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Who are we protecting? - Exploring counsellors' understanding and experience of boundaries.

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Abstract: The concept of boundary is a term often used within the counselling and psychotherapy literature. However, there is a paucity of research exploring how useful and meaningful boundaries are for therapy practice. This study explored how counsellors understand and experience boundaries within their counselling practice. Seven participants, who were all qualified and practising counsellors, were interviewed about their understanding and experience of boundaries. These interviews were transcribed and then analysed using interpretative phenomenological analysis (IPA). Analysis identified one significant overarching theme entitled "Protection and Safety" which distinguished between the protection of self and other. This paper focuses solely on the "Protection of Self" theme because of the theme's rich and vivid data and the theme's overarching dominance across the accounts. Two subthemes were identified: *Establishing the Self* and *Defending the Self*. Findings indicate that there was a lack of awareness around boundaries, with some participants describing defensive responses to some boundary issues. However, participants also described using boundaries to restrict, limit and defend themselves when working with clients, and they identified this as necessary for their own safety and security. This study recommends that therapists should engage reflexively with boundaries, towards developing a more relational and/or client-focused approach.

Keywords: Boundaries, defensive practice, client safety, self-protection, therapeutic relationship

Boundaries are acknowledged as an important concept within counselling and psychotherapy (BACP, 2018; Barnett, 2015; UKCP, 2019). They are accepted as necessary ethically and as a critical aspect of both theory and practice. The central position, of boundaries within the field, is evidenced through the prominence of the concept throughout the broader literature, such as their inclusion in texts for counselling students (e.g., McLeod, 2013; Reeves, 2013) and handbooks for practice (e.g., Amis, 2017). However, despite the consensus about their importance and relevance to the profession, boundaries often remain challenging aspects of practice to understand and engage.

One potential contributory factor is the lack of agreement around definition. The terms "boundary" and "boundaries" are often left undefined within the literature. For example, in the United Kingdom, the Ethical Frameworks of the BACP (2018) and UKCP (2019) use the term but fall short of defining what they mean by it. Perhaps the most common usage, in counselling and psychotherapy, is to use boundaries to refer to the guidelines or rules of therapy (Barnett, 2015; Black, 2017; Sawyer & Prescott, 2011). These guidelines or rules are underpinned by the principle of "no harm" towards clients; therefore, emphasising that boundaries are imperative to ensure that therapists are acting ethically (e.g., BACP, 2018; UKCP, 2019). As Reeves states, "[f]ew would argue that

boundaries lie at the heart of ethical counselling and psychotherapy and that, without them, not only is the potential for change undermined, but the likelihood of harm to the client is increased" (2011, p. 247).

Despite this lack of consensus about the definition of professional boundaries, some definitions have been suggested. Gutheil and Brodsky (2008) provide a basic definition which emphasises contractual aspects:

> A boundary is the edge of appropriate behaviour at a given moment in the relationship between patient and therapist, as governed by the therapeutic context and contract. It may be defined by the physical, psychological and/or social space occupied by the patient in the clinical relationship. (p. 18)

Proctor (2014) asserts that the most common use of the term boundary is "to refer to the limits of the therapy relationship" (p. 154) while Feltham (2010) refers to boundaries being synonymous with the idea of "frames" (p. 18). Finlay (2019) picks up these points but goes deeper into relational dynamics suggesting boundaries structure the therapeutic relationship and ensure a reliable, trustworthy frame to both hold and contain testing therapy processes. Bond (2015) argues that boundaries "[s]et the limits between ethically acceptable and unacceptable influence over others or the line between acceptable and unacceptable relationships" (p. 305). Whereas Sarkar (2004, p. 312), a UK psychiatrist, advises that "the term boundary in professional practice refers to the distinction between professional and personal identity" serving only one purpose – the safety of those on either side. Zur (2010), writing from the perspective of American psychotherapy, perhaps offers the most realistic – if rather vague – definition when he states that what "unifies all the definitions of boundaries is the essential aspect that they differentiate between two or more physical – actual or elusive – abstract entities" (p. 3).

Certainly, other descriptions of boundaries exist, however, understanding their relevance to counselling practice can prove to be just as elusive. Austen et al. (2006) have challenged the very idea of boundaries as a metaphor in the helping professions, suggesting boundaries often infer dividing lines, which is at odds with the requirement for connectivity in counselling and psychotherapy. Despite Austen et al. (2006) offering a variety of alternative metaphors that may be more useful for those in the helping professions (such as, a highway, bridge, or territory), the boundaries metaphor persists within the literature.

Boundaries can also be broken down into further subcategories, such as the structure (e.g., time, venue, costs, and contract) or the interpersonal (e.g., the use of touch, gifts from clients and relational limitations) aspects of therapy (Sawyer & Prescott, 2011). These types of boundaries are sometimes grouped together under the heading of "professional behaviour" or "professional boundaries" (Barnett, 2015; Black, 2017). However, despite being described as the most influential and hegemonic description of boundaries (Speight, 2011), there is no research to indicate how meaningful these definitions are to those in counselling practice who are using them.

Speight (2011) is also critical of the conventional view of boundaries in therapy (i.e., as a demarcation between appropriate and inappropriate behaviour), arguing that this view is fundamentally about risk management. Speight claims that a much wider understanding of boundaries is necessary and argues that is particularly important when cultural differences exist, between the therapist and the client. This "culturally competent" approach to boundaries ought, Speight argues, to be underpinned by a solidarity with, rather than a distancing from, our clients. For this to happen, Speight suggests that therapists should consider how boundaries help them to connect, rather than separate, from their clients. Syme (2006) appears to concur with this viewpoint, arguing that therapists need to be "boundary riders" when working with clients with whom they have dual relationships (i.e., the therapist having more than one role during their relationship with the client) and that they need ultimately to be "responsive to the cultural and social pressures as well as the therapeutic needs of clients" (p. 69).

Lazarus (1994) highlights other critical points arguing that therapists who use boundaries and rules rigidly, without reflexivity, will undoubtedly inhibit their own practice and the efficacy of therapy. Finlay (2019) agrees, additionally noting that however therapists approach boundaries, they will always "have implications for power and control" (p. 83).

