

Multiple/Dual Relationships in Counseling: Implications for the Asian Context

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Multiple/dual relationship is a frequently encountered dilemma in counseling and psychotherapy. This article explores the subject by (1) providing a brief overview of several ethics code and identifying the key principles that are relevant in guiding professional practice across cultures, (2) highlighting relevant research literature, and (3) exploring the implications for the Asian cultural context.

The history of professional ethics dates back to the Hippocratic Oath written in about 400 BC, specifying obligations of the physician to members of the public. The Oath advocates ethical principles, such as avoiding harm and developing competence, many of which become foundational to ethics codes in the counseling profession. The American Psychological Association (APA) was among the first to develop a code of ethics, followed by psychological associations in France and Germany (Sinclair, Simon, & Pettifor, 1996). The International Union of Psychological Science has been active in promoting professional ethics on an international scale since 1976 (Pedersen & Marsella, 1982) and the search for an international meta-code of ethics continues. As Ritchie and Sabourin (in press) suggest, such a code must contain fundamental principles that can guide practice across cultures; it must also recognize that national organizations would have their additional values and principles.

The Canadian Psychological Association (CPA) first adopted the code of ethics developed by the APA. However, recognizing that APA's professional practice and code of ethics is much affected by the U.S. health care system and litigious value, code of ethics more applicable to the Canadian context was developed in 1986 (Sinclair et al., 1996). The Canadian approach illustrates the importance of developing an indigenous professional code of ethics that is applicable and relevant to the political, social, and legal context of the country. Asian counselors, psychotherapists and psychologists, therefore, should search for fundamental principles to guide their professional practice and avoid adopting standards and regulations that are not applicable to their cultural and sociopolitical context. The development of an indigenous code involves a critical analysis of various ethics codes available and an evaluation process to determine what is appropriate to the culture. Leach and Harbin (1997) compared psychological codes of ethics from twenty-four countries and found ten individual standards approaching universal agreement and eight others unique to the APA's (1992) *Ethical Principles of Psychologist and Code of Conduct* (hereafter referred to as "APA's *Code of Conduct*"). In addition, they found Canada's code of ethics the most similar to the U.S. code and China's code of ethics the most dissimilar.

In this article, ethical issues of multiple/dual relationships in professional practices are discussed in the context of counseling in Asia. The definitions of multiple/dual relationships in ethical guidelines of professional counseling associations (e.g., American Counseling Association [ACA], and the APA) will first be reviewed. The implications of guidelines about multiple/dual relationships in the Asian counseling context will then be discussed. Case examples will also be used to evaluate the applicability of these Western-based guidelines to the Asian counseling context.

Definitions of Multiple/Dual Relationships

Multiple/dual relationships in psychotherapy refer to any association outside the standard client-therapist relationship. It is reportedly one of the most common ethical dilemmas encountered by psychologists and other mental health professionals (Colnerud, 1997; Pope & Vetta, 1992; Slack & Wassenaar, 1999). Ebert (2002) examined the history of dual relationship prohibitions. The APA's (1953) *Ethical Standards of Psychologists* made no specific reference to dual relationships except for prohibiting against the misuse of the relationship for profit, power, prestige, or personal gratification. The term "dual relationships" first appeared in the APA's (1958) *Ethical Standards of Psychologists*, which prohibited psychologists from entering into a clinical relationship with members of their own family, friends, associates, students, and others whose welfare might be jeopardized by such a relationship. Later in the APA's 1977 and 1981 ethical standards and principles (APA, 1977, 1981), "dual relationships" with clients that might impair professional judgment or increase the risk of exploitation were prohibited. "Dual relationships" in these codes of ethics encompass clinical relationships with employees, supervisees, friends, or relatives.

Dual Relationships and Sexual Intimacies

Dual relationships often involve sexual intimacies between the therapist and the client. For example, Ebert (2002) noted that "dual relationships refer to circumstances in which there are multiple-role relationships extant between the therapist and the client, such as when the therapist is sexually involved with a client" (p. 170). The British Psychological Society's (2000) *Code of Conduct, Ethical Principles & Guidelines* defined dual relationships as "those in which individuals engage in a personal loving and/or sexual relationship with someone to whom they also have professional responsibilities" (p. 40). Since the publication of the APA's (1977) *Ethical Standards of Psychologists*,

sexual relationships between therapist and client are explicitly declared as unethical by the APA. The APA's (2002) *Code of Conduct* reiterated that sexual intimacies with current clients, relatives and significant others of current clients, and former clients are considered "exploitative relationships." Both ACA and APA ethical codes explicitly state that therapists do not engage in sexual relationships within at least two years after cessation or termination of therapy. Therapists who engage in such relationships "bear the burden" (APA, 2002) or "have the responsibility" to demonstrate that there is no exploitation based on a number of factors, including duration and intensity of therapy, circumstances of termination, client's mental status, and likelihood of adverse impact on the client.

From Dual Relationships to Multiple Relationships

The term "multiple relationships" first appeared in the APA's (1992) *Code of Conduct*. According to this code:

A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party. (section 1.17a)

The concept of dual relationships was expanded in this code of ethics. The focus extended from prohibiting the provision of professional services to friends and associates to multiple-role relationships with clients. Sonne (1994) defined multiple relationships as "situations in which the psychologist functions in more than one professional relationship, as well as those in which the psychologist functions in a professional role and another definitive and intended role (as opposed to a limited and inconsequential role growing out of and limited to chance encounter)"

(p. 376). Multiple relationships can be concurrent or consecutive (Sonne, 1994). According to the APA's (2002) *Code of Conduct*:

A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. (section 3.05a)

The ethical concerns in dual relationships or multiple relationships are similar; thus, the two terms have often been used interchangeably in the literature. The ACA continues to use “dual relationships” in its 1995 *Code of Ethics and Standards of Practice*, while the APA adopts “multiple relationships” in its *Code of Conduct* since 1992.

