped them better understand her difficulties as well as follow the healthier boundaries modelled. My knowledge of her father also enabled me to fully understand the impact of his changed behaviour and so deepened

the therapeutic relationship.

Role fluency was helpful in managing the overlapping relationships and eased when conflict between roles was minimised.

Unforeseen risks and potential difficulties

'But it could have gone really badly wrong couldn't it?

When reflecting on the wider implications for her parents and me, that she had not been able to do at the time, Nick noted that if the therapy had not been successful it would have been difficult to manage and my relationship with her parents could have been badly affected.

Yes but it could have gone really badly wrong couldn't it, the whole thing. Like if I hadn't have got better - if I'd got worse for whatever reason - not your fault but just you know that I wasn't ready for help or I wasn't ready -or if I went just totally off the rails, then it could have gone really badly couldn't it?

What would have happened, do you think?

Well I think ...it would have been really difficult…

So if I had messed up with you…

Yeah, or they'd thought you'd messed it up with me…

You think they would have thought well how will we get rid of her…

Yeah. They would have felt trapped and you would have felt trapped. Yeah, I mean I think that's quite an extreme thing to happen but it could have done, couldn't it?

So maybe we needed to have that conversation with you and your parents as well before we started?

Yeah. I mean obviously it all worked out really well and I think it worked positively - you knowing, my parents, I think it was a big help for you to know my parents. But I mean it could have not been or made it worse or there's loads of other ways that it could have gone.

There was a risk that if the therapy had not gone well, my relationship with her parents would have suffered and this would have made her situation worse. She did not foresee this risk at the time. This demonstrates how difficult it is in practice to obtain fully informed consent when clients are not in a position to foresee the risks (Gabriel, 2005). As therapist, I had the responsibility to take authority and make a decision about the risk of harm (Etherington, 2000). This caused me some concern but I hoped open communication and the 'get outs' would help manage it. I think I was also optimistic I could work with Nick and that I could help her. However, I questioned whether I should have made her fully aware of these risks at the start.

As she approved the transcript Nick added the following comment:

I don't think this would have been necessary, I think everyone was aware for the risk and to have this conversation would have been too much for me at the time, another thing to think and worry about. I'm glad we didn't. I think we would have terminated our work if things stopped working or feeling good. I think we would have had the foresight to stop things before they got out of control.

It was important to fully explore all the risks and tried to imagine together some of the things that could have gone wrong. Nick noted that if her father had mistreated her, then my relationship with him would have caused difficulties for her.

If a traumatic event had happened to me then it wouldn't have been good for you to know my family or anything because… it would have been really uncomfortable for you in the first place, finding out all these bad things… then also I would have felt like you were cheating on me or something if I'd told you all these evil things that my dad had done or something and I saw you trying to still be friends with them outside the therapy room. I'd be like oh, he's a bad guy, why are you still friends with him?

I guess that was one of the risks. If it had been a situation where something - your dad had behaved maliciously and I felt I couldn't be friends with him...?

But then I don't think I would have wanted to see you if I'd known that. I knew what would come up at the therapy - not everything, but the

majority of stuff I could envisage what we would talk about. If there was something that I thought would have affected the way you and my parents would get on I wouldn't have wanted to see you. I would have said I want to see someone that doesn't know the family.

We didn't consciously talk about, think about - or I didn't consciously think about those things and we didn't talk about those risks, but maybe we were assessing them... maybe we were? Because I think probably if I had thought that there was something really difficult about your family I would also have thought I can't work with you, I'm too involved?

I think you probably would have been able to - when you first saw me you probably understood what the problem was and that's all it was, an independence thing. Even though I found it really hard to make sense of it when I was feeling really vulnerable, it's quite - if you take a step back I think it's quite obvious. So I think - I don't know, maybe you knew that there wasn't anything malicious or - in the relationship, it was just something I was struggling with.

As we talked about this, I was becoming more aware about the process I went through in making the decision to take on Nick as a client. This is discussed further in Chapter 5, 'Riding the Boundaries: Ethics in Practice.' In my supervision notes at the time, I wrote that I agreed to see Nick for an assessment, for her dad, because I liked him and respected him. After I met Nick at the assessment session, I agreed to work with her, for her, because we made a connection, I wanted to help her and believed I could. I knew that the family's

privileged position came at a cost and they were in some difficulty but I believed that at the heart of it, there was love between them and I felt I could help. So I had evaluated them, knowing how I'd experienced them and what I knew about them, before I agreed to work with Nick, perhaps in the same way they had evaluated me.

Towards the end of our conversations and reflections we were aware again that my involvement with her family put her in a vulnerable position. She was able to see this more clearly from a position of empowerment, but had not fully appreciated it at the time.

Even though I was an adult - so you didn't really have any right - as long as it wasn't serious-serious - you didn't have any right to tell them, but you could have done. You could have… you could slip up and say something if you were out with my mum and dad and you had had a few drinks or whatever. It did definitely put me in a vulnerable position when I was already vulnerable. So that was the negative thing.

This is an important observation. Some of the respondents in Gabriel's study reported feeling anxious about confidentiality and extremely distressed and unsafe when confidentiality was breached (Gabriel, 2005).

I added the following reflection to the transcript;

The point she makes about her vulnerability and the trust she placed in me is very valid. I think I was aware of what that meant, the responsibility, at the time, and it made me feel both privileged and touched but at the same time apprehensive. I was aware that she

had been let down by other "professionals" and her confidentiality had been disregarded by professionals in the past. However, it raises the important question of whether she was in a position to make that decision to take the risk to trust me and work with me and that makes me feel uneasy.

Summary

The client in overlapping relationship situations is often in a very vulnerable position and not able to foresee the risks and make an informed decision about whether to proceed. The therapist must take responsibility for and think carefully about the risk and implications for all parties involved.

Ending Therapy and beginning a new relationship

'Our relationship developed from therapist and client into…a friendship'

There were also implications for the ending of therapy as we were both aware that we were likely to meet again socially. We discussed what this meant for each of us. Nick initially described how she experienced moving towards ending as a gradual process and how she experienced our relationship as evolving over time.

Yeah, I think it was like - it was definitely a gradual thing. I started to distance myself as a client so maybe it was towards the end of me coming to see you... I mean I can remember when I first saw you I used to cry every single session and then the last - like maybe it's only 10... but I cried quite a lot....then I didn't (laughs). Then it sort of

started building up that barrier of - well not a barrier but like a strength and I could talk to you about things stuff but I didn't feel like I needed to break down or I had enough tools to talk to you about things but not in such a heavy way.

Is that because you were doing the therapy yourself?

Yeah. But it wasn't a conscious thing, like I want to stop therapy so I'm going to stop being so emotional, it was just like a natural progression. Then yeah, I was doing...I was doing the thinking myself and not having to save everything. The way I saw you I could put it into practice in my normal life. Then when I saw you it was nice to still see you and talk about things but as we neared the end it wasn't really necessary. I think probably several times I saw you I didn't actually really need to see you but it was to finish it off.

Initially I felt unease when Nick talked about what sounded like a withdrawal. I think perhaps I was on guard for any alteration in her natural behaviour that was caused by our complicated relationship. However as I listened I think what she explained was a natural progression or growing up when she didn't need to share everything or my help in understanding everything. She was becoming independent from me and that was a good thing and indicative that the work was going well.

I remember the final weeks of working with Nick were rewarding and I felt proud and optimistic because I could see how well she was managing and the positive changes she was making in her life. At the same time I felt sad because we knew we had agreed an end

date and were working towards it. Although she probably didn't need to come for the last few sessions it was important to end well and address any unfinished business as well as what the ending meant and brought up for her. We exchanged goodbye letters and it was a very emotional final session. Yalom (1985, p.373) reminds us how difficult endings can be 'termination is a jolting reminder of the built-in cruelty of the psychotherapeutic process'. Similarly, De Young states 'Saying goodbye hurts. Grief hurts. But to be allowed to say goodbye with gratitude and love as well as with sadness and loss is a privilege' (2015, p.163). I believe we were able to do that. I was sad because I had enjoyed working with her (we had worked together for a long time) but pleased she was ready to end, proud of how far she had come and grateful for being part of her recovery.

Nick also remembered that the ending was bitter/sweet. I think she explains beautifully how it is at the end of therapy, when she knew she no longer needed to come and began disconnecting from me and coming to terms with standing on her own feet. It is also evidence of her ability to separate from me and make independent decisions, something she had struggled to do with her parents.

I think it was just like maybe a mourning of losing - I was nearly 26 or whatever but losing my childhood and just needing protecting all the time. It was just like okay, now you've got to go out, get up and do it yourself.
Yeah, I think it would be quite easy to have therapy for the rest of your life, a bit like the Americans do and stuff. But then I guess the journey is realising that actually this is not necessary, it's maybe like an extra protection or a comfort or something and realising that - being able to make a decision by yourself and just have confidence.

But yeah, even though it's difficult finishing therapy it felt like definitely the right time and the right thing to do.

Later she added the following comments to the transcript:

Coming to the end of therapy was both a sad and happy thing. I felt happy and confident that I could continue without therapy but it was sad that this stage of our relationship would end. It was nice to know I could always discuss complicated emotions in our appointments and it would help me make senses of difficult situations.
I was unsure how I would cope without therapy. It was a long journey to get to this stage and you were there with me in the last two years. It was daunting to carry on changing, gaining independence and grow up without you. After our work finished I went to Spain for a few months to work, I think this was a really good thing to do, it helped distance me from our work and allowed me to just be me, not my dad's daughter, not little Nick and away from triggers and reminders. I was able to continue my journey by myself, being my own therapist, I could look forward to seeing you again as equals, this never made me feel uneasy, just excited and happy.

However, it was important to think about how the overlapping relationships impacted on the ending and feelings about ending. For me, it was good to know that I would still hear about Nick's life and how she was doing because of my social connection to her family and that made the ending less difficult. Usually we do not know that happens to our clients when the therapy ends.

Do you think that was made different by the fact that we knew each other and we'd still have some contact possibly?

Yeah, it felt like our relationship developed from therapist and client, or patient, into - and then it was like okay, now I feel more independent and more confident and I knew who I was more, that we could take our relationship into a friendship thing. It was nice to say goodbye to that relationship and then hello to a new one. So it definitely - I'm glad it's gone that way, it's not just that it's - I don't know how to explain it. Yeah, it definitely has helped just having a friend from it.

On refection, I think that the fact that our connection would continue was more significant and unusual for me. I do not expect to keep contact with clients after they end the work and am prepared for that. Nick, perhaps, had no preconceptions, less experiences of therapeutic relationships.

We also talked together the development of our new relationship and the transition from therapist/client to friends.

When I was still seeing you I wasn't really that nervous about seeing you outside of the therapy room but it wasn't something that I was really looking forward to, whilst I was still seeing you. But afterwards...it didn't seem difficult at all really.
I think because it was quite a gradual end it wasn't - a sudden cut off point, our friendship has developed towards the end of the therapy

and that it made it a bit easier. It wasn't a fast transition; it was quite gradual.

Then I haven't found it difficult to see you socially afterwards... yeah it's just like friends really. I think because we'd had a bit of a break, it wasn't like I'll see you next weekend -that would have been a little bit weird. But because we had a break and maybe because I got away from the Island for a while then it felt like that had finished and something else had begun.

Yeah, I agree. That's how I felt. Then we had your dad's big thing, do?

Oh yeah. Then I had requested to have you on my - dad said who do you want on your table and I requested you. So yeah, that - so it was never awkward. I really, really wanted you to - was it the first time you met (Nick's partner) and I was really looking forward to you guys meeting because obviously - well it must have been quite weird because you heard about him in sessions - and then he'd heard about you, knowing that you were my therapist. But he was looking forward to meeting you and stuff so it was quite - I guess it could be quite weird but it doesn't actually feel that way. It doesn't feel weird to me. I was just - two people that I had a lot of respect for meeting and I was dead excited about it.

Later she added:

Two very important people in my life and both had heard a lot of positive things about each other. Nice that I was at a stage in my life when this was possible and I felt proud to introduce them and also proud of myself at being at this stage.

I was also aware that this situation could “be quite weird” but it did not feel that way. The break after therapy before we met again was helpful. It was eight months after therapy ended before we met. Syme (2003) recommends that therapists let three months elapse after termination of therapy until the intensity of the therapeutic relationship has waned before pursuing a friendship. I felt slightly apprehensive to meet Nick at a social event outside the therapy room but the evening was relaxed and easy, I felt proud of her and honoured in a way to see her successfully managing her life.

The next time we met was when I invited Nick's parents, Nick and her partner to a big family celebration. It would have been expected to invite her parents as mutual friends were attending and it was not unusual to extend the invitation to Nick as her parents are very family minded and often included my children in social invitations. However I also welcomed a chance to affirm my relationship with Nick on an equal basis. I think I was making it clear to Nick and her family that I thought of her as an equal and respected her as a friend so there would be no awkwardness between us all in the future. I was also happy that Nick would get the chance to meet my daughter. In some ways Nick reminded me of her and I think Nick is a good role model and someone my daughter would like and admire. I am also aware that my work with Nick took place over an important time in my daughter's development and I believe it helped me to be a better mother and understand how best to allow my daughter to become independent. My work with Nick overlapped in a positive way into my personal life. I

was happy that they would meet. We talked about what it was like for us and I was pleased she too did not find it awkward.

I remember looking forward - I never thought - nervous about going or - I was actually looking forward to seeing you when I did. It never felt… I never felt anxious or this is not something that I fully want to do. Because my mum and dad didn't go either and that felt quite liberating. I'm quite glad they didn't - because they couldn't go and I'm actually quite glad they didn't because it felt like - so far removed from therapist/client and then it wasn't like I was just going because you felt oh well mum and dad are going, it felt like us as friends in our own right.
It felt like you were clearly saying I was not your client anymore and you mean more to me than just a friend's daughter. It was an invitation for our relationship to progress and this felt very liberating.

Again Nick talked about the transition from client/therapist to friend quite naturally and doesn't seem to have found it traumatic or difficult. In Gabriel's study of overlapping relationships several participants similarly found a transition to friendship after therapy to be a beneficial experience (2005). However, others, experienced real unease and upset and even trauma when encountering their therapists in social situations, although in those cases the relationships were concurrent and the difficulties not discussed openly. I too found the transition relatively straightforward and I felt comfortable about our relationship continuing in a different way outside of therapy. I think this was because Nick was flourishing and demonstrating her ability to make choices and exercise her own power. It was also eased by the good communications between us. We were well accustomed to talking openly and

honestly about difficult issues. I couldn't have considered friendship or another relationship with Nick at the start of therapy when she was not able to take her power and assert her own feelings and needs. But I think by the end I was confident that she felt she was an equal in our relationship.

Summary

The overlapping relationship did not seem to negatively affect the natural process of ending. It is possible then to move from a therapeutic relationship to a friendship if both parties consent and have an open and honest relationship. This can be beneficial for both client and therapist.

Exploring friendships and its challenges

'I'd definitely say we're friends but I don't know how to define it'

We talked about the nature of our relationship now and explored the idea of friendship and what it means. This was difficult to put into words and the conversation felt slightly awkward.

So, what - do you think we can think about what friendship is about and how you do it? I mean it's a hard thing to think about, isn't it? I guess all friendships are different. But what's the difference with us - are we friends? Is that what it is? It's a really hard thing to think about. How do you see it?

I'd definitely say we were friends but I don't know how to define it? If someone said oh how do you know each other I'd say oh we're just - I guess I'd say family friends, that's how I'd define it. But then that's a simple explanation. But as friendship I'd say - I know I feel a warmth

and a trust and similar views and things. It's not - I think it - maybe we could become friends because we've been client and therapist but because of the age difference and stuff we wouldn't naturally be out in town on a Friday or whatever. But then I think - it's not because we're a therapist and client. Maybe that's what put us together but I don't think that's the reason that we are friends. It's not like I would have become friends with anybody.

