

The ethics of a dual relationship, psychotherapist and Wiccan clergy

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Abstract

Wiccan clergy psychotherapists encounter complex ethical dilemmas due to dual roles. In an attempt to understand the extreme complexity of the multiple roles, this discourse begins with examination of current ethical codes of the professional societies. Recent literature related to dual relationships in rural and small communities is surveyed, as well as decision-making models effective in these situations. Common ethical complexities experienced by clergy psychotherapists are reviewed. Informal communication with Wiccan clergy psychotherapists confirms the multidimensional nature of the ethics. Options for Wiccan clergy psychotherapists are considered.

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In the course of studying ethics as a candidate for a master's degree in counseling, I became aware of complex ethical dilemmas when considering the implications of the fact that in the near future I will practice as both therapist and Wiccan priestess. The point of this discourse is to identify the current views held by counseling professional societies and to review recent literature relevant to the dilemmas encountered by Wiccan clergy psychotherapists in their practice. Since no literature was available on the specific topic under consideration, I conducted informal research with people currently fulfilling the dual roles.

Dual Relationship Dilemmas

A dual relationship exists when a psychotherapist serves in the capacity of both therapist and at least one other role with the same client. Most commonly the second relationship is social, financial, or professional and may be concurrent or subsequent to the therapeutic relationship. In 1992, the American Psychological Association published research on common ethical dilemmas experienced by their members. Dilemmas arising from "blurred, dual, or conflictual relationships" were the second most frequent ethical dilemma cited by 679 psychologists (as cited in Pope & Vasquez, 1998, p. 27). "Dual relationships form the major basis of licensing disciplinary actions, financial losses in malpractice suits involving psychologists, and ethics complaints against psychologists" (Pope & Vasquez, 1998, p. 195). The Code of Ethics for the American Counseling Association (ACA) strongly advises avoidance of harmful dual relationships whenever possible:

Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (ACA, 1995, Standard A. 6.a.)

The ethics code for the American Psychological Association (1992) states that multiple relationships may be unavoidable and recommends that therapists remain aware of the potentially harmful consequences. They recommend refraining from multiple relationships if harm may occur. The ethics codes of the American Association of Marriage and Family Therapists (1998), National Association of Social Workers (1998), and the American Association of Pastoral Counselors (1994) recommend avoidance of multiple relationships that exploit or harm clients. All of the above codes strictly prohibit sexual activity between therapist and client. All but the AAPT code warns against superior/subordinate dual relationships such as when a therapist has an administrative, supervisory, or evaluative role with a client.

Pope and Vasquez identify common ethical concerns about dual relationships (1998, p. 193-195). Dual relationships can erode and distort the professional nature of the therapeutic relationship. They may create conflicts of interest that compromise professional judgment or create situations where the therapist is engaged in meeting his or her own social, financial, or other personal needs, rather than putting the welfare of the client foremost. Dual relationships can affect the current and future benefits of therapy. Pope and Vasquez claim that the power differential between a therapist and client is one of the main reasons that exploitation and harm can occur. They also mention the concern that the therapist is held legally liable and may be called to testify in court regarding the patient's diagnosis, treatment, or prognosis. They admit that not all dual roles are unavoidable, and caution therapists to take steps to minimize harm when multiple relationships do occur by utilizing informed consent, negotiation, and professional consultation.

Pearson and Piazza (1997) classify dual relationships into five categories in order to aid the decision making process of whether or not a dual relationship will cause harm: circumstantial roles, structured multiple professional roles, shifts in professional roles, personal and professional role conflicts, and the predatory professional. Circumstantial multiple roles are those that occur by pure coincidence, such as running into a client at their sales job in the mall. Structured multiple professional roles are acceptable if the nature of all the relationships is professional. Shifts in professional roles include difficulties that arise when a teacher or supervisor counsels a student. Personal and professional role conflicts include sexual or romantic, social, and peer-like relationships, such as occur when collaborating on publications or engaging in a shared pastime. The predatory professional is a therapist who exploits the therapeutic relationship to meet personal needs rather than client needs. Pearson and Piazza do not agree that dual relationships are inherently unethical, "Multiple professional roles such as advisor-instructor, supervisor-mentor, counselor-advocate, and others enhance our effectiveness as counselors and educators. However, risk of harm, or the perception of harm, seems to increase as both level of intimacy and power differential increase. In addition, the influence of the power differential is not always obvious" (1997).