Issues of Multiple/Dual Relationships in Professional Codes of Ethics

Professional Codes in the United States

The APA's (1992) *Code of Conduct* provided a more thorough and explicit discussion of issues about dual/multiple relationships than its previous versions, especially issues regarding sexual relationships. Nonsexual dual relationships were included in section 1 “General Standards” (section 1.17 “Multiple Relationships,” section 1.18 “Barter,” section 1.19 “Exploitative Relationships”) and sexual intimacies with patients or clients were included in section 4 “Therapy” (sections 4.05–4.07). Regarding multiple relationships of a sexual nature, the 1992 *Code of Conduct* considered sexual intimacies “frequently harmful to the patient or client” and “undermine public confidence” (section 4.07b). It also

provided a specification of two years after cessation or termination of professional services as a guide (section 4.07b). Seven factors were identified to be relevant in demonstrating that there has been no exploitation (examples within parentheses are added by the author):

1. the amount of time that has passed since therapy terminated,
2. the nature and duration of the therapy,
(for example, is the treatment modality long-term psychoanalytic therapy or brief career counseling?)
3. the circumstances of termination,
(for example, is the relationship terminated due to full recovery of the client, or a premature one due to mutual attraction?)
4. the patient's or client's personal history,
(for example, is there any history of abuse, interpersonal difficulties, personality issues, and chronic mental health concerns? Or, is the client relatively healthy seeking brief counseling in life transitions?)
5. the patient's or client's current mental status,
(for example, is the client currently needing mental health counseling? Is the client capable of making a good decision about relationships?)
6. the likelihood of adverse impact on the patient or client and others,
and
7. any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (section 4.07b)

The APA's (1992) *Code of Conduct* provided clear regulations about sexual intimacies with clients, which were well received in the professional community as well as by the public. Regarding multiple/dual relationships of a nonsexual nature, there was a notable recommendation for avoidance. As Ebert (2002) commented, in light of the lack of specificity and of an analytical model to evaluate nonsexual type of multiple/dual relationships,

prohibition became the prominent interpretation of the *Code of Conduct*, which gradually developed into a broad prohibition of all dual relationships and a perception that such relationships are inherently unethical (Zur, 2002).

The perception that all multiple/dual relationships are unethical and to be avoided, however, was somewhat corrected in the APA's (2002) *Code of Conduct*, providing more explicit guidelines regarding different types of multiple relationships. Similar to the previous codes of conduct, psychologists are to refrain from entering into multiple relationships that would impair professional functions and risk exploitation or harm to the client. However, the 2002 *Code of Conduct* also states that "multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical" (section 3.05a). However, what constitutes "impairment" and "harm" in multiple relationships remains to be delineated.

The prohibition against multiple/dual relationships, especially sexual relationships between therapists and clients, is also discussed in code of ethics of other counseling associations in the United States. The codes in major professional associations are generally similar as they respond to the same social and legal context, although they also offer their unique perspectives. For example, the American Association for Marriage and Family Therapy's (2001) *AAMFT Code of Ethics* states that therapists should "make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation" (Principle 1.3). Appropriate to their specialty in family therapy, the avoidance of multiple relationships is extended to the client's immediate family. Regarding sexual intimacies, the *AAMFT Code of Ethics* also adopts a two-year post-termination guide. Additionally, there should be no exploitation to the client's immediate family. Similarly, the *Code of Ethics* of the National Association of Social Workers (1999)

prohibits “dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client” (Ethical Standards, section 1.06c). However, the Association’s *Code of Ethics* also acknowledges that there are instances when such relationships are unavoidable, and “social workers should take steps to protect clients and are responsible for setting clear, appropriate and culturally sensitive boundaries” (Ethical Standards, section 1.06c).

Professional Codes in Canada

The *Canadian Code of Ethics for Psychologists* (CPA, 2000) shares similarities with the APA’s *Code of Conduct* (Leach & Harbin, 1997); however, it includes more idealized and attitudinal expectations. In addressing multiple relationships, the CPA code of ethics states that “the risk level of other conflicts of interest (e.g., dual or multiple relationships) might be partially dependent on cultural factors and the specific type of professional relationship (e.g., long-term psychotherapy vs. community development activities)” (Principle III, Value Statement, para. 6). The CPA code of ethics places much emphasis on cultural relevance and the specific type of professional relationship. Although avoidance is recommended, it also encourages professionals to “manage dual or multiple relationships that are unavoidable due to cultural norms or other circumstances in such a manner that bias, lack of objectivity, and risk of exploitation are minimized” (Principle III, Avoidance of conflict of interest, section III.34). Seeking supervision, consultation, and third party consent are recommended actions. The strength of the CPA code of ethics is the recognition of cultural factors and the nature of the professional relationship, as well as the emphasis on effective management of unavoidable dual relationships.

British Professional Codes

The British Psychological Society (BPS) provided elaborate guidelines

regarding issues of multiple/dual relationships in psychotherapy. The *Code of Conduct, Ethical Principles & Guidelines* (BPS, 2000) includes a briefing paper on sexual harassment at work and the ethics of dual relationships, and a discussion related to sexual dual relationships. The *Guidelines for Professional Practice in Counselling Psychology* (BPS, 2001a) make reference to this without additional specifications on nonsexual dual relationships. The Division of Clinical Psychology addresses issues of dual relationships in their *Professional Practice Guidelines 1995* (BPS, 2001b) in great detail. In particular, several key dynamics in the professional relationships of psychologists, clients, and colleagues were delineated, including power imbalances, boundaries, and respect.