Yeah, if I'd seen maybe a male doctor and he was I don't know, quite a bit older - and he 'fixed me' (laughs), I would always hold him close to my heart, I'd always remember him. But I would never think to pursue friendship… or a female doctor who was a little bit more snooty or something like that I would always consider them special and I'd always think about them but I wouldn't pursue anything - the therapy client relationship would be over and then that would be it. Even if they did know my parents or were in my friendship group or whatever, I'd distance myself. I think I'd try and get away from it, even though I liked them. Whereas with you I think because I like you as a person and like your personality I feel I've encouraged it.

So you think its things in common?

Yeah and…

And as you say, trust?

Yeah. I don't know, I guess just something so basic. I think you're a

nice person. Yeah.

Later she added:

<u>Friendship</u> – someone you can feel natural with, like I do with Sharon. I feel like she likes me for my true self and vice versa. Simply someone to want to know and to be around a kind, caring, funny and honest person.

There are many implications and considerations involved in deciding to continue a post therapy friendship with clients and these are discussed further in Chapter 5, 'Riding the Boundaries: Ethics in Practice'. However, in simple terms I felt similarly to Nick. I think when you work closely with clients and develop a trusting and honest relationship you come to care for them but don't always want to continue a relationship with them. I like how Nick can explain this simply and naturally where perhaps my training pushes me to try to analyse and deconstruct it. From a human, personal point of view, I just liked her too. I thought she was intelligent, thoughtful, brave, funny and interesting. She's different, not one to follow the crowd, which I admire. She is a person I would like to have as part of my life.
She summed up by adding this comment to the transcript:

What I am trying to say is I feel our friendship is one based in between. It is based on respect and liking someone but we know each other, or you know me, on a deeper level. There is an element of care in our friendship and I feel quite protective over you, making us close. We will always have a connection which I like, want to continue and actively encourage. There is always a chance our

relationship will change or cease and if this was the case it would be another natural progression of our shifting friendship.

Later we delved more deeply into the possible challenges and or conflicts in our post therapy relationship. I shared a concern that if I behaved in a way she did not like or approve of in the future, it might negatively impact on the therapeutic work, retrospectively. Pope and Vasquez (1998) warn that overlapping relationships can interfere with the beneficial impact of therapy that continues beyond termination of therapy. Wosket (1999) also raises the risk that clients may feel disillusioned by seeing their therapist as a person who is different from the one they may have constructed.

I was thinking that… with us as we get to know each other more outside of the therapy… maybe if I do something or have an opinion that you don't agree with, I suppose I'll always have a worry that you might think oh I don't like that - my opinion of her has changed and would that devalue the work that we did?

Even though I think that I have an idea of what you're like as a person because I've seen you in social situations. Even when we had - when I had therapy - then you talked about your life as well, it wasn't like you - you didn't get it – or relate to it personally or something. Yeah, I don't know. I think it's just sort of one of those things I guess. It's like - not like I don't think about it but just as it progresses... then I think you've just got to trust it or something.

She added the following reflection to the transcript:

In the therapy room it was my time and although I got to learn a little about you I did not get an insight into you like you did for me. Therefore, I am aware I will probably learn new things about you. I think if you did/said something that led me to stop respecting you it might change the way I think about our work. If it led just my view of you to change I am not sure that it would lead me to de value our work.

Interestingly Nick shared that she too had felt a little apprehensive that she might disappoint me and this could impact on our relationship.

But I think I understand what you mean about now. Because it's - I also don't want you to not like me...I don't know, strangely enough ...I'm just like - well no, it's not like I don't want you to but I think there's - yeah, there's like - it's complicated isn't it?
Sometimes I feel nervous that I will let you down.

Later she added the following reflection to the transcript:

Our relationship has changed so much and often over the years so there is a risk it could become negative. We have an impression of each other which can be shattered but isn't this natural in friendship/relationships, especially one that has developed from a foundation like ours? It is a precious relationship because it isn't one to be forgotten, no matter what happens. I want to keep the romanticised/ideal intact to possibly add value to our work but mostly

because I hold you in high regard and I like you so it would be shame to be disappointed -just like any other friend.

As she reflected on our friendship she also told me she had considered my motives for continuing the friendship.

To begin with I wondered if you were friends with me because you felt protective over me and this was a half-way house therapy.

She later added the following:

You know I am capable of being vulnerable and have a history of self-harm, anxiety etc. I wonder if this affects the way you treat me now. I feel like it makes you protective over me and in turn consider what you do and/or say. This will always be an aspect of our relationship.

Our conversation at this point was more hesitant as if we were both thinking about the complications and implications of our continuing relationship. The issues it raised for me as a therapist are discussed further in Chapter 5, 'Riding the Boundaries: Ethics in Practice'. The new post-therapy relationship does not exist separately from the therapeutic relationship, it stands on the foundations of that and carries aspects of it. I don't believe that means it is not a 'real' relationship or less meaningful. I was and am somewhat protective of Nick and this is an aspect which could be argued as being a continuation of the therapy (Jacobs, 2012). However, that is not why I continued the relationship. I see my protectiveness as aspect of our friendship. When we explored this again in a later conversation, she added:

It doesn't make me feel uncomfortable knowing that you feel protective. It doesn't make me feel that you feel like I can't be trusted or I'm vulnerable or something. I think it makes me feel like I'm cared for and loved I guess. I guess...yeah...I quite like it I guess.

We also discussed the difficult issues of the potential power imbalance in our friendship.

You know everything about me and I don't - you can tell me what you want to or don't want to tell me. So you'll always - I don't know...? It is strange to discuss but I suppose it gives you an advantage in some way.

So there is a power thing?

Yeah?

So knowledge about someone's internal struggles and personal stuff can give you power over them doesn't it or makes it slightly imbalanced?

Yeah. But I wouldn't say that it would really affect us now. I don't - it doesn't make me feel uncomfortable and it's never like we'd be in a situation where I would feel that you would use that against me. It's still the same trust thing, because you could if you really wanted to. But I trust that you're not going to and we're not really in a situation that you would feel that you wanted to. So I guess it could never be

friendship as in - I don't know. It's definitely going to be different, but then all friendships are, aren't they?

Yeah.

The way I behave with my mum and the way I behave with my boyfriend and the way I behave with my friends, it's all different but it doesn't make anything - anyone a better relationship, it's just different. It's how you relate to people.

This was a difficult issue to discuss. The research suggests clients in overlapping relationships report concerns about maintaining confidentiality (Gabriel, 2005). I think there are power differences and dynamics in all relationships but we rarely talk about them openly and perhaps are not even always consciously aware of them. It felt slightly strange but good to explore this and the fact that we could was an indication of the openness, transparency and trust between us.

It was also important that our friendship developed gradually so that we could get to know each other in new different roles. The relationship was able to evolve from the therapeutic relationship into a friendship.

I think it was about testing it. You know it wasn't like we were like, well lets go out all weekend and hang out just the two of us, it was done gradually and tested. If it felt uncomfortable it could always be taken backwards and we'd never have to do that again. We could just have said you know, I'll try and not see your parents that much and we

won't see each other. So it was all done gradually and sort of testing the waters and seeing how we both felt and then reviewing that. Obviously now when I see you I don't tell you everything and start crying and telling you loads of things. It feels quite natural.

Summary

Although aspects of the therapeutic relationship were carried into the ongoing friendship, such as confidentially and power issues and there was a risk of changing opinion of each other, we were able to deal with these by allowing the relationship to evolve gradually and naturally.

Gaining power and participating in the research

'I feel a lot more grown up now'

We both reflected that our conversations often mentioned power or lack of power.

Because Dad's career is a success, is this struggle with power a result and one that affects everybody? It seems that all the work we did was involved with power, power over my life, dad's power over me.
I think I imagine if there was a diagram, my dad was like the big source of power to start off with and then it was given to you and I was just like this invisible dot and now it's all sort of equal. I guess we'd all be the same size.

It was encouraging that Nick now experienced a sense of empowerment. I believe that therapist can exert power in benign ways, geared towards clients' interests, ultimately seeking to have power with clients. Although I was uneasy that at the beginning she had felt so powerless and I had felt that I was holding her power on her behalf, this was part of the process. As she gained confidence and independence and was able to take her own power this rebalanced.

I also shared my experiences of Nick as gradually becoming more independent and able to take her own power.

At the beginning I felt very much like I was standing in front of you - I hate using this term, but being your voice. Then what was really interesting was how it changed and how it felt we were equal and you were taking your power. I remember the moment that changed, or one of the moments, was when one day you came and said I want to leave 10 minutes early today. I was like... hurray...it was really interesting; you were able to take your power.

That was such a good moment because you felt comfortable enough and powerful enough to say I don't want to stay for the whole time. I can't remember the reason. After that you just became more assertive, more confident in what you wanted.

Yeah, I never felt like I had a voice- my dad always - when I went to go and see a doctor before I saw you, my dad would wait in the room with me, which is just crazy. I was 24 - I was an adult. It's just strange

that my dad went in with me. So he was my voice and my protector to start off with. Then it changed to you and then obviously, eventually, I had my own voice. But it was something that I never envisaged happening.

Can you identify what made it happen or how that was able to happen?

I think trust. I think - yeah I felt vulnerable and I trusted you to look after me sort of thing. Then you didn't let me down. Even though it was a complex situation I always felt like you always considered me...and then ... I just started trusting other people I think. Because my parents were too over protective and clingy, they did not let me make my own mistakes. This made me feel misunderstood, lonely and anxious. Because you cared but encouraged me to think about the situation it let our friendship develop with trust and me mature
I felt like I had enough support and enough respect from other people that I could voice my own opinions and also feel like nobody was going to say oh what you're doing is wrong or this is what we think is best for you.

I later added to the transcript;

It seems like something quite small...telling me she'd like to leave early but for me that really was an important, good moment in the therapy and I felt positive, proud and optimistic about our work. I knew something important had

changed...before then Nick had not felt entitled, confident or safe enough to assert her own needs in her life. The fact she felt she could do so with me meant she trusted I would not retaliate and that she was beginning to have and understand her own mind.

She added her own comment too:

I never planned or built up courage to do this, it just happened. It felt natural as I thought I did not need the session to be as long. I definitely felt confident and controlled enough to say this. It was a natural progression like most things with our work and relationship.

Starhawk (1987) distinguishes between 'power-over', backed by authority, force and control; 'power-from-within' or empowerment, an inner strength from being connected with others and the environment; and 'power-with', occurring in collectives, with groups and equals and involving the power to suggest and be listened to. This is an interesting way to reflect on the changing power dynamics underlying our work and this project. In the beginning Nick experienced her parents as having 'power-over' her and perhaps me too. I believe she now experiences 'power-from-within'. Hopefully taking part in this project will give us both 'power with'.

We also discussed what it was like to take part in the research and talk about these complex issues. Nick admitted it was emotional and weird at times but that she was aware of this and could cope.

It is - it is going to be weird- it was always going to be strange but I

was aware of that. But it's not too bad.

I knew what I was getting involved in when I agreed to participate...when you asked me about doing the research you did say that and, yeah, it did make me think am I ready to hear that, because there's having therapy, being better and then this is - a total different thing to reflect on it, and then to hear your reflections on it. But yeah - I know this, you've made me aware and I feel like I'm strong enough to say if I ever felt uncomfortable, this is too much. And you've made it clear - made it clear what I can and I should do if that's the case.

Reading the transcript is slightly strange but I am not shocked by anything (so far!). It is emotional thinking about how I felt and how I was unable to cope and I think it always will be.

She explained that it was also difficult and confusing at times.

It is interesting to talk about it but it also really - I felt this even today, I'm trying to make sense of it myself and then trying to say it out loud is really quite confusing. Because I guess there are just things that you wouldn't - you don't normally think about. It's interesting but it's confusing.

I think maybe we were exploring what it's like to tell our story, from different perspectives and different times, and how that allows us to look back at it in another way. Later, from a place where Nick feels empowered and confident, we were able to reflect in depth on the process of our relationship. In revisiting the past and how things had been, she also realised how

much she had changed and how far she had come.

I also felt distant from what the issues were or I don't feel...I can still remember them but I don't feel as emotionally involved with them or that I feel uncomfortable to talk about them.
Also because I feel like I've distanced myself to make myself stronger, distanced myself from that person that I was. So then to think back to that situation is - well not necessarily difficult but I think that it doesn't feel real.
Hearing your thoughts does make you more 'real' but takes us further away from client/therapist relationship, giving a bit of closure.

I liked that Nick feels she is not so emotionally involved with the issues she brought to therapy. That suggested to me that she had changed her attitude, or beliefs about them and they don't trouble her as much.

We discussed how taking part in the research meant we would find it difficult to go back to a therapeutic relationship again. Although we had discussed this in our initial consent meeting, it seemed appropriate to consider again what it meant.

But it does mean if you ever needed help again it would make it difficult to come to me.

Well, I think as our relationship progressed, it's been a natural progression but I've also consciously felt like I've been growing as an individual and felt ready to take it to the next step or whatever. Then

when you spoke to me about doing this research it was - I'd had to sort of think about it because it meant that we were getting so far removed from our initial relationship and it was to the point of no return sort of thing. But it felt like... I was distancing myself from my original self and it felt like the right thing.

You feel now that you're more independent that if you needed further help or decided you would just like it, you're in a good place to find the right person?

Yeah, I think because I could make my own decisions now I could - I'd be grown up enough to actually go out and source someone myself. Obviously I'd ask for a recommendation from people that I know but I'd actually - which seems crazy because I wouldn't have ever, ever done this four years ago and it's only quite a short period of time. But now I would actually do all the investigation by myself and sort someone and just…

So you'd do the research and get somebody you thought was right?

Yeah. I definitely - if I did see someone else I wouldn't want another person involved with the family. I think that would be too much.

So you'd keep it completely outside family next time?

Yeah, I think because I feel grown up enough to have my own little thing - I mean hopefully I never would have to see someone else and I don't feel like I would, but I think if that was the case I would have something separate. But that's not because I've had a bad experience with you, it's just because I think that's just the way I am now.

This is recognised as a potential disadvantage of research with clients that must be addressed. However, again I was and am reminded of how far Nick has come and how she is now able to make her own decisions and take responsibility, although this is naturally daunting as she notes in the observation added to the transcript.

Although this is positive it does scare me a little. If I did need help again would it work as well as it did with you? I feel like it was good to distance myself as a client but although this is giving me independence and self-sufficiency it also loses a support which I know works. Fear of the unknown?

I was also aware that this is my research project and so in a way the dynamics of our relationship or power may feel different again. I wanted to keep in mind what impact the research would have on our evolving relationship.

When we were talking about the development of our relationship, I was thinking how it was kind of… at the start I felt like I was standing in front of you, then it felt we were side by side. Then, towards the end, I felt you were in front and I was behind for support just when you needed me. Now I feel like

we're kind of going side by side again. But then I'm wondering whether, as I write this up, I'll be standing in front again because I'll be presenting it. It's weird, isn't it, the way we keep…

Yeah. It's definitely not consistent in the way that my other friendships are... I mean I think with friendships I maybe - with (my friend) stuff I wear the trousers a bit more because I'll be the planner and I'll organise stuff, so I'm maybe a bit more in front and that's usually the way it always is because I'm always going to be the planner or whatever. But yeah, with me and you it changes quite a lot.

I liked that Nick saw our relationship balance as changing because it suggested it's responsive and not fixed.

