

Transparency Without Overexposure, Boundaries Without Remoteness

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We therapists are paid to be nosy—in a professional way, of course. We get to ask strangers we've just met about their love life, their finances, family problems, job difficulties—whatever is troubling them. We carefully invade their privacy, probing for dysfunctional connections among their feelings (sometimes unconscious), their beliefs, and their behaviors. We get to be voyeurs of a sort, peering into the private details of people's lives for the most ethical of purposes: to relieve the distress of someone who is suffering or messing up in life.

Because most patients/clients, especially in their first sessions, feel anxious and uncertain about how much to trust us, perhaps embarrassed about what they need to reveal to us, perhaps wary and defensive due to past bad experiences, we try to put them at ease. We explain how therapy works. We reassure them about confidentiality. We answer their questions about our credentials and type of approach.

We keep uppermost in our minds the primacy of the relationship. It is our job to make it work and keep it going, no matter what difficulties may emerge. One main way to lubricate the relationship is to reduce the emotional distance between our professional image and the purchaser of our services. We do this both verbally and nonverbally, by what we say and how we act. Basically, we try to humanize our end of the relationship by being more personal and transparent in many small and subtle ways, depending on our personality and training. We may smile, or comment on the weather. We may ask if the room is too warm or too cool for them. We may be deliberately casual in showing them where to put their coat or other belongings. We may be deliberately informal in asking about their biographical and insurance details, to avoid sounding bureaucratic. We try to convey to them that we are human, too.

And therein lies a potential problem. Most therapists agree that it is not helpful to the therapy process if we discuss at length, or even merely disclose, intimate or emotionally loaded details of our private lives. While hearing such details from us might help our client/patient to relax and talk more freely, it does take the focus away from the person who has come for our help. This digression may be exactly what the patient/client prefers—an easy defense against having to talk about uncomfortable matters. It may also be tempting for us to indulge ourselves, by chatting about ourselves in a pleasant way—postponing the real work of therapy. So it may be our own defense, too, because we know we have ahead of us a process that is complicated and might even fail.

At the other extreme, presenting too formal or impersonal a stance can make the therapist seem remote or forbidding. If we are too noncommittal or distant, we risk creating such an austere

atmosphere that some clients/patients will find it too objective and too lacking in human feeling or concern on our part.

Fortunately, we have a built-in safety feature to keep any personal talk from getting too intimate and non-therapeutic. It is the use of Boundaries. If the client/patient asks us too many personal questions, as if we were his or her neighbor or cousin, the person is not observing our professional boundary. Perhaps she/he does not sense that there is a limit in a therapy relationship that is different from the boundaries in more personal relationships. And the client/patient may crave to know all sorts of things about us. Patients who are socially isolated often want a lot of closeness from us, and can become clinging or demanding, when what they really need is to develop friendships outside of our office. When we set limits on the amount of our self-disclosures and friendliness, the person may feel rejected, deprived, or annoyed.

At the same time, we are being professionally curious about many aspects of their lives. So there is inevitably an imbalance: you are supposed to tell me a lot about yourself, while I stay more reserved (preserving my professional boundary). We know from our training to limit our personal disclosures to only what we believe is needed to maintain or improve this special relationship. This can lead to some conflict in us when we decline to gratify a client/patient's wish for a yearned-for closer connection. Thinking ahead, when you realize that you may well be asked about something that is personal, it is helpful to *rehearse* your answer, so that you can articulate an appropriate boundary, and still convey respect (and not frustration) toward your client/patient, without seeming flustered or caught off guard.

It takes sensitivity to say No (I won't tell you everything you want to know about me.) without offending our patient/client. We may disclose a small amount of information that should not be upsetting: "Yes, I had the flu for a few days, but I'm feeling much better now." (You refrain from revealing that you were in the hospital.) "Yes, I have raised children, so I know what you're talking about." (You refrain from revealing that a daughter struggled with dyslexia, or a son had a drug problem, or was very ill with cancer for over a year.) Furthermore, our refusal to respond to some personal approaches from our clients/patients actually is a reassurance to them — they can trust us not to get too familiar or forget our professional responsibility, which is to work for the betterment of their lives, lived mostly beyond our office.

Both persons in the therapy room have boundaries, which deserve our careful study. The boundaries of both parties are important to keep intact and functioning appropriately for the sake of this special relationship. Each person in this charged situation can go too far, and each person needs boundaries to prevent that. Likewise, if boundaries are too formidable, they can also hinder progress. We therapists respect our patients'/clients' boundaries and do not insist on discussing what feels too personal and defended. And we maintain our own boundaries and keep most of our personal lives outside the conversation.

Ideally, the boundaries are for the sake of both parties in the relationship, and serve to keep the sessions focused on the client/patient. Good training, supervision, and reading about what other

therapists do, will help us in finding some middle ground of carefully personalized responses designed to prevent premature terminations due to the therapist being too personal or too impersonal. There are plenty of good ways to reply, respectfully setting limits, when we are asked to reveal details of our private lives. In the end, each therapist will establish his or her unique set of limits, being flexible and moderately disclosing when it is helpful to the therapy, and otherwise being clear about boundaries while maintaining mutual respect. We get asked all sorts of things in therapy, but we are not obliged to answer all queries. We can just accept them as indications of the dependency, annoyance, anxiety, or human interest of the person we are trying to help.

Psychotherapy can seem paradoxical: delivering highly professional help through a relationship that can feel very personal, even though it is not a friendship. We need to have both a transparent humanity and professional boundaries, and the exact balance is up to us, using our best intuition and clinical knowledge, our caring and our self-discipline.

Written by guest author, David C. Balderston, Ed.D., LMFT