The ban and demonization of dual relationships has come from an attempt to protect the public from exploiting therapists. Regretfully, it has emerged as a simplistic solution to a wide and complex problem. Even worse, the ban on dual relationships and the isolation it imposes on the therapeutic encounter tends to increase the chance of exploitation and decrease the effectiveness of treatment. It enables incompetent therapists, to wield their power without witnesses and accountability. In addition it buys into the general cultural trend towards isolation and disconnection (Zur, 2000).

Ofer Zur, one of the most outspoken supporters of the benefits of dual relationships, states that the term "dual relationship" has been used interchangeably with "exploitation", "harm", "abuse", "damage", and "sexual abuse" (1999). He cautions us to remember that neither dual relationships nor any relationship with a differential of power (i.e., parent-child, teacher-student) are inherently exploitative. (2000). Dr. Zur states that behavioral, cognitive, humanistic, and existential therapies do not consider dual relationships harmful, and that some therapies, like Family Systems therapy, rely on the inherent duality of relationships

that exists. He recognizes that for some clients dual relationships cause anxiety and other difficulties, necessitating the need to consider each dual relationship on an individual basis. Dr. Zur developed extensive clinical recommendations to aid therapists in negotiating boundaries prior to entering a dual relationship, to help in developing treatment plans, and to ensure clinical integrity and effectiveness (1999). Dr. Zur finds dual relationships frequently aid the therapeutic relationship and outcome, "for the most part it has significantly increased my effectiveness, reduced the length of treatment and enhanced my ability to care for my clients" (2000).

In a healthy society, people not only admit to, but celebrate their complex mutual reliance on each other. The more multiple relationships, the richer and more profound the individual experience. In a healthy society, the witch doctor, the wise elder, and the practical neighbor are all part of the fabric of advice and guidance, of physical and spiritual support. In administering to the needs of the members of a healthy society, therefore, its healers, rabbis, priests, or therapists will not shun dual relationships, but rather rely on them for the insight and intimate knowledge that such relationships provide (Zur, 1999).

Dual Relationships in rural and small communities

In rural and small communities, multiple relationships are unavoidable and are not considered inherently unethical. (Brownlee, 1996; Schank and Skovolt, 1997). "Due to the lack of anonymity, rural psychologists are inherently active participants in the community. They have a more holistic view of clients and must balance the accepted and more easily defined single role of an urban setting versus the complexity of simultaneous relationships in a rural or small-community" (Schank and Skovolt, 1997). Schank and Skovolt (1997) published qualitative research produced through interviews with sixteen psychologists who live and practice in rural areas and small communities. All of the psychologists identify dilemmas involving professional boundaries as a significant concern. Emerging themes include the reality of overlapping social relationships, the reality of overlapping business relationships, the effects of overlapping relationships on members of the psychologist's own family, and the dilemmas of working with more than one family member as clients or with others who have friendship with individual clients. All sixteen therapists state that dual relationships are the most frequent and complicated of all ethical dilemmas that they face in daily practice. Three different criteria are cited by the psychologists to make decisions about whether to see a client when a dual role exists. Some psychologists use their own comfort level to gauge whether they could successfully manage the overlapping relationship. The type and severity of the clients' presenting problems is also used as an indicator when deciding to enter a dual relationship. Therapists are more likely to enter a dual relationship if the client is seeking problem-solving and would likely avoid a dual relationship with a client if they suspected a complex issue such as a personality disorder. Other therapists involve prospective clients in the decision-making process to decide if the benefits of entering into a dual relationship outweigh the risk. Schank and Skovolt conclude by suggesting safeguards to

minimize the risks when entering into dual relationships which include ongoing consultation, setting clear expectations and boundaries, informed consent, documentation.

Keith Brownlee (1996) describes ethical decision making models especially suitable for rural therapists since the complete avoidance of dual relationships is not a realistic option. "Pivotal to any decision making based on the codes, are the two central principles, impaired objectivity, and risk of exploitation. Both of these principles are very broad and the counselor is left to judge for him or herself what kind of relationship would qualify as impairing objectivity or increasing risk". He cites Kitchener's ethical decision making model which is based on role conflict, and three variables associated with increasing risk of harm. First, the risk of harm increases as the extent of incompatibility of expectations between roles increase. Second, the risk of divided loyalties increases and objectivity decreases as the obligations associated with each of the roles diverge. Third, the risk of exploitation increases as the difference in prestige and power between the therapist and client increases.