Maybe we can keep side by side in the research but at the end of the day I'll be the one that's writing it up, so it's difficult to have two authors? But I'm hoping I can do it in a way that it doesn't feel too much like that or that it does it in a real way?

I don't feel - like yeah, now I feel like we're not talking as friends but it sort of feels like we are. It's just being recorded. So I didn't feel like you're leading- well, I guess you are - well you are leading it but it doesn't feel like you're my boss or something. [laughs].

[Laughs) I don't know, I quite like the idea. I've got to be the boss somewhere! I know what you mean.

Yeah so it - I think you're obviously in control but it doesn't feel like you're that much in control. I feel like I've got some control as well.

You're free to say what you want?

Yeah, and I can stop…

Later she also added the following comment:

After therapy I felt like you were there for my support, even though I did not use it or need it. Now this is not possible and this makes me feel strong but also a little unprotected. At some point I may have felt slightly at a loss but not to an extent it gave me anxiety. Now I am reflecting on our work and some of my thoughts are new and contemplating our work is not something I would have done so extensively naturally. For you however, these thoughts and interpretations are often ones you have had all the while. This takes you into the front because you are in your professional field and leading the conversation and research.

She later reiterated:

I think we're more equals now. I don't feel like - yeah I think we're sort of like peers now I guess… even though obviously I still really respect you now it's more balanced out I think. That's how I feel it is.

I also liked that Nick seemed to see us as equals notwithstanding this is my research. I felt

that way too. I know I'm leading in the sense that it's my project, time frame, and I'm responsible for writing it and presenting it. However, I value Nick's contribution and recognise that she is an integral, important part of it. I think she trusts me but does not feel controlled by me or that she has no control. I'm also encouraged that she has been active in contacting me when she returned from travelling to let me know she was ready for a further research conversation and in sending me further thoughts on our earlier conversation. Taking part in the research has helped her to feel even more independent and empowered.

She later added the following final comment:

I feel privileged to be asked to help in this research and it makes me feel mature and independent, that my thoughts and feelings are important and valid. It feels like I have been given more control and distance from my previous vulnerable position.

Summary

Although taking part in this research was strange, confusing and emotional at times, Nick also found it empowering to share her experiences and beneficial to reflect on her own inner processes and personal growth.

However it is important Nick had demonstrated her ability to exercise her power and was made aware of the risks.

Chapter 5: Discussion: Stories within Stories

Introduction

The overall aims of the project were to gain insight into the ethics and issues of overlapping relationships in theory and when carrying out research into our own clients. More specifically this would help to identify the risks and how they can be managed or minimised as well as any benefits. The implications and risk of the overlapping relationships for the client are explored in Nick's stories in chapter 4. This chapter considers the implications and issues from the therapists perspective.

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In the first sub-chapter, 'Riding the Boundaries: Ethics in Practice', I lay out and discuss the processes of making these challenging ethical decisions involving overlapping relationships in the therapy, in order to demonstrate the complexity of the issues raised . The issues and ethics raised in the research process are discussed in the sub-chapter, 'The Research Stories'. It is hoped that representing the stories of the lived experience of overlapping relationships in chapter 4 and above gives insight and some understanding of the complex issues raised, the risks and benefits, how issues are managed by client and therapist, participant and researcher and can best be resolved and so goes some way to answering the research questions posed in chapter 2. The essential nature of this narrative project was that it was collaborative, curious and open and so issues, concerns and findings were free to emerge and evolve naturally during the process. This means the stories above inevitably leave questions unanswered and raises more questions. Nevertheless it is important to have findings that are relevant, practical and helpful, so this final section addresses this.

The final sub-chapter below 'Summary: Implications for Practice and Knowledge' summaries the findings addressing the specific research questions raised in chapter 2, discussing what these stories tell us that we can apply to our practice, not only in situations with overlapping

relationships and when researching our own clients but also more generally.

5.1 Riding the Boundaries: Ethics in Practice

Boundaries in therapy

The Oxford dictionary definition of a ‘boundary’ is ‘a line which marks the limits of an area; a dividing line’. In therapeutic situations, boundaries mark the limits of the therapeutic encounter and relationship and enable therapist to meet their moral, professional and legal duties of care to ensure the emotional and physical safety of their clients. They ensure a reliable, safe and trustworthy frame to hold or contain the psychotherapeutic process, respecting the rights and responsibilities of clients and therapists and facilitating and protecting the therapeutic relationship. They act as the architecture or foundations within which the therapeutic relationship can evolve safely and naturally. Whilst professional opinion varies and some psychoanalytical approaches still espouse strict adherence to boundaries, many accept that the art of therapy is to intuit when a boundary can be or should be loosened or breached. The distinction between 'boundary crossings' that cause no harm and can enrich therapy and enhance the therapeutic relationship and 'boundary violations' that undermine the therapy and cause harm to clients is important (Guthiel and Gabbard, 1993; Lazarus and Zur, 2002a; Smith and Fitzpatrick, 1995). Pope and Vasquez (2016) suggest that it is helpful to think of boundaries as continuous rather than dichotomous features of our work. In my experience, as illustrated in this project, in practice it’s not always straightforward to assess whether a boundary loosening, or breach will be harmful or beneficial and the implications and meanings will differ from client to client and is dependent on context. Thus, therapists need to exercise much care and consideration in intuiting how they will be received and ‘felt’ by clients.

Working with overlapping relationships

My first ethical dilemma was the decision about whether to take on Nick as a client, given my social relationship with her parents. Justifying this boundary crossing to my psychoanalytical supervisor and project mentor and reflecting and writing about it during this study, caused me considerable unease. Part of that unease was tied to my psychodynamic training and the general taboo I had experienced around overlapping relationships. However, it was also the discomfort of looking at my personal deeper, perhaps unconscious motives and the fear that I might find that I had acted in a way that was unprofessional, unethical and/or harmful to my client.

I agreed to see Nick for an assessment because her situation seemed critical and her family were relatively new to the Island and unsure what to do. As a parent I understood her parents' concerns and on a human level I wanted to help. At that point I hoped I could at least meet Nick for an assessment and be in a better position to offer guidance on how best to support her. On a practical level, there is a limited therapeutic community in Jersey, and I was not sure that there was another therapist who would be appropriate and available at that time. As I write this it makes me feel uneasy and I worry that I sound self-important and grandiose assuming I was the most appropriate therapist.

However, when I met Nick and she shared her story with me I felt drawn in. I was shocked and angry about the way professionals had written about her and troubled about what seemed like a lack of respect for her privacy. I thought they had objectified her and spoke about her in such an impersonal way as if she was a problem. All of this information made me feel apprehensive but also interested in, drawn to and somewhat protective of this young women who seemed to have been diagnosed but not understood. I was determined to do better. I was interested in her story, not her pathology. Although she was distressed and

tentative, I sensed she was beginning to trust me and that we had made a connection. I believed it would have been distressing to her and she may have felt rejected or that she was too ill to help, if I had told her I couldn't see her. The ethics were not straightforward, for me refusing to see her and taking her on as a client, both carried risk of harm to someone who was clearly already suffering.

I was aware of her vulnerability and desperation and the power imbalance that created between us. However I was not fully aware at the time of how powerless she felt because her parents had decided she should see me. The power differential is judged by most authors to be a significant factor when considering the potential risks of dual relationships (Kitchener, 1988; Gottlieb, 1993). However, I held that power carefully and hoped that I would be able to rebalance the power through building trust and an open collaborative relationship as we worked together. Furthermore I agree that it is questionable that a power differential inevitably leads to exploitation or harm (Lazarus and Zur, 2002a). I believe that most therapists have benevolent motives and try to act in their clients' interests. To live with that inherent power is to enter the realm of ethics. I agree with Kruger that 'the only way of surviving as a true professional is to...live with the paradox: to behave ethically and exert power - simultaneously' (2007, p.21).

I was aware of the risks of harm to Nick and for the therapy. I knew it might be difficult for Nick to trust me as a friend of her parents. However, I believed she had already begun to trust me during assessment and that I could build on this as we worked together. I understood that it might be hard to hold the boundaries, she might reveal private information about her family and it might be hard to avoid being drawn into family affairs. However, I have worked in the small Jersey community for many years and have had to find ways of separating or ring-fencing information I hear in the therapy room, especially if it's about other

people I know. I believed I could manage this. I was also aware that there might be an impact on my relationship with her parents and I was prepared to step back from that in order to work with Nick and avoid conflict of interest or divided loyalties, which might impair my objectivity. With the benefit of this research I can see that the risks and ripples were much deeper and wider than I was able to foresee at that time.

As therapists, it is important that we don't exploit our clients by using the work to meet our own, perhaps unconscious, needs. Pope and Vasquez (2016) also warn of the 'fallacies in reasoning and judgement' when we mistake our own self-interest and desires as if they are the clients' needs. As I reflected on my motivations, I was aware of my personal tendency to feel responsible for others, to rescue. This is something I have worked on changing in my own life, but it may have drawn me to Nick. I felt protective of her, especially at the beginning. I also identified with aspects of her story, her lack of a voice and the way she had been misjudged.

Despite these risks, when she asked me at the end of the assessment if I would work with her, I found it very difficult to say no and I agreed. As I look back, however, if I am completely honest, at the time I decided to take her on it was not a difficult decision; I think I went with my heart, or intuition. I think I made a human decision to work with her, despite the risks, because she was clearly suffering and in pain, and trusted me enough to ask for help. I believed she was ready to engage with therapy and accept help and that I could help her. I had to make a decision which not only met professional ethical guidelines but with which I was personally comfortable and matched my personal values.

Nick knew there were risks in agreeing to see me with my family involvement. I have come to understand from our conversations that her desperation and vulnerability at the beginning

meant she had limited, if any power to find other options or decide about the risks involved. However, I think she made a choice to take the risk of trusting me, something she had not been able to do with previous professionals she had encountered, and so my choice was whether to take the risk of trusting her too.

However, I also felt apprehensive and knew I had to proceed cautiously. In order to manage this challenging situation, I would need to be clear, explicit and transparent about boundaries and confidentiality. I agree that clear boundaries are essential to set limits for the therapist's expression of that power and to avoid abuse of that power (Amis, 2017). In this unusual and complex situation this was even more important. Ongoing monitoring and supervision were also crucial.

Ongoing boundary challenges in therapy

Once I had decided to work with Nick, it was essential to negotiate clear and firm boundaries. We had no choice but to talk about things that might go wrong, how we would deal with any conflict and to keep our work and relationship under constant joint scrutiny. However, these boundaries were not inflexible, there were other times in the therapy when I crossed boundaries, for example writing two letters to Nick and subsequently sharing the first of those letters with her parents. There were also invites to social events where her parents would be present and later, I accepted some. These decisions carried risks but were hopefully ultimately beneficial in that they deepened the therapeutic relationship and contributed to successful outcome. Each situation was carefully considered and discussed in supervision and with Nick. I believe we negotiated the boundary crossings and where a crossing caused unease, like when I met her parents socially for the first time that was also discussed so there was no rupture in the therapeutic work.

In my opinion, the constant renegotiation and re-consideration of ethics and boundaries in practice is important, as well as the recognition that they are not static or fixed. I can think of examples in my current work where it has been important and essential for the work that we renegotiate boundaries. For example, one weekly client has recently been diagnosed with cancer and is undergoing intrusive treatment. I have been able to be clearer, open and confident about discussing with her the implications of being more flexible with boundaries, in order that we continue our work and meet her needs during her treatment. I also have several cases where I work with adolescents under the age of 18. In these cases, there is a clear family involvement, and it is important the parents are aware of what the work involves and supportive of the work. However, obviously it is also important that client confidentiality is respected. In these situations, it has been essential to negotiate boundaries carefully with the clients and with their parents. I think I now have a clearer idea of the implications, risks and conflicts and feel more confident and able to discuss these with clients and their families and negotiate what is appropriate in each case at that particular time. I think those discussions and negotiations give the clients a model for negotiating their own boundaries in relationships and developing their independence and personal integrity.

Friendship with ex-clients

There was a further boundary crossing when I carried on a friendship with Nick after therapy ended. It is not uncommon for this situation to arise in practice. Studies report that more than 20% of practitioners acknowledge developing friendships with clients and that this is professionally appropriate and ethical (Pope et al., 1987). Similarly Lambert, et.al, (2004, p.252, cited in Gabriel, 2005) found that a new relationship involving social interactions and events appears to be the type of new relationship that psychologists face most often.

As the therapy came to an end, I was aware that our paths would likely cross in the future,

because of the social connections between our families. As discussed in Chapter 4, towards the end of therapy, we both experienced a natural progression towards friendship. Syme (2003) notes that the therapeutic relationship consists of elements of friendship such as trust, mutual regard and respect and yet it is not a typical friendship. These elements were present but I was aware that friendship after therapy would evolve it into something else. However, I think that to have agreed to avoid social situations where we might meet would have felt unnaturally contrived and caused more awkwardness and unease. At that time, we did not discuss developing our friendship further than the family connection, however when she initiated developing our friendship further by inviting me to her table at a family occasion, it felt natural to accept. I reciprocated by later inviting her to a family occasion and our friendship continued to develop gradually in a mutually acceptable way from there.

It is important to consider clients' motivations for seeking a friendship. Some clients may be lonely, find relationships difficult, lack supportive relationships in their life or need the therapist to maintain their self-esteem (Gabriel, 2005). When therapy ended Nick had a good supportive network of friendships and close, healthy relationships. She led a full life and I did not believe she 'needed' me as a friend.

It is, of course, also important to consider my motives for continuing the relationship. I have questioned whether I was avoiding the grief and loss of ending and/or holding onto Nick out of my own unconscious needs. I, too have a network of supportive, close family, friends and colleagues; I try to take care of my own needs outside of therapy and hope I am reasonably self-aware. Although I liked her a great deal, I do not believe that I (consciously at least) 'needed' the relationship. However, I am aware of her question about whether to begin with I was friends because I felt protective of her and that this was a 'half-way house therapy'. I have to be mindful of my tendency to rescue and accept that I was and probably still am

protective of her in that I understand her past vulnerabilities and struggles. However I see this as a natural aspect of our friendship. As discussed in Chapter 4, in developing the friendship, I was also trying to demonstrate that I regarded her as an equal, normal, healthy individual rather than a client so there would be no awkwardness but also in some way to normalise therapy and her psychological difficulties as part of life and not her identity. Yalom points out the beneficial impact for clients from being recognised as equals rather than troubled clients (1980). To cut off social contact or deny a friendship would have added to the 'secrecy' or 'mystery' of therapy and perhaps the stigma that it is in some way shameful. There is evidence that overlapping relationships in the military and police service help reduce stigma about seeking professional help (Johnson and Johnson, 2017; McCutcheon, 2017). Similarly, Tudor (1999) suggests that the capacity to move between various relationship roles promotes equality and mutuality.

The post therapy relationship continues to carry some risk in that it might retrospectively impact the therapy. Pipe's (1997, cited in Gabriel, 2005) argues that therapists should carefully consider their responsibilities to former clients. Gabriel (2005) also raises this difficult question in the context of dual relationships. The question of if and when Nick ceased to become a client is a complex one. This is something I have also considered in my professional practice in the situation where former clients wish to return to therapy following a personal crisis or change in circumstances. In the public service where I worked previously, clients who wished further treatment after termination of the therapy contract had to be re-referred, reassessed and begin a new contract often with a new therapist. I felt this was unfair and resulted in clients not seeking help or not seeking help until problems worsened because they couldn't face a further assessment and new therapist. In my private practice, I feel I have a certain ongoing responsibility to clients and when ending I often invite them to contact me if they feel they would benefit from further support in the future. In my

experience clients only do this when appropriate and if and when they do, I endeavour to see them relatively promptly. I have never actively decided when my responsibility to ex-clients ends and when they cease to be clients. On reflection, I believe it is a gradual process and depends on the client and context of each case.

