

ECPS5013

How do counsellors
experience and a
professional
boundaries in their
counselling practice- a
thematic analysis

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AI Acknowledgement

I confirm I have not used any AI tools in the research and creation of this assignment. I confirm I have not presented any AI generated material as my own work. I confirm I have drafts, notes, copies and other resources I used, which I may be asked to provide in evidence.

Abstract

The study used a qualitative thematic analysis to examine how counsellors experience and understand professional boundaries in practice. The research draws on the lived experiences of a practicing counsellor, examining the challenges and strategies in boundary management. Key themes include the evolution of boundary awareness through early career experiences, the importance of supervision and reflective practice, the establishment of clear communication protocols, and the co-creation of agreements with clients. The findings suggest further research in preventative measures for counsellor burnout.

Introduction

Professional boundaries serve as a framework that protects both counsellor and client, prioritising ethical practice, emotional safety and the maintenance of the therapeutic relationship. Understanding counsellors' experiences of boundary management is therefore essential as difficulties in maintaining boundaries can contribute to stress, burn-out and diminished therapeutic effectiveness. The British Association for Counselling and Psychotherapy (BACP) sets out the framework of professional standards that professionals maintain in their therapeutic relationships to ensure safe and effective care for those they support (Crowden, 2008). Professional boundaries are guided by five principals:

Being trustworthy: honouring the trust being placed in the practitioner; autonomy: respect for the client to be self-governing; beneficence: a commitment to protecting the clients wellbeing; non-maleficence: a commitment to avoiding harm to the client;

justice: the fair and impartial treatment of all clients and the provision of adequate services; self-respect: fostering the practitioners self-knowledge, integrity and care for self

(BACP, 2018).

This study employs Braun and Clarke's six-phase framework of thematic analysis due to the rigorous inductive methodology for identifying, analysing and interpreting reoccurring patterns of meaning across qualitative data (Braun & Clarke, 2006). By investigating counsellors' perspectives, this study aims to generate insights into the challenges and strategies involved in boundary maintenance, highlighting its importance for sustainable and ethical practice.

Method

The participant is a 46-year-old white British practicing counsellor, working in an independent practice and occasionally with an agency based in Wales, UK. Their professional background provided insight into counselling practice across diverse contexts. The participant provided written consent and was informed of their right to withdraw. All identifying data was anonymised. Data was gathered through a semi-structured interview conducted by the researcher. The interview schedule comprised 14 open ended questions (**Appendix A**) designed to elicit detailed accounts of the participants professional experiences. The data was recorded and transcribed, read and re-read to ensure familiarisation and capture initial impressions. The data was coded across the whole dataset with meaningful segments of text labelled to reflect significance (**Appendix B**). Codes were collated into broader patterns of meaning and potential themes were identified that captured significant aspects of the participant's

account. Themes were then checked against the coded extracts; some themes were merged or discarded to strengthen clarity. Descriptive names were then assigned to each theme with data extracts from the interview transcript (**Appendix C**).

Results

Analysed data provided a set of themes drawing from live practice with clients. A key theme was the participants awareness of boundaries and reflective practice early in their career.

Boundaries -Reflective practice

Early in my career I over gave, answering emails late, running over time, partly from imposter anxiety and a fear of letting people down. Burnout taught me that I can't offer deep presence if my boundaries leak. Now I schedule buffer time between sessions, I eat lunch away from the desk, and I protect my evenings. My clients benefit from a steady counsellor more than from an always available one (271).

Here, the participant reflects on how his early career practices contributed to burnout, describing fear, anxiety and imposter syndrome. Burnout is defined by emotional exhaustion, diminished empathy and ethical strain (Figley, 2002). This experience offered experiences of the consequences of failing to maintain personal boundaries and the imbalance of self-care. Ko & Lee, (2021) quantitative study found that the imbalance of self and other care is strongly linked to burnout, furthermore, a balanced approach in self and other care was reported in counsellors with greater professional experience, this could explain how early career experiences, for instance, being new to practice, may be more susceptible to burnout.