In addition to the broader arguments around defining boundaries as a concept, boundaries also form part of the theories that inform counselling practice across the different modalities. For example, the therapeutic frame – a type of boundary - is an important concept for psychodynamic counselling (Symons & Wheeler, 2005). Even the modalities which have traditionally steered themselves away from a deeper use of the boundary metaphor, such as the person-centred and experiential approaches, have become much more engaged with it over time (e.g., Sule, 2007). Further, the recent approach of Pluralism includes a rationale for understanding and working with the concept and practice of boundaries (Carey, 2016). Yet, despite many of these theoretical assertions about the application of boundaries in various modalities, there is a paucity of research into whether these contentions are replicated within (or relevant to) counselling practice and to practising counsellors. Indeed, although the literature highlights some definitions of boundaries and considers various explanations, there has been

limited research which explores *how* counsellors and psychotherapists understand and experience this concept within their own practice.

Literature Review

The following review considers some key research on boundaries in counselling and/or psychotherapy practice and outlines specific types of issues arising including violation of client's boundaries, therapist self-disclosure and boundaries around sexual attraction. The final subsection reviews the broader empirical literature specifically around therapist's boundaries.

Boundaries as "violation"

Boundaries research in counselling and psychotherapy has often been dominated by studies exploring the violation of clients' boundaries by therapists. Black's (2017) discussion of key themes in this area is a useful overview. Whilst some authors have explored the potential benefits of boundary "crossings" (e.g., Gutheil & Gabbard, 1993; Pope & Keith-Spiegel, 2008), research has often focused on either sexual boundary violations of clients (for a summary see Levine, 2010), or the factors which contribute to them (e.g., Kendall et al., 2011). This is clearly an important issue to research, particularly for improving the safety of clients and preventing harm. However, counselling research also needs to explore a diverse range of experiences related to boundaries if we are to have a better understanding of how they impact on counselling and psychotherapy practice.

Therapist self-disclosure

Self-disclosure is one boundary issue that has been extensively explored from both clients' (e.g., Audet, 2011) and therapists' perspectives.

One of the numerous studies offered from the perspective of the therapist, is a Norwegian study, informed by a hermeneutic phenomenological epistemology. Berg et al. (2017) analysed ten therapists' interviews around sharing their lived experiences with clients (the researchers actively avoided using the term "self-disclosure" because of the potential for participants to consider this a weighted term). Analysis was completed using a six-stage process which appears to have combined multiple steps from different qualitative methods. Participants' reasons for disclosure were outlined as: showing care and compassion for clients; to show clients that there were similarities between the client and the therapist (described as normalising client experiences); and to gain credibility with the client. Reasons for non-disclosure were also explored, although these often related to theoretical rather than real life examples.

Similarly, Jolley's (2019) study which employed a hermeneutic phenomenological methodology to analyse two person-centred therapists found that therapists' self-disclosure acted as a way of humanising the therapist to the client. Moreover, these participants also talked of an internal struggle around whether to self-disclose or not.

Moore and Jenkins (2012) explored the experiences of eight gay and lesbian therapists coming out to their straight clients. This study does not specify the philosophical underpinnings of the research but aimed for descriptive accounts from participants, via interviews, which were analysed using thematic analysis. They found high levels of anxiety and a sense of vulnerability around judgement from the client, the potential impact on the therapeutic relationship and concerns around internalised homophobia. These therapist participants also acknowledged a need for their own self-protection.

Boundaries around sexual attraction

Martin et al. (2011) explored therapists' experiences of managing sexual attraction in the therapeutic process. This qualitative study, of thirteen therapists, employed a grounded theory methodology which found a consensus with participants around boundaries at the extremities of this subject area, but much more variance between therapists when discussing flirtation, touch, and fantasy with clients. Furthermore, this research also found that whilst participants had a common process for managing these boundary related decisions, there were some aspects of their practice which were problematic and not client centred. These included issues of defensive practice, overidentification and overprotectiveness of clients, as well as therapists overly moralising around the issue of sexual attraction. These findings suggest that the participants had a multidimensional understanding and experience of boundaries, though the authors do not fully explore this in their paper.

Therapists' Boundaries

Research has explored therapists' relationship with boundaries. For example, studies have used Boundary Questionnaires (BQ) to explore whether boundaries could be considered part of an individual's personality (for example Hartmann et al., 1991), in relation to the "thickness" or "thinness" of boundaries in various aspects of a person's life. In this vein, both the therapist's and the client's personal boundaries have been purported to be an important influence on any therapeutic outcome (Hartmann, 1997). However, even if the argument against boundaries being an aspect of personality is put to one side, the reliability of the BQ as a

research method is also in question. The original BQ was developed from studies exploring the personality of people who experienced nightmares, rather than the general population (Hartmann et al., 1991) which makes it difficult to make any generalisations across most populations, never mind those of both therapists and clients. Furthermore, there has been no substantial follow up research completed around therapists'/clients' boundaries using the BQ since Hartmann's (1997) study.

Approached from a psychodynamic perspective, Symons and Wheeler (2005) explored therapists' responses to clients who challenged the therapeutic frame. This study employed grounded theory analysis with the aim of developing a theory which represented the process therapists went through when resolving a "framework dilemma" (p. 21). The symbolic importance of challenges to the therapeutic frame were highlighted as a significant indicator for the therapist to work with, whilst also acknowledging the need to resolve any emotional conflicts which had arisen.

Using qualitative content analysis, King (2011) explored dilemmas and the associated boundary issues of eight psychodynamic therapists who offered therapy to trainees. These dilemmas as described by King included: the therapist's own narcissism (i.e., risks to their professional reputation and fears of professional exposure); feeling pressurised to model the theoretical approach of the trainee; having a sense of responsibility for the trainee; countertransference reactions; and the over-use of self. This study found that boundaries within this dynamic could become blurred and sometimes threaten the safety and containment of the therapeutic space. Nonetheless, as the clients were trainees, this could have impacted upon the relationship (and therefore the boundaries) between the therapist and the client, such that a more tutoring or guiding approach may have been adopted by the therapist.