The question of whether the friendship between therapist and client can ever become truly mutual given the asymmetrical relationship is also difficult. There is power from knowing someone's personal issues shared in the intimacy of therapy and that can cause anxiety to clients in dual relationships (Gabriel, 2005). Nick and I both understand that our friendship is based on the trust that what we shared in therapy stays there and I am very mindful of the trust she places in me. Again the argument that exploitation in such situations is inevitable seems extreme to me (Pope and Vasquez, 1998). Lazarus and Zur (2002a) offer a counter argument that this extreme view of the power disparity, portraying clients as weak, malleable and defenceless against an all-powerful, dominant therapist is itself disempowering and disrespectful. Many clients are powerful in their own lives. It is also argued that clinging to that false ideal and separating therapy, avoiding dual relationships increases that expert status and increases the power imbalance (Dineen, 2002; Zur, 2002). I have some sympathy for that view. I agree that adding to the mystique and secrecy of therapy by avoiding overlapping relationships and not allowing oneself to be seen as a fellow human being living and struggling with the same challenges as our clients, increases this professional status and exclusivity and ultimately maintains and increases the power differential.

Gabriel (2005) also argues that what is missing from the debate on the ethics of dual relationships is the notion of intentionality or reasoned and consenting participation. A mutually agreed intention to extend the therapist/client relationship into a personal/social one is drastically different from the situation where a predatory practitioner has intentionally

deceived or exploited a client. In this case Nick demonstrated that she was aware of the power issues and felt able to exert her own power, to stop the relationship if she wished.

Despite the potential difficulties, Nick seems to have been able to move between her role as a client and her role as a friend with some ease as well as cope with my change in role from therapist to friend. This contrasts with some of the clients in Gabriel's study who reported experiencing conflict in role transitions (although again it is worth noting that they were in concurrent dual relationships) and other commentators who have stressed that role conflict is a major risk in dual relationships (Hart and Crawford-Wright, 1999; Kitchener, 1988). McLeod (1998) suggests it can be a valuable experience for a client to learn about and work out the implications of different role expectations in relation to the therapist. Clients in Gabriel's study who reported a good experience were more robust psychologically and able to sustain themselves in a relationship; there was a strong emotional bond which was evident in the therapy and less power differential in the dual relationship. Those aspects were also present in this situation. I suggest Nick's ability to manage these roles was also evidence of her general relational competence (Gabriel, 2005).

McLeod (1998) also states that a therapist's responsibilities and expectations when in the role of therapist differ markedly from the social norms associated with friendship. In practice I found that the movement between these roles occurred naturally. After therapy, I too, found moving between the roles of therapist and friend relativity straightforward. After therapy, friendship outside the therapy room naturally moved to a different level where the exchanges were mutual and at the same level of intimacy. She no longer shared her 'inner world' and I felt more comfortable sharing aspects of my life. The openness and warmth between us did not change, we just naturally interacted at a different level. Barnett and Jutrenzka (2002) stress that it is important to compartmentalise roles not relationships and to establish a clear

demarcation between different roles but with a consistent interpersonal style, in other words not warm and caring in therapy but cold and distant outside of therapy or vice versa. I find that a helpful way of integrating my professional and personal selves. Wosket also reports a situation in her practice where it was relief for a client in an overlapping relationship to experience her as consistent and the same in a situation in therapy and outside of therapy, namely as authentic and human (1999).

At the end of the day the decision to continue our friendship post therapy felt natural despite the risks and difficult issues. Aristotle defines three categories of friendship: utility (usefulness); pleasure (enjoyment) and virtue. Friendships of virtue are much deeper, based on mutual understanding and respect and arising because both parties have a fundamental love and regard for each other. Usually friendships of virtue encompass useful and enjoyable aspects but are not founded on these. I think our friendship could be defined as a friendship of virtue, although it included utility and pleasure aspects too.

Implications for transference

Psychoanalysts argue that the therapist must always be abstinent and not allow friendship to develop as the transferential elements and power inequalities will always persist and affect the subsequent relationship adversely (Jacobs, 2012). However, there is evidence of clients being able to redeem their projections and transference material and move from client to friend especially where there was a strong emotional bond in the therapeutic relationship (Gabriel, 2005). Heyward (1994) has also argued, from her personal experience as a client, that the transferential dynamic can be transformed into 'a bond of more genuine human intimacy' (p.41) and claims that pathologising clients' behaviour as unresolved transference ridicules their intuition. In my opinion the journey of self-discovery is ongoing throughout life and so in some ways there is always more to learn and understand. However, as far as I

was aware, Nick was ready to move on from therapy and there was no unfinished business that she was hoping to deal with through our friendship.

From a classical psychodynamic position, it also could be argued that I had counter-transference responses that I acted on by continuing a relationship with her and perhaps even compromised my ability to work with her. I would contest any argument that my feelings towards her were detrimental. Furthermore, this understanding of counter-transference as something unwelcome and detrimental to therapy is too restrictive and reductive for me. I do not regard my emotional response to her as a problem but rather as an integral part of the therapy process.

Relational ethics

I was aware that researching overlapping relationships meant I would be delving into the area of boundaries and ethics, but I did not quite realise how much the heart of this project is about dealing with the challenges of managing ethical issues in a much wider sense, not just dealing with overlapping relationships. I do not just mean the challenges of whether an action falls within professional guidelines or appropriate boundaries of a theoretical approach, although that is a part of it. I mean in a much deeper, more personal, complex and holistic sense. It is about how I work with and relate to clients and other professionals in a way that is responsible, respectful, fair, professional, human and compassionate and helpful for the client. In practice, I have found that ethical decisions based on these principles are complex and it is not straightforward to navigate best practice. In this project I had to look honestly at how I make ethical decisions on the ground about who to work with, how to work, how to carry out research and how to negotiate boundaries when circumstances or unexpected events or conflicts arise.

Ethics are woven throughout this project. I can see now that my interest in dual relationships and boundaries was driven by my personal disquiet around professional ethics and confusion about how to reconcile who I am and how I try to behave in the world with how I practice professionally. I had been led to believe there was a tension between the personal self and the professional self, almost like the former might contaminate the latter. I agree with the importance of personal awareness and self-care to ensure that therapists' personal issues do not interfere unconsciously in client work and that they do not use clients to satisfy their own unconscious needs. However, I was trying to discover how as a therapist I could find a way of being a professional and ethical whilst at the same time being true to my own values as a human being.

There has been an increased awareness in the profession that the process of translating ethical guidelines into practice when facing conflicts and unexpected situations that arise in day-to-day practice is complex and challenging. There is recognition that ethics are not just detached principles enshrined in professional codes but intrinsically entwined with the personal and professional values and beliefs which shape our work and give it meaning and so a move away from ethics as a prescriptive set of rules towards the idea of individual practitioners developing their own 'relational ethics' (Gabriel & Casemore, 2009). 'Relational ethics' require us as therapists 'to act from our hearts and minds, acknowledge our interpersonal bonds to others, and take responsibility for actions and their consequences' (Ellis, 2007, p.3). They involve seeing ethics in terms of relationships rather than codes and directives and weaving our personal values and professional standards in reflexive, relational ways.

The concept of relational ethics is helpful when considering dual relationships. Syme suggests that therapists give 'primacy to relational ethics rather than following prescriptive

rules set out in ethical codes' (2003, p.75). Similarly, Gabriel suggests that relational ethics involves the therapist's 'compassion, humanity and sensitivity' (2005, p.72).

I am naturally and instinctively drawn to this approach to ethics and it helps me make sense of past decisions discussed in this project as well as hopefully navigate ethical dilemmas in the future. I like that this approach is essentially intuitive and creative in nature, with space for individual judgement, rather than rule based (Tudway, 2009). I agree with Casemore (2009) that practitioners should be more concerned with developing ethics as a way of being which permeates their own life, rather than set of rules which govern the therapy room. The question raised by Mearns and Thorne (2000) 'Is therapy losing its humanity' touched and concerned me after I first came across it many years ago. I can see that at times in my client work and during this research, it was difficult to hold my own mind and stay true to my personal values and beliefs, especially when those beliefs and values conflicted with what I had been taught, theory and supervision. I agree with Gabriel (2009) that it is important to live with the spirit and ethos of relational ethics rather than being tied to the rules.

My thinking now…

It was not easy to reveal my work and vulnerabilities and admit what might be judged as 'discretions' or 'failings'. At times it has felt like a 'confessional' and I have experienced uncertainty, fear, shame and unease, especially when I believed that my decisions and practice weren't perfect, and I was not as knowledgeable or ethical as I thought I should be. However, I can take responsibility for these decisions and their consequences. I hope that the decisions and actions in the work and research can be understood in the context of my relationship with Nick, and the social and Island context in which I practice. However, I am reassured that the outcome of the work was good, and we lived to tell the tale of our experiences. I hope that I managed to navigate these ethical challenges with some

sensitively and thoughtfulness, with good intentions and that I was able to be a 'good enough therapist'.

Completing this project had clarified and simplified the complex ethical challenges for me. Bridges (2009, p.6) says 'ethical/moral identity is constituted through the creation and articulation of the narrative as well as through the impact of the critical incident itself'. I believe this applies to me too. My growing edge has been to become clearer about my own values and beliefs, to develop my own relational ethics, to establish clearer but flexible boundaries in my practice, to establish more firmly my integrity personally and professionally and to feel more confident about these important aspects.

5.2 The Research Stories

Gaining ethical approval for my project

As noted earlier, the theme of ethics permeated the whole of this project. At the beginning I found it difficult to persuade my colleagues of the value of researching the area of dual relationships, let alone with my own clients. I also had difficulty initially in gaining ethical approval. There seemed to be a general belief that carrying out research on our own clients or ex-clients was risky. It was suggested to me that the ethical risks to my clients of carrying out such research with them would potentially outweigh the benefits. I felt conflicted between what I felt was important, 'right' and relevant and what I was being told. I questioned whether I should abandon my plans and do a less ethically challenging topic, perhaps with therapists instead of clients, in order to obtain my doctorate. So that too, was an ethical dilemma for me. At times I felt confused, lost and doubting of my own professional judgement, competence and integrity. It is encouraging and validating that after much dialogue between my research supervisor and ethics committee and myself, we were able to really engage

with the ethical issues, address them, and find a way of carrying on with my research that satisfied ethical concerns. I believe there are parallels with the best way of dealing with ethical concerns and risks in practice that is through dialogue and open collaboration. Instead of outlawing actions and risking pushing them into secrecy and away from scrutiny, it is better to open them up for discussion and debate.

Carrying out research with ex-clients

The decision to carry out research with my own ex-client can be seen as another boundary crossing and meant the creation of further role or relationship with Nick, following on from the therapeutic relationship and then our friendship. As I discussed potential participants with my mentor, Nick seemed an obvious choice and inviting her to take part in my research seemed like a natural progression. Over the years we worked together, we had developed a strong, collaborative, open and trusting therapeutic alliance. The therapy had ended well with a good outcome. Not only did I believe she might enjoy it, benefit and have much to offer the project, I also believed we had laid the groundwork. We were accustomed to talking about potential conflicts and risks from overlapping relationships and had managed different roles.

There were ethical risks and concerns that I had to address. I was fortunate to have the support and guidance of an experienced narrative researcher, in my mentor. As noted in Chapter 2, one if the main risks was ensuring the standard research safeguards of informed consent (Etherington, 1996; 2001; McLeod, 2011). From my experience and intimate knowledge of Nick during therapy, I was confident that she was able to exercise her own power, think carefully about the implications of taking part and give informed consent (Etherington, 2001; Grafranki, 1996). During our therapeutic work she had demonstrated that she was capable of exercising her power: on one occasion telling me she wished to leave a

session early; renegotiating our session timings; negotiating breaks and deciding to end therapy.

I also realise that there may have been a risk she felt special or chosen as a favourite client (Josselson, 1996) and I think in a way she was. Some clients do touch us more than others. However I do not believe she suffered narcissistic injury as a result of that. At the beginning there may have been an inclination to keep things positive, not just to please, but also in order not to taint the positive therapy outcome. However, as our conversations progressed and deepened, I believe our exchanges were honest and open as the therapy was. I think she eased onto the role of co-researcher naturally and was able to reflect, question and more importantly take her power.

I agree that a clear research contract was essential (Etherington, 2001; Gabriel, 2005) and that it was important not only to have full and open discussions about what was involved, the wider implications and risks, but that these discussions continued throughout the project. I also acknowledge that there is a risk of conflict of interest in carrying out research projects with ex-clients and this must be taken into account and considered carefully (Etherington, 1996, 2001). I recognise that some ex-clients might see the research as an extension of therapy and feel confused by the change in emphasis. Again it was important to select an appropriate participant and to continue to monitor this. Although it was strange initially, in this case Nick was able to evolve into the new role and focus of the project with some ease and this seemed like a natural progression.

I believe the overriding guiding factor is that the interests of the client/participants must always come first before research concerns or obligations, in the same way that clients' interests should come before organisational or professional concerns. I accepted that Nick's

interests should always come before the project and if she had changed her mind at any time I would have discontinued. As a private practitioner, self-funding my research, I was free to make that decision. I also considered Nick's interests when I was considering whether to put down my project for family and health reasons. I had to consider the time and energy she had contributed to the project and the impact on her if I abandoned it, for example she might feel disappointed, let down and/or unimportant.

Taking part in the project stirred up difficult feelings for both Nick and I, but again we were able to deal with these and discuss them and it was beneficial in many ways. Again my intimate knowledge of Nick from our therapeutic work gave me the confidence she would be able to deal with these feelings and not be harmed by them. The trust developed between us enabled us to address them openly and honestly.This project has taken over 6 years to complete and there was a gap of 30 months between final collection of data and the representation of the stories. During that time Nick and I were of course changing, in terms of our views, sense of self and understanding of experiences. Our relationship outside of the research was also evolving.

There was a risk that the time delay might make her feel ignored, that the time she had generously given to the project wasn’t valued or that her stories were not important. However she herself was going through professional counsellor training at that time so she was busy learning and understood the complexity and time involved in professional projects. We were also in contact as friends during this time so she was aware of my personal situation and my commitment to the research project.

I was also worried at times that the data might be out of date, it sometimes felt like I was

trying to represent a moving target. However the gaps in the project were important periods of reflection for us both. For me they gave me the time I needed to distance myself from my role as therapist and consider things as a researcher. I believe it helped Nick too to move from her role as a client to one of a co-researcher. It was an interesting, helpful process to look back at our earlier positions together. It helped Nick to realise how much she had changed.

Although research has formally ended, the project remains 'very live' in so far as the issues that it raises continue in time beyond the timeframe of the project. The reflective space allowed by the gaps in data collection continue now in the same sense since I continue to reflect on Nick and I's ongoing relationship and in similar, other overlapping relationship situations which may arise in my practise.

Reflexivity as Ethical Practice in Research

I agree with the argument that ethical and moral research practice requires reflexivity on the part of the researcher (Etherington, 2004; Frank, 2013; Josselson, 1996; McLeod, 2011). Developing a relational ethic, as discussed above, is also important for practitioner/researchers. Simons (2009, p.96) argues that 'ethics in practice' means building a relationship with participants that 'respects human dignity and integrity and in which people can trust'. She, too, claims that ethics is a 'situated practice' and the principle of 'doing no harm' has to be considered in a relational context in order to see the potential in the research process to contribute positively to participants' experiences. Etherington (2004) also argues that a reflexive relational ethic is central to narrative research and that where trust and respect have been established in the research relationship, difficulties that arise can be resolved co-operatively through mutual understanding and dialogue.

