It's not so lonely on the stairs now: Linking the personal, the professional and the psychodramatic technique of doubling in professional boundary training

Wendy McIntosh

Abstract

This paper focuses on three ways in which my personal development journey has informed my work delivering individual and group training regarding the transgression of professional boundaries by health clinicians. The first aspect is the link between the experience of boundary violation in childhood and the motivation to work as a professional boundary trainer. The second element is the link between the experience of isolation as a result of childhood boundary violation, and my valuing of the psychodramatic technique of doubling in professional boundary training to enrich clinicians' understandings of themselves and their transgressions. The third thread encompasses the significance of psychodrama in helping me to integrate the personal and the professional, and thus conduct meaningful professional boundary training.

Sitting on the stairs

I am eight years of age. I sit alone on the internal staircase in my family home. I can hear the raised voices of my parents and four of their friends in the living room below. The voices are raised in passionate discussion and intermittently drop into singing. I experience a jumble of emotions and thoughts. So much is going on inside my eight year old body. I am in a heightened state of distress. I want to share the confusion, anxiety and fear that I am experiencing about so many things that are affecting me, including my experience of boundary violation, yet I do not know who will hear my story. I am afraid and believe I have no-one to whom I can talk. No one sits on the stairs with me. I am alone. I am isolated. This is what I knew as a child.

As a psychodrama trainee, I now know that what I was missing on the stairs was a double. I had no supportive companion, or double, with whom I could share my stories and experiences. I have also come to appreciate that the experience of sitting alone on the stairs when I was eight years old is significant in what has become my professional passion, working with health clinicians who have transgressed professional boundaries. It has taken a long time to recognise the threads that have been weaving together to link my childhood experiences of boundary violation and isolation, my drive to work as a professional boundary trainer, and the significance of psychodrama and the psychodramatic technique of doubling to assist clinicians who have transgressed professional boundaries

Sitting on a bridge

During a cathartic moment in my psychodrama peer group, I gained valuable insight into my drive and passion to use doubling in exploring the area of professional boundaries with health clinicians.

It was my psychodrama peers who supported me when a painful bridge between my personal and professional experiences regarding boundary violation was revealed during a supervision session. With a fellow trainee directing, I sat on the bridge that I had created on the psychodrama stage using cushions and fabrics. I chose a companion to sit with me on this bridge between my child and adult selves. During role reversals with this companion, who at different times acted as my double, I began to understand and appreciate the warm-up informing my passion for the area of professional boundaries. My double spoke words, held deeply within me, which had never before been expressed regarding childhood boundary violation, and the feelings of shame and guilt associated with it, that I had carried from a young age. As Fisher (2009) maintained, "Drawing on intuitive knowledge, the double begins to tune into the inner world of the protagonist" (p. 26). Behold, the sky did not fall down. The earth did not gobble me up. Rather, I saw only love and acceptance in the gaze of my double. I was held safely in that gaze and my body sighed with relief. The insights I gained that day in my peer group opened up greater spontaneity and the possibility of using doubling in the professional boundaries work I did with clients. That thread continues today in my current work, running workshops and one to one sessions with health professionals who have transgressed boundaries in their clinical roles. My psychodrama supervisor Diz stimulated me to reflect further on my commitment to this area of work.

She asked, "What is it that keeps you going with the work?" At the time, I did not have an answer. Now, with that memory of myself sitting alone on the stairs, I am clearer. I am in the process of self-forgiveness. I am re-writing my own story. Every time I work with a client or deliver a workshop on boundaries, I challenge my own story. Each insight gained becomes a new part of my story.

As a professional who supports clinicians and as a psychodrama trainee who has grappled with a thesis, writing about professional boundaries has been challenging. So many of the stories told to me by clinicians, such as an attempt to set limits in a relationship with an authority figure, the experience of isolation when a trusted relationship is violated and the sense of shame associated with professional transgression, have resonated in different ways. Through work in psychodrama training groups and discussions with peers and trainers, I have begun to shed past shame determinately held onto. I am developing capacity to appreciate and enjoy what I bring to the world.

As I reflect on what has assisted me in this endeavour, the act of being doubled stands out. Clayton (1993) stated, "If the enactment indicated that the man was having great difficulty accepting himself, then the use of a double would be good" (p. 59). The appreciation I have felt when I have been doubled has led me to reflect that doubling may possibly have been a missing ingredient for clinicians in relation to professional boundaries and authority. I have also been reminded that the act of writing itself acts as a double. Carter (2015) noted, "The writing process is a sort of doubling process in your self. It's like a production. Instead of actually producing the action on the stage you've produced it on paper" (p. 3).