Finally, Cowles and Griggs (2019) explored boundaries through a case study that involved a therapist working with a female asylum seeker. This highlighted the complex and nuanced accounts of both the therapist's and the client's experience of boundary transgressions and how, ultimately, they deepened the client/therapist relationship and improved therapeutic outcomes for the client. Similarly, Apostolidou and Schweitzer's (2017) qualitative study of nine therapists found that asylum seeker and refugee clients challenged therapeutic boundaries. Grounded in social constructionism, and employing thematic analysis, this study identified the therapist's role, and the therapeutic frame, as key boundaries tested by the client because of their high level of social needs. However, Apostolidou and Schweitzer fall short of exploring these specific boundary issues in depth.

Summary of Research

The concept of boundaries in counselling and psychotherapy is both ambiguous and open to interpretation (Gutheil & Gabbard, 1993). Therefore, research exploring counsellors' and psychotherapists' understanding and experiences of boundaries is useful to develop deeper insights about how boundaries can impact on the therapeutic process. Webb (1997) recommended, over twenty years ago, the need for further research into boundaries. This included a call for research into both major and minor boundary issues. However, boundary research has often focused on a narrow set of specific issues, rather than the broader exploration of therapists' understanding and experience of boundaries. This makes it difficult to garner a holistic understanding of therapists' experiences of boundaries and has left a significant gap within the research literature. It is perhaps surprising then, that most of the research into boundaries or boundary issues has not explored this concept from a phenomenological standpoint (e.g., Apostolidou & Schweitzer, 2017; Cowles & Griggs, 2019; Hartmann et al., 1991; King, 2011; Martin et al., 2011; Moore & Jenkins, 2012; Symons & Wheeler, 2005). However, the recent studies by Berg et al. (2017), and Jolley (2019) may indicate a turning of the tide in this regard. Our research aims to help address these gaps within the research literature, by exploring how counsellors understand and experience boundaries in their counselling practice.

Methodology

This qualitative study required a methodological approach that could investigate participants' understanding and experience of a particular concept. Therefore, a phenomenological approach was key because of how effective it is for gathering data regarding lived experiences (Finlay, 2011), in this case counsellors' understanding and experience of boundaries.

This study employed IPA as its research method (Smith, 1996; Smith, Flowers, & Larkin, 2009). IPA aims to get as close to the lived experiences of participants as possible, whilst recognising the interpretative lens of the researcher through which that happens (Smith, Flowers, & Larkin, 2009). This involves a close analysis of each participant's data, before moving onto the next case which means that whilst it is idiographic in nature, it can also enable researchers to generate theoretical statements across accounts, albeit cautiously (Smith & Nizza, 2022). It was important, then, to recognise (and value) our influence on the data analysis by acknowledging that "we brought different disciplinary and experiential lenses to the research process" (Oakley, Fenge, & Taylor, 2020, p. 6).

An insider researcher perspective was beneficial, to help understand the nuances of participants' experiences, particularly those relevant to praxis (Finlay, 2006; Finlay & Evans, 2009). The first and third authors are experienced counsellors which meant they could offer a practitioner-researcher perspective albeit from different theoretical backgrounds (i.e., person-centred, and integrative approaches respectively). The third author is also a clinical supervisor and counselling trainer which offered a further insider lens. This study included a further researcher (the second author), who was neither a counsellor nor someone from an associated profession; however, they are experienced in qualitative research, specifically research from a hermeneutic phenomenological viewpoint. The second author thus provided a critical and questioning supervisory lens, during data analysis, which helped take our interpretations to a deeper level.

As phenomenological researchers, it was important we found ways of developing an approach to the research process that was consistent with our epistemological stance and we turned to Finlay's (2014) principles of phenomenological research for guidance. She outlines the importance of: (1) developing a phenomenological attitude, that enables researchers to see the data afresh and from new perspectives; (2) developing ways that researchers can engage with the minute detail of the participant data, that is "systematic, intensive, and intuitive" (Finlay, 2014, p. 122); (3) any analysis being faithful to the concept being considered; and (4) the transformation of themes into a representative account of the phenomena being explored. We embraced these as important cornerstones in our methodological approach ensuring we returned to them at key points in the study. The knowledge and experience, of the second and third authors, as both psychologists and experienced qualitative researchers, is acknowledged; this added a further 'hermeneutic turn' to the data analysis (Smith, Flowers, & Larkin, 2009) and offers important insights into both the validity of the research findings and the rigour of the research process (Finlay, 2006).

Method

Data Collection

This study used semi-structured interviews to gather information from participants. Interviews are useful for examining the real processes and procedures (including mental processes and procedures), that are not directly observable (Maxwell, 2012). The study aimed to explore these in relation to the participants' experience and understanding of boundaries. The interview questions and prompts were developed to be open and exploratory and aimed to make no assumptions about the participants' knowledge or understanding of boundaries. Each participant was interviewed once, in person. The interviews were completed by the first author and took between sixty and ninety minutes each to complete.

Participants

An advert was sent out via email to recruit participants across all authors' professional networks. Each participant was required to be a qualified counsellor (i.e., have completed a minimum level of study which enabled them to register as a qualified counsellor on a professionally accredited register) and be a practising counsellor (i.e., be currently working in a counselling role whether paid or voluntary). The participants self-selected for the study by responding to the initial recruitment email. The participants were not required to be trained in or be working in any specific therapeutic modality as we believe that boundaries are a concept that can transcend the participant's modality.

Seven counsellors were eventually recruited in a self-selecting sample: six female participants and one male. Their ages ranged from between forty to sixty-five years old. There were five person-centred (i.e., Gail, Amy, David, Fran, and Belinda), one psychodynamic (i.e., Claire) and one integrative counsellor (i.e., Evelyn). The participants had been qualified from less than a year through to over 20 years and had worked in a variety of settings.