Power Differentials

The *Professional Practice Guidelines 1995* (BPS, 2001b) addressed power differentials that are inherent in the professional relationship. Specifically, “Misuse of power lies in any manipulation of the professional relationship to fulfil the psychologists’ own personal needs, and in any infringement of a client’s personal rights and well-being” (p. 9, section 2.11). Psychologists are required to be alert to power differentials and monitor the professional relationship to avoid any misuse of power.

Boundaries

Interpersonal boundaries in professional relationships are addressed in the BPS. In particular, psychologists have the duty to appropriately maintain therapeutic boundaries, which “may be reflected in such practices as forms of address, style of dress, the sharing of personal details, the nature of therapeutic interventions, and the various aspects of the therapy setting — time, place, etc.” (BPS, 2001b, p. 9, section 2.1.2). In addition, psychologists are advised to consider the boundary implications of home

visits and their constructive use, as well as issues related to physical touch in therapy (BPS, 2001b, pp. 9–10, sections 2.1.2.1 and 2.1.2.2).

Dual Relationships

Dual relationships are then discussed in the context of power differentials and professional boundaries:

Particular risks for the abuse of power and the breaking of the professional boundary lie within dual relationships. ... Some dual relationships may appear more innocuous than others, maybe even helpful at times, but all carry risks. (BPS, 2001b, p. 10, section 2.1.3)

Sexual relationships are considered as “abusive dual relationship” and addressed (BPS, 2001b, p. 10, section 2.1.3.1). The guidelines provided are very similar to the APA’s (1992) *Code of Conduct*, specifying a two-year post-therapy limit and the psychologist’s burden of demonstrating no exploitation in seven areas (BPS, 2001b, p. 10, section 2.1.3.4).

The BPS’s (2001b) *Professional Practice Guidelines* is most comprehensive in discussing issues of multiple/dual relationships. Its strength lies in the emphasis on the dynamics of the relationships and the issues involved. It is the only code of ethics which acknowledges that multiple/dual relationships can be innocuous and even helpful. However, it does not provide any elaboration on the circumstances when it can be considered “helpful” and the emphasis is again on the risk for potential harm.

European Codes

The European Federation of Psychologists’ Associations (EFPA) has 31 member associations from different nations representing 150,000 psychologists. Their General Assembly adopted a code of ethics in 1995

(EFPA, 2002), which can be considered as one of the first “international” codes developed. This code of ethics provides the fundamental principles that are intended to give a general philosophy and guidance to cover all situations encountered by professional psychologists. The specific codes of ethics for national member associations are supposed to be based on, and not in conflict with, the ethical principles provided. This model is an example for Asian countries to consider.

Regarding dual relationships, the EFPA (2002) *Meta-Code of Ethics* also adopts a prohibition stance as indicated in this guideline: “Awareness of the possible problems which may result from dual relationships and an obligation to avoid such dual relationships which reduce the necessary professional distance or may lead to conflict of interests, or exploitation of a client” (Conflict of Interests and Exploitation section, para. 1). In addition, “Awareness that conflict of interest and inequality of power in a relationship may still reside after the professional relationship is formally terminated, and that professional responsibilities may still apply” (Conflict of Interests and Exploitation section, para. 3). The adopted approach to professional relationship seems to hold a “once a client, always a client” view. This code allows little room for multiple/dual relationships.

South East Asian Codes

The Australian Psychological Society’s (2002) *Code of Ethics* states that “members must avoid dual relationships that could impair their professional judgement or increase the risk of exploitation” (section B, point 7). Similar to other codes of ethics reviewed, sexual relationships with former clients two years after the termination of a professional relationship are permissible only if the professional can establish that the client is not vulnerable to exploitation due to the prior professional relationship.

The Singapore Psychological Society’s (2000) *Code of Professional*

Ethics states that “Psychologists do not normally enter into a professional relationship with members of their family, intimate friends, close associates, or others whose welfare might be jeopardised by such a dual relationship” (Principle 8, point 3). This regulation is similar to the APA’s (1958) *Ethical Standards of Psychologists*. It does not address issues pertaining to potential conflicts or dual relationships that may develop after a professional relationship is established.

The Hong Kong Psychological Society addresses dual relationships in the “Guidelines for Avoiding Harm, Harassment and Exploitation with Clients,” which are incorporated into their *Code of Professional Conduct* (Hong Kong Psychological Society, 1998). The Guidelines address issues of power differentials and prohibit exploitation. In addition, “Sexual relationships are considered as always unethical. Psychologists do not engage in sexual intimacies (e.g., inappropriate bodily contact, sexual verbal advances or sexual intercourse) with current clients, nor with recent former clients” (p. 23). The Guidelines do not address issues of nonsexual multiple/dual relationships. Similarly, the *Code of Conduct* by the Hong Kong Professional Counselling Association (n.d.) does not address multiple/dual relationships directly. Members are to “avoid relationship or commitments that conflict with their interests and under no circumstances engage in sexual activities with clients” (section 3.3).

Summary of Consensus

Among all the professional code of ethics reviewed, there seems to be a consensus that sexual intimacies with current clients are inappropriate and damaging. While there are some discussions of whether sexual relationships are permissible with former clients (two years after the termination of a professional relationship), the general agreement is that the risk for harm is high, and that psychologists are required to bear the burden of proof to demonstrate that there is no exploitation. Regarding nonsexual multiple/dual relationships, the general consensus is that such

relationships ought to be evaluated against potential exploitation of the client and impairment of professional objectivity and judgment. The general trend is to advocate avoidance of these relationships.

