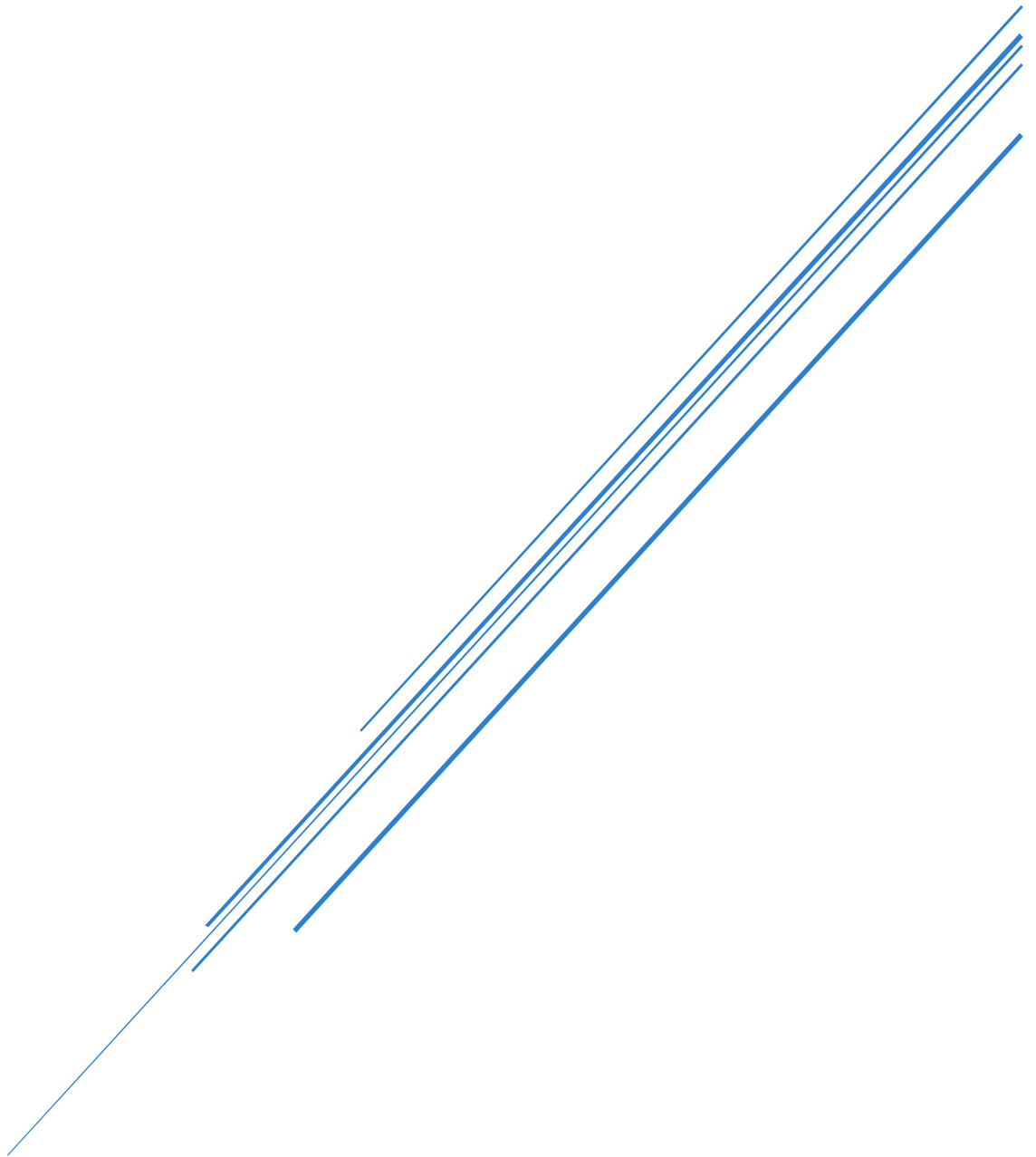


How do counsellors understand and experience professional boundaries in their counselling practice?

ECPS5013



I confirm that I have not presented any AI generated text as my own work. I confirm that I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

Abstract

A vital part of ethical therapeutic relationships is establishing boundaries. This study aimed to explore how these boundaries are perceived and understood in professional practice. A qualitative study was conducted, which consisted of a semi-structured interview with an experienced integrative counsellor. The interview was evaluated using Braun and Clark's (2022) six-phase reflexive thematic analysis. The analysis highlighted four themes: Routine and Structured Sessions, Integrity in Practice, Establishing Safety in Therapy, and Growth in the Therapeutic Alliance. The themes discussed boundaries in time management, digital restrictions, and the adaptable ways boundaries are created. The theme reinforced the counsellor's required competencies, including self-awareness and self-disclosure, as well as the obligation of maintaining professional standards. Additionally, it indicated that to establish safety in therapy, there must be a safe emotional and physical environment, allowing flexibility in boundaries, and a humanistic counsellor's stance. The client's learning to build resilience from boundaries illustrated the theme of growth in therapy.

Overall, the study showed that boundaries are not rigid rules but ethical frameworks that provide safety, trust, and growth for both the client and practitioner. Further research could be conducted to explore the clients' perspective on boundary management by using cross-cultural samples to produce richer results.

