# The Dual Relationship in Counselling: Its Manifestations, Impact and Channeling

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## Abstract

Counselling associations have developed reasonable comprehensive ethics and standards of practice. These ethical issues are an integral component of professional practice. In this light, the principles form a sound base for ethical decision-making. These ethical principles are essential as they enlighten the counsellor on the expectations required of him/her and the consequences involved in case of malpractice. According to Patterson and Welfel, ethical codes inform professionals about what behaviours are ethical or unethical, ethical principles explain why behaviours have been so hobbled and include primary values shared by the profession and its reason for existence. In other words, these ethical issues are what make the person a practicing professional, and define professionalism in counselling. In this paper, the focus is on one ethical issue: the dual relationship in counselling.

## The Dual Relationship

Dual relationship in counselling is the existence of a two-way therapeutic link between a client (a person who uses the services or advice of a person or organization[1]) and a counsellor (a person who advises/helps people with personal problems)[2]. The relationship includes three parties namely: the client (patient), the counsellor (healer) and the social group of the counselee. Corey (1991) says that the professional relationship with clients exists for their (the clients') benefit. It is the clients' expectation to get help from the counsellor without risking exploitation[3]. This implies that the therapist will have a degree of "therapeutic distance" or objectivity, and primarily be concerned with the clients' welfare.

Corey (1991) advances that an ethically sensitive counsellor recognizes his/her own needs areas of unfinished business, potential conflicts, differences, and vulnerability. Furthermore, s/he makes an effort to achieve self-awareness, and struggles to realize such factors that may interfere with the helping role. There are key factors that should be considered under the dual relationship in counselling. These are as follows:

### a) Social and personal relationships with clients

This is an issue of problematic relationships – where the client is a relative, a friend or happens to have some other ties with the counsellor apart from the counselling relationship. Ethical standards clearly stipulate that relationships in which the objectivity or professional judgement of the counsellor may be compromised are unethical. Corey (1991) argues that although there is some therapeutic value in friendship, it is not easy to focus on the counselling relationship and at the same time maintain the personal relationship with the client. Since it will not be easy for the therapist to be effective in the healing process, the obvious expectation is poor therapeutic results. In addition to this, it will be difficult for the counsellor to maximize the use of certain therapeutic skills on the client (such as confrontation and challenging) that they are familiar with because of the social ties.

Consequently, a counsellor needs to have proper awareness of his or her own motivations and those of the client before entering into a social relationship. S/he also needs to be honest in his/her assessment of the impact of the social relationship in a therapeutic

relationship. By doing so, an honest therapist will be able to say no to motivations which will not benefit the client. S/he should also confront non-therapeutic motives of a client who exhibits other agenda. We may consider an African case in the Luyia community (western Kenya): fathers, mothers, uncles, aunts and peer groups had special roles depending on the problem at hand.

**b) Touching as part of the client/therapist relationship**

Current physical ailments relate the problem to a particular part on the body. Corey (1991) argues that though erotic contact with clients is unethical, non-erotic contact is considered to have significant therapeutic value. In this regard, it is a step in the communication of empathy and the understanding of what the client is going through. This brings a sense of being cared for, accepted and understood.

Holryod and Brodsky (1977:211) suggested four general categories of appropriate non-erotic contacts with clients.

- The first category is a non-erotic contact that is beneficial to socially and emotionally immature clients (such as those with maternal deprivation). In fact, this is a way of giving such individuals a chance to experience therapeutic non-exploitative love, care and understanding (that which they had no chance to experience) as part of therapy.
- The second category concerns the counselling of people in crises: for example, people going through grief or trauma. In this case, it is a way of communicating empathy to such persons and helping them through their emotions by offering a shoulder on which to express them (a shoulder to lean on).
- Thirdly, when providing general emotional support. With this reason, the therapist is never to leave the client to go through any emotional experience alone but to demonstrate and provide support by recognizing the client's feelings accurately, and help him/her through the same.
- Finally, greeting at the beginning and at the end of the sessions. This is to communicate a good gesture and warmth. Furthermore, even hugging the client where no negative social implications can arise is commendable.