Summary of Differences

Some codes of ethics recognize the importance of cultural factors and recommend that boundaries in professional relationships be established in a culturally sensitive manner. Some elaborate on the relationship dynamics involved and others provide strategies to resolve ethical dilemmas. A review of the above codes of ethics indicates that the European professionals tend to place more attention to issues related to nonsexual multiple/dual relationships. This can be seen in the thorough discussion in the BPS's (2001b) *Professional Practice Guidelines*, and the strict prohibition in the EFPA's (2002) code of ethics. An interesting note is that the Singapore Psychological Society, the Hong Kong Psychological Society, and the Hong Kong Professional Counselling Association do not specifically address nonsexual multiple or dual relationships in their codes of ethics. They prohibit entering into professional relationships with family and friends, but do not address dual roles that arise from professional relationships. One would speculate if the relevance of multiple/dual relationships is different for practitioners in psychology in these places as compared to their European and North American colleagues.

Unfortunately, there is not enough published code of ethics available from Asian countries to allow for a solid comparison. Psychology and counseling are relatively new in Asia and therefore the code of ethics may not have been as well developed as some of the Western nations. However, one can also assume that cultural values have impacted the practice of psychology in Asia and therefore concerns related to multiple/dual relationships may be different. Further exploration is needed.

Relevant Literature on Multiple/dual Relationships

There is a general consensus that sexual multiple/dual relationships are not acceptable. Readers interested in the subject should refer to work done by K. S. Pope, who has conducted research studies and written extensively on the subject (Pope, 1994; Pope, Sonne, & Holroyd, 1993). Most of the current debate has focused on nonsexual multiple/dual relationships. The following is a brief highlight of relevant research literature.

Empirical Studies on Dual Relationships

The APA advocated an empirical approach to ethics as early as 1948, considering empiricism as a distinctive of the profession (Pope & Vasquez, 1998). Questionnaires were sent to members to collect reports of critical incidents, which were then carefully analyzed, categorized, and developed into a draft code. This methodology has been adopted by later researchers and generated important data on ethical issues. Empirical studies indicate that dual relationships are the primary concern for many mental health professionals.

In a national study of 4,800 psychologists, psychiatrists, and social workers (return rate of 49%), Borys and Pope (1989) reported that psychiatrists in general view nonsexual dual relationships as less ethical than do psychologists and social workers. However, the different professions do not differ among themselves in terms of sexual intimacies with clients (before or after the termination of therapy), nonsexual dual professional roles, social involvement, and financial involvement with patients. Psychodynamically oriented clinicians were more likely than their colleagues to affirm the unethical nature of dual relationships and refused to engage in these activities.

Pope and Vetta (1992) surveyed APA members on ethical dilemmas encountered and 679 of the 1,319 members responded. Maintaining clear

boundaries in professional relationships is the second most frequently encountered dilemma, accounting for 17% of incidents (second to confidentiality, 18%). Their study has been replicated internationally. Colnerud (1997) used the 23 categories identified by Pope and Vetta and reported that Swedish psychologists shared similar conflicts with their American and British colleagues. Slack and Wassenaar (1999) compared their findings with six similar international studies and reported that 14% of South African psychologists shared similar ethical dilemmas in dual relationships. Empirical studies consistently indicated that ethical dilemmas regarding nonsexual dual relationships remain concerns for mental health professionals. However, few studies explore how these dilemmas are dealt with and handled. Ethical dilemmas are no surprises in therapy; resolving the dilemmas appropriately is more important.

Advocates Against Multiple Relationships

Advocates against dual relationships focus on potential harm and exploitation and emphasize the importance of clear boundaries in therapy. Koocher and Keith-Spiegel (1998) cautioned against lax professional boundaries, which are often a precursor of exploitation. Gutheil and Gabbard (1993) explore boundary crossing and boundary violation issues related to time, place, space, money, gifts, services, clothing, language, self-disclosure, and physical contact. Others have focus on the dynamics of multiple relationships. Sonne (1994) recommended that the definition of unethical multiple relationships should include “a description of the dynamic factors in the primary professional relationship that are likely to be compromised by another relationship, placing the client at undue risk for harm” (p. 342).

There is a general recognition that simple prohibition by legislation might not be the best option. Rather, dealing effectively with inevitable complex relationships and addressing issues of exploitation and power within the therapy relationships and within the training program or

supervision is more important (Ryder & Hepworth, 1990). Decision-making models emphasizing the management of the relationship dynamics have been proposed to assist clinicians in addressing dual relationships (Burian & Slimp, 2000; Gottlieb, 1993).

Advocates For Multiple Relationships

Advocates for multiple relationships emphasize that not all such relationships are unethical. In their discussion of dual relationships and psychotherapy, Lazarus and Zur (2002) refute the arguments against dual relationships. They contend that rigid boundaries in many close-knit communities such as military, rural, religious, feminist, gay, and ethnic minorities are unrealistic and impossible. They argued that boundary violations should not be defined by the analytical model of psychotherapy. Boundary extensions and crossings can increase therapeutic effectiveness, for example, when an out-of-office experience is part of the treatment plan. Research studies have reported a range of divergent views among therapists, depending on theoretical orientations adopted (Williams, 1997).

In understanding the debate, it is again important to understand the sociopolitical context in the United States. “Multiple relationships” and “boundary violations” have become a malpractice plaintiff’s litigation strategy (Williams, 2002). This further fosters prohibition and avoidance of multiple/dual relationships among professionals.

