CORRESPONDENCE

There is more to post-termination boundary violations than sex

I enjoyed Sarkar's (2009) article and the accompanying commentary by Sheather (2009). I would simply like to add that there are situations other than sexual ones in which such boundary violations can occur. Some of these can be relatively innocent, such as a former patient doing a few odd jobs around the house. Others can be more sinister, such as the recruitment of former patients into religious groups. Sometimes it is impossible to avoid having an ongoing relationship with a former patient. Nonetheless, in all such situations it is incumbent on the doctor in question to make certain that there is nothing exploitative in that relationship.

Sarkar S (2009) Life after therapy: post-termination boundary violations in psychiatry and psychotherapy. *Advances in Psychiatric Treatment*; **15**: 82–7.

Sheather J (2009) Trust and the therapeutic bond: the special case of psychiatry. Invited commentary on... Post-termination boundary violations. *Advances in Psychiatric Treatment*; **15**: 88–9.

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Boundary violations and attachment

Sarkar (2009) argues that transference is the crucial ethical obstacle to sexual relationships between psychiatrists, psychotherapists and patients, present and past. However, as he rightly points out, transference and power inequalities are ubiquitous. In the invited commentary, Sheather (2009) highlights the purpose of the doctor–patient relationship to allow the divulgence of intimate details required for treatment, and that it is the intrinsic emotional vulnerability of psychiatric patients that underpins the prohibition on relationships with them (although Sarkar has already argued that this may be patronising and stigmatising and in any case emotional vulnerability *per se* is no obstacle to relationships in other contexts).

Attachment theory describes how mammals are instinctually driven, via the attachment system of behaviours, to seek proximity to a caregiver or 'secure base', who provides the security that is a precondition for exploration (Ma 2006). Psychotherapeutic encounters differ from other medical encounters in the degree to which clinicians set out purposefully to cultivate an attachment relationship with patients (Ma 2007). As Bowlby (1988) writes: the first task of psychotherapy is to 'provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life'.

It is the existence of this attachment relationship, deliberately pursued as a psychotherapeutic means and end, beyond either transference or vulnerability, which sets apart the relationship between psychiatrist or psychotherapist and patient. A romantic relationship after a psychotherapeutic relationship inevitably exploits the (psychotherapeutic) attachment relationship.

Bowlby J (1988) *A Secure Base: Clinical Applications of Attachment Theory*. Routledge.

Ma K (2006) Attachment theory in adult psychiatry. Part 1: Conceptualisations, measurement and clinical research findings. *Advances in Psychiatric Treatment*; **12**: 440–9.

Ma K (2007) Attachment theory in adult psychiatry. Part 2: Importance to the therapeutic relationship. *Advances in Psychiatric Treatment*; **13**: 10–6.

Sarkar S (2009) Life after therapy: post-termination boundary violations in psychiatry and psychotherapy. *Advances in Psychiatric Treatment*; **15**: 82–7.

Sheather J (2009) Trust and the therapeutic bond: the special case of psychiatry. Invited commentary on... Post-termination boundary violations. *Advances in Psychiatric Treatment*; **15**: 88–9.

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Author's reply

I thank Drs Feeney and McQueen for their thoughtful observations. Dr Feeney is of course correct in pointing out that post-termination boundary violations, much like boundary violations during treatment, occupy a broad range. Sexual activity is at one end of spectrum and attracts most of the negative consequences, both for the patient and the therapist. It also attracts the more punitive sanctions, in civil as well as criminal courts. The 'milder' forms of boundary violation can be seemingly innocuous, for example employing an ex-patient to do small jobs. It is debatable whether such actions can cause harm to the patient, but it can be argued with relative force that the new relationship (say of employer and employee) is based on something that misuses trust, or trust obtained in the course of a fiduciary relationship. The damage caused may not be immediately obvious but is there for all to see if one is so minded. Given that the therapist can access a large pool of people for establishing such a relationship, it remains open to interpretation why a patient is recruited. Some authors (Gutheil 1993) call these 'minor' transgressions, boundary crossing,