Accurate empathic understanding is communicated through touch to elaborate more on the therapist's participation in what the client is going through, particularly in emotional experiences. However, it also raises questions of there being a possibility of eliciting dependency and/or being misconstrued as an intention to erotism. There are also taboos that clients hold depending on personal values. This can be a violation of the client's space (personal/social). Holryod and Brodsky (1977) however maintains that it is difficult to determine whether non-erotic hugging, kissing and affectionate touch will elicit erotic contact, and that therapeutic techniques that are preserved for one gender can be suspected to be sexist.

The above statement points to the unpredictability of determining what a client would conclude or draw from a non-erotic touch from a therapist. It also points to the fact that if touching is only reserved for clients of the same gender then it beats the logic of equality and non-discrimination of clients based on gender and sexual orientation. Our view is that this can be resolved through social group support. The case of schizophrenia among the Luyia community can be used to illustrate the power of touching in the therapeutic relationship and the management of client exploitation. Schizophrenia is a behavioural disorder characterized by psychotic symptoms such as delusions, hallucinations and functional impairment (Gelder, et. al.; 1999). Epidemiologically[4], it is more frequent in middle-aged men than women, and more in elderly women than old men. Its prevalence is higher in economically deprived communities.

Among some Luyia sub-groups, the therapeutic process involves the entire family and close relatives. The schizophrenic victim and the group would be involved in certain acts and

rituals in which specific parts of the body are touched. The specific parts are those that the victim reported as having ailments. Therefore, the healing process adopts a somatogenic perspective in which it is assumed that abnormal psychological functioning has causes. Apart from massaging, cuts are made on the body and plant sap and animal blood are squeezed and rubbed into the cuts. A cock or a hen (depending on the prescription of the healer) would be used to tap certain parts of the body; believed to be the centre of the problem. Since the healing process involves a group, there are no chances of individual exploitation.

The type of touching in the psychogenic perspective (in which the chief causes of abnormal functioning are fear and disappointment in love) as practiced by Anton Mesner in 1778 in Austria is likely to result in client exploitation. Mesner used hypnotism by introducing a trance-like mental state. During the process, the clients were placed in a darkened room with rods in bottles with chemicals. Mesner would then appear in a flamboyant costume, withdraw the rods and stroke them to the troubled area of the patient's body. The pain, numbness or paralysis disappeared (Comer, 1992). In this therapeutic relationship, the sufferer is helpless under hypnosis and can easily be exploited. This might be an explanation as to why the process was banned in Paris. In fact, Sigmud Freud discovered that what the patients went through under hypsnosis could as well happen in a waking state if the psychoanalyst insisted.

**c) Erotic and sexual contact with clients in dual relationship**

Counselling inevitably involves psychological intimacy rather than physical exposure and therefore requires trust. Corey (1991) is of the opinion that if a client/therapist relationship does develop into a relationship that could potentially be counter-therapeutic, then ethics call for the termination of the counselling, and referral to another professional. For this reason, clients expose much of their personal problems, some so deep, involving intimate relationships, struggles and other hardships they experience in life. In these, they are vulnerable. An unethical counsellor can take advantage of this situation. Such a case is a breach of conduct as is affirmed by the Kenya Counselling Association. According to the Kenya Counselling Association (2005:3):

> *...counsellors should make every effort to avoid dual relationships with clients if such relationships could impair professional judgement or increase the risk of exploitation. Examples of such relationships include but are not limited to business or close personal relationships with clients, sexual intimacy with clients ... and are prohibited.*

Gotlieb and Schoefeld (1989) assert that relationships with former clients are clearly unethical regardless of the time elapsed or the practioner's intention. When therapy loses its objectivity, there are personal difficulties that occur to the client for in the first place, clients are not helped and thus worsen. The worst part of it is that a client might shun therapy because of victimization by the counsellor. This will have added more problems due to the therapist's irresponsibility. On the contrary, clients at times see their therapists in transference as ideal people to replace their significant others, and instead of engaging in meaningful relationships, they get lost in the affection and attention that they get from the therapists. This leads to the loss of objectivity and the counsellors are asked to refuse to collaborate with such game playing and instead confront their clients on what is occurring there and then.