While cultural relevance has been raised in the debate on multiple relationships in the United States, its application to ethnic minority groups within the country has not been thoroughly examined. There are some voices addressing the potential differences, such as Sue (1997) and Parham (1997), who highlight that multiple/dual relationships may be unavoidable within some ethnic minority communities. In addition, some cultural groups may value multiple relationships with the helping professional due to their holistic (rather than dichotomous) worldview of relationships. Mental

health professionals may be expected to engage in multiple roles in the helping relationship. They advocate that codes of ethics based on Euro-centered values may not be the most applicable to ethnic minorities. Sue (1997) and Parham (1997) provide some insights for Asian professionals to consider the implications of multiple/dual relationships in the Asian cultural context.

Implication to Asian Professionals

This section attempts to explore issues of nonsexual dual relationships most relevant to professional practices among Asian communities. To date, there are few published empirical studies identifying ethical dilemmas encountered by practicing professionals in Asia. Therefore, applying what is learned from various codes of ethics and research studies conducted in Europe and America to the Asian context should be tentative. As mentioned before, the Singapore Psychological Society (2000), the Hong Kong Psychological Society (1998), and the Hong Kong Professional Counselling Association (n.d.) do not address nonsexual multiple or dual relationships in their codes of ethics as thoroughly when compared to the North American and European professional codes of ethics. One explanation is that ethics codes are written and revised based on an empirical approach, and dual relationships are found to be one of the most frequently encountered dilemmas in North America and Europe. It is noted that the term “dual relationships” appeared first in the APA’s (1958) *Ethical Standards of Psychologists* and dealt only with clinical relationships with families and friends. It was only until 1977 that sexual intimacies with clients and dual relationships (in the broadened sense) were addressed. These changes may reflect societal changes as well as changes in the profession (Canter, Bennett, Jones, & Nagy, 1994). Another possibility is that Asian professionals have not yet identified the dual relationship dilemmas in their specific professional contexts, or that these issues have not been thoroughly addressed and incorporated into the professional codes of ethics. As discussed in the above sections, practicing

clinicians in Asia should define for themselves the appropriate ethical guidelines within their political, social, and legal context.

Many Asian cities such as Taiwan, Singapore, and Hong Kong share a similar history in terms of the development of counseling and psychological services which began in community/social service or government agencies (Chen, 1999; Leung, 1999; Sim, 1999). The majority of professionals continue to practice within these agencies and organizations. In contrast, independent private practitioners are more common in North America and Europe. Koocher and Keith-Spiegel (1998) identified individual practices in isolated offices away from other mental health professionals as the most “risky work settings” for boundary blurring (sexual or nonsexual). Peer accountability and agency supervision provide a different context for professional services offered. Thus, the risk for exploitation among Asian professionals may be lower. However, with increasing number of private practitioners, professionals should be aware of issues of multiple/dual relationships and should seek to establish appropriate support and accountability.

The following are two case analyses that seek to illustrate multiple/dual relationship scenarios in the Asian context.

Case 1

Mr. T is a secondary school teacher, who also provides counseling to students at his school. He is a member of the school disciplinary committee that handles student misconduct. Student A, a counselee of Mr. T, was suspended for acting out behavior. Knowing the recent changes in Student A’s family circumstances, Mr. T could understand and empathize with Student A’s unusual behavior. Providing support seemed to be the most therapeutic intervention for Student A at this time. However, given his dual responsibilities as a counselor and as a school disciplinary representative, Mr. T had to consider the best interest of Student A and to

uphold the school regulations at the same time. In order to support Student A during the discipline committee meeting, Mr. T breached confidentiality and shared about Student A's family circumstances. However, the committee still voted on expelling Student A from school and some of Student A's personal and family details were released outside of the committee. Student A was furious toward Mr. T for violating his trust (breaching confidentiality) and expelling him from school. Mr. T was very frustrated in this no-win situation.

The above case is a typical scenario encountered by school teachers who have a dual role at school as a counselor and a teacher. In some Asian cities such as Hong Kong and Taiwan, teachers often play an important role in providing general counseling and guidance to students. However, there is a need to clarify the potential role conflict and seek solutions most relevant to the particular organizational setting.

Multiple/Dual Role Relationship

Mr. T assumed three rather distinct roles as a counselor, a teacher, and a disciplinary representative at school. There are potential conflicts in these three roles, which arise in the case scenario. Mr. T's role as a counselor requires him to be an advocate for his client and to keep personal information confidential, while his role as a disciplinary representative demands him to provide relevant information about the student and to deliver punitive consequences as appropriate to Student A's misbehaviors.

Ethical Dilemmas

The central element in the multiple-role relationship in this case is not the potential exploitation of the client. Therefore, the multiple-role relationship is not necessarily unethical. It is often an unavoidable situation for many teachers who also work as counselors at school. However, the role conflict may impair the counselor's objectivity and may interfere

with effectively performing the functions of a counselor. Proper management is essential. A secondary ethical concern is the breach of confidentiality. Confidentiality is the foundation of trust in counseling relationship, and violation of it can be detrimental to the counseling/therapy process.

Suggested Resolution

While multiple roles are not avoidable in Mr. T's situation at school, he should seek ways to manage the role conflict. Mr. T could excuse himself from the disciplinary committee and abstain from making any decisions regarding his counselees. He could also clarify his roles with his counselees and the potential conflict that may arise as a teacher and a member of the disciplinary committee. Mr. T could address confidentiality issues directly in the counseling sessions with his counselees and explore whether certain information could be released to the disciplinary committee for consideration. Mr. T could also educate the school administrators the potential conflicts arising from multiple roles so that it could be managed in a systemic way at the institutional level. System changes can be the most effective way to resolve the role conflicts such that the best interest of the students as well as the school can be served.