Introduction

Professional boundaries provide an ethical framework ensuring that there is a shared understanding between client and counsellor, distinguishing expectations for sessions, maintaining integrity and confidentiality (Szumer & Arnold, 2023). Boundaries help to protect the client and the counsellor from personal implications, providing guidance within the therapeutic relationship, facilitating safety and professionalism (Blundell, Oakley, & Kinmond, 2022). These boundaries are important to outline the counsellors' duties including the session times, appropriate safeguarding, contact regulations, and how to use their professional position responsibly.

In the United Kingdom, counsellors have an ethical code which they must abide by introduced by the governing bodies including the British Association for Counselling and Psychotherapy (BACP, 2018) and the National Counselling and Psychotherapy Society (NCPS, 2023). These ethical guides help to maintain confidentiality, boundary management, and the protection of both counsellor and client.

The implications of professional boundaries have not been fully explored, with a lack of research into the understanding, facilitation, and application of boundaries in practice. In support of this, Blundell, Oakley, and Kinmond (2022) conducted a qualitative study, which involved interviews with counselling practitioners, and concluded that contemporary literature primarily focuses on ethical principles and legal documentation, rather than investigating the daily lived experience of a counsellor.

Due to there being a gap in research into the application and understanding of professional boundaries in counselling, this study addresses the research question: *How do counsellors understand and experience professional boundaries in their counselling*

practice? It aims to generate findings that reflect how boundaries are applied and understood in professional settings. To examine this, the study used a reflexive thematic analysis to address the research question in depth by conducting an interview with an experienced humanistic integrative counsellor. The study aimed to establish themes in counselling in how boundaries are perceived and understood (Braun & Clarke, 2022). This provided guidance for future training, monitoring and application to improve safe and effective therapeutic methods.

Method

Participants

The study consisted of one qualified counsellor, who is identified as Chris due to a pseudonym being used to protect their identity. Chris is a 46-year-old British counsellor who owns an independent practice and does counselling agency work across Wales. They identify as a humanistic integrative counsellor and have experience in establishing and maintaining therapeutic boundaries across counselling, which aligns with the purpose of the study. Chris works with adults who are facing various emotional and relational challenges, offering advice on how to manage these. Purposive sampling was the selected method because Chris is educated in this topic and has experience. Having one participant meant that more in-depth answers for thematic analysis (TA), and a single counselling perspective was appropriate given the nature of the study.

Procedures

The data from the study was sourced through a semi-structured interview transcript. The interview was conducted verbally and then transcribed verbatim, providing rich data for TA. The interview was from the university's module materials, and it consisted of 14 open-ended questions designed to gain an insight into professional boundaries from a practicing counsellors' perspective.

The transcript was examined through Braun and Clark's (2022) six-phase reflexive thematic analysis. Firstly, the transcript was reviewed multiple times by the researcher to familiarise themselves with the information and make initial observations. Secondly, initial codes were established identifying and labelling meaningful information in the transcript (see Appendix A). The codes were then grouped together, to help establish themes later (see Appendix B). Thirdly, the codes that were similar were put into themes to further analyse the data. In the fourth phase, the themes were systematically checked and refined against the data to ensure that it captured the ideas presented (see Appendix C). Afterwards, final themes

were developed and named in accordance with the main ideas identified in the transcript. The final themes were: Routine and Structured Sessions, Integrity in Practice, Establishing Safety in Therapy, and Growth in the Therapeutic Alliance. Lastly, a report was constructed to discuss the findings and provided evidence of quotations to support the themes.

Ethical considerations were also accounted for in accordance with the university's ethical policy and the British Psychological Society (BPS) Code of Ethics and Conduct (2021). The participant provided consent prior to the study, and the study upheld autonomy, and anonymity using the pseudonym.

Findings

Theme (I.) considers the ritualised procedures of therapeutic practice, reflecting how structured sessions can provide safety, so that clients can talk about difficult topics more deeply. These boundaries protect the client and practitioner and align with the ethos of the ethical framework. The stability of this framework ensures that the professional relationship stays consistent and appropriately bounded. Time boundaries are described as narrative and emotionally structural: "Time is a big teacher... I mark the beginning, perhaps a short grounding, and I flag the ending with five minutes to go." Chris also states that in online sessions: "I end on time even if the platform drops and we reconnect." Digital boundaries restrict clients contacting the practitioner outside of work hours: "I don't use WhatsApp; we stick to email for scheduling ... I clarify response times - within 24 - 48 hours on working days." Boundary making is often seen as rigid rules, however in the transcript it is understood as an agreement and understanding for example, the cultural sensitivity of the client: "Some clients come from collectivist backgrounds... so I ask, 'What helps you feel respected here? What would feel too distant, or too close.'" Also, Chris clarifies that if a client is "more than ten minutes late, we'll still end on time" this demonstrates that structure, and routine practice help uphold boundaries.

Integrity in practice (II.) is an imperative theme in professional boundaries because it illustrates ethical practice. Chris maintains self – awareness in counselling to ensure that any previous experiences do not hinder with the therapeutic relationship: "I reality check my judgments and tend my own edges." Body signals are often a sign that something is uneven in the professional relationship "I listen to my body - tension, dread, resentment are signals." "Self-disclosure is kept to a minimum to prevent security issues, however if it seems that it would be beneficial for the client in intentional disclosure is justified: "I check for three things, intention..., proportionality, ... and timing ... Humanistic congruence isn't a

floodlight; it's a carefully aimed lamp." The practitioner has a duty of care to refer the client to another professional if they feel that they lack the knowledge or capacity to help them, and in situations involving crisis management: "Signpost to another counsellor... referral isn't rejection; it's care for the person's goals and safety."