Early reflections regarding the transgression of professional boundaries

It is 1982 and as part of my psychiatric nurse training I am on clinical placement in an acute admission unit. I am tasked with the close observation of a young male patient, which involves him being within arms distance of me. He is 19 years old and I am 22. I experience the torment of both his wakeful and sleeping world. He moves restlessly on the bed during his sleep and calls out. He startles awake, sits up, looks around, notes that I am still there and settles once more to sleep, whereupon his body moves restlessly again. As I sit on a chair beside his bed, I reflect on his experience. He is so alone. I wonder might he settle better were I to lie on his bed and hold him. However, I do not follow

through with this idea. I have been taught to be wary of physical contact with patients, especially male patients. I continue to sit beside him, conflicted. The disturbing motive to hold him conflicts with the reactive fear of collegial retribution. Now, almost 30 years later, I remember the scene and am still haunted by my ambivalence and inability to act.

As a psychiatric nursing student, I was caught up in the procedures and language we had been taught to use. We were to ease the patient's distress through medication. That seemed simple enough, except that as I sat with this young man I saw that medication was not the solution to his distress. Even under sedation, his mind and body were restless. Furthermore, I have come to realise the significance of transference and counter transference in professional boundaries. I can now look back at the younger Wendy and realise that she wanted to hold the young patient because that is what she had wanted when she had felt alone after being abused. She had wanted to be held during her nightmares and protected from them. When I warm up to the psychodramatist in me, doubling emerges as an effective intervention that I could have used with the patient at that time. I did not need to hold him. That was my need. However, through the act of doubling I may have been able to validate his experience and assist him to express the internalised struggle. As a more experienced clinician I can also appreciate that by not holding him I retained an emotional distance that allowed safety for both him and I.

As students and novice practitioners, health professionals generally have not received adequate modelling about professional boundaries. A recent conversation with a new client confirmed this for me. The client, a nurse, had developed a personal relationship with a person who she had nursed in a mental health unit. She informed her unit manager (UM) about the relationship. The response from the UM was centred on the need not to worry, "what you do in your own time is your own business." Reassured by her UM and unable to locate policies on professional boundaries in her unit or organisation, the nurse continued with the relationship. However, her regulator body is now investigating her actions. Perhaps a more adequate response from this UM might have constituted curiosity about the relationship or the reasons that the nurse sought her UM's counsel.

Professional boundary transgressions in the clinical arena have at times been met with blame, shame and punishment within a hierarchical punitive culture. I suspect this will be the case for the nurse. She will be professionally punished for her actions, and this will have an added

intensity as the client concerned has also made a complaint against her to the regulatory body. I argue for a more spontaneous response from the profession in terms of assisting the individual practitioner to understand what has occurred in their relationship with the other. Specifically, when clinicians mirror and double one another regarding boundary transgressions, benefits are likely to flow in terms of a reduction of shaming and blaming, and an increase in understanding and transforming professional behaviour.

The power of doubling to generate new insights

I use psychodramatic doubling to good effect in my current work with health clinicians who have transgressed professional boundaries. This technique enables clinicians to generate insights and validation amidst the confusion and conflict that comes with complaints regarding professional transgressions. For many of them, the therapeutic and educational work they do as a result of transgressions taps into their original social and cultural atoms, where there has been little or no adequate doubling.

> *When a protagonist requires building up a double may be able to confirm a protagonist in their adequate functioning just by their physical presence. The protagonist immediately hears their own expression mirrored back to them, is pleased with what they are hearing, and with what they themselves have just said, and breaks an old patterns of doubting their expression and trying to undo it. Thus the double can be a powerful force for good through bringing about in individuals a confident and flowing expressiveness.* Clayton (1992, p. 84)

In what follows I will describe the use of doubling, amongst other psychodramatic techniques, with three health clinicians with whom I worked at the request of their regulatory organisations.

Jane: The self-protecting lizard

Jane, a health professional in her fifties, had worked as a clinician for over thirty years when her position was terminated and her registration cancelled due to professional boundary transgressions. A condition set by the regulatory board for the re-instatement of registration stipulated that Jane complete a year long educational course focused on professional boundaries. It was under these circumstances that I began what has become three years professional engagement with Jane. She had experienced a punishing culture within her employment and professional organisations, felt angry and "let down" by them, and was under the care

of a psychiatrist and a psychologist. Although it was clear that our work would be educational rather than therapeutic, I was aware of the value of exploring childhood experiences in order to understand the vulnerability and risk for an individual in terms of boundary transgressions.