It is important to make researcher beliefs and values transparent to the reader, as they influence the research process and its outcomes. King (1996, p.176) argues that 'examining how we as researchers are an integral part of the data will amplify rather than restrict the voices of the participants, even when this openness is impeded by the researcher's unrecognised biases and assumptions.' Reflexivity is therefore essential for ensuring ethical research processes not just the rigour and quality of the data (Guillemin and Gillam, 2004). I have tried throughout this project to develop awareness of ethical issues and moral dilemmas and to share them explicitly with the reader. The hope is that when the reader is shown the interactions between researcher and participants he/she can observe the ethically important moments and how they were negotiated and the risks of failing to do so. In this way the research work can be understood not only in terms of what has been discovered but also how is has been discovered (Etherington, 2004; 2007). I accept that ethical research requires that we sustain 'ethical mindfulness' and build 'an ethic of trust' in our relations with research participants (Bond, 2015; Ellis, 2007; Etherington, 2007; Guillemin and Gillam, 2004). I hope I have demonstrated that in this study.

Furthermore, I hope that the researcher openness and transparency in the project also helps balance the power relations between the researcher and the participants. As Behar says (1996, p.273) ‘we ask for revelations from others but reveal little or nothing about ourselves, we make others vulnerable but we ourselves remain invulnerable’. I believe that taking part in this project helped to further rebalance the power differential between Nick and I. Nick also demonstrated reflexivity and I believe that is an indicator of her psychological robustness and personal awareness.

The reflexive stance was not only essential to the research but helped me to integrate my research, my practice and my being. This is summed up beautifully in words of Peter Martin

“I suppose the greatest gift I have gained from reflexivity is a healing of the split between research and practice. I am the same person, with the same mind and the same heart wherever I am. (Peter Martin, 2004, cited in Etherington, 2004, p.231).

Trustworthiness

As Polkinghorne (2007) claimed, it is for you the reader to decide whether the stories in this paper are trustworthy. Do you experience them as plausible and honest? As Ellis and Bochner (2000, p.748) write, do they provoke the reader 'to broaden their horizons, reflect critically on their own experience, enter empathically into a world of experience different from their own.' I hope that through the rich detail and contextual descriptions I was able to represent stories that resonate and move the reader so that they are able to better understand and relate to the experiences of client/participant and therapist/researcher.

I believe it is also important to consider how I achieved the criteria or conditions which I claim have contributed to the trustworthiness of the stories. By this I mean did I demonstrate that I exercised due care and attention in gathering reliable data and then representing these stories as accurately as I could? I hope my reflexivity and transparency in sharing thought processes and issues, together with the rapport and trust in the relationship between Nick and I, is evidence that I made best efforts to do so and that this is reflected in the quality of data generated.

Finally, a narrative inquiry can be judged on its utility: is this study useful? Eisner (1998) provides three criteria to test usefulness. The first relates to comprehension and asks us whether it can help us understand a situation that might otherwise be confusing. Anticipation is also important: does it provide descriptions and/or interpretations that go beyond the information given about them? Finally, does it act as a guide/map highlighting, explaining or

providing directions, deepening or broadening our experience (p.58). I would ask you the reader, the questions raised by Ellis (1995, p.319) 'How useful would this story be as a guide if you encountered a similar experience in your life? What did you learn about yourself and your relationships through your responses to my text?' I hope the stories of the lived experiences of dual relationships represented in this paper go some way to satisfying all three tests and will be a useful resource for practitioners and clients who find themselves in similar situations.

The question of whether the study has transferability rather than generalisability, also rests ultimately with the readers. However, I trust that the thick descriptions of context and the decisions and actions situated within that context together with the reflexivity demonstrated throughout, help readers decide whether meanings, issues, questions and answers raised can be transferred to a different yet similar context.

I offer a final caution, however. As Denzin points out 'there is no way to stuff a real life person between the covers of a text' (1989, p.2). Stories are not real life as it is lived and experienced, they are simply stories (Etherington, 2000). I acknowledge that my representations are subjective and that there are stories I have not chosen to or not had the space to represent. However, by being open and reflective throughout this study, I hope I have been able to reveal the contradictions, ambiguities and questions, as well as the complexities, richness, colour and depth of the issues arising from overlapping relationships.

Narrative inquiry as a methodology

Now as I near the end of the project, it is useful and important to reflect on what I learned from using narrative inquiry in this project. At the beginning, as explained in Chapter 3 above, I was looking for a methodology that allowed for researcher and participant reflexivity;

that was collaborative, enabling me to fully engage with participants and allowing for the co-construction of meaning; that was intuitive and made room for ‘tacit knowledge’ and/or meanings/understandings on the edge or awareness to emerge and be explored.

Narrative inquiry has allowed for and valued my active engagement in this research. That is important as the research questions arose from my own questioning and practice and so felt real and personal. Rather than hiding behind a professional persona, it has challenged me to own and name what I bring to my practice and research in terms of my own beliefs, assumptions and past experiences. It not only allows reflexivity and transparency, it demands it. That reflexivity, although difficult and anxiety provoking at times, has felt refreshing and empowering and enabled me to clarify my beliefs, values and how I work, to grow as a practitioner and researcher. That critically reflexive stance will continue to be the most important aspect of my practice.

I believe that openness and transparency, that was also an important aspect of the therapeutic work, not only established trust but also enabled Nick to be open, curious and reflexive too and so for us to recognise and talk about the dilemmas and issues arising in the therapy and the research.

I also wanted a methodology that was collaborative and went some way to addressing the inherent power imbalance between therapist/client and researcher/researched. I believe that was achieved and hope the stories demonstrate our mutual and sincere collaboration and reflect both our voices although I accept that as author the final voice is mine. However I did not realise at the start how powerful and yet delicate that co-construction of stories in narrative inquiry can be. At the start, our conversation was somewhat tentative and slightly

awkward as we adjusted to our new roles. However, then the process of storytelling seemed to gain its own momentum as we both reflected on the transcripts and each other's' comments and added more and more layers. Whereas in my previous research study, I guided the research questions, in this narrative inquiry it is impossible for me to distinguish who directed those conversations, they seemed to be natural and organic. I hope that my representations of the stories gathered demonstrate that co-construction. Whilst other methodologies can be collaborative, I believe narrative inquiry offered me a way of shaping the stories that captured the experiences of overlapping relationships, our beliefs and values and how we made sense of them. The open, organic structure of the data collection/conversations and analysis/writing left space for creativity and wondering, for deeper and layered meanings to emerge and be negotiated.

As I reflect on my previous research where I conducted interviews with ex-clients I had not worked with, and analysed data using IPA, I realise I remember themes, but not the participants. In this study I believe I was able to retain and present a sense of Nick and not just the events.

Narrative inquiry also importantly allowed the context of the experiences and the stories to be displayed and taken into account. The context of the therapeutic work, our therapeutic relationship and my approach as a practitioner; the context of her family relationships and the context of being part of an Island community are all important factors in understanding the stories (data). Narrative inquiry also enabled the reflection of the different time perspectives in the stories. It was interesting how we looked back at our therapeutic work and relationship, how we were then and then looked back at earlier conversations and how we were then, and so on, from a place where we felt different. This looking back and looking

forward (Riessman, 2008) is a quality of narrative inquiry. It helped Nick realise how much she'd changed. I was also aware of how I had changed over the period of the research. I agree with Riessman (2008, p.10) that; ' telling stories about different times in our lives creates order and contains emotions, allowing for meaning and enabling connection with others'.

Finally, I believe that narrative inquiry enables a level of detail, not easily obtained in other methodologies. It has been said that 'Truth is in the detail'. Rich, descriptive detail through, thickening of stories was an essential aspect of this narrative inquiry. Mair summarises the overall benefit of narrative inquiry in his contention:

'I believe that intimate knowledge is likely to reach us more than distant knowledge. Personal knowledge is likely to change us more that impersonal knowledge. Knowledge gained with our eyes and ears wide open is likely to be more valuable than acquired when we are conceptually and procedurally blindfolded'. (1989, p.2).

5.3 Implications for Practice and Knowledge

Overlapping relationships

I believe that in remote communities such as Jersey, the interconnecting relational networks and limited therapeutic community mean it is impossible to avoid overlapping relationships and to hold rigid boundaries. As therapists in such contexts we need to consider what is in the best interests of our clients, the community and ourselves and maintain some level of flexibility in managing overlapping relationships and boundaries. There is no doubt that therapists need to tread carefully in overlapping relationship situations and fully consider risks of harm and exploitation.

It is hoped that the stories of lived experience and conversations between therapist and client represented above achieve the overall aim of giving insight and understanding of the ethics and issues of overlapping relationships in therapy from the perspective of both the client and the therapist and addresses the research questions raised in chapter 2. There are risks of increasing the power imbalance between client and therapist and safeguarding confidentiality and trust. However these risks can be managed within a trusting open and honest therapeutic relationship. Furthermore both client and therapist can manage different roles and ultimately there can be benefits for the therapeutic outcome. However the stories suggest that the implications of overlapping relationships are complex and depend on context, so care and ongoing awareness is essential. Open dialogue is key, it is vital to be clear, explicit and transparent about the risks and challenges and to agree the ways in which boundaries, relationships, roles and confidentiality might be impacted. Furthermore it is not always possible to anticipate the problems and consequences ongoing dialogue and collaboration is imperative. Above all the interests of the clients must always be paramount.

Researching our own clients

A further aim was to identify the issues and ethics when carrying out research with our own clients. The project has highlighted the important ethical considerations to address including the challenges of ensuring full and ongoing consent; clear research contracts; managing the potential role conflicts; stirring up unfinished business or sensitive material. However, it has also shown that the researcher can use their intimate knowledge of participant/ex-clients to ensure that they are appropriate and not at risk and are able to engage in and contribute in open, honest and challenging research roles, furthermore it has demonstrated that client participants who are given an opportunity to tell their stories in their own words can benefit from increased reflexivity, self-awareness and empowerment (Etherington, 2001; Wosket, 1999).

Overall I believe that Nick and I both benefited from taking part in this study. As she stated in our final conversation: “I feel privileged to be asked to help in this research and it makes me feel mature and independent, that my thoughts and feelings are important and valid. It feels like I have been given more control and distance from my previous vulnerable position”. When researchers are able to navigate these challenging ethical waters, there are many benefits for clients and researchers and the profession generally. In terms of research generally, it therefore seems natural and desirable that we can renegotiate boundaries of therapeutic working relationships to accommodate ethically responsible research with our own ex-clients.

Collaboration and dialogue

The study also raised some wider issues about agency and power of clients. It reminded methat clients are active, live agents in therapy: it is a dual process. In our efforts to help clients by applying our professional knowledge and sharing our experience, I think there is sometimes a danger that we lose sight of the client in the room and that perhaps is evidenced by the lack of client research compared with therapist research and analyses of clients' processes. Clients may be vulnerable and in need of support but to regard them as passive, disempowered and/or weak is not only disrespectful but misses an opportunity to utilise an important resource.

I agree with Wosket (1999) and Cooper about the importance of the conversations clients (and therapists) have with themselves and that it is ‘the interpersonal sharing and processing of these two conversations ...that makes the relationship therapeutic and offers the possibility of growth' (Cooper, 1997, p.24, cited in Wosket, 1999). I believe it also offers opportunity for relevant, important practice-based research such as this study. This does not

just include formal, extended research but also regular checking or reviewing progress with clients. As a result of my experience in this project, I now actively and regularly check in with my clients, asking for example: how they think the therapy is progressing; what they have found helpful and/or unhelpful; whether there are any conversations/issues they have not been able to share.

Collaboration, of course, requires open and honest dialogue between therapists and clients, researchers and participants about dilemmas and issues. In this case, the risks from the overlapping relationships in the therapy and the research were managed because we were able to talk openly and honestly throughout, even where the issues were difficult or uncomfortable. I believe this also contributed to successful therapy outcome and a useful, informative research study. In Helgeland's words (2005, p.551) we were able to engage in 'the ebb and flow of dialogue'.

Ethics in practice

One of the research questions posed at the beginning, was how ethical dilemmas are resolved in practise. I believe that this study has demonstrated that ethical decisions about boundary issues and dual relationships and boundary issues generally and in practitioner/client research need to be considered carefully, sensitively and reflexively within the context of the specific client, therapy, therapeutic relationship and unique situation. Those decisions are best made by reference to relational ethics, in other words, understanding and taking into account the implications, what they mean for the therapeutic and research relationships, rather than by following predetermined, prescribed, rules. Strict rules create taboos, which in turn create secrecy. The private, confidential and intimate nature of our work behind closed doors generates further potential for secrets. Secrecy leads to decisions being made from fear and those kinds of decisions are generally not the best.

When we are not struggling with the sense of shame of having broken a rule or behaved unethically, we are freer to engage with the real risks and challenges and dilemmas of ethical problems and situations creatively. Strict adherence to boundaries and ethical rules created outside of the therapy situation and relationship, restricts our ability to respond fully and creatively to clients' needs and perhaps even distances us from the responsibility of making our own difficult ethical decisions.

It is encouraging that the professional bodies have moved away from rigid prescriptive rules for ethical behaviour towards an ethos in which therapists can take responsibility for being ethically mindful. Ethical guidelines from professional bodies form the framework of our work but a more nuanced discussion of the ethics of dual relationships is required. Developing our own relational ethics, grounded in our own beliefs and values and way of being in the world is important for our authenticity and integrity as therapists and human beings. For me that has meant integrating my professional and personal ethics. Furthermore working ethically means we consider ethical issues continually, they are part of our everyday practice and our being, not just when we come up against an ethical challenge or dilemma.

Reflexivity

The study suggests that managing these complex issues and working ethicallywith collaboration and dialogue requires a high degree of reflexivity. This raises issues about the importance to therapists of self-care; the value of personal therapy and the need for good, open and supportive supervision and peer support.

Reflexivity means keeping a reflexive awareness whatever the relationship: therapeutic, research or overlapping. We must be aware of continually question what we bring to our work and our research in terms of history, culture and context, what shapes us and shapes

our clients and what is created in the dynamic interaction between us. I agree that reflexivity is an ethical requirement of research and would argue that as researchers we need to show ourselves in our research, as I have tried to do in this study. It can be very difficult to come out from behind the armour of anonymity and reveal ourselves and everything we bring to the research. Yet we ask our clients to do just that in therapy. I think that we must also be mindful not to hide behind the armour of 'expert status' and anonymity in practice. I do not mean we should not be cautious about self-disclosure or take up the therapeutic space with our own issues. However, the project has made me feel more comfortable about being a fellow human being in the therapy room. These are issues I would like to consider and research more fully.

Context

Finally the study brings the relevance of context in understanding these issues into the spotlight. I no longer accept that we can work effectively with clients without taking into account their family, social, and cultural context. We do not work in a vacuum and clients' interpersonal experiences are as relevant and important as their intra-personal life. As social constructionists argue our sense of self is socially constructed and as McLeod (1997) stated our kinship systems and relational webs influence that construction. This study demonstrated how Nick's sense of self, experiences of therapy and the outcome was influenced by the family and social connections within which she was embedded.

Chapter 6: Final Reflections

My final reflections...

It seems a long time ago now since I started the professional doctorate back in February 2012. I am aware of how different I feel and think now from I did then and it is interesting to read my old reflections and notes and see the development and changes in me personally and professionally. Again I am aware that the research process has been bound up with my own personal development and psycho-spiritual journey. It is another reminder of the difficulty or impossibility of separating the professional from the personal.

