

The effects of sexual dual role relationships



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The Effects of Dual Relationships Rachel Argosy University PC6300

Professional and Ethical Issues August 8, 2011? Abstract It is quite common for counselors??™ to find themselves attracted to their clients; however, acting upon any urges can have damaging results. When counselors engage in sexual activities with their clients, they are violating their clients trust and abusing the power their clients have given them. This unethical conduct can leave both the client and the counselor feeling alone, isolated, ashamed, guilty, depressed, and confused.

This paper is an exploration about the issue of sexual role relationships. It includes a description of some of the adverse effects these relationships can have the client as well as the counselor. This paper also presents some of the preventative measures that counselors can take to protect themselves and their clients from this kind of harm. The Effects of Sexual Dual Role Relationships People who go to see therapists??™ are seeking help for various reasons. They are looking for help, answers, or advice, for problems they are having within themselves.

When clients walk through the door into psychotherapy, they are usually trying to find a solution to an issue they are having. They may be facing some of their fears, they might be courageously prepared to admit to their harsher truths, or maybe they plan to disclose some of their well-kept secrets. Whatever reason brought them there, these people are taking the necessary steps to help themselves find a solution to the problem they are having. Most people who pursue therapy do so with the expectation that they are entering into a safe and accepting environment with a person they can look up to, and will keep their interaction protected and confidential.

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They should also expect to feel respected and paid attention to by their mental health specialist. When therapists act out in abusive ways, whether it is physically, sexually, or emotionally, they jeopardize their genuineness and legitimacy as a trusted source for their client. It is extremely unethical to execute such unprofessional conduct and behavior because it exploits the client and it is taking advantage of the power the client gave to them in confidence and trust. These dishonorable actions can damage clients' mental states more so than when they began therapy.

It is not in the clients' best interests for a counselor to execute their power over them because by engaging in sexual relations, the counselors are exploiting them. This can be dangerous for the counselors as well as their clients because they are not just jeopardizing their clients' well-being, but they also put at risk their careers, reputation, their credibility, and in some cases, they can be imprisoned. A situation like this is unacceptable to most institutions and individuals who are in the counseling profession. This paper will explore some of the meanings of dual sexual relationships, reasons people engage in them, and a few of the common consequences that result because of them. A discussion of potential effects it has on the victims will also be included, as well as some preventative measures that counselors can take to avoid encountering this situation.

What is a sexual dual relationship? Dual role relationships involve counselors who have had a past, present, or future relationship with their clients outside of the treatment setting. Some dual relationships can be helpful in fostering role modeling, encouraging positive character development, and providing therapy in a quality way. However, these relationships become

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ethically problematic when they involve a conflict of interest (ACA, 3. 06, 2009).

Sexual misconduct occurs when therapists engage in sexual or romantic relationships with current clients, their clients'™ romantic partners, or their family members. Sexual contact ranges from various types of erotic contact, such as touching body parts, directly or through clothes, having sexual conversations, wearing provocative clothing, giving nonverbal sexual innuendos, or using seductive behaviors. Almost all professional codes of ethics prohibit sexual contact with clients (Heiden, 1993). According to Housman and Stake (1999), therapist-client sexual relations have had more harmful results to clients rather than helpful, and are seen as selfish and exploitative. The American Psychological Association (APA) requires psychologists to avoid acting in ways that can impair their professional judgment or increase the risk of exploiting their clients through dual relationships. Therefore, unless it is one of the most unusual circumstances the two-year wait period has passed since the therapeutic relationship, it is almost a guarantee that a sexual dual relationship will most likely cause damaging results and will not provide any benefits to the clients.

Consequences of Sexual Dual RolesIn regards to the topic of sexual dual relationships, many counselors have suffered severe consequences because they engaged in them and got caught or reported.

Clients'™ have accused therapists of many wrongdoings, especially regarding the topic of inappropriate sexual contact. Some accusations that people have made against counselors are sexual harassment, sexual involvement, and sexual discrimination (Bartel & Rubin, 1990). Psychologists

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have faced civil and criminal law and clients have gone to the ethics and licensing boards with complaints about their therapists behaviors. They have dealt with substantial financial and professional liability suits, and aside from malpractice lawsuits as well as revoked licenses, counselors have been charged with felony convictions, expulsion from professional organizations, loss of insurance coverage, and ultimately, they have faced termination (Moleski & Kiselica, 2005). If the counselor still has a job after this incident, they may be required to seek their own psychotherapy.