Establishing safety (III.) in therapy is the one of the most important aspects of boundary management, as Chris stated this can be achieved through the physical environment and emotional relationship. The transcript describes boundaries as "the paradox is that clear limits expand freedom," this ensures that the client feels safe enough to talk about sensitive topics. The safety of the client is tracked through "Consent ... and pacing," and the practitioner is aware of their own emotions "I sit grounded, feet on the floor, so my nervous system is settled." The environment where the client has therapy should also be an inviting space, with a "felt sense of the room, chairs at a comfortable angle, tissues in reach." The aspect of physical touch can also be experienced negatively, "My default is no touch, because the meaning of touch is complex, especially in trauma." The humanistic approach within Chris's therapy ensures that boundaries are perceived as safe, stemming from congruence and empathy: "Boundaries are love with edges, ... held with warmth and transparency." Flexibility can also be achieved by introducing creative ways of conveying information, which makes the therapy process appear less inflexible. For example, "We write letters... we agree what happens to them—kept by them, shredded, saved."

Finally, growth in therapy (IV.) is aided by the consistency that boundaries provide. This is important because clients rely on a structure to express themselves, described as a "live curriculum in self-trust." This also demonstrates how clients can build confidence and resilience from the use of boundaries: "Sometimes the clearest limit is the kindest act."

Testing boundaries support self-reflection and challenge issues surrounding boundary facilitation. This management might be achieved through setting “tiny anchors” within gaps between sessions.

Discussion

The study explored the way boundaries are perceived and understood in counselling; the main themes identified were Routine and Structured Sessions, Integrity in Practice, Establishing Safety in Therapy, and Growth in the Therapeutic Alliance. These themes reflect

how boundaries are not rigid patterns of rules; instead, they are flexible, collaborative processes that foster growth and safety in the therapeutic relationship. The themes support the existing literature on boundary maintenance and provide insight into the practitioner's lived experience.

The first theme, Routine and Structured Sessions (I.) illustrate how structure can provide emotional security and safety in the therapeutic alliance. In Time Boundaries (I.A.), Chris emphasised the importance of marking the beginning and end of sessions to provide consistency and routine. Previous research by Rogers (1957), stated that time boundaries provide safety and foster trust from the client's perspective, and allowing the client to feel comfortable in the therapeutic process and get the most out of it. Digital Boundaries (I.B.) are also a contributing factor to boundary management by limiting its use outside of sessions, Zur (2007) suggests that it keeps the client and practitioner ethically safe. Also, Collaborative Boundaries (I.C.) illustrate how shared boundary creation ensures a culturally sensitive practice and a more client-centred method in counselling, linking into Chris's humanistic stance (Sue & Sue, 2016). In summary, this theme highlights how boundaries are flexible and can be employed as tools for growth and safety.

The second theme conveys the importance of maintaining integrity in practice (II) to support the counselling relationship. Self-awareness (II.C.) of the counsellor is essential because practitioners need to be aware of their own emotions, ensure they do not influence the session, and recognise their own limits. This is supported by Bernard and Goodyear (2019), who state that supervision and reflective practice are essential for safe and ethical practice. Self-disclosure (II.A.) boundaries are understood by the practitioner through these key principles—intention, proportionality, and timing. This ensures that the disclosure does not come from a place of imbalance, but rather a place of helpfulness as it will encourage the

client to communicate and express their thoughts more deeply. This follows from the humanistic stance that Chris adopts, emphasising a person-centred approach, empathy, and unconditional positive regard, with the practitioner remaining authentic in sessions while keeping the client at the centre (Mearns & Thorne, 2013). Lastly, professional boundaries (II.B.) involve the practitioner referring the client to another professional, if they feel that they lack the knowledge to help the client, this is supported in the BACP (2018) ethical guidelines. This theme reflects how integrity is upheld in the therapeutic process, through reflection and awareness.

The third theme indicates how establishing safety in therapy (III.) protects boundaries. Safety (III.A.) can be achieved through consent, pacing, and a secure ethical framework; this helps clients to open up about issues that they find difficult. This is supported by Corey (2017), who states that the key for safety and involvement in counselling is by having high self-awareness, as mentioned above in (II.C.), and by having a strong relationship with the client. The physical environment is also seen as a boundary (III.B.), which includes ensuring that the therapy room is a safe space by setting chairs at a comfortable angle, ensuring that water is in reach, that the lighting is comfortable, and establishing limits around touch—which is particularly sensitive with trauma. Kottler (2017) said this can influence a client's feeling of safety. The humanistic approach to counselling highlights the fundamental value of having a person-centred approach and being congruent with the practitioner's own beliefs and being empathetic (Mearns & Thorne, 2013). Flexible boundaries (III.D.) can be experienced through letters and creative media within the agreed boundary structure, which emphasises that boundaries can be flexible to fit into the context of the client's situation (McLeod, 2013). To summarise, safety and support in therapeutic relationships ensure that the therapeutic outcomes are more lasting and beneficial.