When I started this research process, I also perhaps naively believed that I was researching one aspect of my professional practice. The issue of dual relationships was one I had wrestled with in my working life so I thought of it as a particular issue I could identify, separate and investigate in depth to hopefully gain more understanding, insight and guidance on how to manage these situations in practice. I quickly learned that beneath the surface of this difficult issue of 'dual' or 'overlapping' relationships lurked the most contentious, complex and challenging issues such as ethics, risk, power and trust, the tensions between the professional and personal aspects of the therapeutic relationship and the context of therapy. Of course that was why these situations troubled me, caused me so much unease in the first place and why I had been unable to resolve them so far. What started as an in depth study into a particular situation that arose in my practice in a small community evolved into something much deeper, wider and all encompassing.

It is notable that although the issue of overlapping relationships is an important, contentious one there is still a scarcity of current research literature and theory. I am left wondering if as a profession we are still avoiding complex, contentious issues that might challenge our professionalism and cannot be easily addressed.

On reflection, I am aware, however, that the project began not only with that curiosity but also with an unease. The unease was that by working in a way that felt natural and honest, I might be judged by my colleagues and the profession generally as unethical. That was very uncomfortable for me as I value highly integrity and professionalism. I had also been beginning to feel isolated, uneasy and an increasing sense of frustration perhaps even disillusionment with theory and supervision which could not explain or help me fully understand my own experiences and decisions in the work with my own clients. In my journal notes, I expressed an unease because I felt a discord or tension between the values of honestly and congruence I believed underpinned my profession and the pressure to be seen as a professional and not 'breaking the rules'. Often I felt like no one talked about the 'real' business of therapy, what we are really doing or attempting to do when we intervene in our client's lives and what we are really able to offer. I can see now that I had not found my 'professional home'. I was working with the same supervisor I had worked with as a student and I had two quite different personal experiences of therapy. One felt very warm, supportive, nurturing and flexible with negotiable boundaries. The other was analytical with tight boundaries and at time had felt cold, inflexible and unsupportive. I could see the advantages and disadvantages of both. I think on a deeper level I was trying to grow up and develop my own way of working and of being that felt authentic and honest but that was also ethical and safe.

I came to realise during this project that since qualifying, my practice had evolved and changed considerably through further training, reading and experience. However, over the following ten years or so away from the academic world I had not consciously and carefully tracked this evolution. Through the research process, I came to understand and articulate what I did and why as well as clarify the fundamental assumptions, values and beliefs underpinning my practice. As a result, my unease reduced, my curiosity and enthusiasm

increased and my confidence grew. Eventually I came to see that many of the changes in my practice, thinking and understanding were from the realm of direct experience (my own and my clients) and practice. I had learned and developed and honed my skills 'on the job' not just from external training or theory. I think that is invaluable and crucial learning because it involves the heart and not just the mind. That was reassuring and affirming but also a good reminder to me to leave time to and make an effort to always articulate what I am doing and why. It is an ongoing process.

The challenge of this project therefore ended up being not just an intellectual or even philosophical one, but one that raised critical questions about my own motives, attitudes and beliefs and what it means to be a professional therapist and a human being. It has been an intellectual, emotional and personal challenge. Any self-doubts I harboured about my professional abilities or motives or competence were thrown up at me along with old defences and insecurities I thought I had mastered and also, for good measure, some new ones I had buried in my unconscious. So the questions and thoughts thrown up in the early stages of this project propelled me into a period of deep personal reflection and challenge, and the process of the research project has run alongside a deeply personal, sometimes painful and challenging psycho-spiritual journey.

My unease was intensified at times during the project, for example in the early stages of negotiating ethical approval. Later when it came to writing, it was much more difficult than I imagined putting down the professional therapist mask and revealing my true thoughts, feelings and insecurities. It was at times scary and anxiety provoking to expose my thinking and to open up my internal world for discussion and judgement. It was tempting at times to hide behind my professional voice, 'the expert' instead of staying in the vulnerable position of not knowing or even getting it wrong. However, it meant that I was forced to really think

about my professionalism and what it means it me as well as my personal values and integrity. A significant moment for me was when I realised that the best way forward was to stop writing for 'an examiner' or 'judge' and start writing from the heart.

In the beginning I challenged myself as to whether I had an underlying hypothesis, belief or idea about dual relationships. Reflecting on my personal family experience has clarified this for me. I can see that dual relationships in themselves are not inherently harmful. It is the overall quality and depth of the relationships and the love, care and intentions that are important. The family, social, cultural and historical context is also important in making sense of these situations. However, I also recognise the destructiveness and oppression created by the secrecy and shame. In my family social and cultural pressures, shame and fear meant that secrecy around these relationships was, to a large extent, unavoidable. Society constructed them as 'taboo'. It made me feel very uneasy to experience a similar taboo in thinking about dual relationships in my professional practice and then in my research. It was important for me not avoid or ignore the implications of these situations and not to repeat the pattern of my early family's secrecy.

I starting off writing because I felt I had something important to say but also because I felt I had something to prove to my peers, the examination board, perhaps myself. I wanted to prove that I was a good therapist and that I was capable of a doctorate. By the end, I wrote because I had a good story to tell, I wanted to tell it for those that were interested in it and who had shared similar experiences and for Nick, and other clients and therapists who find navigating the therapeutic/client relationship difficult.

I have also come to understand that at the start I was looking for answers to questions about my practice outside of myself and had been frustrated that I could not find the answers I was

looking for. That has been a theme in my personal journey too. This project was an attempt to find the answers (to both perhaps) for myself. I did not find straightforward answers to the questions I first posed such as “are overlapping relationships ethical or unethical, avoidable or unavoidable, harmful or potentially helpful?' and 'Am I a good therapist?'. What I learned was much more profound. I learned what kind of therapist I want to be, how I want to practice and the steps I need to take to practice and ethically and authentically. I am pleased that the disillusionment and unease I experienced at the start of this project have lifted and been replaced with cautious confidence and a sense that I am well placed and supported to deal with the ongoing challenges of this work.

A final word from Nick...

I’ve found it rather strange reading this, it feels like a long time has passed since I participated in the research and even longer since I was a client.

I am really grateful to be part of this research and I’m so glad Sharon wrote this paper. It is a complex area which has long needed uncovering to allow others to benefit from extended roles. Of course, rules and procedures have their place in therapy but to dismiss the opportunity of therapist and client having existing or future friendship could pass up the chance of a truly caring experience for both. It is the authentic, caring and mutual fondness for each other which I believe helped my recovery and has left me not only with happy memories but also with a special person in my life. Being Sharon’s client, research subject and friend has made our relationship strong and by having clear communication throughout, means it has value.

I feel empowered to be able to put my thoughts into the paper and I look forward to the next evolution of our friendship.

References

Aron, L. (1996). *A meeting of Minds: Mutuality in Psychoanalysis*. Hillsdale, NJ: Analytic Press.

Afolabi, O.E. (2014). Dual Relationships and Boundary crossing: A Critical Issues in Clinical Psychology Practise. *Researcher, 6(9), 5-16.*

Amis, K. (2017). *Boundaries, Power and Ethical Responsibility in Counselling and Psychotherapy*. London: Sage.

Anderson, H. and Gerhart, D. (2007). (Eds). *Collaborative Therapy*. New York: Routledge.

Anderson, S.K. and Kitchener, K.S. (1998). Nonsexual post therapy relationships: A conceptual framework to assess ethical risks. *Professional Psychology*, *29(1),* 91-99.

Barnett, J.E. (2010). (Ed). Challenges and Benefits of Ethical Small Community Practice. *Professional Psychology: Research and Practice*, *41(6),* 502-510.

Barnett, J.E. (2017). An Introduction to Boundaries and Multiple Relationships for Psychologists: Issues, Challenges and Recommendations. In: Zur, O. (2017). (Ed). *Multiple Relationships in Psychotherapy and Counselling*, 17-29. New York: Routledge.

Barnett, J.E. and Jutrzenda, B.A. (1995). Nonsexual dual relationships in professional practice, with special applications to rural and military communities. *Independent Practitioners, 14(5),* 243-248.

Barnett, J.E. and Jutrzenda, B.A. (2002). Nonsexual dual relationships in professional

practice, with special applications to rural and military communities. In: Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy,* 273-286. New York: Springer.

Bayer, B.M. and Shotter, J. (1998). *Reconstructing the Psychological Subject: Bodies Practices and Technologies.* London: Sage.

Behar, R. (1996). *The Vulnerable Observer: Anthropology That Breaks Your Heart.* Boston, MA: Beacan Press.

Bond, T. (2015). *Standards and Ethics for Counselling in Action.* (4th Edition). London: Sage.

Borys, D.S. and Pope, K.S. (1989). Dual Relationships between Therapist and Client: A National Study of Psychologists, Psychiatrists, and Social Workers. *Professional Psychology: Research and Practice, 20(5),* 283-293.

Bridges, N.E. (2009). *Maintaining ethical counselling despite contrary demands: A narrative inquiry.* Unpublished PhD dissertation, University of Bristol.

British Association for Counselling and Psychotherapy (BACP). (2016). *Ethical Framework for Good Practice in Counselling and Psychotherapy*. Lutterworth: BACP.

British Psychological Society (BPS). (2009). *Code of Ethics and Conduct.* Leicester: British Psychological Society.

British Psychological Society (BPS). (2014). *Code of Human Research Ethics.* Leicester: British Psychological Society.

British Psychological Society (BPS). (2017). *Practice Guidelines.* Leicester: British

Psychological Society.

British Psychological Society (BPS). (2018). *Code of Ethics and Conduct.* Leicester: British Psychological Society.

Brown, L.S. (1991). Antiracism as an Ethical Imperative: An Example for Feminist Therapy. *Ethics and Behaviour*, *1(2),* 113-127.

Brownlee, K. and Halverson, G. (2010). Managing ethical considerations around dual relationships in small rural and remote Canadian communities. *International Social Work*, 53(2), 247-260.

Bruner, J. (1986). *Actual Minds, Possible Worlds*. Cambridge, MA: Harvard University Press.

Burr, V. (1995). *An Introduction to Social Constructionism*. London: Routledge.

Campbell, C.D. and Gordon, M.C. (2003). Acknowledging the inevitable: Understanding multiple relationships in rural practice. *Professional Psychology: Research and Practice, 34,* 430-434.

Carr, W. (1995). *For Education: Towards Critical Educational Inquiry*. Buckingham: Open University.

Casemore, R. (2009). Relational Ethics as a Way of Being. In: Gabriel, L. and Casemore, R. (2009). (Eds). *Relational Ethics in Practice. Narratives from Counselling and Psychotherapy,* 23-31. London: Routledge.

Casemore, R. (2009). Relational ethics in small communities and organisations. In: Gabriel, L. and Casemore, R. (2009). (Eds). *Relational Ethics in Practice. Narratives from Counselling and Psychotherapy,* 139-146. London: Routledge.

Clandinin, J. and Connelly, F.M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research.* San Francisco, CA: Jossey Bass.

Clarkson, P. (1994). In Recognition of Dual Relationships. *Transactional Analysis Journal. 24(1),* 32-38.

Clarkson, P. (2003). *The Therapeutic Relationship*. London: Whurr Publishers.

Clough, P. and Nutbrown, C. (2002). *A Students' Guide to Methodology: Justifying Inquiry*. London: Sage.

Cohen, L.H., Sargent, M.M. and Sechrest, L.B. (1986). Use of psychotherapy research by professional psychologists. *American Psychologist, 41,* 198-206.

Cooper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy.* London: Sage.

Curtin, L. and Hargrove, O.S. (2010). Opportunities and Challenges of Rural Practice: Managing Self amid Ambiguity. *Journal of Clinical Psychology: In session, 66(5),* 549-561.

Denzin, N.K. (1989). *Interpretive Biography.* Beverly Hills, CA: Sage.

Denzin, N.K. (2009). The elephant in the living room: or extending the conversation about the politics of evidence. *Quantitative Research*, *9,* 139-160.

DeYoung, P.A. (2015). *Relational Psychotherapy* (2nd Edition). New York: Routledge.

Dineen, T. (2002). The Psychotherapist and the Quest for Power: How Boundaries Have Become an Obsession. In: Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy,* 115-139*.* New York: Springer.

Division of Counselling Psychology. (2005). *Professional Guidelines for Counselling Psychologists.* Leicester: British Psychological Society, Division of Counselling Psychology.

Eisner, E. (1998). *The Enlightened Eye.* New York: Macmillan Publishing Group.

Elliot, M. and Williams, D. (2003). The client experience of counselling and psychotherapy. *Counselling Psychology Review*, *18(1),* 34-38.

Elliot, R., Fischer, C.T. and Rennie, D. (1999). Evolving guidelines for publication of quantitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38(3),* 215-229.

Ellis, C. (1995). *Final Negotiations: A Story of Love and Chronic Illness.* Philadelphia: Temple University Press.

Ellis, C. (2007). Telling secrets, revealing lives. Relational ethics in research with intimate others. *Qualitative Inquiry, 13*, 3-29.

Ellis, C. and Bochner, A. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In: Denzin, N.K. and Lincoln, Y.S. (Eds). *Handbook of Qualitative Research* (2nd Edition). Thousand Oaks, LA: Sage.

Etherington, K. (1996). The counsellor as researcher: boundary issues and critical dilemmas. *British Journal of Guidance and Counselling*, *24,* 339-346.

Etherington, K. (2000). *Narrative Approaches to working with Adult Male Survivors of Child Sexual Abuse. The Client's, the Counsellor's and the Researcher's Story*. London: Jessica Kingsley.

Etherington, K. (2001). Research with ex-clients: a celebration and extension of the therapeutic process. *British Journal of Guidance and Counselling*, *49(1),* 5-19.

Etherington, K. (2004). *Becoming a Reflexive Researcher*. London: Jessica Kingsley.

Etherington, K. (2006). Chicken or eggs? A follow-up case exploring links between physical and psychological impact of Tourette's syndrome and sexual abuse. *Counselling and Psychotherapy Research*, *6(2),* 138-145.

Etherington, K. (2007). Ethical Research in Reflexive Relationships. *Qualitative Inquiry, 13,* 599-616.

Etherington, K. and Bridges, N. (2011). Narrative case study research: On endings and six session reviews. *Counselling and Psychotherapy Research*, *11(1),* 11-12.

Fay, A. (2002). The Case against Boundaries in Psychotherapy. In: Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy,* 146-169. New York: Springer.

Feltham, C. (2000). The Therapist as Researcher and Inquirer. In: Feltham, C. and Horton, I. (Eds). *Handbook of Counselling and Psychotherapy*, 710-713. London, Sage.

Fox, M., Martin, P. and Green, G. (2007). *Doing Practitioner Research.* London: Sage.

Frank, A.W. (2000). The Standpoint of Storyteller. *Qualitative Health Research*, *10(3),* 354-365.

Frank, A.W. (2013). *The Wounded Storyteller* (2nd Edition). Chicago University of Chicago Press.

Gabriel, L. (2005). *Speaking the Unspeakable. The ethics of dual relationships in counselling and psychotherapy.* East Sussex: Routledge.

Gabriel, L. (2009). Relational, ethics, boundary riders and process sentinels allies for ethical practice. In: Gabriel, L. and Casemore, R. (Eds). *Rational Ethics in Practice,* 8-22. London: Routledge.

Gabriel, L. and Casemore, R. (2009). (Eds). *Relational Ethics in Practice. Narratives from Counselling and Psychotherapy.* London: Routledge.

Gale, J. (1992). When research interviews are more therapeutic than therapy interviews. *The Qualitative Report, 1,* 31-38.

Garett, T. (1994). Sexual contact between Psychologists and their patients. In: Clarkson, P. and Pokorny, M. (Eds). *The Handbook of Psychotherapy*. London: Routledge.