Ethics

This research adhered to the Ethical Guidelines for Research in the Counselling Professions (BACP, 2019) and was approved by the relevant ethics committee (i.e., Manchester Metropolitan University). Participation in this study was voluntary and the only benefit to participants was to be part of a research project. Participants gave their informed consent, which included receiving detailed written information about the study and copies of the proposed interview questions before the interview. There was no deception in this study and participants could withdraw their consent up until the analysis of the transcripts had been completed. Participants' identity has remained anonymous throughout this study to ensure their confidentiality. Any details that could indicate who they are, have either been redacted from quotations or refrained from being used altogether. Each participant is represented by a pseudonym to ensure their anonymity. The lead author is a counsellor, which meant they were suitably qualified to respond appropriately to any sensitive issues raised by participants, whilst also being mindful that the interviews were not counselling sessions.

Data Analysis

The lead author transcribed each interview verbatim and then analysed the data using IPA (Smith et al., 2009). The analysis involved an initial reading and re-reading of the first transcript, followed by a process of note taking and annotation that involved various forms of commentary (e.g., descriptive, linguistic, and conceptual), as well as other forms of analysis such as deconstruction of the text (Smith et al., 2009). An analysis of these exploratory comments helped to generate an initial set of emergent themes based on both the participant's experience and the researcher's understanding of that experience (Smith & Nizza, 2002). Further analysis aimed to identify connections across these themes through various IPA processes, such as abstraction, subsumption, numeration etc (see Smith et al., 2009). These processes were exhausted before the researcher moved on to the next participant transcript and followed a similar process. Finally, analysis involved an exploration of patterns across the different participants' accounts.

Researcher approach and boundary issues

The use of IPA ensured that there was a clear and structured approach to the analysis of data, whilst also employing the insight of all authors to accurately represent themes evidenced within participants' accounts (Larkin & Thompson, 2012). Any themes identified were discussed between all authors and relevant quotes agreed for inclusion before any decision was made to incorporate them into the final written account. The collaboration of all authors was, therefore, important when writing this paper to help ensure both authenticity and accuracy in the representation of participants' experiences.

There are parallels of a power imbalance between the counsellor-client relationship and the researcher-participant relationship. McVey, Lees and Nolan (2015) suggest that being a practitioner-researcher (i.e., someone who is a counsellor/therapist but also uses those skills within their research), can have numerous benefits, such as: opening access to the "relational space" and therefore expanding and enriching the scope of the research process itself. Interestingly, some authors argue that it is possible to a be a counsellor-researcher (i.e., be counsellor *and* researcher towards a client/participant) whilst still successfully navigate the ethical issues of these dual roles (Fleet, Burton, Reeves, & DasGupta, 2016).

Clearly, many skills or qualities are transferable between counselling and qualitative research such as empathy, positive regard etc (McLeod, 2008). However, the aim of each of these encounters are different (Dickson-Swift, James, Kippen and Liamputtong, 2006). Research aims to elucidate information from a participant (McLeod, 2008) whereas therapy is often aiming for client change. There are potential boundary issues when being both a researcher and a therapist. For example, Dickson-Swift et al. (2006) suggest that research interviews can mirror counselling interviews, and this can result in conflict between the researcher's attempts to build rapport with participants and their need to have detachment as part of the research process. In contrast, Etherington (1996) expresses how she experienced glee at the gathering of such rich data from a participant to then experience guilt at feeling such positive feelings, particularly when the data contained such painful stories. Therefore, the authors acknowledged and reflected on this inherent power imbalance in the researcher-participant relationship from the outset of this study, an example of which is detailed later in this paper.

Findings

All the participants struggled to define boundaries as a theoretical concept. However, they were able to identify and discuss the role that boundaries played within their counselling practice. While two superordinate themes were identified - *Protection and Safety*; and *The Structure of Therapy* - the findings reported in this paper focus solely on selected aspects of the first theme of "Protection and Safety" as this produced particularly deep and rich participants' accounts (Smith, 2011a).

All seven participants understood boundaries to be important and imperative for their counselling practice because of their ability to offer both *Protection and Safety* in a variety of ways. This included both the protection and safety of themselves (theme 1: *Protection of Self*), as well as other people, such as clients (theme 2: *Protection of Other*). These are represented in Table 1.

Protection of Self	***Protection of Other***
Establishing the Self • Understanding who I am. • Understanding what I do. • What is 'me'? What is 'them'? • Can I do this? **Defending the Self** • Fearful, threatened and protecting the self. • Feelings of shame and discomfort can lead to avoidance.	• Avoiding exploitation and abuse • Ethics, rules, and guidelines • Power • Professionalism • Safe Spaces

Table 1. Superordinate Theme: Protection and Safety

It was surprising to all of us in the research team, that the theme of "Protection of Self", was significantly more dominant in the participant interviews compared to the theme of "Protection of Other". Accordingly, to ensure an authentic, nuanced, and representative report of the participants' experiences, space was required to sufficiently elaborate on each of the themes (Smith, 2011a). This paper focuses just on "Protection of Self"; subsequent papers will explore the other themes around the "Protection of Other" and the "Structure of Therapy".

Participants understood boundaries as a way of being able to keep themselves safe in a variety of ways. It was present in all the participant interviews, and it was often the first thought that participants shared when asked about boundaries. "I suppose I think automatically about the relationship boundary really, just, erm, on several themes. One – protection, protection of yourself" (Amy, L17-18). Even when participants mentioned boundaries protecting both themselves and others, they often listed themselves first which may indicate a precedence. For example, Belinda states "My personal safety and the client's personal safety" (L9-10). Participants described a multitude of ways that they understood and experienced boundaries as a form of protection for themselves. These could be categorised into two main subthemes – *Establishing the Self* and *Defending the Self*.

Subtheme 1: Establishing the Self

Understanding who I am

Participants used boundaries proactively to establish their own identity, both professionally and personally. This meant establishing, who they were - both physically and emotionally - as well as their values (i.e., what they brought to their counselling practice). This use of boundaries helped the participants to protect themselves from the demands of their work. Amy says, "Well I think I have just learnt what self is, I think I have learnt who I am, and what isn't my stuff" (L457-458). She continues, "Without them it would be a mess, it would be very messy [slight laughing], I would be a nervous wreck and completely depressed, and [laugh]" (L831-833).