They can be placed on probation, or, they might be under close supervision sometimes for the remainder of their careers. Although law and the codes of ethics prohibit engaging in sexual activities with clients, professional organizations as well as ethics committees have concluded that only in the most unusual cases, after a two-year period has passed following termination, a psychologist is allowed to be sexually intimate with their former clients. Although the two-year waiting period exists, the public scrutinizes the counselors who decide to engage in these relations and they endure serious professional cynicism (Cottone, 2005). Sexually intimate behavior between therapists and their clients has become an increasingly serious problem within the profession, as researchers have discovered from records in ethics cases, malpractice suits, and licensing board hearings (Borys & Pope, 1989). In 1987, Pope, Keith-Spiegel, and Tabachnick conducted a study on sexual dual relationships.

They divided specific behaviors into categories that related to whether or not a counselor was acting ethically or not. The categories were as follows: (1) to do no harm; (2) practice only with competence; (3) do not exploit; (4) treat

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people with the respect for their dignity as human beings; (5) protect their confidentiality; (6) explain everything through informed consent; (7) and practice, as much as possible, within the framework of social justice and equality. Many of the respondents of the study acknowledged that most of the categories alluded the concept that they should not exploit a client. This is important because exploitative relationships are harmful dual relationships, and they violate ethical boundaries. By not avoiding harm, they are violating the most basic and moral mandate. In 2003, Debra Ehlert did a study to see what kinds of psychotherapists and clients engaged in sexual activities together. His findings showed a clear gender role pattern; more males engaged in sexual dual relationships than females, and there were more female than male victims.

The mean age of the men who committed these ethical violations was 45.6 years old and they mostly preyed on younger women. Seventy-seven percent of the men claimed their experiences occurred at their private, solo practices, and more than half of them claimed to have been experiencing the loss of a significant relationship at the time of the sexual encounter. As far as the victims were concerned, the most common diagnostic impression that these women had in common was Borderline Personality Disorder or had Borderline tendencies. It is common for people who have this disorder to set themselves up to be victims by throwing themselves into a dramatic relationship that they might romanticized about, and therefore, make themselves easy targets for counselors who will violate their ethical boundaries. Another quality the victims had in common was a history of

childhood sexual abuse. Ehlert's explained that many victims of childhood sexual abuse put themselves at a high risk for retraumatization.

Ehlert asked the psychotherapists about their theoretical orientations so he could examine whether or not there was a correlation between theoretical orientations and people who engage in sexual relationships with their clients. His findings revealed that most of the psychologists who claimed to have an eclectic approach rather than a single theoretical orientation were more likely to act out sexually with their clients than psychologists with a single theoretical orientation, such as a psychodynamic orientation. They claimed that they desired more flexibility in their techniques.

More than half of the respondents were married men and 58% said that they were experiencing a lot of relationship and sexual dissatisfaction at the time of the sexual encounters. Ninety percent claimed that at the time of the sexual encounter, they felt needy, vulnerable, and disordered. A possible explanation of why psychotherapists would consider being sexually intimate with one of their clients relates to transference from the clients onto the counselors, as well as the countertransference issues the counselors portrays back.

Clients often feel like they are falling in love with their psychotherapists; however, Freud called this phenomenon "transference love" (Freud, 1915/1963, p. 169). He instructed that it is the psychotherapists' responsibility to recognize when transference was occurring and to acknowledge that the analytic situation is what is stimulating these feelings of so-called love. He believed strongly that countertransference was a

reaction to the patients' transference rather than the actual patient, and he advised counselors they should never act out on their feelings because it would provide no benefit for their clients' treatment. Effects of Sexual Relationships on Therapists According to Pope et al. (1993), counselors usually find themselves reacting to their own sexual feelings with surprise and shock, guilt, anxiety, fear, shame, frustration and confusion. They fear they may lose control over the situation, and they are afraid of the public's criticism and scrutiny of them.