Geertz, C. (1993). *The Interpretation of Culture*. London: Fantana Press.

Gergen, K.J. (1982). *Toward Transformation in Social Knowledge*. New York: Springer-Verlag.

Gerhart, D., Tarragona, M. and Bava, S. (2007). A Collaborative Approach to Research and Inquiry. In: Anderson, H. and Gerhart, D. (2007). (Eds). *Collaborative Therapy,* 367-390. New York: Routledge.

Gilbert, P. (2010). *The Compassionate Mind, Compassion Focused Therapy*. London: Constable.

Gottlieb, M.C. (1993). Avoiding Exploitative Dual Relationships: A Decision-Making Model. *Psychotherapy, Research, Practice, Training. 30(1),* 41-45.

Gottlieb, M.C. and Younggren, J.N. (2009). Is there a slippery slope? Considerations regarding multiple relationships and risk management. *Professional Psychotherapy Research and Practice*, *40,* 564-571.Grant, J. and Crawley, J. 2003 Transference and Projection. 2nd ed. Maidenhead: Open University Press.

Granfanki, S. (1996). How research can change the researcher: the need for sensitivity, flexibility and ethical boundaries in conducting qualitative research in counselling psychotherapy. *British Journal of Guidance and Counselling*, *24,* 329-388.

Grant, J. and Crawley, J. (2002). *Transference and Projection*. London Open University.

Greenberg, L.S., Rice, L.N. and Elliot, R. (1993). *Facilitating Emotional Change: The Moment-by-moment Process*. New York: Guildford Press.

Guillemin, M. and gillam, L. (2004). Ethics, reflexivity and ethically important moments in research. *Qualtitative Inquiry, 10(2),* 261-280.

Gutheil, T.G. and Brodsky, A. (2008). *Preventing Boundary Violations in Clinical Practice.* New York: Guildford.

Gutheil, T.G. and Gabbard, G.O. (1993). The concept of Boundaries in Clinical Practice: *American Journal of Psychotherapy*. *150,* 188-196.

Halverson, G. and Brownlee, K. (2010). Managing ethical considerations around dual relationships in small rural and remote Canadian communities. *International Social Work, 53 (2),* 27-260.

Harper, D. (2009) Online etymology dictionary. Available at www.etymonline.com

Harris, R.S. (2002). Dual Relationships and University Counselling Centre Environments. In: Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy,* 337-348. New York: Springer.

Hart, N. and Crawford-Wright, A. (1999). Research as therapy, therapy as research: ethical dilemmas in new paradigm research. *British Journal of Guidance and Counselling*, *27,* 205-215.

Hayes, S.C., Strosahl, K.D. and Wilson, K.G. (2016). *Acceptance and Commitment Therapy, Second Edition*: *The Process and Practice of Mindful Exchange*. New York: Guildford Press.

Heimann, P. (1950). *On Counter Transference*. International Journal of Psychoanalysis, 31:81.

Helgeland, J.M. (2005). Catch 22 of research ethics: ethical dilemmas in follow-up studies of marginal groups. *Qualitative Inquiry, 11*, 549-569.

Hertz, R. (1997). *Reflexivity and Voice*. London: Sage.

Heyward, C. (1994). *When Boundaries Betray Us.* New York: Harper San Francisco.

Hillman, J. (1994). *Healing fiction*. New York: Spring Publications Inc.

Holmes, J. (2000). The Relationship in Psychodynamic Counselling. In: Feltham, C. (Ed). *Understanding the Counselling Relationship*, 33-54. London: Sage.

Hyman, S.M. (2002). The Shirtless Jock Therapist and the Bikini-clad Client: An Exploration of Chance Extra Therapeutic Encounters. In: Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy,* 348-360. New York: Springer.

Jacobs, M. (1992). *Sigmund Freud*. London: Sage.

Jacobs, M. (1995). *D. W. Winnicott*. London: Sage.

Jacobs, M. J. (2012). *The Presenting Past: The Core of Psychodynamic Counselling and Therapy.* (4th Edition). Berkshire: Open University Press.

Johnson, W. B. and Johnson, S. J. (2017). Unavoidable and Mandated Multiple Relationships in Military Settings. In: Zur, O. (2017). (Ed). *Multiple Relationships in Psychotherapy and Counselling*, 49-61. New York: Routledge.

Josselson, R. (1996). (Ed). *Ethics and Process in the Narrative study of Lives (vol. 4).* London: Sage.

Josselson, R. (2013). (Ed). *Interviewing for Qualitative Inquiry. A Relational Approach*. New York: Guildford Press.

Kabat-Zinn, J. (1994). *Wherever you go, there you are*. London: Piatkus.

Kahr, B. (1996). *D. W. Winnicott: A Biographical Portrait*. London: Kornac Books.

Kelly, L. (1988). *Surviving Sexual Violence*. Cambridge: Polity Press.

Kertész, R. (2017). Dual Relationships in Psychotherapy in Latin America. In: Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy*, 329-337. New York: Springer.

King, E. (1996). The use of self in qualitative research. In: Richardson, J.T.E. (1996). (Ed). *Handbook of Qualitative Research for Psychology and the Methods Social Sciences,* 175-188. Leicester: BPS.

Kitchener, K. S. (1988). Dual Role Relationships: What Makes Them so Problematic? *Journal of Counselling and Development*, *67(4),* 217-21.

Kitson, C. and Sperlinger, D. (2007). Dual relationships between clinical psychologists and their clients: A survey of UK clinical psychologists' attitudes. *Psychology and Psychotherapy: Theory, Research and Practice, 80 (2),* 279-295.

Koocher, G.P. and Keith-Spiegel, P. (1998). *Ethics in Psychology. Professional Standards and Cases* (2nd Edition). New York: Oxford University Press.

Koocher, G.P. and Keith-Spiegel, P. (2016). *Ethics in Psychology. Professional Standards and Cases.* (4th Edition). New York: Oxford University Press.

Kottler, J. (2003). *On being a therapist* (3rd Edition). San Francisco, CA: Jossey-Bass.

Kruger, A. (2007). An introduction to the ethics of gestalt research with informants. *European Journal for Qualitative Research in Psychology, 2,* 17-22.

Kvale, S. (1996). (Ed). *Psychology and Post-Modernism.* London: Sage.

Kvale, S. (2007). *Doing Interviews.* Thousand Oaks, CA: Sage.

Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy.* New York: Springer.

Lazarus, A. A. and Zur, O. (2002b). 'Appendix A. Summary of Key Points'. In: Lazarus, A. A. and Zur, O. (Eds). *Dual Relationships and Psychotherapy,* 469-472. New York: Springer.

Lerner, H. (2004). *The Dance of Anger. A Woman's Guide to Changing the Pattern of Intimate Relationships.* London: Harper Collins.

Llewellyn, R. (2002). Sanity and Sanctity. The Counsellor and Multiple Relationships in the Church. In: Lazarus, A. A. and Zur, O. (2002a). (Eds). *Dual Relationships and Psychotherapy,* 298-315. New York: Springer.

Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic Inquiry.* Newbury Park, CA: Sage

Publications.

Loh, J. (2013). Inquiry into the issues of trustworthiness and quality in narrative studies: a perspective. *The Qualitative Report, vol.18, 65,* 1-115.

Lomas, P. (1981). *The Case for a Personal Psychotherapy*. Oxford: Oxford University Press.

Lynch, G. (1999). Dual Relationships in Pastoral Counselling. In: Lynch, G. (Ed). *Clinical Counselling in Pastoral Settings*, 79-93. London: Routledge.

Mair, M. (1989). *Beyond Psychology and Psychotherapy: A Poetics of Experience*. London: Routledge.

McBride, K. (2008). *Will I Ever Be Good Enough? Healing the Daughters of Narcissistic Mothers*. New York: Free Press.

McCutcheon, J. L. (2017). Multiple Relationships in Police Psychotherapy: Common, Unavoidable and Navigable Occurrences. In: Zur, O. (2017). (Ed). *Multiple Relationships in Psychotherapy and Counselling*, 61-72. New York: Routledge.

McLeod, J. (1997). *Narrative and Psychotherapy*. London: Sage.

McLeod, J. (1998). *An Introduction to Counselling.* (2nd Edition). Buckingham: Open University Press.

McLeod, J. (1999). *Practitioner Research in Counselling.* London: Sage.

McLeod, J. (2003). *Doing Counselling Research*. London: Sage.

McLeod, J. (2010). *Case Study Research in Counselling and Psychotherapy.* London: Sage.

McLeod, J. (2011). *Qualitative Research in Counselling and Psychotherapy* (2nd Edition). London: Sage.

Mearns, D. (2003). *Developing Person-Centred Counselling* (2nd Edition). London: Sage.

Mearns, D. and Thorne, B. (2000). *Person-Centred Therapy Today. New Frontiers in Therapy and Practice.* London: Sage.

Mearns, D. and Cooper, M. (2005). *Working at Rational Depth in Counselling and Psychotherapy*. London: Sage.

Mishler, E.G. (1991). Representing Discourses: The Rhetoric of Transcription. *Journal of Narrative and Life History, 1 40,* 255,280.

Mishler, E.G. (1999). *Storylines Craftartists` Narratives of Identity.* Cambridge, MA and London: Harvard University Press.

Morrow-Bradley, C. and Elliot, R. (1986). Utilisation of psychotherapy research by practicing psychotherapist. *American Psychologist*, *41(2),* 188-197.

Moustakas, C. (1990). *Heuristic Research: Design, Methodology and Applications*. London: Sage.

Murdin, L. (2010). Understanding Transference. 1st ed. London: Palgrave Macmillan.
Orbach, S. (2010). *Bodies (Big Ideas)*. London: Profile Books Ltd.

Orlans, V. and Van Scoyoc, S. (2009). *A Short Introduction to Counselling Psychology*. London: Sage.

Paulson, B. L., Truscott, D. and Stuart, J. (1999). Client's perceptions of helpful experiences in counselling. *Journal of Counselling Psychology*, *3,* 317-324.

Polanyi, M. (1967). *The Tacit Dimension*. London: Routledge and Kegan Paul.

Polkinghorne, D. E. (1995). Narrative Configuration in Qualitative Analysis. *International Journal of Qualitative Studies in Education, 8(1),* 5-23.

Polkinghorne, D. E. (2007). Validity Issues in Narrative Research. *Qualitative Inquiry*, *13,* 471-486.

Pope, K. S. (1985). Dual Relationships: A violation of ethical, legal and clinical standards. *California State Psychologist*, *20,* 1-3.

Pope, K. S., Tabachnick, B.G. and Keith-Spiegel, P. (1987). Ethics of Practice: The beliefs and behaviours of psychologists as therapists. *American Psychologist, 42 (11),* 993-1006.

Pope, K. S. and Spiegel, P. (2008). A Practical Approach to Boundaries in Psychotherapy: Making Decisions, Bypassing Blunders, and Mending fences. *Journal of Clinical Psychology, 64(5),* 638-652.

Pope, K. S. and Vasquez, M. J. T. (1998). *Ethics in Psychotherapy and Counseling. A Practical Guide* (2nd Edition). New Jersey: John Wiley and Sons, Inc.

Pope, K. S. and Vasquez, M. J. T. (2016). *Ethics in Psychotherapy and Counseling. A Practical Guide* (5th Edition). New Jersey: John Wiley and Sons, Inc.

Pope, K. S. and Vetter, V. A. (1992). Ethical dilemmas encountered by members of the American Psychological Association. A national survey. American Psychologist, 47, 397-411.

Rennie, D. L. (1992). Qualitative Analysis of the Client's Experience of Psychotherapy: The Unfolding of Reflexivity. In: Toukmanian, S. G. and Rennie, D. L. (Eds). *Psychotherapy Process Research Paradigmatic and Narrative Approaches,* 211-233. London: Sage.

Rennie, D. L. (1998). *Person-Centred Counselling. An Experiential Approach*. London: Sage.

Renzetti, C. and Lee, R. (1993). (Eds)*. Researching Sensitive Topics*. London: Sage.

Riessman, C.K. (2008). *Narrative Methods for the Human Sciences.* Thousand Oaks, CA. Sage.

Riva, S. (2005). *The Client's Journey of Therapy: An exploration of client's experiences of therapy.* Unpublished masters research, Roehampton University.

Rogers, C.R. (1951). *Client-Centred Therapy*. London: Constable.

Rogers, C.R. (1961). *On Becoming a Person: A therapist's view of psychotherapy*. London: Constable.

Rogers, C. R. (1980). *A Way of Being*. Boston, MA: Houghton Mifflin.

Rowan, J. and Cooper, M. (1999). (Eds). *The Plural Self Multiplicity in Everyday Life*. London: Sage.

Rowan, J. (2005). *The transpersonal: spirituality in psychotherapy and counselling*. (2nd Edition). London and New York: Routledge.

Rutter, P. (1990). *Sex in the Forbidden Zone.* London*:* Unwin Paperbacks.

Rycroft, C. (1968*). A Critical Dictionary of Psychoanalysis*. Harmondsworth: Penguin Books.

Ryle, A. (1995). *Cognitive Analytic Therapy: Developments in Theory and Practice*. West Sussex: Wiley.

Ryle, A. and Kerr, A. (2002). *Introducing Cognitive Analytic Therapy: Principles and Practice (Psychology)*. West Sussex: Wiley.

Sands, A. (2000). *Falling for Therapy*. London: Macmillan Press Ltd.

Sanders, R. K. (2017). Multiple Relationships in Faith Communities. In: Zur, O. (2017). (Ed). *Multiple Relationships in Psychotherapy and Counselling*, 108-118. New York: Routledge.

Schank, J.A. and Skovholt, T.M. (1997). Dual-Relationship Dilemmas of Rural and Small-Community Psychologists. *Professional Psychology: Research and Practice*, *28(1),* 44-49.

Simons, H. (2009). *Case Study Research in Practice*. London: Sage.

Skinner, J. (1998). Research as a counselling activity? A discussion of some of the uses of counselling within the context of research on sensitive issues. *British Journal of Guidance and Counselling*, *26(4),* 533-540.

Smith, D. and Fitzpatrick, M. (1995). Patient-Therapist Boundary Issues: An Integrative Review of Theory and Research. *Professional Psychology: Research and Practice. 26(5),* 499-506.

Sonne, J. L. (1994). Multiple Relationships: Does the new ethics code answer the right questions? *Professional Psychology: Research and Practice*, *25,* 336-343.

Sonne, J. L. (2007). Nonsexual Multiple Relationships: A Practical Decision-Making Model for Clinicians. *The Independent Practitioner: Fall,* 187-192.

Sparkes, A.C. and Smith, B. (2009). *Judging the quality of qualitative inquiry: Criteriology and relativism in action. Psychology of Sport and Exercise*, 1-7.

Speedy, J. (2000). *Singing over the bones: an exploration of the relationship between counselling research and counsellor education.* Unpublished PhD dissertation, University of Bristol.

Spinelli, E. (1994). *Demystifying therapy*. London: Constable.

Starhawk (1987). *Truth or Dare: Encounters with Power, Authority and Mystery*. San Francisco, Harper and Row.

Syme, G. (2003). *Dual Relationships in Counselling and Psychotherapy*. London: Sage.

Thorne, B. (1991). *Person-Centred Counselling: Therapeutic and Spiritual Dimensions*. London: Whurr Publishers.

Trepper, T. S. (1990). In celebration of the case study. *Journal of Family Psychotherapy*, *(1),* 5-13.

Tomm, K. (1993). The ethics of dual relationships. *The California Psychologist, January, February*, 7-89.