Welfel and Patterson (1994) maintain that counsellors are human and that it is not surprising for them to feel sexually attracted to their clients. However, experiencing such attraction is not unethical in itself, what is unethical is acting in favour of the attraction. To this, frank discussions can be of sufficient help as this conveys the openness of the person involved. Nonetheless, persistent sexual thoughts call for the termination of the relationship

and consequent referral to another professional. This is acting professionally for the common good of both parties (the therapist and the client).

On the other hand, there are cases where the dual relationshi; is expected to develop meaningful erotic and sexual contacts, these cases include sexual dysfunction, abnormality of sexual preference and disorders of gender identity. In this regard, Gelder, et. al. (1999) underline that it is experienced by 60% of men worldwide and therefore a major cause of paedophilia. This is the kind of sexual dysfunction that results in unhappy marriages, separation and divorce. It is also a major contributing factor in sexual abuse.

Among some Luyia sub-groups, the victim is assisted by the healer and the aunt of the victim to overcome the problem. The healing process involves the actual physical handling of the sexual organs of the sufferer. The aunt represents the social group of the victim and ensures that the sufferer is not exploited. The counselling process in this case is supposed to improve the motivation to obtain a sexual partner and derive pleasure from an erotic relationship. The ultimate goal is to achieve sexual function in which the individual is to develop the ability to engage in and enjoy a sexual behaviour. The use of the aunt is intended to protect the sufferer from exploitation but ultimately achieve reproductive capacity, which is the ability of the client to produce or bear offsprings.

Not only do men experience sexual disorders. Women also suffer sexual dysfunctions such as fragidity, organismic dysfunction, vaginismus and dyspaneuria. They require counselling to overcome these problems. This is an area in which they can be exploited.

In the case of vaginismus, the individual experiences painful spasm due to the contractions of the muscles around the vagina, especially due to the fear of sexual intercourse. This prevents the entry of the penis. In some Luyia subgroups, the dual relationship involves an aunt or a grandmother, thus preventing the counsellor (mostly male) from exploiting the female client.

**d) Values and modern counselling**

Counselling, along with many other ways of helping people, is becoming increasingly professionalized. Effective counselling requires much more than just the practice of particular verbal skills: counsellors need to know themselves well, they need to know other people well, they need to know a good deal about social institutions (and their influences) and they need to know about the forces in society, which create advantages and disadvantages. Many people become counsellors because they want to work with people in these ways. But if clients show clearly that they do not want the help and do not wish to change – for whatever reason – then counsellors have no business in imposing their views or use their skills, regardless of their expertise, insights or their ability to predict outcomes.

Behind the foregoing assertion lies the issue of values. Values may be thought of as the 'oughts', the ideals on which decisions are based. All individuals (including the counsellor and the client) behave in accordance with a set of values, whether these have been thought out and made explicit or not. According to Munro, et. al. (1988: 4), both parties (the counsellor and the patient) are concerned with four types of values: moral, social, legal and spiritual. Moral values are concerned with concepts of good and evil and often find expression in social values. We may subscribe to the idea that love is good and people express this socially in upholding the institutions of marriage and the family. The law may then support these values by regarding marriage as a legal contract, not to be broken easily, and by protecting children through laws relating to custody and maintenance. When these values are placed in a larger context, such as consideration of the meaning and purpose of life, the spiritual dimension exists.