Boundaries- Maintaining boundaries in practice

Supervision is where I reality 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 (178).

Here the participant highlights supervision as critical for maintaining integrity and professional boundaries. When experiencing impulses, such as bending boundaries, or irritation with a clients' behaviour, the participant uses supervision to explore whether these impulses stem from his own fatigue or personal history. This demonstrates that counsellors are not exempt from difficult feelings when working with clients. The participant reflects a sense of safety, and compassion for himself in the process of supervision. Reflecting on the humanistic approach, which requires self-awareness, the participant acknowledges supervision is a necessity which protects the client and counsellor. Hiatt, (2022) discusses the Compassion Supported Development (CSD) approach to supervision, furthering support to counsellor development which draws from the humanistic approach. This approach (CSD), although further empirical testing is needed, could benefit counsellors, especially those who are new to practice and are yet to build extensive professional experience.

The theme of maintaining boundaries in practice is demonstrated in the participants involvement in boundary management.

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 emails something therapeutically important, I acknowledge receipt but hold the processing until the session. That protects the therapeutic frame and my own capacity (71).

Here, the participant asserts his professional communication boundaries, avoiding informal or personal messaging platforms. The use of professional scheduling and the therapy platform keeps all communication professional and secure. There is a strong vigilance and understanding that digital communications lack the privacy of traditional therapeutic contexts. However, the participant recognises that, although clients may reach out with an important therapeutic issue, the professional communication boundaries remain upheld. The communication from the client is acknowledged, however the processing of information is deferred until the next session, ensuring meaningful work is conducted within the structured boundaries of therapy, protecting the counsellors' wellbeing and personal capacity. Given the increasing expectation among clients to communicate with professionals via text or email, it is essential that counsellors establish clear, ethically sound boundaries around the use of digital communications (Sadler, et al., 2015).

Collaboration- live boundaries as therapeutic practice

A significant theme throughout the interview pertained to the experience of live boundaries becoming a part of therapeutic practice. The counsellor acknowledges and explores the live boundary with sensitivity, empathy and safety, with consent of the

client, which reveal behaviour patterns that are brought into the present and transformed through 'naming' the behaviour and putting exercises into place in order to meet the boundary in future instances.

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 (134).

The participants' emphasis on transformation of a live boundary, reflects the distinct humanistic approach; holding trust that the client has the capacity for growth and transformation. This transformative perspective emerged as a consistent theme throughout the interview.

Collaboration in the co-creation of agreements

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: some clients regulate better with the camera slightly off to the side. I end on time even if the platform drops and we reconnect; otherwise, online work can drift (186).

Here the counsellor discusses the co-creation of agreements in the absence of the therapy room. By mutual agreement of the 'virtual frame', the counsellor and client create a safe online session that takes into consideration the needs of the client whilst respecting the therapeutic framework.

Safety- safety in structure

We agree the purpose and the frame. If we use art materials, we set up and close down within the session time, and we talk about storage or taking work home. If we write letters (to self, to parts), we agree what happens to them—kept by them, shredded, saved. Creative work can stir strong emotion; having a clear start and finish contains it (312).

The counsellor highlights that through structured approach with clear beginning and end functions acting as the container. The emphasis here is safety in the structure of the session, particularly where creative work may evoke strong emotions.

Safety- consistency

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. If someone arrives late, we still end on time; it's not punitive, it's consistent. Those rituals help clients anticipate closure (37).

The participants use of time signalling rituals act as safeguard to enable to the client to understand closure. By consistently practicing these rituals, clients become familiar with the pattern of session endings.

Alliance- culture

“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”

Here the participant resists imposing his own cultural or personal standards of care, understanding that some clients may come from a range of diverse communities holding contrasting expectations of closeness, formality or language style.

Humanistic- core conditions

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 (14).

Here, the participant explains what boundaries mean to him; “part of the core conditions”, how they are foundational to trust and depth in therapy. Through the

participants setting of clear limits, a stable ground is cultivated in safety that enables clients to explore themselves.