Tudor, K. (1999). “I’m okay, you’re okay – and they’re okay”. Therapeutic Relationships in Transactional Analysis. In: Feltham, C. (1999). (Ed). *Understanding the Counselling Relationship*, 90-119. London: Sage.

Tudway, J. (2009). Relational ethics from a cognitive behavioural perspective. In: Gabriel, L. and Casemore, R. (2009). (Eds). *Relational Ethics in Practice. Narratives from Counselling and Psychotherapy*, 158-165. London: Routledge.

United Kingdom Council for Psychotherapy (UKCP). (2009). *UKCP Ethical Principles and Code of Professional Conduct.* London: UKCP.

Wehr, G. (1985). *Jung: a Biography.* Boston: Shambhala.

West, W. (2011). Using the tacit dimension in qualitative research in counselling psychology. *Counselling Psychology Review, 26(4),* 41-46.

West, D. (2012). *Signs of Hope. Deafhearing Family Life*. Newcastle upon Tyne: Cambridge Scholars Publishing.

White, M. and Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: Norton.

Wilber, K. (2006). *Integral spirituality*. Boston and London: Integral Books.

Williams, M. H. (1997). Boundary violations: Do some contended standards of care fail to encompass commonplace procedures of humanistic, behavioural, and eclectic psychotherapies? *Psychotherapy, 34,* 238-249.

Wilson, K.G. (2011). *Mindfulness for Two: An Acceptance and Commitment Therapy Approach to Mindfulness in Psychotherapy*. Oakland: New Harbinger Publications.

Wosket, V. (1999). *The Therapeutic Use of Self Counselling Practice, Research and Supervision*. London: Routledge.

Yalom, I. D. (1980). *Existential Psychotherapy*. New York: Basic Books.

Yalom, I.D. (1985). *The Theory and Practice of Group Psychotherapy.* New York: Basic Books.

Yalom, I. D. (1989) *Love's Executioner*. New York: Basic Books.

Yalom, I. D. (2001). *The Gift of Therapy: Reflections on Being a Therapist.* London: Piatkus.

Younggren, J. N. (2002). Ethical Decision Making and Dual Relationships. [Online]. Available at: *http:kspope.com.*

Younggren, J. and Gottlieb, M. (2017). Mandated Multiple Relationships and Ethical Decision Making. In: Zur, O. (2017). (Ed). *Multiple Relationships in Psychotherapy and Counselling,* 30-44. New York: Routledge.

Zur, O. and Lazarus, A.A. (2002). Six Arguments against Dual Relationships and Their Rebuttals. In: Lazarus, A. A. and Zur, O. (Eds). *Dual Relationships and Psychotherapy,* 3-24. New York: Springer.

Zur, O. (2002). How consensus regarding the prohibition of dual relationships has been contrived. In: Lazarus, A. A. and Zur, O. (Eds). *Dual Relationships and Psychotherapy*, 449-462. New York: Springer.

Zur, O. (2017). (Ed). *Multiple Relationships in Psychotherapy and Counselling*. New York: Routledge.

Appendix A

APPENDIX A

Notes/ Reflections 23/11/13

Following interview 1.

1) I was immedy pulled into their family dynamics. Was I aware of that at time? Who was in control? Makes me feel somewhat anxious.

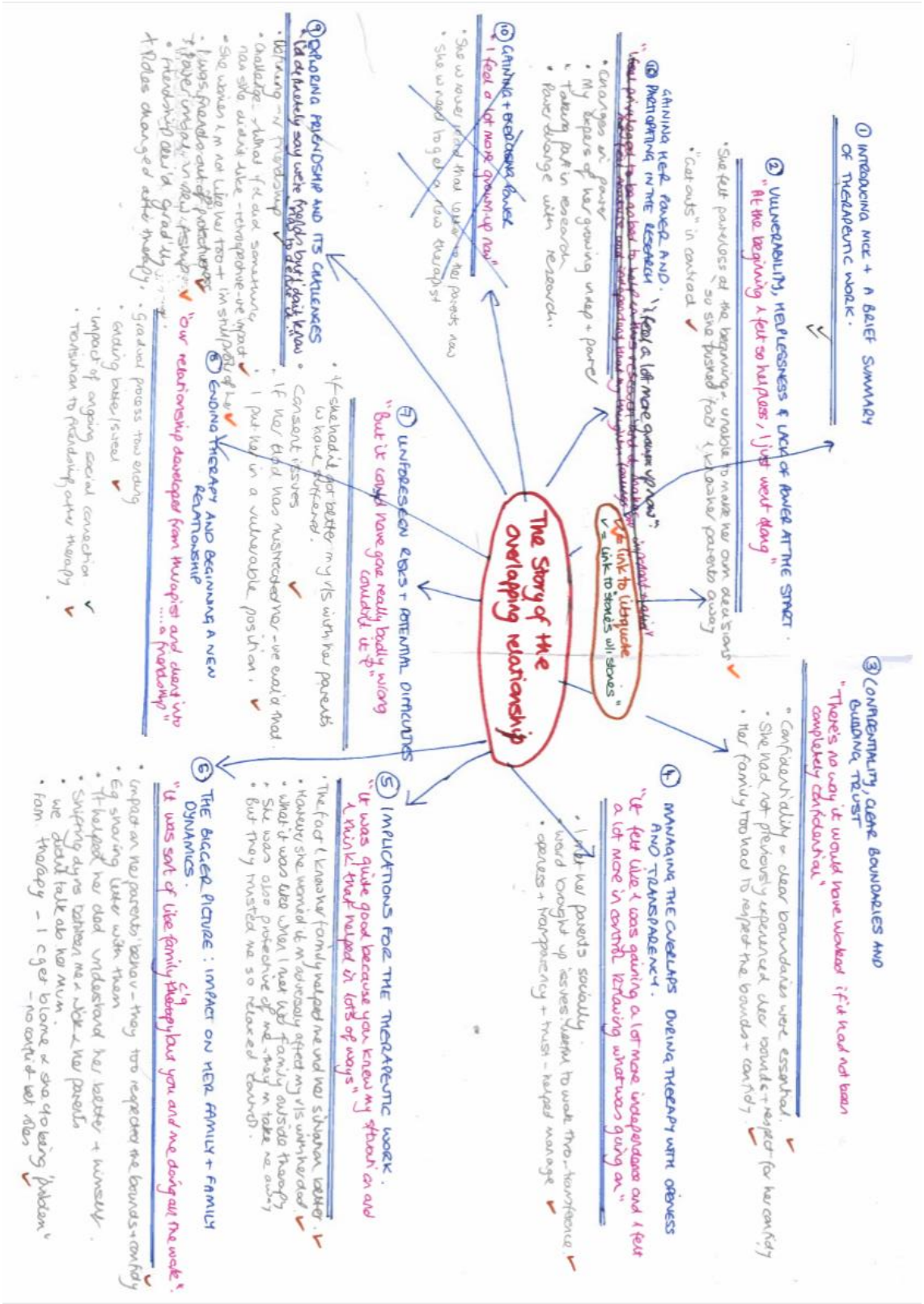
2) She was so vulnerable and helpless at the start - did she decide she wanted to see me? Power! She has come so far! That was hard to hear and emotional. I feel responsibility retrospectively.

3) She worried about protecting ~~her~~ my relationship with her parents. What is that about? Did that cause problems I didn't foresee?

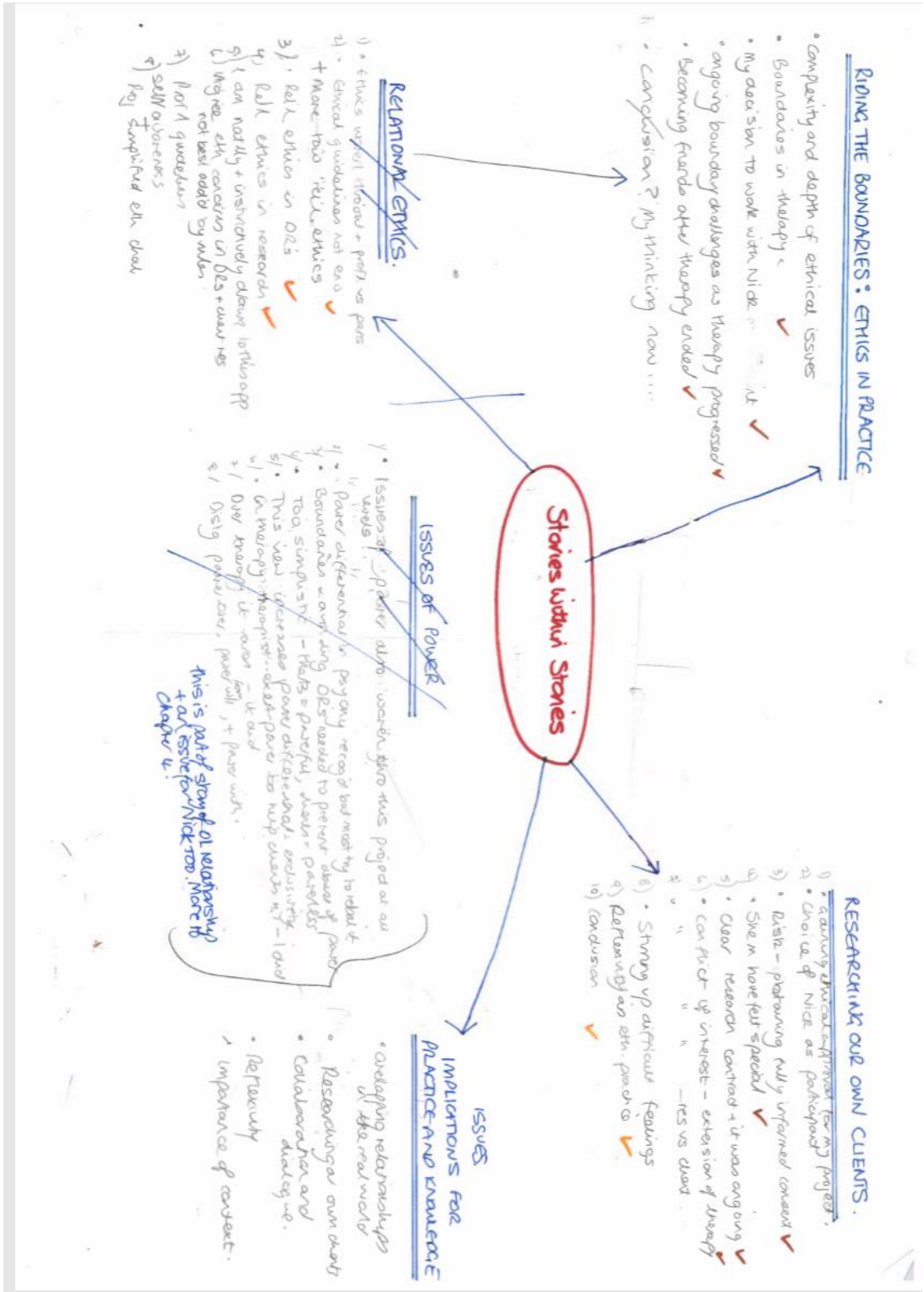
4) Confidentiality and trust and openess!!! these were so important.

5) She's thought about this a lot. I think she wants to explore these issues.

Appendix B


The Story of the overlapping relationship
① Introducing Nick + a brief summary of therapeutic work.
② Vulnerability, helplessness & lack of power at the start.
"At the beginning I felt so helpless, I just went along"
③ Confidentiality, clear boundaries and building trust
"There's no way it would have worked if it had not been completely confidential"
④ Managing the overlaps during therapy with openness and transparency.
⑤ Implications for the therapeutic work.
"It was quite good because you knew my stance on and I think that helped in lots of ways"
⑥ The bigger picture: impact on her family + family dynamics.
"It was sort of like family therapy but you and me doing all the work"
⑦ Unforeseen risks + potential difficulties
"But it could have gone really badly wrong couldn't it?"
⑧ Ending therapy and beginning a new relationship
"Our relationship developed from therapist and client into a friendship"
⑨ Exploring friendship and its challenges
⑩ Gaining + becoming aware
"I feel a lot more grown up now"
Gaining her power and beginning the research
"I feel a lot more grown up now"
link to literature
= link to stories w/ stones

Appendix C


Stories within Stories
RIDING THE BOUNDARIES: ETHICS IN PRACTICE
Complexity and depth of ethical issues
Boundaries in therapy
My decision to work with Nick
Ongoing boundary challenges as therapy progressed
Becoming friends after therapy ended
Conclusion? My thinking now
RESEARCHING OUR OWN CLIENTS.
Choice of Nick as participant for my project
Risks - protecting fully informed consent
Size m how felt special
Clear research contract + it was ongoing
Conflict of interest - extension of therapy
Stirring up difficult feelings
Reflexivity and ethical practice
Conclusion
RELATIONAL ETHICS.
ISSUES OF POWER
ISSUES
IMPLICATIONS FOR PRACTICE AND KNOWLEDGE
developing relationships
Reconsidering our own clients
Collaboration and dialogue.
Reflexivity
Importance of context.
this is part of strength of relationship + a possible form Nick too. More in chapter 4.

Appendix D

Dear Sharon.

When I used to hear people talk about taking time out to discover themselves I always thought I never needed to do that as I already knew myself quite well. However, when I broke down at [redacted] I felt so confused and alone, I didn't feel like [redacted] anymore. I now understand I was using myriad of unhealthy coping techniques to reconfirm the belief that I was a 'problem' that need to be made 'better'.

Mu main fear I had when I came to see you was that once I got rid of my 'problems'; my eating disorder, excessive drinking, mood swings, I would lose my sense of self. I've always been quite happy with the person who I am, despite my lows and anxiety, and I thought if I was no longer 'little [redacted]' (physically and emotional) people would no longer care for me as much. To some extent this proved truthful- once I started showing I was an individual and I had my own needs, my dad and [redacted] didn't know how to cope, so in am way rebelled. It has taken a lot of time and energy to get to where I am now and I realise it is not always going to be easy. You told me you can't change other people and I found this frustrating and unfair, why did I have to be the one doing all the work? Nevertheless, after reconfirming my new stance in life I can see people changing with me, although not as quickly as I would have once wished.

I still feel like an outsider an emotion, which two years ago, I would not have wanted to feel anymore. Yet now I embrace it, I'm never going to be one of the crowd and, to be honest, I don't ever want to be. I'm still not sure how I feel about my eating disorder and still not totally comfortable about putting myself first. It's a way of life I've been living my adult life. Yet I do believe, once I start living a more 'adult' life; responsibilities with work, getting more used to living with [redacted] and gaining a healthy distance from my parents, I will feel more comfortable to totally let go of my old friend bulimia and replace it with a loving friendship with just myself.

The last two years have not been what I expected, I thought it would suddenly click and I'd be 'better', however, it's taken all this time and I think if you asked my dad he wouldn't think I was completely cured. I believe I almost am, and for the areas in my life which aren't perfect, I look forward to being my own therapist and making the last few steps by myself. I take the comfort in realising I now cope better when things aren't going so well and I don't dwell on things as much as I used to.

Because of my past experiences with doctors and therapists I was pessimistic about seeing you. I'd signed up to being an incurable problem long ago. The way you led me to understand I had difficulties I found hard to cope with and the reasoning behind my beliefs was not unfounded made

Appendix D (continued)

it easier for me to travel every week and put my life on hold for a while. I believe it has been worth it and I can now go on the live a more fulfilled life.

It gives me a massive boost of confidence knowing that you know all my deepest darkest secrets and you still like me and you don't think I'm a freak. I thank you so much for your support and friendship and making me realise I'm worth something. I'm so sad to say goodbye, but I know there will always be a little Sharon in my head challenging my irrational thoughts and we have made a connection which cannot be erased.

Thank you