Understanding what I do

Participants identified the importance of boundaries for outlining and establishing their role with clients. For example, Fran states "From where I am sitting, I don't see that as my role in terms of counselling" (L483-484). Similarly, Gail says, "So one thing that we talk about at the very beginning of the contract is that my role within the counselling" (L53-55). This enabled participants to have a clear professional identity with clear boundaries.

By establishing their role, participants also protected themselves from the uncertainty of an unbounded experience as Claire explains: "It is for the client and then there isn't an expectation beyond that for them to impact on your time or anything like that" (L22-24). Whereas Belinda focuses on what feels right or wrong: "That's wrong, and that I`m taking on something that I shouldn't be taking, so again it is keeping yourself safe" (L525-526).

Interestingly, Evelyn found that learning about boundaries through her counselling training had influenced boundaries in her other roles:

> I think possibly it's the other way round, actually that some of the things that I have learnt in counselling about boundaries that I might possibly take into spiritual direction. For instance, … there was a big thing about confidentiality, because there are a lot of spiritual directors don't necessarily explain that it's confidential but actually there may be times when it has to be broken, and particularly some of the people on my course who were from a catholic background. They saw it more as a confessionals place and would never have broken confidentiality no matter what. So, I think that possibly I bring in, in my counselling training into that. (L268-73)

What is 'me'? What is 'them'?

In addition to using boundaries to clarify their role, participants also used boundaries to separate themselves from their client. Evelyn thought this was important for her to "know that's not me" (L470-471). This meant using boundaries in a variety of creative and innovative ways, this helped ensure a clear distinction between the counsellor's 'stuff' and the client's. For example, Amy describes creating an imaginary and metaphorical container for placing client material between sessions:

> The joy and pain box which is an imaginary... box … if you like in my head or whatever, that I can just close down issues, and erm keep away until I see the client again, so it is like an imaginary/visionary way of dealing with an issue (L470-3).

Whereas Evelyn identifies how her anxieties are heightened when she experiences breached boundaries between herself and the client. For her this breach is due to the physical and emotional presentation of the client.

> And so, the boundaries somehow are breached, and it's really hard then and I can remember one time I was really struggling to keep awake and this client had numbed herself down so completely that I was feeling it as well you know. It's contagious. (L455-457).

She felt the need to use a variety of grounding techniques to help her establish more resilient boundaries that were protective of her own emotional wellbeing but that did not impact on her empathy for the client.

> I'm like ok how am I feeling today what is it that's in me so when I go into the counselling room if there's things that have been passed backwards and forwards, I know what's me and I know what's them (L478-80).

Similarly, Gail also describes how she uses boundaries to separate herself from her clients, saying, "I`m aware I kind of have to ring fence something" (L277-278). Gail describes her feelings of vulnerability towards particularly 'needy' clients or hopeless situations when she does not have those boundaries present.

Can I do this?

Participants also described feelings of competence and/or incompetence as well as feelings of confidence and/or uncomfortableness that impacted on how they established themselves in relationship with their clients. How comfortable participants felt about either their own or their client's behaviour within the therapy sessions was a key component in making decisions regarding boundary issues.

Participants noted the role of experience being related to boundary decisions. They reported feeling greater levels of competence if they had previously worked with them on other occasions. For instance, David describes managing client attraction in sessions:

> That kind of boundary is similar to the one where I can see a non-professional attraction growing in a female client and I bring it to an end. But that is kind of … it is not a big fracture if you do it properly. (L313-15)

Similarly, Amy describes dealing with the threat of physical aggression from a client:

> Potentially they could have hit me, you know, erm, and I've removed myself physically first, and kept very calm and used a lot of my skills to just tone the conversation down, and resolved it, each time we've not actually ended the session we've resolved it. (L473-5)

For Evelyn, her confidence came from the support she had around her: "I didn't doubt myself because I'd already checked it out with my supervisor and I'd already, and the client and I felt comfortable with it" (L350-351). However, Claire describes apprehension about a client asking about her personal life as it had never happened before, she says, "he started asking what I was doing for Christmas. And I did feel slightly uncomfortable about it. That is a boundary for me." (L86-8)

Evelyn describes a process of moving from a theoretical understanding of boundaries through to the practical application: "Yeah, I guess it has, it's definitely developed because it can move from sort of theory, into how does it actually pan out with different people. So, it definitely does change" (L271-3). Conversely, some participants suggested a lack of confidence in their interviews surrounding some boundary issues. Again, this was often related to how participants perceived their competence with that specific issue.

Subtheme 2: Defending the Self

Fearful, threatened and protecting the self

Participants described the importance of boundaries for keeping themselves safe, this was from various types of threat. Amy states, "On a personal level it is sometimes about self-preservation in certain situations." (L269-270). Whereas Gail says, "I think they are important for me because it's about keeping me safe" (L101-2). The types of threat that the participants discussed were often underpinned by feelings of fear and shame, some of these will be discussed below.

Participants were often fearful of boundary related issues as Belinda explains: "It's your job, you go into this, and you know your biggest fear comes straight through the door" (L625-6). Participants' use of boundaries was sometimes about attempts to avoid or escape from their fears, in a bid to keep themselves safe. For Amy, this is a question of being in either "fight or flight" (L421-2).

At times, participants' fears were related to the perceived consequences of their professional decisions. For example, Gail was very wary of setting up in private practice she states, "there is any number of things that could potentially happen" (L623). Gail went on to explain that because of her fear of being unable to uphold her usual boundaries with clients she had avoided private practice altogether:

> Yeah, yeah, yeah. I know something about myself, if somebody was in need, I would never say "no". And I know that, and I know that if that was here, or I was working from home, I know that I couldn't do that, I couldn't. (L627-303)

Boundary issues that created some of the biggest fears in participants were related to physical attraction and discussing the erotic with clients. David indicates an underlying fear around client/counsellor attraction when he says:

> Yes, it is very intimate. But clients will often read the message wrong and start to build up an emotional response to you as the counsellor which starts to drift into inappropriateness. That is often displayed in dress,

> grooming and demeanour. It is the client that who is building an emotional response that is moving towards inappropriateness. (L208-10)