In Theme Four, Chris discusses growth in the therapeutic alliance (IV.), highlighting how the implementation of boundaries can enhance the client's emotional management (IV.A.) For example, Chris describes managing the gap between sessions with "tiny anchors," which is beneficial for clients with abandonment issues. Boundaries are described as a foundation of trust that slowly establishes over time, facilitated by structural elements and the emotional context of therapy, as reflected in the subthemes discussed above. Barnett (2011) supports this, stating that clear boundaries help clients build trust and resilience within the counselling framework.

In conclusion, evidence from this report suggests that boundaries are not rigid rules bounded by ethical constraints, but rather flexible adaptations to ethical principles which support the safety, growth, and trust within the professional relationship. Future research could explore samples from a cross-cultural perspective to enhance generalisability.

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Appendix A

Stage 1: Demonstration of Initial Coding

1 Participant's name (pseudonym): Chris
 2 Age: 46
 3 Ethnicity: White British
 4 Practice base: Wales (independent practice; occasional agency work)

5 Interviewer (I): Thanks for speaking with me, Chrissy. To start us off, could you share a little about your therapeutic philosophy?
 6
 7 Counselor (C): Thanks for having me. I'd describe myself as a humanistic integrative counselor. The humanistic part means I hold a deep trust in the person's capacity for growth when the relationship offers psychological safety—empathy, unconditional positive regard, and congruence. The integrative part means I'll draw gently from other approaches where it supports the client's process—sometimes focusing on sometimes attachment informed reflections—but the compass is always the person-centred values. I try to meet the whole person, not a diagnosis, and to work relationally rather than technique first.

13 I: Where do boundaries sit in that picture?
 14 C: For me, boundaries are part of the "conditions." They're not rigid fences; they're the frame that lets trust and depth develop. If clients know what to expect, how long we're together, what confidentiality means, how to contact me and when, it lowers anxiety. The paradox is that clear limits expand freedom. With a secure frame, clients take more risks to be authentic. Without it, the ground feels wobbly, and the work can become either over intimate or avoidant.

19 I: What does that look like when you first meet someone? How do you contract?
 20 C: I treat contracting as part of the relationship, not a legalistic prelude. I cover the essentials: confidentiality and its limits; session length and frequency; fees and cancellation; recordkeeping; how we'll communicate; how I store data; and what to do in crisis. But I avoid jargon and ask for their words: "What would help this feel safe?" We cocreate practical agreements; for example, "If you're more than ten minutes late, we'll still end on time," or "If the technology fails, I'll call you." I check for cultural or access needs and explicitly invite questions. It's collaborative and revisited as needed. contracts breathe.

26

Handwritten Notes:

- Holistic** looking at the whole individual
- predictability = safety. The reassurance makes sure that session expectations are the same**
- Boundaries in the ethical framework.**
- The clarity is good flexibility in boundaries for both client + counsellor - similar**
- Person-centred, rational - agency work (humanistic)**
- what type of counsellor they are**
- psychological terms = good aspects/needed**
- flexible with approaches**
- The relationship is a part of the therapy. Boundaries help this feel good.**
- Indicates safety and trust in the therapeutic relationship**
- Boundaries ensure that clients can deepen trust**
- Time boundaries**
- making the boundaries together so both sides are aware of them - person-centred idea**
- ensures trust, helps communication by having a mutual understanding**
- Boundaries are not static, rather they are collaborative**

27 I: Time boundaries come up a lot for students. How do you experience them?

Time boundaries

bridging on to the next session

28 C: Time is a big teacher. I mark the beginning, perhaps a short grounding or a simple, "How are you arriving?"—and I flag the ending with five minutes to go. Those rituals help clients anticipate closure. If someone arrives late, we still end on time; it's not punitive, it's consistent. If a disclosure lands at 59 minutes, I'll attune to the feeling. "These matters, let's name it and pick it up next time"—rather than diving in and overrunning. Occasionally I might allow a minute to settle if we've touched something raw, but I name it as a one off. Consistency builds reliability; selective flexibility shows humanity.

Testing session times and consistency

34 I: Can you share a moment when time became a live boundary in the work?

↳ Real life

Being able to deal with sessions ending.

35 C: I worked with a client who often tested endings, sharing something significant right as I signalled time. Instead of shaming or rescuing, we became curious. What did endings evoke? For them, endings had meant abandonment. Over weeks, we practiced noticing the feelings that surfaced at the time signal and building a bridge to the next session, sometimes a written note, sometimes a one-line intention. The boundary stopped being a rejection and became part of the therapy: a chance to experience a safe, predictable ending.

40 I: How about physical space, room layout, proximity, touch?

The boundary becomes a therapeutic tool by the session ending

Becoming a 'self-help' technique - support.

The physical environment as a boundary—by having a room that feels safe + comfortable

41 C: I pay attention to the felt sense of the room. Chairs at a comfortable angle, tissues in reach, water offered but not pushed, light that isn't harsh. I sit grounded, feet on the floor, so my nervous system is settled. Regarding touch: my default is no touch, because the meaning of touch is complex, especially in trauma. If someone asks for a handshake at the end, I check in, — "Would that feel supportive for you?", and I track consent in the moment and across sessions. In humanistic work we're embodied, but touch isn't the only path to embodiment. Attunement, eye contact negotiated, voice tone, pacing—often does the work more safely.

