

*An Analytic Study on the Therapeutic Boundary between Counseling Psychologist  
and Sexual-Abused Children*

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## 1. Introduction

Child sexual abuse has the most serious and lasting effects on child development amongst all types of childhood trauma (Schroeder & Gordon, 1991). Such trauma disrupts victims' conceptions of both physical and mental boundaries, causing victims to be very sensitive towards and easily hurt by blurred boundaries in relationships later in life (Armsworth, 1989). Whether the victim perceived potential harm with vigilance and adaptation, or with dissociation and early-year trauma presented in the subconscious minds, the conception of boundaries will still be an issue of significance in therapy (Pearlman & Saakvitne, 1995).

Researchers find that victims experience conflicted feelings such as tension, disruptions and the urge to form connections when negotiating boundaries within interpersonal relationships, including their interactive relationships with counseling psychologists. These findings prompted researchers to wonder how counseling psychologists perceive the issue of boundaries. What kind of strategies do they use in handling the issue? If the interactions between counseling psychologists and their clients are the basis for their clients' corrective emotional experience, how do counseling psychologists react when their clients experience conflicting emotions during counseling sessions? In the perception and transformation of boundaries, what is the interview progress that is beneficial in decreasing the clients' level of anxiety within interpersonal relationships?

Therefore, this study serves the following two purposes: 1) to investigate the kinds of therapeutic boundaries perceived by counseling psychologists within their relationships with their clients, and; 2) to illustrate how counseling psychologists interpret therapeutic boundaries during therapy sessions and how they utilize said boundaries in facilitating the therapy's progress.

## 2. Literature Review

The most commonly quoted definition of the term "sexually abused child" is one suggested by Finkelhor (1979). It states that child sexual abuse refers to any involuntary sexual contacts perpetrated on 1) a child aged 12 or below by someone who is his/her senior by 5 or more years, or; 2) a teenager aged 13 or above by an adult who is his/her senior by at least 10 years.

Sgori (1988) raised the issue called the "Damaged Goods" syndrome in the treatment of sexually abused children, which refers to the phenomenon of an individual believing that the damage done to one's body is both non-repairable and irreversible. This belief is accompanied by a sense of guilt, anxiety and depression. The individual also suffers from low self-esteem, difficulties in socialization, repressed anger and hostility, blurred boundaries in interpersonal relationships, confusion in self identification, immaturity or inability in performing sexually and lower levels of self control.

Harper (2003) suggested that it is important for therapists to differentiate between the potential harm of boundary violation and the benefits of boundary crossing and shifting. Therapists need to know their own boundaries, and identify situations that affect their boundaries transformation.

Therapists also have the responsibility to continuously review the progress and pay attention to their own feelings before, during, and after therapy session, since boundary shifting exists in general, if neglected, it can turn into boundary crossing or violation.

Gutheil & Gabbard (1993) noticed counseling psychologists' dilemma in handling boundaries during counseling sessions. The following dimensions can be used to evaluate and define boundaries during the progress in counseling: role (to understand and set appropriate therapist behaviors); place and space (location and surroundings); time (therapy sessions and arrangements); money (fees and the handling of loans); gifts and services (giving or receiving materialistic or non-materialistic gifts); clothing (style and form); language (titles, tones and choices of words); self-disclosure (therapists' voluntary behaviors, personal messages and self-disclosure) and; physical contact (handshakes, touching and hugging). These dimensions are used in assess the boundaries in the therapeutic progress.

### 3. Methods of Research and Sources of Information

#### 1) Direction of Research

This research employs methods of qualitative research, collecting information through in-depth interviews; evaluating the issue of therapeutic boundaries from counseling psychologists' point of view, using the outline of semistructured interviews as guidelines to facilitate participants in describing their experiences. As for content analysis, a quality-orientated approach is adopted.

#### 2) Research Targets

The targets of this research are working counseling psychologists (non sex specific) who hold license issued by the Republic of China, with at least a year's experience in therapy for sexually abused children, who are familiar with issues surrounding the topic and are employed by organizations specifying in consultation and treatment for sexually abused children and teenagers. A total of five participants were interviewed, one of which is male and the remaining four are females.

#### 3) Content of Interviews

1: In your experience, what kinds of therapeutic boundaries have you noticed during consultations with sexually abused children?

2: During consultations with sexually abused children, how do you facilitate your clients in understanding therapeutic boundaries in counseling sessions? Apart from the usual therapy contract, what else will you emphasize on or pay special attention to?

3: How do you realize the transformation in therapeutic boundaries in counseling sessions? In what situation will you try to adjust therapeutic boundaries? What factors will you consider?

4: Once you have decided to adjust therapeutic boundaries, how will you do it? How will such adjustments affect later counseling progresses?

5: In reviewing your views and methods in handling therapeutic boundaries, how will you comment on your previous views and methods now?