Claire appeared to be fearful of her male clients making enquiries about her personal life. "But to me that would be a bit of a ... not a red light ... but a ..." (L93-4). Here, she hovers over the phrase "red light" trying to find a more suitable phrase, and her use of them term suggests a potential fear. Similarly, Belinda shows some fearfulness when she reflects on a moment of physical touch between her and a male client:

> It felt okay although I took it to supervision but still there is that thing in your head – have you crossed that boundary? Although it wasn't me who initiated it, so again very difficult, and you know female/male – that was a female/male situation, would it feel uncomfortable I always think if it was a female? Because no female has ever done that. (L30-35)

Amy described the threat of physical violence from her clients as a significant fear which underpinned her whole approach to boundaries. Interestingly, Amy had never experienced physical violence from her clients but had experienced intense emotional outbursts and physical aggression which led to feelings of fear. She states, "I have felt completely intimidated with a finger in my face" (L633-4*)* and "I did fear for myself at that point" (L643). These experiences led to unconscious fears towards her clients: "But what I didn't realise is, and even now talking to you, would be how much a part of that would be on my mind" (L416-7).

The boundary issues that evoked the most fear, for some participants, were about a client's potential to complain or take legal action. This often led to participants feeling like they needed to protect or defend themselves from this threat. Belinda highlighted her reasons for being so fearful when she says, "Because no matter what someone is going to accuse you of, in that room between you, nobody can say, and they will always go with the client" (L569).

Most participants expressed a fear of being judged unfavourably by others in relation to their counselling practice, this included judgement from clients, as well as other professionals and colleagues. This led to a lack of openness from some participants when talking about their practice with their supervisor. For example, Gail describes breaking boundaries with a client but was fearful of telling anyone: "I don't know what college would say about that and I never asked anybody and had to say I am telling you this now that I never sought permission to do it" (L155-7). Conversely, whilst David was aware of the potential for scrutiny of his client work by a tribunal or a coroner, he was confident in his decision-making process with regard to boundaries:

> So even if you overstep a boundary and some sort of inquiry or tribunal or discipline thing finds that you were wrong, provided that it wasn't done with ill will, it was the best decision you could make at the time. (L126-8)

Feelings of shame and discomfort can lead to avoidance

Feelings of shame were often identified as motivating forces for participants' responses to boundary issues. David highlights why being judged by others was one of his biggest fears when he says, "'cause there is going to be a tinge of shame on it" (L122).

Two participants identified their own challenges with charging clients for sessions. Despite each participant describing quite different circumstances, both experiences were driven by feelings of shame. For Fran, she described how her original motivations for becoming a counsellor made her feel uncomfortable with accepting payment directly from clients. Fran had become a counsellor because of her work through her local Church and felt that taking payment from clients was shameful in some way, she says "It was something about offering the love of God, to people and the way that I could offer the love of God to people was actually listening to them" (L271-273). Fran felt more comfortable when there was no physical exchange of money, saying, "You know, that kind of difference, I was kind of, more comfortable thinking that the people weren't paying, of course they were" (L203-4). Claire works in private practice, and charges for her sessions with clients. She usually requires clients to give 24 hours' notice if they cannot attend the session, or else she charges them for the session. However, despite this contract, she finds the idea of asking for payment from a client, when they have not attended a session, extremely uncomfortable and actively avoids experiencing feelings of shame when in front of her client:

> It is hard the issue of money. I feel a bit uneasy in asking them to pay for a session they didn't have. But I do encourage ... I do say "I would really appreciate 24 hours' notice" and most people do really. I think there are a couple of people who haven't. And one occasion my client just gave me the money, but I didn't ask her for it. I don't think I would have been able to actually ask her for the money for the missed session. So that is like a boundary issue. It could be. I find that a bit of a challenge for me. (L257-8)

In contrast, David did not experience shame when he was required to request payments from clients:

> Wasn't there a debate last year in a magazine about the whole moral wraparound of being paid and taking money off of people as a counsellor? Well for me it is no different … like I do now, whatever I do in supervision, and

> counselling, I have closed my business down, I am not looking for payment anymore, I chose to do it pro bono. But when I had the business working from here, I chose to do it for reward. I never charged what other people charged because I chose not to, but I never felt a tinge or remorse, guilt, or reluctance about taking a fee because it was a service delivered (L348-56).

Discussion

Participants understood and experienced boundaries in their practice as a concept which offered protection and safety, for both the counsellor and the client. The importance of boundaries for client safety and protection is raised in most of the literature and was acknowledged by all participants. Despenser (2005; 2007) argues that therapists' safety is just as important to consider as clients' safety. However, given the central ethical principle within all counselling and psychotherapy professions is to do no harm to clients, the dominance of the theme of self-protection for the counsellor (theme 1) was unexpected.

Participants described tensions within their practice when managing boundaries – the difficulty of achieving boundaries that were client focused whilst also keeping themselves safe. These tensions were often influenced by a variety of factors. These included the counsellor's confidence and competence in managing boundaries, including their associated conscious and unconscious feelings around specific boundary issues. In addition, all participants identified that their experiences before training, were more influential in developing their understanding of boundaries, than their training or experience as a counsellor. These findings contradict the idea that boundaries are an aspect of the therapist's personality (Hartmann, 1997). However, they do indicate that it is important for therapists to explore their own values, history, and relationship with boundaries because of the potential impact on their practice.

Participants in our study described using boundaries to protect themselves from a variety of threats. Amy highlighted how in certain circumstances "self-preservation" is what the counsellor needs to focus on, rather than the needs of the client. When participants became fearful or uncomfortable with a potential threat, they would use boundaries to defend themselves. Amy described this is a fall-back position (i.e., when the self is threatened) she will work towards self-preservation before anything else.

Hartmann's (2011) amoeba metaphor can be used to understand Amy's position. This theory proposes that an individual's boundaries can change significantly when they are challenged, damaged or feel threatened. This threat (or perceived threat) can lead to a "thickening" of boundaries; similar to an amoeba which spreads out its body in peaceful conditions and retracts/hardens when attacked or threatened. Amy appears to be expressing this ultimate position, that when under threat, she resorts to self-preservation and will thicken up her boundaries to defend herself.

