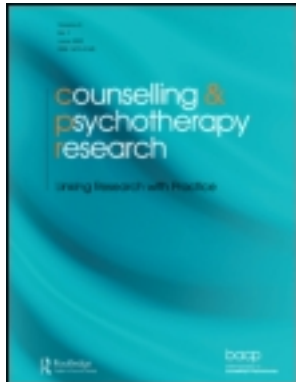


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EDITORIAL

Researching boundaries, complaints and the process of therapy

Few would argue that boundaries lie at the heart of ethical counselling and psychotherapy and that, without them, not only is the potential for change undermined, but the likelihood of harm to the client is increased. The first two papers in this issue, 'Managing boundaries under pressure: A qualitative study of therapists' experiences of sexual attraction in therapy' by Martin and colleagues, and 'Allegations of serious professional misconduct: An analysis of the British Association for Counselling and Psychotherapy's Article 4.6 cases, 1998–2007' by Symons and colleagues both address issues pertinent to the management of boundaries, and the consequence of them not being respected.

In Martin et al.'s paper, 13 accredited and experienced counsellors and psychotherapists were interviewed to explore how they managed sexual boundaries in therapy. While there was consensus on what constituted major boundary violations, the researchers found that in areas such as flirtation, fantasy and touch there was a greater degree of variability. While in Symons et al.'s paper, the second stage of a three-stage audit of complaints made to BACP is reported. Amongst their findings they noted that male members were over-represented in complaints, and that the majority of complaints were from people already involved in counselling or psychotherapy.

Rodgers explores in her paper, 'Intimate boundaries: Therapists' perception and experience of erotic transference within the therapeutic relationship', what therapists understand about erotic transference. Clearly relevant to the previous two papers, Rogers notes some confusion amongst her participants about what erotic transference is and how or whether it might be usefully used in the therapeutic process.

In 'Changes of attachment status among women with personality disorders undergoing inpatient treatment', Strauss et al. used an attachment interview and questionnaire with forty women with either borderline or avoidant personality disorders to determine the outcome of therapy. The authors note that therapy appeared effective, and that the study supported the view that attachment styles do not change during time-limited therapy for personality disorders. Lewandowski et al. offer a paper reporting on 'The relationship between therapeutic engagement, cognitive errors,

and coping action patterns: An exploratory study'. The study offers preliminary evidence to support a relationship between these factors, and further areas for potential research are highlighted.

In 'A qualitative study of psychodynamic and cognitive behavioural therapists' conceptualisations of medically unexplained symptoms in their clients', Luca conducted 12 interviews with experienced therapists to consider how they conceptualised their therapy with clients with medically unexplained symptoms. Informal (informed through practice) and formal (informed by training) categories were identified, and a number of further practice and research questions highlighted.

Hanley et al. in their paper, 'Practice-based evidence in school-based counselling' report on the results of a small-scale study utilising YP-CORE (Young Persons' CORE) in a UK secondary school. They report an improvement in well-being of young people both waiting for and receiving therapy. The paper additionally raises a number of important questions about conducting outcome research.

'Being in-between: The relevance of ethnography and auto-ethnography for psychotherapy research', a paper by Siddique, explores an 'in-between' place between ethnography (the outsider's perspective) and auto-ethnography (the insider's perspective) and the potential contribution both approaches have for understanding counselling and psychotherapy. Finally Marley, in her study, 'Self-help strategies to reduce emotional distress: What do people do and why? A qualitative study' interviewed 11 participants about their use of self-help as a means of self-support. Marley suggests a complex relationship between an individual's core beliefs, their ideas about coping and their social networks.

This issue brings together another collection of diverse and relevant papers. More information about *CPR*, including forthcoming papers, can be found on *CPR*'s website: <http://www.cprjournal.com>, where you can also sign up for the quarterly e-bulletin and subscribe to *CPR*'s new Twitter feed.

ANDREW REEVES