Humanistic- limitations

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

The participant views referral as a responsible and caring act with the clients’ safety at the forefront, demonstrating strong ethical grounding in their own limitations, which prioritises the safety and wellbeing of clients rather than the retainment of them.

Discussion

The findings of this study highlight the critical importance of maintaining professional boundaries in counselling practice. The participants early career experiences reveal difficulties in upholding boundaries resulting in burnout. As Ko & Lee, (2021) discuss in their quantitative study, counsellors with extensive experience are generally better able to sustain strong boundaries, whereas counsellors in their early careers demonstrate a higher rate in the imbalance with care of self and others. However, the reliance on experience as the primary factor in developing effective

boundaries suggests that early-career counsellors may be more vulnerable to burnout and compassion fatigue before learning how to establish them. This trajectory could be counterproductive; it risks compromising counsellor health and potentially disrupting client therapy. Supervision provided safety for exploring boundaries, but its role in early career was not discussed. element in which the participant explores his own feelings and professional boundaries however, supervision was not discussed. Further research should address burnout prevention for new counsellors. Although further empirical testing is needed, Hiatt's, (2022) Compassion Supported Development (CSD) approach requires supervisors to assess the counsellors' developmental stage and tailor support accordingly including supporting counsellors to manage suffering by teaching self-compassion as a development tool. This study provided insight into how counsellors experience and understand boundaries in practice and supports the need for further research into preventative measures for burnout.