↳ Non-verbal body language

I: You mentioned digital boundaries. What's your approach?

42 C: I keep it simple and transparent. I don't use WhatsApp with clients; we stick to email for scheduling and the therapy platform for sessions. I don't accept social media requests, and my profiles are private. I clarify response times—within 24-48 hours on working days—and that I don't offer crisis cover. We agree an emergency pathway (GP, out-of-hours services, Samaritans, relevant local crisis lines). If someone

Boundaries in touch. Having informed consent/trauma sensitivity and ethical practice.

↳ Time boundaries even online giving us a crisis lines. This helps to protect the therapeutic frame.

Digital boundaries - having transparency, privacy and professional separation - helps client/counsellor safe.

Having a ritual in practice helps to decrease anxiety. Having a good framework helps to establish limits, client's autonomy + self awareness - growth.

This is an ethical boundary. Touches on lived experiences, reflective?

'own capacity' - maintaining the professional boundary but also ensuring self care

53 emails something therapeutically important I acknowledge receipt but hold the processing until the session. That protects the therapeutic frame and my own capacity.

Bridge until next session

55 I: Self disclosure is a frequent grey area. How do you decide?

The criteria

on whether the therapist should self-disclose -

ethical elements

but also client focused

56 C: I check three things. First, intention: is the disclosure in service of the client, or is it to ease my own discomfort? Second, proportionality: the smallest bit that could help. Third, timing: is the relationship strong enough to hold it? For instance, if a client feels isolated, I might disclose that I understand the terrain of loneliness, without details. Humanistic congruence isn't a floodlight; it's a carefully aimed lamp.

Good example

57 And if I do disclose, we explore its impact—was it helpful, distracting, too much? The feedback loop is part of boundary practice.

Reflection for helps to maintain boundary management.

62 I: Money and cancellations can feel awkward. How do you hold those?

63 C: Money is relational, too. I state my fee and give the rationale—training, supervision, room hire, the value of consistent care. My cancellation policy is 48 hours; outside that window the fee is usually due, with discretion for emergencies. If someone faces hardship, we talk. I hold a few reduced fee slots and review periodically to keep it sustainable. I invoice on the same day each month so it's predictable. When a payment is missed, I raise it plainly and kindly. Clarity prevents shame and resentment from silently eroding the alliance.

reassurance

Practice

Financial boundaries - highlights transparency, fairness, and flexibility

69 I: Gifts?

70 C: I don't encourage gifts, but it happens—especially around endings. I tend to decline anything of monetary value and talk about what the gift symbolises. If it's something modest—a card they've made, a small plant—I'll consider accepting and we'll reflect on the meaning. The boundary is less about a rule and more about what serves the relationship and avoids unintended obligations.

person centered approach - what will help the client

75 I: Dual relationships are hard to avoid in smaller communities. How do you navigate that in Wales?

Do giving gifts have a symbolic meaning attached to them - can trigger deeper conversations and client understanding

mentions the dual relationship in counselling/ mentions real life examples and highlights the client choice - person centered

C: It's real. I've bumped into clients at the supermarket, or we've had mutual acquaintances. I anticipate it in contracting: "If we see each other out, I'll take your lead—you can choose whether to acknowledge me." If a dual relationship risk emerges, say, a potential referral from a colleague's partner—we think through the power dynamics and confidentiality. Sometimes it's manageable with transparency; sometimes it's not and I'll signpost to another counsellor. The humanistic piece is honesty and client choice, anchored by ethics.

client centered norms

Cultural Sensitivity

I: How do you approach cultural and relational styles around boundaries?
C: I try not to universalise my own norms. Some clients come from collectivist backgrounds where care looks more interwoven; others prefer formality. I ask: "What helps you feel respected here? What would feel too distant, or too close?" I pay attention to language, terms like "homework" can feel directive; "experiments" or "invitations" can feel more collaborative. Boundary work is always relational; culture is part of that relationship.

I: Could you share a composite vignette that illustrates boundary work from a humanistic lens?

Boundaries as a tool in therapy - client can learn something from this

C: Sure. Imagine "Alys," late 20s, grew up with blurred boundaries—parentification, emotional enmeshment. In therapy, Alys often apologises for taking up space and asks for reassurance between sessions. The work begins with explicit safety: session structure, how to reach me, what to expect if I'm on leave. In the room I track her body—shallow breath at endings, gaze dropping when asking for reassurance. Rather than supplying reassurance on demand, I meet the need underneath: "I'm hearing the fear that I'll vanish between sessions—can we stay with that together?" Over months, we practice tolerating the gap between sessions with tiny anchors: jotting a sentence at the end about what she'll return to, agreeing a grounding practice she can use, and normalising that she can email to reschedule but not for ongoing therapeutic dialogue. The boundary becomes a live curriculum in self-trust. Her growth shows up when she says "no" to extra shifts and when she can feel the urge to text me and choose to journal instead. It's slow, tender work.

= client anxiety

I: How do you repair when you get a boundary wrong?