#### 4. Conclusion and Discussion

Participants mentioned 7 categories in therapeutic boundaries including role, place and space, gifts, time, clothing, language, self-disclosure and physical contact, which agree with the dilemma in handling therapeutic boundaries as Gutheil & Gabbard (1993) have suggested. The category of money, on the other hand, had not been raised by participants. Researchers believe that this is due to the fact that the fees required for the services provided by the participant of this study were subsidized by the government.

Client seek counseling psychologists' care and attention through requesting participants to give gifts or attend personal activities, project feelings towards people of significance from the past on to their counseling psychologists, causing confusion in the professional position of counseling psychologists. This is similar to what Gil (1991) has described as a way for these children to connect with other people, and such behavior has to be noticed and dealt with promptly by counseling psychologists during treatment. Lanyado & Horne (1999) believe that it is essential for therapists to maintain contact with the children's parents, caretaker, or other professionals who are involved in looking after the children, so as to be opened to communication and stable a clear boundary.

The results of this research show other behaviors towards people of significance, reflecting on its effects on therapeutic boundaries and the importance of counseling psychologists establishing boundaries with their cases' people of significance. Counseling psychologists worried they would hurt the children's feelings by rejecting their requests, causing them to adjust the therapeutic boundaries on role, gifts and gifts. Harpers and Steadman (2003) established that anger could result as a reaction when individual or group therapists adjust therapeutic boundaries due to their concern about hurting the children's feeling, indicating that counseling psychologists have to consider the emotional reaction their clients might present and it's effects on later progress when adjusting therapeutic boundaries.

Herman (1992) wrote that seeking protection and care is the intention behind abused children's tendency in forming intimate relationships, but these children are often, at the same time, anxious about being rejected or violated, causing them to be less capable of protecting themselves in any kinds of intimate relationships or maintaining boundaries in interpersonal relationships.

Results of this research show that the factors of non-adaptive behaviors the participants considered are similar to the modes of non-adaptive behaviors presented in abused children developing interpersonal relationships described by scholars, therefore, it is essential for counseling psychologist to intervene at appropriate times in order to prevent such behaviors further influence on the children.

Holub & Lee (1990) stressed that whether or not to touch the clients is a very important decision to be made by therapists, and that counseling psychologists have to first understand the psychological conditions and experiences of the children, i.e. physical contact might not be appropriate to children who suffered incestuous abuse. Even though participants did not mention if cases in which they considered the boundaries of physical contact was incestuous, they still stressed the importance of research the information about the abuse the children suffered from in considering the adjustment in therapeutic boundaries. Participant A is the only male counseling psychologist who took part in this study and he mentioned the multiple gender-orientated considered in his experience with clients whose history of abuse was heterosexual, including the categories of role, language, self-disclosure and physical contact, indicating the important role sex and gender play in the adjustment of therapeutic boundaries, and this is worth researching further into.

Participants also mentioned that utilizing Landreth's (2002) steps the establishment of therapeutic boundaries could help children display behaviors and emotions in symbolically, helping psychologists in being objective while engaging, and maintaining professional and morally appropriate relationships with the children. When the children make requests that might cross therapeutic boundaries, counseling psychologists could make use of methods of boundary establishment to effectively help the children notice and demonstrate, and in turn helping them learn to establish boundaries with others. Hill's (2000) immediacy technique challenges the children to change their non-adaptive behaviors.

When the psychologists reaction are genuine, the children would realize the causes of frictions and change their own behaviors and this has the same effects on the children as the participants mentioned using their immediate reaction to prompt children in noticing their own modes of behaviors. The right to choose should be provided for children during counseling sessions to encourage them in choosing their preferred mode of consultation as Herman (1992) suggested trauma could take away children's sense of power and control, and the principal of recovery in in reclaiming the sense of power and control, illustrating the significance of notice the apprehensions these children might have on every level. Participants agreed with this suggestion in the interviews, showing the effects of providing children with autonomy during therapeutic progresses. Besescu (1990) discusses the power self-disclosure has in battling the sense of mystery in abusive experiences.

Well thought-out self-disclosure is a useful tool in counseling because children who have gone through abuses would present senses of being violated, abused and unfairness in the ways they relate to the counseling psychologists. Utilizing the new relationship built during therapy in decomposing their existing perceptions of interpersonal relationship is a key factor in psychological therapy (Pearlman & Saakvitne, 1995). Participants mentioned such uses in their experiences, showing the feasibility of these suggestions by scholars.

Participant E mentioned using methods of interpersonal progress orientation by having multiple people involving emotional, roleplaying as roles such as the children's parents in facilitating the children's relations with counseling psychologists, agreeing with the way Pearlman & Saakvitne described as potential beneficial.

They also mentioned once counseling psychologists have made sure the children understand there will be no repercussions and that they do not have to consider the needs of their psychologists, children are able to differentiate between their relationships with counseling psychologists and their abuser, and demonstrated ways in negotiating responsibilities and boundaries that have not been brought up in the children's experience.

To conclude, therapeutic boundaries are both potentially beneficial and harmful to sexually abused children's recovery and it is essential for counseling psychologists to consider this and weigh the potential effects such boundaries have on the children before performing any form of adjustments or intervention.