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Appendices

Appendix A

Interview Schedule – Boundaries in Counselling

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

Three core conditions Humanistic	1. Interviewer (I): Thanks for speaking with me, Chrissy. To start us 2. off, could you share a little about your therapeutic philosophy? 3. Counsellor (C): Thanks for having me. I'd describe myself as a 4. humanistic integrative counsellor. The humanistic part means I 5. hold a deep trust in the person's capacity for growth when the 6. relationship offers psychological safety—empathy, unconditional 7. positive regard, and congruence. The integrative part means I'll 8. draw gently from other approaches where it supports the client's 9. process—sometimes focusing, sometimes attachment informed 10. reflections—but the compass is always the person-centred	Humanistic, trust in client to achieve growth, with safety States the three conditions at his core.
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Language barrier to relationship Alliance Client expectations collaboration Culture needs discussed Alliance Collaboration Familiar patterns /Client expectations/ Alliance Non punitive/ consistency with relationship Alliance	27. recordkeeping; how we'll communicate; how I store data; and 28. what to do in crisis. But I avoid jargon and ask for their words: 29. "What would help this feel safe?" We cocreate practical 30. agreements: for example, "If you're more than ten minutes late, 31. we'll still end on time," or "If the technology fails, I'll call you." I 32. check for cultural or access needs and explicitly invite questions. 33. It's collaborative and revisited as needed 34. contracts breathe. 35. I: Time boundaries come up a lot for students. How do you 36. experience them? 37. C: Time is a big teacher. I mark the beginning, perhaps a short 38. grounding or a simple, "How are you arriving?"—and I flag the 39. ending with five minutes to go. Those rituals help clients 40. anticipate closure. If someone arrives late, we still end on time; 41. it's not punitive, it's consistent. If a disclosure lands at 59 42. minutes, I'll attune to the feeling. "These matters; let's name it 43. and pick it up next time"—rather than diving in and overrunning.	Avoids complex language- barrier to relationship Managing client expectations Cultural needs support relationship Rituals – patterns for clients to become familiar with Not a punishment-
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Boundary crossing behaviour Boundaries Non-punitive- personal boundaries Alliance Boundaries Collaboration in Therapy Collaboration	44. Occasionally I might allow a minute to settle if we've touched 45. something raw, but I name it as a one off. Consistency builds 46. reliability; selective flexibility shows humanity. 47. I: Can you share a moment when time became a live boundary in 48. the work? 49. C: I worked with a client who often tested endings, sharing 50. something significant right as I signalled time. Instead of shaming 51. or rescuing, we became curious. What did endings evoke? For 52. them, endings had meant abandonment. Over weeks, we 53. practiced noticing the feelings that surfaced at the time signal 54. and building a bridge to the next session, sometimes a written note, 55 sometimes a one-line intention. The boundary stopped being a 56 rejection and became part of the therapy: a chance to experience 57 a safe, predictable ending. 58 I: How about physical space, room layout, proximity, touch?	Noticed pattern of behaviour crossing boundaries Not punitive (respect for relationship), or rescuing- aware of personal boundaries Exploration of 'live' behaviour enabled a therapeutic working practice/ exercise.
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Consistency Alliance Boundaries with gifts Boundaries	91 I: Money and cancellations can feel awkward. How do you hold 92 those? 93 C: Money is relational, too. I state my fee and give the rationale— 94 training, supervision, room hire, the value of consistent care. My 95 cancellation policy is 48 hours; outside that window the fee is 96 usually due, with discretion for emergencies. If someone faces 97 hardship, we talk; I hold a few reduced fee slots and review 98 periodically to keep it sustainable. I invoice on the same day each 99 month so it's predictable. When a payment is missed, I raise it 100 plainly and kindly. Clarity prevents shame and resentment from 101 silently eroding the alliance. 102 I: Gifts? 103 C: I don't encourage gifts, but it happens—especially around 104 endings. I tend to decline anything of monetary value and talk 105 about what the gift symbolises. If it's something modest—a card 106 they've made, a small plant—I'll consider accepting and we'll	Consistency with invoicing Clear, kind communication. Not punitive/ shaming / harmful to relationship (alliance)
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Contracting Contracting	107 reflect on the meaning. The boundary is less about a rule and 108 more about what serves the relationship and avoids unintended 109 obligations. 110 I: Dual relationships are hard to avoid in smaller communities. 111 How do you navigate that in Wales? 112 C: It's real. I've bumped into clients at the supermarket, or we've 113 had mutual acquaintances. I anticipate it in contracting: "If we 114 see each other out, I'll take your lead—you can choose whether 115 to acknowledge me." If a dual relationship risk emerges, say, a 116 potential referral from a colleague's partner—we think through 117 the power dynamics and confidentiality. Sometimes it's 118 manageable with transparency; sometimes it's not and I'll 119 signpost to another counsellor. The humanistic piece is honesty 120 and client choice, anchored by ethics.	Accepting monetary gifts is a boundary. Is this discussed at contracting? Discussed and agreed in contracting Client choice, in service of client and always ethical.
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Safety	138 safety: session structure, how to reach me, what to expect if I'm	
	139 on leave. In the room I track her body—shallow breath at	
	140 endings, gaze dropping when asking for reassurance. Rather	
Previous experience	141 than supplying reassurance on demand, I meet the need	
Reflective practice	142 underneath: "I'm hearing the fear that I'll vanish between	
	143 sessions—can we stay with that together?" Over months, we	
Live boundary as part of therapy	144 practice tolerating the gap between sessions with tiny anchors:	
Boundaries	145 jotting a sentence at the end about what she'll return to,	
	146 agreeing a grounding practice she can use, and normalising	
	147 that she can email to reschedule but not for ongoing therapeutic	
	148 dialogue. The boundary becomes a live curriculum in self-trust.	
	149 Her growth shows up when she says "no" to extra shifts and	
	150 when she can feel the urge to text me and choose to journal	
	151 instead. It's slow, tender work.	
	152 I: How do you repair when you get a boundary wrong?	
	153 C: With humility and speed. If I've been too flexible or too firm, I	
	154 name it: "I realise I extended last week's session and that may	
Accountability- boundary crossing		

Enabling client to feel the safety of boundaries through structure (contracting)

Not rescuing, previous experience of 'supplying' reassurance/ rescuing? - early career experience?

naming the behaviour and exploring to support growth
therapeutic working practice/
exercise / structure/ roadmap-