Participants gave multiple examples that evidences how boundaries were used as a response to fear or shame. These include participants' fears around specific boundary issues, complaints or legal action from clients, fear of violence from clients and judgement from others. Participants also expressed a fear of losing control of either themselves or the therapeutic process. These threats shared by participants broadly echoed those identified by counsellors in Smith's study (2003) which explored experiences of fear in therapy. Smith identified three thematic areas: fear of losing control/being overwhelmed; fear of being separated from a group through disapproval or rejection; and fears of physical and/or sexual assault.

Kearns (2006) suggests that there is an increased sensitivity towards shame for therapists because the supervisory relationship is held in a more litigious and market-based context, therefore this results in increased "performance anxiety" for therapists (i.e., the need to "get it right"). Furthermore, Kearns (2011) argues that as well as a fear of the procedure for complaints, therapists' reactions to complaints are based on a more "primitive reaction" (p. 6). This, argues Kearns, is about feeling "caught out" even when the therapist has done nothing wrong and a presumption that the outside world will never understand what *really* happened in the therapy room. This sentiment is evidenced in Belinda's account when she says, "they will always go with the client" (L875). Lazarus (1994) argues that therapists who are deeply fearful of lawsuits may therefore be restricted in the type of clients that they can offer a service to.

Some participants described what, arguably, could be called defensive reactions to their fears around boundary issues given the result was a thickening of their own boundaries and a distancing from their clients. Amy states, "I was thinking 'my God how are you coping?' so really my barrier went down... but quickly as she said – 'well don't', that my barrier just shot right up, and I thought 'whoa what am I saying'?" (L913-916). Interestingly, Kierski (2014) found male psychotherapists (female therapists were not part of this study) could "back away" from clients when they felt threatened by feelings of anxiety. Other studies have also identified self-protection as a motivating force for therapists, when responding to challenging or uncomfortable boundary issues (e.g., King, 2011; Martin, et al., 2011; Moore & Jenkins, 2012; Spong, 2012). Similar to Smith's (2003) participants, counsellors in this study described both experiences of fear from actual events plus those participants believed *could* happen. Smith says

"[w]hile the fear of being accused and found wanting may reflect fear of managers, supervisors and seniors within organisations, it also suggests an underlying ontological fear which may pervade the very nature of existence" (Smith, 2003, p. 234). The fears shared by the participants in this study could represent an underlying fear of being "exposed," worried about being judged as incompetent in their practice, and potentially feeling anxious about being shamed before their peers or supervisors.

Implications for Practice

Hermansson (1997) highlights the need for therapists to develop their own "professional judgement and competence" (p. 143) as key components of managing boundaries responsibly. However, despite acknowledgement that they are central to their practice, participants often described a lack of understanding and awareness around boundaries. This was, until they were asked to discuss this topic and contextualise the term within their own practice. Furthermore, participants described feelings of fear and shame around managing boundary issues and discussing them with supervisors. This supported research which suggested that therapists' fears of supervisor judgement can lead to non-disclosure in supervision (Sweeney & Creaner, 2014). This non-disclosure sometimes led participants to defensive rather than client focused practice. Arguably, such a situation denotes the need for therapists to seek a supportive and non-judgemental supervisor in order that they as therapists, might be honest and open about their practice – including times when it has not gone smoothly or well. This paper also recommends that therapists (including their supervisors and teachers) should be actively exploring the concept of boundaries. This would help therapists to create a deeper awareness around their understanding and management of boundaries, helping to make the implicit, explicit. At the same time, it also helps to ease a potentially shame-evoking topic when more openly discussed.

The usefulness of boundaries as a concept in counselling and psychotherapy is often challenged because it is associated with themes of rigidity, excessive risk management and inadvertently creating a distancing between therapists and their clients (Austin et al., 2006; Lazarus, 1994; Speight, 2011). These themes do not always easily fit in with a profession that places empathy, authenticity, and openness at its core. As Evelyn puts it, "I am thinking of… a fence that's how I'm thinking of it …but that doesn't necessarily, that's not quite so easy to fit in with counselling" (L 34-5).

While terms have been proposed as potential alternatives to "boundaries" (Austin et al., 2006), they have failed to become popular within the field of counselling and psychotherapy or elsewhere. One of the reasons for their lack of popularity may be because the concept of boundaries feels instinctively understood compared to other metaphors. This argument is supported by the participants of this study who described an intuitive relationship with boundaries. However, participants' intuitive associations with boundaries did not always match up to a consistent understanding of them.

In many ways, the fundamental elements of boundaries, as a concept, has changed little since its development from the Anglo-Latin word *bunda*, meaning "limit" (Harper, 2021). Carey (2016) argues that boundaries in counselling should never be used to limit or restrict in any way. However, participants in this study indicated that this is often how they use this concept – to restrict, limit and defend. Nevertheless, this was not the only way participants used boundaries – establishing the therapeutic framework, building trust, and structuring sessions were also extremely important. Certainly, many of the issues raised in this study, create questions about the appropriateness of using boundaries defensively, without questioning and reflecting on such an approach. As Finlay states, "[s]ticking rigidly to rules or engaging in fear-based defensive practice can create problems" (2019, p. 94). However, if the concept of boundaries is to remain central to counselling practice, then it should be acknowledged that therapists can use them to restrict and limit during the therapeutic process. Furthermore, this can be imperative for the safety and security of the therapist.

Over twenty years ago, Webb (1997) urged the counselling profession to encourage normalcy around boundaries and boundary issues, stating "[t]he secrecy and shame regularly associated with all types of boundary problem drive difficulties underground, making them inaccessible for re-consideration and change through counsellors' own processing, through supervision or through consultation" (p.186). However, there is little evidence to suggest that the current discourse around boundaries has changed much since this request was made at the end of the last century. The discourse, quite often, remains focused on boundary violations and the management of risk (Black, 2017). Whilst some authors have attempted to expand the discussion beyond the dominant boundary discourse (Speight, 2011), these kinds of reflections unfortunately remain a rarity. This paper attempts to counteract the potential secrecy and shame associated with discussions about boundaries and boundary issues, through the representation of participants' experiences in this study.