Finally, a broader resolution is to form a task force to define the multiple roles of a school teacher/counselor in a school setting and to develop ethical guidelines for best practices in their unique role within the education system. The task force can communicate these concerns to education administrators and develop a memorandum of understanding on how multiple-role conflicts can be effectively managed.

Discussion

In many Asian countries, the professional movement of counseling has a close tie with guidance and counseling in education settings. Their

professional practices face ethical dilemmas unique to their education system and societal context. Dialogue and consultation with colleagues regarding one's ethical dilemmas can facilitate the clarification of professional identity and boundaries for professional practice, which may eventually lead to the creation and evolution of practice codes most applicable to the specific community context.

Case 2

Dr. C had worked in a community counseling agency for many years and she finally launched her own company. She continued to adopt a community approach and is very active in her outreach efforts. Dr. C was one of the pioneers in her country in developing child sexual abuse prevention programs. While presenting a workshop to a group of teachers, Dr. C met school administrator Miss D. Miss D was very influential in the education arena and she opened doors for Dr. C's company in its outreach efforts. Miss D also joined Dr. C's training program for volunteers interested in working with victims of abuse. During the training sessions, Miss D revealed a history of child sexual abuse and sought individual therapy with Dr. C. Dr. C was one of the few female therapists available in town and the only one with expertise in sexual abuse. She carefully evaluated the dynamics of her relationship with Miss D and considered boundary issues involved. She would much prefer to refer Miss D to another therapist and retain Miss D as a volunteer to enhance her company's growth. However, Miss D insisted on working with Dr. C who had expertise in sexual abuse and felt that her volunteer work should not be an obstacle to her receiving quality treatment. Since boundary issues are major themes for victims of sexual abuse, Dr. C carefully carved out therapy boundaries, requested that Miss D discontinued volunteer services while receiving therapy, and declined Miss D's offer in facilitating the company's marketing efforts. Initially, Miss D considered the boundary set as rigid and "cold," and thought that the "Western approach might not

be applicable in our culture.” However, she agreed to the boundary set. As therapy continued, Miss D began to explore her difficulties in interpersonal boundaries, especially with authority figures who tried to “use” her. She quickly identified her struggle with boundaries to specific elements of her own history of sexual abuse. Exploring interpersonal boundaries continued to be a major theme in therapy. Dr. C’s effort in establishing and maintain clear professional boundaries for Miss D was crucial in providing the therapeutic space for Miss D to address these issues in counseling.

Multiple/Dual Relationships

In the above scenario, there are two potential multiple relationships: (1) entering into professional relationships with an “associate” whose welfare may be jeopardized by such a dual relationship; (2) an ongoing dual relationship with a therapy client who is also a volunteer associate.

Ethical Dilemmas

Dr. C’s dilemma can be shared by many mental health professionals who are doing pioneer work in their home town or country. They frequently wear several hats as therapist, educator, community leader, expert and others. Dr. C has to decide whether to offer or decline services to an acquaintance and potential co-worker. In many Asian countries, the general public has limited understanding of mental health services and trying to talk to a stranger about personal or family issues continue to be a taboo. Often, they are unwilling to work with someone unless they somehow can “know or trust” them, with such knowledge and trust usually gained from a pre-existing relationship. Access to available service can also be very limited. Dr. C had developed a relationship with Miss D that motivated her to seek psychotherapy.

Another ethical concern for Dr. C is the potential for exploiting

Miss D to advance her company's outreach and marketing efforts in the education arena. Lastly, Dr. C needs to consider ethical issues related to managing an ongoing relationship with Miss D as a long-term therapy client and collegial partnership in the company.

Suggested Resolution

Dr. C is struggling to develop indigenous psychotherapy models appropriate to the cultural context. She tries to establish professional boundaries that are culturally sensitive as well as specific to the clinical issues involved. In this scenario, Dr. C accepts Miss D as a therapy client, given that she is the only available therapist in the community to provide quality services unique to Miss D's treatment needs. Dr. C also recognizes that a multiple/dual relationship can interfere with therapy because boundary issues are central for victims of child sexual abuse. Therefore, the best resolution is to decline an ongoing dual relationship, and provide appropriate therapeutic boundaries for Miss D to deal with relevant clinical issues related to child sexual abuse.

An alternative approach is that Dr. C permits a multiple/dual relationship. Dr. C needs to actively explore and monitor whether there is any interference of her professional functions as a therapist. She can specifically address potential difficulties in multiple/dual relationships with Miss D and help Miss D identify what is most beneficial for her. The therapy process helps Miss D make an informed choice whether she wants to continue with the volunteer work.

Both alternatives meet criteria for the fundamental principles of ethical practice: (1) Dr. C seeks the best interest of the client, not the benefit of her company, and therefore there is no exploitation; (2) Dr. C is aware of the potential risk in dual relationships and exercises sound clinical judgment by either avoiding the relationship or managing the relationship; (3) she is aware of and addresses power differentials and boundary issues

in therapeutic relationships; (4) she takes into consideration cultural and situational factors in setting appropriate boundaries and managing relationships.