Boundaries	155 have muddied the waters. I'm sorry—that's on me. Can we talk 156 about how it landed?" Humanistic counselling values 157 congruence; repair depends on it. Clients don't need perfection; 156 they need to know the relationship can hold mistakes. Repair 157 often deepens trust more than perfect adherence would have. 158 I: Endings, planned and unplanned, are another hot topic. How 159 do you work with them? 160 C: I introduce endings early as part of safety: therapy has a	Is human about the error, deals with it quickly and transparently, apologies and invites communication around it
Safety Safety within structure	161 beginning, a middle, and an end; we'll plan endings where 162 possible. As we approach closure, we review the journey: what 163 they're taking with them, what remains tender, what supports 164 are in place. Some clients like a letter at the end summarising 165 themes and strengths; others prefer simply to name it in the 166 room. If the ending is unplanned—illness, relocation—we attend 167 to the grief and try to create a transitional session if feasible.	Does this early to support clients as part of safe practice 'we'll plan endings', we approach closure', 'we review the journey' Summarising session and feedback/ support in place. Like a safety net

Client care and safety Safety in structure Personal boundaries/ personal capacity Boundaries Self-reflection & self awareness Reflective practice Personal history Reflective practice	168 The boundary here is containment; good endings model that 169 relationships can close with care. 170 I: What about breaks and holidays? 171 C: I give notice of breaks as early as I can and we talk about 172 how to manage the gap. Some clients want a plan—journaling 173 prompts, grounding practices; others simply want 174 acknowledgement that the break may stir feelings. I hold my 175 own boundary not to respond to emails when I'm away and I 176 signpost again to crisis services. Predictability reduces rupture. 177 I: How does supervision feature in boundary work? 178 C: Supervision is where I reality check my judgments and tend 179 my own edges. If I feel unusually compelled to bend a 180 boundary—or irritated by a client's testing—I'll take it to 181. supervision and explore what's mine. Am I tired? Is there an 182. echo of my personal history? Humanistic practice asks for self-	Manages client expectations and safety when taking breaks from work Does not respond to emails when on break, self-care Supervision is opportunity to check in on my practice, self-reflecting on own feelings and history. Acknowledges this can happen-human! Supervision as a safeguard for client and counsellor
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Adapting together for digital work Collaboration- co- creating agreements	183. awareness; supervision protects the client and me. It's also a 184 place to celebrate holding a tricky boundary with warmth. 185 I: Has remote work changed your boundary landscape? 186. C: Definitely. We lose some of the natural cues of the therapy 187. room. So we cocreate a virtual frame: privacy at their end, 188. headphones, notifications off, camera placement, a backup 189. plan if the internet fails. I'm intentional about onscreen 190. presence—no multitasking, steady gaze—but I also check 191. preferences: some clients regulate better with the camera 192. slightly off to the side. I end on time even if the platform drops 193. and we reconnect; otherwise, online work can drift. After 194. sessions I take a screen 194 break; that's a self-boundary. 195 I: You mentioned safeguarding and confidentiality earlier. How 196 do you talk about limits without scaring people off? 197 C: Plain language and care. I might say, "What you share is 198 confidential. The main exceptions are if there's a risk of serious	Remote work loses natural experience of face-to-face work Agrees clear intentions, boundaries, expectations and plans with digital work Self-care as a boundary after digital work Communicating honesty and trust
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Previous experience Reflective practice Boundary consistency Boundaries Transformative therapy Collaboration Flexibility with session endings	199 harm to you or someone else, or if I'm legally required. If I ever 200 felt we were near that line, I'd try to talk to you about it." I also 201 explain supervision and minimal record-keeping. The message 202 is: I'm on your side, and here's how I keep you safe. 203 I: Some students wonder how to respond to frequent between 204 session messages. Could you walk through your approach? 205 C: First I check the function of the messages: are they seeking 206 regulation, reassurance, or influence over me? I respond once 207 with empathy and a boundary: "Thanks for sharing this—it 208 sounds hard. I'll hold it for our session on Tuesday." Then I bring 209 the pattern into the room: "I notice messaging helps in the 210 moment; does it help longer term?" We might codesign 211 alternatives—writing to themselves, a coping card—so the need 212 is met without me becoming the regulator. If the messages 213 escalate, I'll restate the boundary and explore what's stirring it. 214 The point isn't to block; it's to transform.	Influence- control? A previous experience? Acknowledges with empathy, giving clarity that this will be discussed at next session- firm but kind boundary consistency to support relationship Exploration of the live boundary, opportunity for therapeutic working practice/ exercise Transformative therapy
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Humanistic	215 I: What's flexible and what's non-negotiable for you? 216 C: Flexible: how we use the last five minutes; whether we sit 217 with silence or talk it through; occasional short extensions 218 named as exceptions; session frequency; language and 219 metaphors; integrating creative methods if it suits them. Non- 220 negotiable: confidentiality limits; physical and psychological 221 safety; not meeting socially or connecting on social media; not 222 offering therapy via text; charging agreed fees and holding 223 cancellation boundaries (with humane exceptions); ending on 224 time as the norm; my availability outside hours; my need for 225 supervision and breaks. The container protects the contents.	Client choice- ending- client leaves session with their preferred ending/ control
Firm boundaries / capacity Boundaries		Firm boundaries with confidentiality, physical and psychological safety, personal boundaries/ capacity / ethical/ consistency
Consent tracking Boundaries	226 I: How do you support clients with trauma histories around 227 boundaries? 228 C: With trauma, pacing and consent are everything. We start 229 with building present moment resources—breath, orienting, 230 choice—so they can stay within a window of tolerance. I seek	Counsellor is the container, so self-care is important in order to hold the relationship Pacing is important, not pushing and tracking consent Awareness of client trauma/ safety and the ability to kindly slow things- in service of client

