

To Cross, or Not to Cross?: Special Considerations for Boundary Crossings with Racially and Ethnically Diverse Populations

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The aspects of clients that make them diverse add rich and complex layers to the therapy relationship. Understanding the role diversity plays in how a client experiences the world is sometimes vital to conceptualizing a case or determining what interventions to use to best address that client's symptoms. Many non-Western cultures are less familiar with the practice of consulting mental health professionals for assistance with treating their psychological distress, and these individuals may be resistant to the therapeutic process, associating mental health practitioners with sickness or patients confined in mental institutions or hospitals (Savin & Martinez, 2006). Therapists who are unable to adapt when clients' needs differ from Western-based models may be viewed by clients as less credible, and this may lead to client mistrust and/or termination of therapy (Herlihy & Corey, 2014). Boundary crossings are one area where therapists may face ethical dilemmas and should be prepared to appropriately respond to these situations when they arise.

Crossing Boundaries in the Multicultural Context

A common boundary crossing faced by therapists is gift-giving. Giving a gift to respected figures may be an important cultural practice to a client, and refusing that gift may be interpreted as an insult. However, the client's motivation for gift-giving should be considered by the therapist, even in multicultural contexts. Gifts may be given to curry favor with the therapist, or manipulate the relationship, and in these cases, it would be unwise to accept a gift from a client (Brown & Trangsrud, 2008). Appropriate gift-giving, in contrast, can be healthy for the therapeutic relationship and may increase

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therapeutic effectiveness (Herlihy & Corey, 2014). Thus, therapists should inquire with the client—even for small gifts—about the meaning of the gift. While acceptance of small gifts can likely help strengthen the therapeutic relationship, therapists should also have a plan in place to determine the ethicality of accepting a gift and set limits with clients early in the relationship. This transparency may help to avoid damages to the therapeutic relationship and avoid the risk of insulting a client who may not understand a therapist's ethical duties.

Touch is another common area of boundary crossing. Importantly, any kind of touch that would be interpreted as unwelcome by the client or gratuitous on the part of the therapist is likely to expose a client to exploitation or harm and should not be engaged in (Herlihy & Corey, 2014). Engaging in touch in the therapeutic context should be approached carefully, as a client's receptiveness to touch may vary widely among cultures. Research shows that the majority of therapists who do engage in

touch do not discuss this boundary crossing with clients beforehand (Stenzel & Rupert, 2004). Thus, it is extremely important for therapists who choose to engage in touch to consider cultural, gender, religious, and social contexts before engaging in what may be seen as benign touches. It is also important to be aware that some gestures, like kissing on the cheek, may be commonplace in certain cultures, and reacting outwardly negatively to these attempts at touch could serve as potential, albeit unintentional, harms to the therapeutic relationship. Engaging in frank discussions with clients, to gauge comfort level, is important to the collaborative experience of the therapy. Diverse populations may be especially vulnerable to these types of crossings and violations, if they regard the therapist as an authority figure (Speight, 2012).

Therapists should also pay special attention to expectations of self-disclosure when working with diverse clients. In many cultures, unwillingness on the part of the therapist to disclose aspects of one's personal life may be interpreted as disingenuous and untrustworthy, and may communicate a lack of equality to the client (Barnett, 2011). As with any boundary crossing, it is important to consider whether the crossing is helpful to the goals of therapy and whether it is gratuitously motivated. Therapists can, however, use self-disclosure strategically to build connections with clients from marginalized groups who may be distrustful of the therapy process. For clients who might be more familiar with discussing emotional difficulties with friends, family, or religious leaders, or who may not be accustomed to speaking about these difficulties at all, healthcare professionals may be viewed as difficult to approach (Speight, 2012). Even non-verbal self-disclosures

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(i.e., pictures in a therapist's office of his or her family, or wearing religious jewelry or clothing) can be important to clients, to help them feel as if the therapist is a "real person" (Speight, 2012, p.140). In this way, self-disclosure on the part of the therapist may help clients view therapists more as allies and this shift in the perception of the power dynamic may foster a more trusting relationship with resistant clients (Savin & Martinez, 2006).

Additionally, therapists who, themselves, hail from diverse backgrounds may face unique hurdles in the therapeutic process if they are rigid about boundary crossings. Unwillingness to engage in any self-disclosure can further alienate diverse clients who may have sought therapy believing the therapist they chose would be especially equipped to understand their unique challenges and experiences (Thompson, Bazile, & Akbar, 2004). It has been suggested that the ability

to engage in solidarity—broadly defined as shared experience with an identity group—with diverse clients can be an unparalleled way to strengthen the therapeutic relationship and connect with clients who might otherwise avoid therapy (Speight, 2012). While self-disclosure in therapy can potentially blur lines, it can be argued that therapists should not shy away from using their own personal experiences of diversity in the therapy context, if done so with thoughtfulness and with the client's treatment needs in mind.

Conclusion

Therapy should never be "one size fits all," and this is especially important when working with diverse clients. Instead of rigidly avoiding boundary crossings, therapists should embrace the potential for boundary crossings to contribute positively to the therapeutic environment, while also remembering the importance of doing a thorough and thoughtful cost-benefit analysis before engaging in a crossing. While boundary crossings are undoubtedly complex, the best approach is likely a flexible, culturally-informed approach individualized to each client's specific background and

needs (Speight, 2012). Therapists who make a commitment to becoming competent in this area will provide clients who may otherwise feel excluded from the benefits of psychotherapy a place of solace, acceptance, and care.

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