These suggestions also aim to support therapists in understanding their own relationship with, and experience of, boundaries. In turn, this will hopefully support therapists towards ensuring their management of boundaries is client focused, whilst also maintaining their own safety.

Critical Evaluation

Smith (2019) argues that for IPA to be an appropriate method for investigating a particular topic or theme that is ongoing (i.e., not a distinct incident or point in time), which boundaries are, then the "presence of hot cognition" (p. 167) is required. Smith (2019) explains this as a large amount of cerebral or emotional activity. The participants in this study did evidence this hot cognition by associating boundaries with specific aspects of their practice which involved a variety of emotional responses, including feelings of fear and shame. This rich and vivid data helped take the "analysis to an existential level" (Nizza, Farr, & Smith, 2021, p. 384) thus, enabling connections to be made with aspects of the participants' professional and personal identities including their embodied interconnectedness with both their clients and the therapeutic process itself (Nizza, Farr, & Smith, 2021).

Participants found it difficult to make tangible links between their experiences and their understanding of boundaries as a concept. Therefore, IPA was useful, in this respect, to help understand the deeper relationships between the themes and the meaning placed on them by the participants (Larkin & Thompson, 2012), because the interpretative process of the researcher is valued and encouraged as part of the research process (Smith, 2011b). Parker (2005) advises that IPA researchers may unintentionally find meaning in participants' accounts that do not exist for the participants. Certainly, many of the examples of shame found in the data are not necessarily obvious and have required a more detailed analysis and interpretation from the researchers, to evidence their relevance. The interpretation of participants' responses by the first author, was supported by a process of triangulation through peer validation with the second and third authors (Larkin & Thompson, 2012), to ensure the quality and credence of the interpretations being made. However, whilst these processes were important for adding rigour to this study, they cannot guarantee that participants would agree with, recognise, or even acknowledge any of the interpretations made (Parker, 2005). To access a deeper and more authentic connection to the participants' meaning this study could have added a further stage of analysis which took the researcher interpretations back to participants, to check whether they resonated with those findings (Finlay, 2006; Finlay & Evans, 2009); unfortunately, this was not a part of the initial research design and was only considered after completion of the initial interviews. Further research could consider how some of the themes found impact on the wider population of counsellors and psychotherapists, and potentially other helping professions. Moreover, this study could be recreated to explore counsellors' and psychotherapists' understanding and experience of boundaries in different contexts (e.g., therapists working in private practice), or in relation to specific modalities.

It is important to acknowledge recent developments within the methodological literature for IPA, including amendments to the terminology used, through to the modification of processes for analysing data, amongst other changes (see Smith, Flowers, & Larkin, 2022; Smith & Nizza, 2022). However, this study was undertaken before the publication of these amendments and has therefore used the original lexicon, and methods, associated with IPA (Smith, Flowers & Larkin, 2009). There is likely to be a transition period, during which IPA studies are published using both the old and new terminology, and this is acknowledged within the literature (Smith, Flowers, & Larkin, 2022).

The insider and outsider perspectives of the research team offered multiple perspectives and critical lenses through which to view the participants' accounts (Oakley, Fenge, & Taylor, 2020). Further, this led to the refinement of themes, as disputes between authors, about different interpretations of the data, were resolved at different stages of the analytical process, this helped to develop an evocative and vivid narrative (which is important for high quality IPA research – Nizza, Farr, & Smith, 2021). For example, the second author challenged some of the initial examples of shame found through the initial IPA. A revisiting of the data by all authors, led to some of these examples either remaining, or being removed, from the examples of shame. Moreover, these critically reflective discussions were important for developing a deeper understanding of the participants' accounts and justifying the use of specific quotes (Nizza, Farr, & Smith, 2021).

As discussed earlier, this study acknowledged the power imbalance between researchers and the participants (Dickson-Swift, James, Kippen, & Liamputtong, 2006; Etherington, 1996); efforts were made to ensure this research was undertaken reflexively (Etherington, 2016). However, a conflict between the researchers' commitment to tell the participants' experiences, and the role of the researchers in interpreting those experiences to inform recommendations for counselling practice, became a boundary issue. For example, Gail reported difficulties with clients who were "needy" or in "hopeless" situations and this led to aspects of her practice which became purposefully hidden from both her supervisor and her employer. Therefore, it was difficult to present these experiences neutrally (i.e., without judgement) when they raise important ethical questions about how these decisions impacted on the client and other aspects of her counselling practice. Therefore, whilst the participants' experiences were central to answering the research question, they also needed to be considered in terms of whether they

were client focused. Admittedly, however, many of these questions can only ever be speculative because the actual impact of these decisions on clients remains unknown. Clients' perspectives are absent in this study; further research could explore how clients understand and experience boundaries and their impact on the therapeutic process.

Concluding Summary

This is the first study, we believe, to explore counsellors' understanding and experience of boundaries as both a theoretical concept and a specific aspect of practice. Our findings confirm the importance of boundaries for counselling and psychotherapy practice, particularly for the protection and safety of clients *and* therapists. However, these findings also raise an important question for therapists when implementing boundaries with clients, a question that forms the title of this paper - *who* are we protecting? This question becomes even more pertinent when participants were faced with specific boundary issues.

Our study found participants were often predominantly focused on their own fears and anxieties. Participants described protecting themselves from potential or perceived threats within the therapy room, such as: discussing the erotic in therapy; fear of violence from clients; and fear of complaint or legal action. Participants indicated feelings of shame and discomfort which could lead to the avoidance of boundary issues, or defensive rather than client focused responses.

Interestingly, participants were also innovative and creative in their use of boundaries in attempts to protect themselves, including establishing a clear sense of self; identifying the limits of their professional role; differentiating between themselves and the client; and an assessment of their competence when working with boundary issues.

Participants indicated that their awareness around boundaries increased through the research process, which indicates that a focused discussion on boundaries could help therapists to have a greater appreciation of boundaries in their practice. This study has highlighted a complicated, and sometimes concealed, dynamic between the theoretical and the practical aspects of boundaries for therapists. Therefore, we recommend that therapists participate in a process of reflection on the topic of boundaries, both personally and professionally, to better understand the impact of boundaries on their clients and their practice.

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