C: With humility and speed. If I've been too flexible or too firm, I name it: "I realise I extended last week's session and that may have muddied the waters. I'm sorry—that's on me. Can we talk about how it

Transparency and congruence

Boundaries helping to develop personal choice - growth long term
fixing broken boundaries open conversations
What is needed below surface level in therapy - touches upon the humanistic approach

language adaptation helps the therapy, ethical - boundary

Anxiety between the sessions - might be feeling like a burden and needs reassurance

Body language

Key aspect in counselling

103 landed?" Humanistic counselling values congruence; repair depends on it. Clients don't need perfection; they need to know the relationship can hold mistakes. Repair often deepens trust more than perfect adherence would have.

↳ making mistakes helps the relationship to go deeper

Flexible Session

106 I: Endings, planned and unplanned, are another hot topic. How do you work with them?

107 C: I introduce endings early as part of safety; therapy has a beginning, a middle, and an end; we'll plan endings where possible. As we approach closure, we review the journey: what they're taking with them, what remains tender, what supports are in place. Some clients like a letter at the end summarising themes and strengths; others prefer simply to name it in the room. If the ending is unplanned—illness, relocation—we attend to the grief and try to create a transitional session if feasible. The boundary here is containment; good endings model that relationships can close with care—trauma when it comes to endings, an end without harm.

a Person centered approach

113 I: What about breaks and holidays?

114 C: I give notice of breaks as early as I can and we talk about how to manage the gap. Some clients want a plan—journaling prompts, grounding practices; others simply want acknowledgement that the break may stir feelings. I hold my own boundary not to respond to emails when I'm away and I signpost again to crisis services. Predictability reduces rupture.

115 I: How does supervision feature in boundary work?

116 C: Supervision is where I really check my judgments and tend my own edges. If I feel unusually compelled to bend a boundary—or irritated by a client's testing—I'll take it to supervision and explore what's mine. Am I tired? Is there an echo of my personal history? Humanistic practice asks for self-awareness; supervision protects the client and me. It's also a place to celebrate holding a tricky boundary with warmth.

117 I: Has remote work changed your boundary landscape?

118 C: Definitely. We lose some of the natural cues of the therapy room. So we cocreate a virtual frame: privacy at their end, headphones, notifications off, camera placement, a backup plan if the internet fails. I'm intentional about onscreen presence—no multitasking, steady gaze—but I also check preferences: boundaries even online

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trust in fundamental in counselling ethical aspects of reflection of the relationship

client presence in sessions

person centered

Boundary's

come in a form of endings, it's like a closure of sessions

grief? mutual respect

firm digital boundaries for self-care

Reflection

saeguarding both the client and counsellor

try to control extraneous variables

new tech-related adaptations

boundaries even online

implications. Emotion ties in with therapy

Rusu boundaries

128 some clients regulate better with the camera slightly off to the side. I end on time even if the platform
 129 drops and we reconnect; otherwise, online work can drift. After sessions I take a screen break; that's a self-
 130 boundary.

131 I: You mentioned safeguarding and confidentiality earlier. How do you talk about limits without scaring
 132 people off?

133 C: Plain language and care. I might say, "What you share is confidential. The main exceptions are if
 134 there's a risk of serious harm to you or someone else, or if I'm legally required. If I ever felt we were near
 135 that line, I'd try to talk to you about it." I also explain supervision and minimal record-keeping. The
 136 message is: I'm on your side, and here's how I keep you safe.

137 I: Some students wonder how to respond to frequent between session messages. Could you walk through
 138 your approach?

139 C: First I check the function of the messages: are they seeking regulation, reassurance, or influence over
 140 me? I respond once with empathy and a boundary: "Thanks for sharing this—it sounds hard. I'll hold it for
 141 our session on Tuesday." Then I bring the pattern into the room: "I notice messaging helps in the moment;
 142 does it help longer term?" We might co-design alternatives—writing to themselves, a coping card—so the
 143 need is met without me becoming the regulator. If the messages escalate, I'll restate the boundary and
 144 explore what's stirring it. The point isn't to block; it's to transform.

145 I: What's flexible and what's non-negotiable for you?

146 C: Flexible: how we use the last five minutes; whether we sit with silence or talk it through; occasional
 147 short extensions named as exceptions; session frequency; language and metaphors; integrating creative
 148 methods if it suits them. Non-negotiable: confidentiality limits; physical and psychological safety; not
 149 meeting socially or connecting on social media; not offering therapy via text; charging agreed fees and
 150 holding cancellation boundaries (with humane exceptions); ending on time as the norm; my availability
 151 outside hours; my need for supervision and breaks. The container protects the contents.

152 I: How do you support clients with trauma histories around boundaries?

All clients are treated the same boundaries, but only when safe

Time boundaries for the couns-
 ever online. Ending on time to
 not get fatigued

Self-care
 boundary.
 Need it to provide
 the best care.

ethical clarity

client reassurance
 Try to understand the deeper meaning behind
 messages, can lead to an open discussion

Need for
 reassurance-
 highlights
 the difference
 coping methods
 others use.

Grown from the
 individual

boundaries protect
 the therapeutic
 relationship.

6 key example

Boundary
 clarity
 Ranking
 order of
 boundaries,
 what the
 'non-negotiables'
 are

in

re

re

re

re

by notes from the session should be

in a memorandum

to protect confidentiality

if he ips to keep privacy

C

177 C: Of course. Early in my career I over gave—answering emails late, running over time—partly from
178 imposter anxiety and a fear of letting people down. Burnout taught me that I can't offer deep presence if
179 my boundaries leak. Now I schedule buffer time between sessions, I eat lunch away from the desk, and I
180 protect my evenings. My clients benefit from a steady counsellor more than from an always available one.