Discussion

Professionalism and the issue of public trust is an important matter. Counseling and psychotherapy is a developing field in Asia involving diverse professions with different identities. As the profession grows, there is an increasing need for accountability and dealing with issues of public trust. This is particularly true with the rapidly growing number of independent practitioners not under agency supervision. Issues of multiple/dual relationships are important due to the potential for exploitation and harm, which would be detrimental to public trust. Developing standards and guidelines of professional practice, legislation and licensure are becoming imminent for Asian professionals. In particular, identifying multiple/dual relationships most relevant to Asian professionals and developing appropriate management strategies are crucial.

Recommendations for Asian Professionals

Asian professionals should actively join efforts in promoting awareness in ethical issues. A (national or international) conference on professional ethics in Asia including presentation of research, education/training, and dialogue/discussion would be most beneficial. Task forces and local groups can then be formed to further promote ethical awareness in the local and specific professional communities. National/local or divisional meetings can follow up with action proposals or launch research projects. The following sections describe some suggested activities.

Developing Professional Ethics Committee or Work Groups

Work groups or task committees are needed to define professional

identities and boundaries and to clarify the standard of practice for the different fields in counseling and psychotherapy. General ethical principles as well as specific guidelines for best practices in a specific field can then be developed if they are yet available (e.g., best practice for social workers handling mental health emergencies, best practice for school counselors, etc.). National or local work groups established can continue the dialogue on relevant ethical issues and dilemmas unique to the culture.

Empirical Approach

An empirical approach to ethics should be explored. Surveys can be delivered through professional conferences or via mail. The critical incident approach allows one to identify ethical dilemmas experienced by practitioners in different fields. For professional societies that have already developed an ethics code, empirical verification would be beneficial. Data collected and analyzed can be compared between different professions and across cultures. Pope and Vetta's (1992) categories could be useful as it has already been used in several international studies.

Emphasis on Ethical Decision-making

Ethics code can be aspiration-oriented or rule-oriented, guiding professionals to competent and beneficial services to the public. Nevertheless, they should not be a restricting set of rules to be followed blindly or a set of ideals and values beyond attainment. In North America, the generation of standards, regulations, and requirements initially to guide competent and ethical practices has its adverse side effect. Professionals are beginning to become more concerned with avoiding complaints and violations, and thus practice defensively (Lazarus & Zur, 2002; Sinclair et al., 1996). This is a pitfall that Asian professionals would want to avoid.

There is an increasing awareness that ethical decision-making is

crucial to quality professional practice. Asian professionals should focus their effort on ethical decision-making models and processes. Education and training programs should prepare students to weigh decisions in light of the professional values, ethics codes available, and relevant sociocultural values. Ethical decision-making is a complex process. A textbook with relevant case examples illustrating ethical decision-making within the local cultural context would facilitate learning. Continuation education programs, in-service training and workshops can assist practicing professionals in identifying and resolving ethical dilemmas. It is hoped that professional societies from different fields would not just focus on rule violations and disciplinary issues but rather place much effort in developing an internal system that provides adequate peer support, supervision, and consultation.

References

- American Association for Marriage and Family Therapy. (2001). *AAMFT code of ethics*. Retrieved August 21, 2003, from <http://www.aamft.org/Resources/lrmlplan/Ethics/ethicscode2001.asp>
- American Counseling Association. (1995). *ACA code of ethics and standards of practice*. Retrieved August 21, 2003 from http://www.counseling.org/site/PageServer?pagename=resources_ethics
- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1958). Ethical standards of psychologists. *American Psychologist*, 13, 268–271.
- American Psychological Association. (1977). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36(6), 633–638.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47(12), 1597–1611.

- American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. Retrieved August 21, 2003, from <http://www.apa.org/ethics/code2002.pdf>
- Australian Psychological Society. (2002). *Code of ethics*. Retrieved August 21, 2003, from http://www.psychsociety.com.au/aps/ethics/code_of_ethics.pdf
- Borys, D. S., & Pope, K. S. (1989). Dual relationships between therapist and client: A national study of psychologists, psychiatrists, and social workers. *Professional Psychology: Research and Practice*, 20(5), 283–293.
- British Psychological Society. (2000). *Code of conduct, ethical principles & guidelines*. Retrieved August 21, 2003, from <http://www.bps.org.uk/documents/code.pdf>
- British Psychological Society. (2001a). *Guidelines for professional practice in counselling psychology*. Retrieved August 21, 2003, from http://www.bps.org.uk/documents/couns_guidelines.pdf
- British Psychological Society. (2001b). *Professional practice guidelines 1995*. Retrieved August 21, 2003, from http://www.bps.org.uk/documents/DCP_guidelines.pdf
- Burian, B. K., & Slimp, A. O. (2000). Social dual-role relationships during internship: A decision-making model. *Professional Psychology: Research and Practice*, 31(3), 332–338.
- Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists* (3rd ed.). Retrieved August 21, 2003, from <http://www.cpa.ca/ethics2000.html>
- Canter, M. B., Bennett, B. E., Jones, S. E., & Nagy, T. F. (1994). *Ethics for psychologists: A commentary on the APA Ethics Code*. Washington, DC: American Psychological Association.
- Chen, P. H. (1999). Towards professionalism: The development of counselling in Taiwan [In Chinese]. *Asian Journal of Counselling*, 6(2), 21–48.
- Colnerud, G. (1997). Ethical dilemmas of psychologists — A Swedish