Brownlee (1996) cites Gottlieb's ethical decision making model, which is based on three dimensions: power, duration, and termination. The model recognizes that relationships have a power differential ranging from low to high (minimal to profound personal influence). Duration refers to the length of therapy (brief or long-term). Termination refers to whether a specific time span for therapy can be decided upon or whether the client is likely to require therapy for an indefinite period. Gottlieb's model involves the following five steps:

1. Assess the current relationship in relation to power, duration, and termination.
2. Assess future relationships in relation to power, duration, and termination.
3. Counselor makes decision upon the role incompatibility of these relationships. Gottlieb suggests a decision to proceed with the dual relationships if the relationship between counselor and the client in question appears to be mid-range to low in power differential and conflict.
4. Seek professional consultation on decision.
5. Discuss the possible ramifications that could emerge from a dual relationship with the potential client, utilizing treatment contracts, and negotiation of boundaries to aid in making ethical decisions.

Dilemmas special to the practice of clergy psychotherapists

"The legacy of dual training, insufficient attention to professional ethics, as well as differing role expectations and professional socializations as clergy and counselor make it imperative for clergy psychotherapists to be particularly thoughtful about boundary issues in counseling" (Haug, 1999). "A 1994 report by the Maryland state regulatory board indicated that 40% of the psychologists accused of sexually inappropriate behavior were also ordained ministers."(as cited in Haug, 1999). Haug states the power differentials are particularly high for clergy psychotherapists, "Client's vulnerability might be heightened when they consult clergy psychotherapists. Due to the ministerial background of clergy therapists, clients

may have exaggerated expectations of their ethical conduct and of the safety, if not 'sacredness', of the counseling relationship". Haug stresses the importance of setting, communicating and maintaining distinct boundaries in order to maintain the integrity of both roles,

Clergy psychotherapists who work both as pastors, priests, rabbis, and so forth, and as therapists, face more complexities negotiating what constitutes appropriate behavior in which context. It is crucial for counselors, particularly clergy psychotherapists, to ask themselves these questions: Who will benefit from this boundary crossing? Who really needs this hug, this financial advice, this get-together outside the counseling room? What are the possible negative, unintended consequences for clients and those close to them, for the public, and for the profession at large? Am I satisfying personal needs, for instance for services, social contact, self-revelation, financial stability, and so on, that might and should be met otherwise? Could this multiple relationship be avoided? Am I rationalizing away my concerns? Am I comfortable having this course of action made public?

Haug maintains that clergy are particularly vulnerable to unethical behavior due to their lack of professional ethics education, gender inequalities in some religions, a tendency to be idealized by the public, poorly defined job descriptions and expectations, and the expectation of warm and friendly social interactions. Haug identifies common boundary dilemmas which include non-sexual multiple relationships, sexual and sexualized multiple relationships, confidentiality issues, and issues related to client autonomy. Dr. Haug concludes with recommendations to prevent abuse of power and boundary violations which include ethics education, professional consultation with other clergy psychotherapists, and personal therapy. "Awareness of the differences in what is expected and deemed professional and ethical in the two professions, however, is the first step toward preventing a lapse in ethical conduct and client harm." (Haug, 1999)

Special problems encountered by Wiccan clergy psychotherapists

Dual relationship dilemmas faced by Wiccan clergy psychotherapists are similar to dilemmas identified concerning practice in small and rural communities, and by clergy psychotherapists, but there are concerns and complications specific to practicing in Wiccan communities. The structure of Wiccan community consists of autonomous clergy serving and leading autonomous covens. Covens are small worshipping and teaching congregations (generally three to twenty persons). The larger Wiccan community could include as little as a handful to as large as a few thousand members. In some places the community expands to include the pagan community, which is comprised of countless magical traditions, orders, religions, and autonomous individuals with little common ground.