In the case of modern counselling circumstances where there are no intermediaries, a few questions arise: Who is a good counsellor (how can a patient or bystander judge the pattern of counselling? What rights does a client have either in law or otherwise when s/he realizes an element of exploitation or genuine attraction? What rights does the counsellor have? Although there is no clear patter of personal qualities or characteristics that the effective counsellor must possess, the patient needs, among other things, to be able to differentiate between a good and a bad counsellor. A good counsellor, among other characteristics, ought to:

- be an active listener: one who attends to verbal and non-verbal communication,
- have good questioning skills – using simple and clear questions,
- be attentive,
- have the capability of summarizing important elements of a verbalization,
- have the ability to initiate and sustain communication (permits expression, is emotionally present, demonstrates confidence and ends the session smoothly,
- have good intervention skills: in exploring and identifying the client's goals, in assisting to translate problems into realistic goals, in engaging the client in planning for change and in assisting the client to develop alternative intervention plans,
- possess good leadership skills through modeling (demonstrating desirable behavior), blocking (ability to counteract undesirable behavior), focusing (keeping on desired course and content), mediation (resolving conflicts) and facilitation,
- possess the ability to understand the client's concerns: interpretation (offer explanation for feelings, thoughts or actions), conceptualization (synthesize the information about the client meaningfully) needs and evaluation (assessment of the client's needs), and
- demonstrate professional behavior (such as in appearance and conduct).

Munro, et. al. (1988: 25) advance that the following additional characteristics are desirable: flexibility, warmth, acceptance of others, open-mindedness, empathy, self-awareness, genuineness, respect for others, non-dominance and objectivity. According to Munro, et. al. (1988: 26), to state that these are essential is quite another matter. It is their opinion that a counsellor works within institutional limitations, where each agency preferably explicitly, but sometimes only implicitly, has its boundaries within which the counsellor is expected to function. They for example, argue that a church counselling agency may insist that its counsellors be committed Christians and that the spiritual dimension be an essential part of any counselling. Another example is: a school may insist on the right of parents to know that their children are receiving counselling and may place age limits on certain types of counselling, especially where there are laws to consider, as in a matter of discussing contraception. Often, then, the counsellor is placed in a situation of value conflict. The authors are of the opinion that:

> Researching [the qualities of a good counsellor] is complicated by a number of factors such as imprecision of language, problems of control and measurement, and usefulness of the results in other situations (ibid.).

These authors hold the view that in trying to describe the effectiveness of the effective counsellor, the best that can be done seems to be to supplement research findings with expert opinion, personal experience and common sense.

The questions of the rights of the counsellor and the client can be answered thus: each person has the right to follow his or her own conscience. Situations arise where either the patient or the counsellor contravene society's standards or break the law. These situations may take the form of conflict between duty to the client / counsellor and duty to society. Some of these situations include exploitation (sexual or otherwise), serious drug offenses, extensive theft, murder, hit-and-run driving.... It is in this light that if there's any room for judgement, then it should be actions rather than persons that are judged.

## Conclusion

Concepts, issues and challenges are just what they are – concepts, issues and challenges. However, they enable effective interaction when related to human relationships. This paper discussed therapeutic outcomes of dual relationships and the risks[5] thereof by detailing key factors[6] that should be considered in the dual relationship. From these, the base of any therapy is the formation of a counselling relationship with no other ties. A lot is indeed expected from both parties (the client and the counsellor), but our objective was to give a general idea of the dual relationship. We hope that this brief discussion has shown that the dual relationship in counselling is an exciting field of study to whoever is interested in relationships as a reflection of Man in all his/her colours – individual, social, communicative and so on. This paper therefore concludes that the dual relationship in counselling assumes responsibility, so much that the relationship must be guided by value judgement, trust, compassion, courage, love, honesty among other considerations.

## Notes

[1] According to the Oxford Advanced Learner's Dictionary.

[2] Ibid.

[3] By the counsellor.

[4] The scientific study of the spread and control of diseases is defined as epidemiology according to *The Oxford Advanced Learner's Dictionary*.

[5] This can be a breach of the code of ethics that govern the counselling profession.

[6] Including possible courses of action to be undertaken.

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