This Couldn’t Happen to Me: Boundary Problems and Sexual Misconduct in the Psychotherapy Relationship

Drawing on their own consultative experience illustrated by case vignettes and with support from the professional literature, the authors discuss the perennial problematic issue of boundary violations and sexual misconduct, aiming at an audience of both experienced and novice clinicians. The authors review the difference between boundary crossings and boundary violations and stress the therapist’s responsibility to maintain boundaries. Therapist risk factors for violations include the therapist’s own life crises, a tendency to idealize a “special” patient or an inability to set limits, and denial about the possibility of boundary problems. Factors exacerbating patient vulnerability, such as overdependence on the therapist, seeking therapy to find an intense relationship or even “true love,” and the acceptance by childhood abuse victims of an abusive therapy relationship, are discussed. Consultation and education—for students and for clinicians at all levels of experience—and effective supervision are reviewed as approaches to boundary problems.

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A board-certified psychiatrist saw a woman in individual psychotherapy for ten years. During the course of the therapeutic relationship, he negotiated with her to sell her two of his boats, sight unseen. Additional transactions involved sales of her personal property to him: Waterford crystal, china, and a silver service, the last of which was appraised at $1,600 but was purchased by the psychiatrist for $200. In the same year he accepted a refrigerator and a dining table with six chairs as gifts. During the course of these commercial transactions, the patient had run up a significant bill with the psychiatrist. She sold her father’s coin collection to the psychiatrist for $1,000 as a means of getting one of the boats into the water. Within a year, the bank repossessed the boat and the patient declared bankruptcy.

This vignette is just one among many cases in the spectrum of behaviors in boundary problems with patients. The last quarter century has produced an extensive literature aimed at clarifying the nature of the psychotherapy relationship and the variety and complexity of possible boundary difficulties in the therapeutic dyad (1–12). Television and movie dramas have portrayed boundary dilemmas in various ways, humorous and straight; consider the television program The Sopranos and the film Analyze This. Despite broad agreement in psychiatry that sexual misconduct and other boundary violations can cause notable harm to patients, some of our most senior and accomplished practitioners and teachers continue to find themselves embroiled in these difficulties. Next to suicide, boundary problems and sexual misconduct rank highest as causes of malpractice actions against mental health providers. Nevertheless, psychiatric training about boundary issues has continued to be ineffective despite today’s wider awareness of these caveats, increased recognition of the severe dangers to patients, threats to psychiatrists’ licensure from complaints to boards of registration, and professional ostracism. We speculate that these deficits of modern psychiatric training and practice may reflect the additional pressures of managed care—fostering a paradigm shift in psychiatry away from psychotherapy and toward pharmacology and ex-