Regulation of self Boundaries	231 permission for any shift: “Would it be okay if we slowed down	
	232 here?” I track micro cues—foot tapping at the door, a freeze	
Boundaries enable safety Boundaries	233 when I mention endings. We approach touch via language, not	Self-regulation- checking in with self
	234 contact. And I’m transparent about my own regulation: “I’m here;	Boundaries are a safe place for counsellor and client
	235 we can pause.” Boundaries become a sanctuary rather than a	
	236 rulebook.	
	237 I: Can you recall a time when a boundary you set directly	
	238 facilitated therapeutic movement?	
Previous experience of flexibility created resentment Boundaries	239 C: A client used to ask me weekly to waive the cancellation fee	Too flexible- has learned from this experience, crossed boundaries
	240 after late changes, often with compelling reasons. Early on I was	
	241 flexible; eventually the pattern created resentment in me—which	Own resentment was a signal to bring up the boundary (self-reflection)
Exploration of crossed boundary as therapeutic practice Collaboration	242 is a sign something’s off. I named it gently: “I notice I’ve been	Gentle, kind, transparent communication
	243 making exceptions and it’s starting to feel uneven for me. Can	
	244 we look at what’s happening around committing to this time?”	Enabled a pathway to explore the boundary and work on this therapeutically
	245 This opened a conversation about ambivalence and fear of	
	246 prioritising themselves. When we reestablished the boundary,	

Respect & dignity Boundaries	282 I'll discuss options and, with consent, liaise with GP or relevant 283 services. Sometimes it's about the fit: if a client needs a highly 284 structured approach and my way isn't meeting them, we talk 285 honestly. Referral isn't rejection; it's care for the person's goals 286 and safety. 287 I: Could you speak to record-keeping as a boundary practice? 288 C: Minimal, respectful, and secure. I write brief process notes, 289 not narratives, and I store them encrypted. I let clients know 290 what I keep and for how long. The boundary is about dignity— 291 writing only what's necessary and remembering the person may 292 none day see what I wrote. That thought alone is a good ethical 293 guide.	Respect and dignity for the client- they may read notes in future Ethical practice with dignity for client
Permission working through rupture as therapy Collaboration	294 I: Let's touch on rupture—when a client feels a boundary as a 295 slight or a rejection. What then? 296 C: I invite it in: "Can we talk about what happened when I ended 297 the session?" and I thank them for the courage to tell me. I listen	Seeking permission to explore the boundary, then working with it