"The dual nature of our covens makes the situation even more complex. They are not simply worshipping congregations, kept small to maintain personal intimacy and spiritual intensity. They are also, by tradition, the places where we train and develop our future clergy. This places the coven leader in two

roles that are almost directly contradictory: mentoring and evaluating" (Harrow, 1996). "If you see coven as a support group for the psycho-spiritual healing and growth of the members, which it is, then the leader serves as facilitator, mentor and counselor" (Harrow, 1996). Harrow recommends that coven leaders meet their own needs in other social relationships, not through the coven. Harrow points out that the matter is further complicated because covens also serve many Wiccans as families of choice.

Oakwood, a non-clinical psychologist and Witch, commented that "given the hopefully intimate relationships inherent in covening, there might be a role conflict, as there would be in counseling one's best friend. However, I do not see a role conflict inherent in counseling someone the therapist is less intimately related to, for example, a member of the community at large, or, in some traditions, the outer court." (Oakwood, personal communication, July 27, 2000). She recommends open discussion of boundaries, "It should be clear to the client that the counselor may be showing up for rituals, or even running them. If the client is not comfortable with that from the beginning, then you should not accept them as a client. You should choose that course rather than choosing to stay away from a ritual you would normally attend or run." Oakwood stresses that radically altering your life for the comfort of a client only leads to resentments, which will negatively impact the therapeutic experience.

"Running into your therapist in the grocery store, a restaurant, or even at the same political demonstration is not the same as encountering them in a ritual context," explains Cat Chapin-Bishop, a psychotherapist and Wiccan priestess (C. Chapin-Bishop, personal communication, August 2, 2000). "Ritual settings and Pagan gatherings tend to encourage intimate connection. Therapy too is intimate, but in a very different way: for one thing, in a therapy session, my clients have my undivided attention. Coming into a ritual setting where I am present, many of my Pagan clients have brought that expectation into the new setting--- after all, all around are people hugging, connecting, telling one another deeply personal stories. The setting (unlike a restaurant) conveys the legitimacy of pursuing connection, and the therapy has given rise to the expectation of how that intimacy 'should' feel." She continues, "Undivided attention rarely happens for anybody, but folks often feel abandoned and rejected when it is suddenly taken away, and in ways that prove very disruptive to the therapy afterwards." At this time, she sees Pagans and Wiccans in a pastoral setting but not a psychotherapeutic one.

Chapin-Bishop identified the importance of the type and severity of client presenting problems in consideration of a dual relationship, "Smoking cessation, behavioral desensitization, or short-term couples' counseling evoke very different transference issues than long-term trauma and grief work." The presence of clients dealing with abuse issues at rituals she leads would impede her performance as a priestess. Wiccan clergy need to be in a safe and controlled space in order to perform the skills required of their ritual role, which can include trance possession by deity, commonly known in Wiccan circles as "Drawing Down the Moon". Chapin-Bishop expresses a need to minimize the role stress, "If I therefore adopt a detached, non-intimate stance toward my community and my Gods, so that I can manage the transference issues of any clients who are present, I cheat myself of my main source of spiritual nourishment."

Chapin-Bishop recognizes that clergy therapists are idealized. "If you are in a dual wisdom role, both the all-powerful priestess and the all-compassionate therapist, you're on the pedestal before you even properly begin your work." From her viewpoint:

We are, as Pagan clergy, members of our communities in a way that Christian pastoral counselors are not. Our community and ritual structure favors intimacy and connectedness, and while many of our priests are talented and charismatic, our pews do not face forward. We don't favor group structures that create the kind of emotional detachment that would keep transference issues from becoming noticeable. Quite the reverse: our drive toward connection, as whole persons, one member with another as equals, tumbles us together in ways that almost ensure that people's idealized expectations will meet with disillusionment. It's bad enough to be a High Priestess who is 'caught' yelling at her child. To be both Pagan clergy and psychotherapist to the same subject is to be at ground zero for some positively nuclear pyrotechnics.

Conclusions and Implications

The professional societies of the helping professions agree that sexual dual relationships between therapists and clients are unethical (AAMFT, 1991; AAPC, 1994; ACA, 1995; APA, 1992; NASW, 1996). These codes agree that therapists should not meet their own needs through relationships with clients. The AAMFT, ACA, APA, and the NASW strongly caution therapists against supervisory and evaluative dual relationships with clients. As far as non-sexual dual relationships, the codes caution therapists to avoid harmful and exploitative dual relationships, and when relationships cannot be avoided they obligate the therapist to employ methods to minimize harm.