They may feel confused about boundaries and roles, or they might feel frustrated because they may not have spoken about their feelings to anybody yet. Pope, Kieth-Spiegel, and Tabachnick (1986) conducted a study and found that 87% of 575 psychotherapists had been attracted to their clients on at least one occasion. In 1994, Rodalfo et al.

repeated the study and found that 88% of psychologists had been sexually attracted to one or more of their clients. Giovazolias and Davis did another study in 2001 and found similarly, 77.9% of psychologists admitted to being attracted to their clients. It is important to take note of the fact that attraction to clients is a common occurrence; however, to most therapists, it is a fleeting thought rather than a possibility. In 2006, Pope, Kieth-Spiegel, and Tabachnick's did a study that revealed many of the psychotherapists who were guilty of counselor-client relations claimed to have low self-esteem issues since their childhood. Similarly, many of the psychotherapists that Ehlert (2003) researched claimed to have sustained a lot of childhood emotional and sexual abuse by their mothers.

Many of their victims suffered from low self-esteem and claimed they had an unpleasant childhood. Effects of Dual Relationships on ClientsThe client's desire to be open and honest with a practitioner, as well as their trust in the therapeutic relationship builds, and it usually creates a feeling of dependence on their counselor. Once this is established, the client is highly susceptible to their counselor's guidance and authority, and the counselors have a sense of power over their clients. This power imbalance may create a feeling of helplessness within the clients, as if they no longer have the freedom to choose what is right or wrong for themselves (Moleski & Kiselica, 2005). Some of the negative effects that clients have been reported to have experienced were cognitive dysfunction, sexual confusion, suppressed rage, guilt, depression, psychosomatic disorders, and risk of suicide.

Practitioners jeopardize the integrity of the therapeutic relationships when they act out sexually with their clients, resulting in the possibility that the client may not come to trust a future caregivers ever again, and their symptoms they originally sought therapy for are usually intensified. In 1999, Pope and Vetter studied patients who had been sexually involved with a therapist. They surveyed 958 patients who had been sexually involved with a therapist. The findings indicated that close to 90% of the patients were harmed by their sexual relationships, about 11% needed to be hospitalized and 14% attempted suicide.

Eleven percent actually committed suicide. Ten percent of the population sampled had a history of rape prior to their sexual involvement with their

therapists, and about a third were molested as children. Five percent of those individuals were children at the time of the sexual encounter.

Of those who were harmed, only 17% of the victims claimed to have fully recovered. Preventative Measures Psychotherapists Can Take The most available means to preventing the occurrence of counselor-client sexual relationships is through training and education (Bartel & Rubin, 1990). In Pope, Tabachnick, and Keith-Spiegel's summary of their research (1987), they provided five recommendations to help prevent sexual dual relationships. These recommendations involved educating those who are studying to be mental health practitioners how to learn ways to cope with feelings of sexual attraction to clients without acting on them. They suggested that educators and supervisors should acknowledge the topic of sexual attraction and discuss it with their students and incorporate it into all clinical and professional coursework and training, and present the information based on systematic research. The next recommendation entailed the educators to differentiate between sexual contact and sexual attraction, and the last recommendation was to provide a safe environment for students to acknowledge, explore, and discuss if they had feelings of sexual attraction. It is important for trainees to learn that they must protect their future clients as well as themselves from unethical sexual conduct. The responsibilities of the ethical and professional relationship are far more important than any momentary lapse of reason regarding the human relationship.

Conclusion One of the most important ethical principles is nonmaleficence. It dictates that professionals have a responsibility to avoid behaviors that

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cause harm or have the potential to cause harm. Sexual dual relationships are exploitative and research has shown that they cause far more harm than good.

It is common for a practitioner to find their clients attractive; however, by engaging in sexual relationships in response to the attraction is unethical, exploitative, and it is not beneficial to the client because it has a high risk for harming them. It is important for psychologists to acknowledge their feelings, and then to do the right thing by not acting out on impulses. It is important for psychotherapists to get an adequate education about the topic of sexual dual relationships, so they can understand what it does to clients who entered therapy thinking they were in the safest of places, only to be taken advantage of. It affects the practitioner as well as the client, and is an unethical and immoral offense. References American Psychological Association. (2011). Publication manual of the American Psychological Association (6th ed.

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