298 for the history—often the hurt is older than the room. I don't
299 defend; I stay curious. Sometimes I'll validate the wish: "I get
300 why you wanted more time; what you shared matters," and then
301 restate the boundary and our commitment to keep working with
302 the feelings it evokes. Rupture held well becomes material for
303 growth rather than a reason to leave.

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

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

310 **I:** How do you integrate creative elements—writing, drawing—
311 within boundaries?

312. **C:** We agree the purpose and the frame. If we use art materials,
313. we set up and close down within the session time, and we talk

Reflective practice/ capacity Boundaries	330 I offered a contained truth: “Yes, I have experienced a significant 331 loss.” I didn’t share details. We then explored what it meant for 332 them to know that—did it help them feel less alone, or were they 333 worried about burdening me? The disclosure was a doorway to 334 their meaning, not a story about mine. 335 I: How do you evaluate whether your boundaries are working— 336 for you and for clients? 337 C: I listen to my body—tension, dread, resentment are signals. If 338 I’m consistently late to finish notes, skipping meals, or 339 preoccupied, something needs resetting. With clients, I pay 340 attention to clarity: Are we both clear about what happens when? 341 Do they arrive and leave more regulated? Feedback helps; I’ll 342 ask directly, “How are you finding the way we hold the time?” 343 Boundaries should make the work feel safer and deeper, not 344 tighter and smaller.	Counsellor disclosing is about how it helps the client rather than it being about the counsellor Checks in with self for signals. Previous experience enables awareness
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Boundaries enable growth-humanistic Boundaries Humanistic	345 I: Finally, if you had to summarise the humanistic take on 346 boundaries in a sentence or two? 347 C: Boundaries are love with edges. They're the reliable shape 348 that lets two people meet with depth and honesty. Held with 349 warmth and transparency, they don't limit the relationship—they 350 allow it. 351 I: Beautiful. Thank you, Chrissy. 352 C: Thank you.	Opportunity for growth – humanistic. Boundaries support growth
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Appendix C

Themes	Sub – Themes	Supporting Quotes
Humanistic	Limitations	“If the client’s needs exceed my competence or the frame- acute risk requiring crisis response, complex specialist needs, I’ll discuss options and, with consent, liaise with GP or relevant services. Sometimes it’s about the fit: if a client needs a highly structured approach and my way isn’t meeting them, we talk honestly. Referral isn’t rejection; it’s care for the person’s goals and safety”
	Core Conditions	“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”
Safety	Safety in structure	“We agree the purpose and the frame. If we use art materials, we set up and close down within the session time, and we talk about storage or taking work home. If we write letters (to self, to parts), we agree what happens to them—kept by them, shredded, saved. Creative work can stir strong emotion; having a clear start and finish contains it”
	Consistency	“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. If someone arrives late, we still end on time; it’s not punitive, it’s consistent. Those rituals help clients anticipate closure”

Alliance	Culture	"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"
Boundaries	Reflective practice / early-career experiences	"Early in my career I over gave, answering emails late, running over time, partly from imposter anxiety and a fear of letting people down. Burnout taught me that I can't offer deep presence if my boundaries leak. Now I schedule buffer time between sessions, I eat lunch away from the desk, and I protect my evenings. My clients benefit from a steady counsellor more than from an always available one"
	Maintaining Boundaries in practice	"Supervision is where I reality 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" "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 emails something therapeutically important, I acknowledge receipt but hold the processing until the session. That protects the therapeutic frame and my own capacity”
Collaboration	Live boundaries in practice	“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”
	Co-creating agreements	“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: some clients regulate better with the camera slightly off to the side. I end on time even if the platform drops and we reconnect; otherwise, online work can drift”