- example in an international perspective. *European Psychologist*, 2(2), 164–170.
- Ebert, B. W. (2002). Dual-relationship prohibitions: A concept whose time never should have come. In A. A. Lazarus & O. Zur (Eds.), *Dual relationships and psychotherapy* (pp. 169–211). New York: Springer.
- European Federation of Psychologists' Associations. (2002). *Meta-code of ethics*. Retrieved August 21, 2003, from <http://www.efpa.be/Ethics/ethics.htm>
- Gottlieb, M. C. (1993). Avoiding exploitative dual relationships: A decision-making model. *Psychotherapy: Theory, Research, Practice, Training*, 30(1), 41–48.
- Gutheil, T. G., & Gabbard, G. O. (1993). The concept of boundaries in clinical practice: Theoretical and risk-management dimensions. *American Journal of Psychiatry*, 150(2), 188–196.
- Hong Kong Professional Counselling Association. (n.d.). *The code of conduct*. Retrieved August 21, 2003, from <http://www.hkpcsa.org.hk/conduct/codeofconduct.htm>
- Hong Kong Psychological Society. (1998). *Code of professional conduct*. Hong Kong: Author.
- Koocher, G. P., & Keith-Spiegel, P. (1998). *Ethics in psychology: Professional standards and cases* (2nd ed.). New York; Oxford: Oxford University Press.
- Lazarus, A. A., & Zur, O. (2002). *Dual relationships and psychotherapy*. New York: Springer.
- Leach, M. M., & Harbin, J. J. (1997). Psychological ethics codes: A comparison of twenty-four countries. *International Journal of Psychology*, 32(3), 181–192.
- Leung, S. A. (1999). Development of counselling in Hong Kong: Searching for professional identity. *Asian Journal of Counselling*, 6(2), 77–95.
- National Association of Social Workers. (1999). *Code of ethics*. Retrieved August 21, 2003, from <http://www.socialworkers.org/pubs/code/code.asp>

- Parham, T. (1997). An African centered view of dual relationships. In B. Herlihy & G. Corey (Eds.), *Boundary issues in counseling: Multiple roles and responsibilities* (pp. 109–111). Alexandria, VA: American Counseling Association.
- Pedersen, P. B., & Marsella, A. J. (1982). The ethical crisis for cross-cultural counseling and therapy. *Professional Psychology, 13*(4), 492–500.
- Pope, K. S. (1994). *Sexual involvement with therapists: Patient assessment, subsequent therapy, forensics*. Washington, DC: American Psychological Association.
- Pope, K. S., Sonne, J. L., & Holroyd, J. (1993). *Sexual feelings in psychotherapy: Explorations for therapists and therapists-in-training*. Washington, DC: American Psychological Association.
- Pope, K. S., & Vasquez, M. J. T. (1998). *Ethics in psychotherapy and counseling: A practical guide* (2nd ed.). San Francisco: Jossey-Bass.
- Pope, K. S., & Vetta, V. A. (1992). Ethical dilemmas encountered by members of the American Psychological Association: A national survey. *American Psychologist, 47*(3), 397–411.
- Ritchie, P. L. J., & Sabourin, M. E. (in press). Toward a common framework for code of ethics: The Canadian, North American and international context. In D. Castio (Ed.), *Pratiques psychologiques et déontologie*. Paris: Les Éditions Hommes et perspectives.
- Ryder, R., & Hepworth, J. (1990). AAMFT ethical code: “Dual relationships.” *Journal of Marital and Family Therapy, 16*(2), 127–132.
- Sim, T. (1999). Development of counselling service in Singapore. *Asian Journal of Counseling, 6*(2), 49–75.
- Sinclair, C., Simon, N. P., & Pettifor, J. L. (1996). The history of ethical codes and licensure. In L. J. Bass, S. T. DeMers, J. R. P. Ogloff, C. Peterson, J. L. Pettifor, R. P. Reaves, T. Retfalvi, N. P. Simon, C. Sinclair, & R. M. Tipton (Eds.), *Professional conduct and discipline in psychology* (pp. 1–16). Washington, DC: American Psychological

- Association (APA) and Association of State and Provincial Psychology Boards (ASPPB).
- Singapore Psychological Society. (2000). *Code of professional ethics*. Retrieved August 21, 2003, from <http://www.angelfire.com/sc2/sps/ethics.html>
- Slack, C. M., & Wassenaar, D. R. (1999). Ethical dilemmas of South African clinical psychologists: International comparisons [Electronic Version]. *European Psychologist, 4*(3), 179–186.
- Sonne, J. L. (1994). Multiple relationships: Does the new ethics code answer the right questions? *Professional Psychology: Research and Practice, 25*(4), 336–343.
- Sue, D. (1997). Cultural perspectives on multiple relationships. In B. Herlihy & G. Corey (Eds.), *Boundary issues in counseling: Multiple roles and responsibilities* (pp. 106–109). Alexandria, VA: American Counseling Association.
- Williams, M. H. (1997). *Boundary violations: Do some contended standards of care fail to encompass commonplace procedures of humanistic, behavioral, and eclectic psychotherapies? Psychotherapy: Theory, Research, Practice, Training, 34*(3), 239–249.
- Williams, M. H. (2002). Multiple relationships: A malpractice plaintiff's litigation strategy. In A. A. Lazarus & O. Zur (Eds.), *Dual relationships and psychotherapy* (pp. 224–238). New York: Springer.
- Zur, O. (2002). The truth about the Code of Ethics: Dispelling the rumors that dual relationships are unethical. In A. A. Lazarus & O. Zur (Eds.), *Dual relationships and psychotherapy* (pp. 55–63). New York: Springer.

心理輔導中的雙重／多重關係： 對亞洲文化的啟示

在進行心理輔導與治療時，雙重／多重關係是常常遇到的難題。本文試從以下三方面探討這個問題：（1）檢視不同的倫理守則，找出適用於不同文化輔導專業的主要指導原則；（2）扼要指出有關的研究和理論；及（3）探尋這種關係對亞洲地區輔導專業人員的啟示。