Abuse of the power differential and loss of objectivity is at the heart of the risk of harm (Brownlee, 1996, Haug, 1999; Pearson and Piazza, 1997, Pope & Vasquez, 1998). While far from suggesting that all dual relationships are beneficial, Ofer Zur (1999, 2000) strongly supports the use of dual relationships to enhance the effectiveness of the therapeutic relationship and minimize exploitation. Brownlee (1996) and Schank and Skovolt (1997) agree that dual relationships are not inherently exploitative and that they are unavoidable in rural and small communities. Clergy psychotherapists are especially at risk of unethical behavior and face complicated dilemmas when entering into dual relationships (Haug, 1999). There is strong agreement in the literature that the therapist should employ ethical decision making models, professional consultation, informed consent through open discussion of benefits and ramifications, and case documentation in order to decide whether or not to enter into a specific dual relationship, and to minimize risk when the relationship is avoidable or consensual (Brownlee, 1996; Haug, 1999; Pearson & Piazza, 1997; Schank & Skovolt, 1997, Zur, 1999; Zur 2000).

Wiccan clergy psychotherapists appear particularly vulnerable to ethical dilemmas caused by dual relationships. Complications unique to Wicca include the intimacy required of its clergy within the ritual context and within their covens. Covens serve not only as congregation, but also as seminaries and in some

instances as family of choice. The lack of professional training for Wiccan clergy and the adolescent development of Wiccan ethics is a considerable problem. Wicca is a young religion and has yet to develop in these areas to the extent found in older religions. Ethical decision-making often relies on an intuitive grasp of the "Wiccan Rede", which states "An' it harm none, do as ye will".

Wiccan clergy psychotherapists will need to ask themselves many questions in order to find their own boundaries concerning dual relationships. What type of relationship does the clergy therapist have with the Wiccan community? What type of therapy does the clergy therapist practice? Does the clergy therapist meet personal needs through their community membership or are they isolated from social contact with the community? How will the therapeutic relationship affect their family or coven members who also live in the community? Options for Wiccan clergy psychotherapists include:

1. Avoid dilemmas as much as possible by not seeing clients who are also Wiccan or Pagan. Cease any therapeutic relationship if client becomes a member of the Wiccan and Pagan community.
2. Practice low power, short-term, advice-oriented, solution-focused or pastoral counseling within community. Avoid high power, long-term psychotherapeutic relationships.
3. Practice deep psychotherapy with community members and negotiate each relationship on a case-by-case basis. This may necessitate that the therapist has less socially intimate relationships within the community. There may be a need for therapists to practice within their religion since some prospective clients seek out therapists of the same faith. I recommend that Wiccan clergy therapists avoid counseling coveners. The role conflicts encountered in this situation include existing teacher-student relationships, and possible familial relationships since covens foster reliance and intimacy in order to facilitate deep personal spiritual work.
4. When consciously entering into a multiple relationship, use the ethical decision making models and guidelines available (Brownlee, 1996; Zur, 1999). Employ consultation and supervision with other Wiccan clergy psychotherapists, and with other psychotherapists who are not also Wiccan clergy. Openly discuss role boundaries with clients, obtain informed consent, and document the agreements. Be aware of the reasons why you choose to enter a dual relationship.

I do not believe that dual relationships are inherently harmful. Personal experience has proven a wealth of opportunities for growth to exist within consensual dual relationships. As both clergy and future therapist, I am aware that these waters can be muddy and require careful navigation. For nineteen years, I have lived my life openly in the local Wiccan community. I will not deny myself the nourishment and intimacy I receive from my spiritual family and home. Due to the fact that I meet personal needs in the Wiccan community, and that I prefer to err on the side of caution as I embark on my career as a therapist, at this time I will continue to function as a priestess and pastoral counselor and in the future will likely avoid most psychotherapeutic relationships in the Wiccan community. As counselor and clergy, my primary responsibility is to respect the dignity and promote the welfare of those that I serve. As a human being, I also have responsibilities to my own welfare. Occasionally, these obligations may conflict. I am thankful that my dual training provides me with exceptional resources and tools with which to navigate these waters.

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