181 I: How do you decide when to refer or signpost because of boundary considerations?

182 C: If the client's needs exceed my competence or the frame—acute risk requiring crisis response, complex
183 specialist needs—I'll discuss options and, with consent, liaise with GP or relevant services. Sometimes it's
184 about the fit: if a client needs a highly structured approach and my way isn't meeting them, we talk
185 honestly. Referral isn't rejection; it's care for the person's goals and safety.

186 I: Could you speak to record-keeping as a boundary practice?

187 C: Minimal, respectful, and secure. I write brief process notes, not narratives, and I store them encrypted. I
188 let clients know what I keep and for how long. The boundary is about dignity—writing only what's
189 necessary and remembering the person may one day see what I wrote. That thought alone is a good ethical
190 guide.

191 I: Let's touch on rupture—when a client feels a boundary as a slight or a rejection. What then?

192 C: I invite it in: "Can we talk about what happened when I ended the session?" and I thank them for the
193 courage to tell me. I listen for the history—often the hurt is older than the room. I don't defend; I stay
194 curious. Sometimes I'll validate the wish: "I get why you wanted more time; what you shared matters," and
195 then restate the boundary and our commitment to keep working with the feelings it evokes. Rupture held
196 well becomes material for growth rather than a reason to leave.

197 I: Is there a time you adjusted a boundary after client feedback?

198 C: Yes. One client found the five minute time warning jolting. We experimented: I shifted to a gentler
199 cue—naming we were "beginning to land"—and watched how it affected their regulation. They reported it
200 felt kinder and less abrupt. The structure remained; the delivery changed.

Having these strong boundaries prevent the counsellor from future burnout

Doing a referral to a person with better expertise is not dismissing the client it is helping them in the long-term.

If it wasn't an open discussion, it would fester, so it helps to repair it.

nice example of ending a session. Shows that a boundary can still be maintained, but it can be adapted by changing the approach.

Boundaries provide a caring structure.

224 C: Boundaries are love with edges. They're the reliable shape that lets two people meet with depth and
225 honesty. Held with warmth and transparency, they don't limit the relationship—they allow it.

226 I: Beautiful. Thank you, Chrissy.

227 C: Thank you.

228

229 Interview Schedule – Boundaries in Counselling

- 230 1. Can you tell me about your counselling philosophy and approach?
- 231 2. How do you understand the role of boundaries within your therapeutic practice?
- 232 3. How do you explain and agree boundaries with new clients (e.g., confidentiality, time, fees)?
- 233 4. Can you share an example of a time when time boundaries (session start/ending) became significant?
- 234 5. How do you approach physical space and touch in terms of boundaries?
- 235 6. What is your approach to digital and online boundaries?
- 236 7. How do you decide when or how much to disclose about yourself to clients?
- 237 8. How do you manage boundaries around money, cancellations, and gifts?
- 238 9. What challenges have you faced in maintaining boundaries, and how have you navigated them?
- 239 10. Can you give an example of a situation where boundaries were tested or breached?
- 240 11. How do you work with endings, both planned and unplanned?
- 241 12. How do you balance flexibility and firmness when it comes to boundaries?
- 242 13. How do supervision and self-care support you in maintaining boundaries?
- 243 14. Has your relationship to boundaries changed across your career? If so, how?

244

Figure 1

Stage 2: As part of the requirements of Braun and Clark (2022) thematic analysis, I have presented a table which illustrates selected quotes from the transcript, and initial codes.

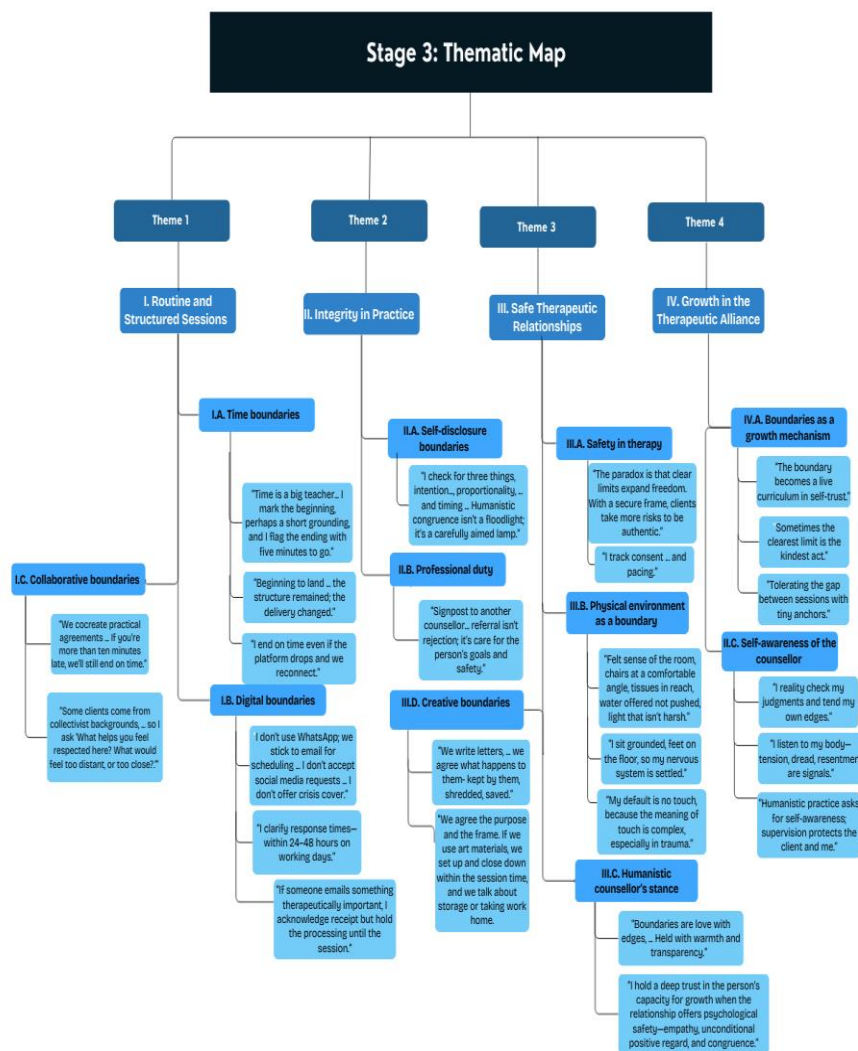
Quotation	Initial Code	Notes
“Time is a big teacher... I mark the beginning, perhaps a short grounding, and I flag the ending with five minutes to go.”	Time boundaries	This framework establishes a routine and ensures trust and safety in the therapeutic relationship.
“I don’t use WhatsApp; we stick to email for scheduling...I don’t accept social media requests... I don’t offer crisis cover.”	Digital boundaries	It sets limits on what professionals can and cannot do, it keeps both the client and counsellor safe in the professional relationship.
“I check for three things, intention..., proportionality, ... and timing...Humanistic congruence isn’t a floodlight; it’s a carefully aimed lamp.”	Self-disclosure boundaries	Encourages self-reflection of the counsellor, to understand if it will aid the client, or is it only due to personal factors.
“Signpost to another counsellor...referral isn't rejection; it’s care for the person’s goals and safety.”	Professional expertise	Signposting to another professional to ensure the best care is given to the client and is safeguarded when the

		counsellor's knowledge is limited.
“We cocreate practical agreements... If you’re more than ten minutes late, we will still end on time”	Collaborative boundaries	A humanistic counsellor's person-centred approach is crucial for fostering awareness between the client and the counsellor.
“I track consent, ... and pacing.”	Safety in the relationship	This is crucial since therapy raises sensitive subjects that might lead to trust and safety issues.
“We write letters, ... we agree what happens to them- kept by them, shredded, saved.”	Creative boundaries	It guarantees that the limits remain intact because it has a beginning and an end.
“Boundaries are love with edges, ... Held with warmth and transparency.”	Humanistic therapist stance	Boundaries are rational and person centred.
“Felt sense of the room, chairs at a comfortable angle, tissues in reach, water offered not pushed, light that isn’t harsh.”	Physical environment as a boundary	Making a space inviting is crucial when promoting security and comfort.
“The boundary becomes a live curriculum in self-trust.”	Growth from boundaries	Boundaries act a framework for growth from the client’s perspective.

“I reality check my judgments and tend my own edges.”	Therapists' self-awareness	This is essential for good therapeutic practice, especially in humanistic counselling.
“My default is no touch because the meaning of touch is complex.”	Boundaries on physical touch	Important to be aware of physical touch limits.

Appendix B

Stage 3: The thematic map visually shows the themes, sub-themes, and quotations drawn from the transcript. It illustrates various aspects of boundaries within the context of a professional therapeutic relationship.



Appendix C

Stage 4: Reviewing & Developing Themes

Initial Theme (Stage 4)	Refinements	Reason for Refinement	Final Theme and Sub-theme (Stage 5)
Routine and Structured Sessions	Change the subtheme “Collaborative Boundaries” to “Mutual Boundary Setting.”	It makes the sub-theme clearer, my adding in the word ‘setting,’ it reinforces that boundaries are a shared process.	I. Routine and Structured Sessions • I.A. Time Boundaries • I.B. Digital Boundaries • I.C. Mutual Boundary Setting
Integrity in Practice	Change the subtheme “Professional Duty” to “Professional Responsibility.”	This makes the subtheme more apparent and highlights the counsellor's responsibility and professional obligation.	II. Integrity in Practice • II.C. Self- awareness of the counsellor • II.A. Self-disclosure boundaries • II.B. Professional Responsibility

Safe Therapeutic Relationships	Change the theme name from “Safe Therapeutic Relationships” to “Establishing Safety in Therapy,” and change the subtheme “Creative Boundaries” to “Flexible Boundaries.”	It makes more sense because feeling safe in the therapeutic relationship is a process and is person oriented therefore, it is about learning what will make that individual feel safe.	III. Establishing Safety in Therapy • III.A. Safety in Therapy • III.B. Physical Environment as a Boundary • III.C. Humanistic Counsellor’s Stance • III.D. Flexible Boundaries
Growth in the Therapeutic Alliance	Move the subtheme “Self-awareness of the counsellor” into the theme “Integrity in Practice.”	Relocating the subtheme works better because self-awareness is an important part of being an integrative counsellor.	IV. Growth in the Therapeutic Alliance • IV.A. Boundaries as a Growth Mechanism