Initial meetings with Jane

In my work with previous clients, I have learnt the importance of taking time to establish rapport and trust so that the work is beneficial for the individual. I was therefore not going to rush the establishment of the relationship or the learning with Jane. In our first session, I warmed up to the role of *considered gentle explorer*, keen to hear Jane's interpretation of the events that had led to the loss of professional registration. In telling the story, she included her post-traumatic stress disorder (PTSD) diagnosis and her suicide attempt after losing registration. The identity of health professional was essential to Jane, and the loss of that professional role intolerable. As she told her story, it became clear to me that adequate doubling had been absent in Jane's childhood. Thus in this initial session, and in subsequence sessions, I doubled Jane. I became a *naïve inquirer* and *gentle social investigator*, roles adequately matched to her developmental stage. This intervention saw Jane progress from *careful storyteller* to *reflective life reviewer*.

Throughout the next few sessions, Jane shared the ways in which, during childhood, she had witnessed domestic violence perpetrated by her father towards her mother. She also described the physical, emotional and psychological abuse she had experienced from her father, including the many times he had humiliated her in private and when colleagues were present. Jane's mother had failed to intervene to protect her daughter, and Jane rationalised this failure in that whilst her father was abusing her, the mother was spared. Following is an excerpt from one such session.

Wendy: W*arm up to examples of boundary transgressions at work that you have been reported for.*

Jane: [considering the male colleague who reported her, projects top half of body forwards, face flushed, voice raised, tongue moving across lips] *He's stupid. All males are stupid.*

I mirror and double Jane's words and actions.

Jane: *Yes that's it. That's what I do. I didn't know that's what I did. He* [male colleague] *said I was rude and unprofessional.*

Wendy: *When you see yourself in action, what image do you have?*

Jane: *I am a lizard.*

Wendy: *What kind of lizard?*

Jane: *I am protecting myself. I am a self-protecting lizard. I lunge forward and attack.*

Wendy: *Notice yourself as you warm up to this self-protecting lizard.*

Jane: *This role served me well as a child with my father when he was ranting at me. It does not serve me as well as an adult. In fact, being a self-protecting retaliating lizard significantly contributed to my being fired.*

Jane: [body stilled, sitting back in chair, placing left hand over right hand on lap, looking back at me, taking her time] *In the face of Dad's rants, I became a quick thinking smart mouth*. [pause] *I think he liked it that I did not back down.* [pausing momentarily, eyes open, small smile, nodding] *When I am under pressure at work, put down or stressed, then being a retaliating lizard comes to the fore. I had not realised this is what I do.*

At the time of this scenario, the relationship between Jane and myself was mutually positive and strengthening. My assessment was that I could progress from companionable doubling to self-revealing mirroring. However, during other sessions it was clear that the role of self-protecting lizard remained on the rock 'waiting to pounce'. When I doubled Jane at those times, expressing inner dialogue that she found difficult to verbalise, she was always able to laugh and appreciate the significance of the role for her. More significantly, Jane warmed up to spontaneous expression and tried out new roles.

Recent encounters with Jane

In recent sessions, Jane reports a significant progressive change in the way in which she engages with colleagues and clients in terms of professional boundaries. She is more able to pause and begin a process of inquiry within herself regarding her reactivity in response to incoming data. This progress is illustrated below through two enactments where Jane is informed by a carer that another carer has provided incorrect care to a client. The first is drawn from a past session with me and the second from a recent session.

Jane: [reacting immediately, quick marching towards carer, raising an accusatory voice, face reddening] *What are you doing you stupid idiot?*

Jane: [coaching herself] *Slow down, breath.* [measured walking towards carer, voice soft and inquiring]

In this more recent enactment, Jane has a less reactive warm-up to the information that a carer is not providing correct care. Through the psychodramatic technique of doubling, she has learnt the value of breathing and slowing down her responses, and this learning has translated into the embodiment of progressive professional roles. We reflect together about the progress she has made, which is a significant development in itself. During past workshops, Jane would quickly spurn any positive feedback that came her way, flushing deeply, covering her face, looking away or withdrawing chin and head deeply into the chest.

Wendy: [noting the changes in Jane's response to positive feedback] *I am delighting in the changes I see in you. You look much easier with yourself.*

Jane: [returning my look, smiling, chin moving down slightly] *It is good to get positive feedback about what I am doing. I did not get praised much as a child. I was always told how stupid I was. I feel more controlled now. I feel better in myself.*

Recently, as part of the publication permission giving process, Jane read the content of this section. On finishing, she looked at me and said, "Yes. You can include my story. It is good to see the progress I have made written down. It is true the lizard does not come out as often now."

Jane's regulatory board has reinstated her professional registration and she now holds a new clinical role in another organisation. In the current organisation, Jane experiences support rather than fear of punishment and is therefore more willing to try out different ways of interacting with colleagues. I continue to see her once a month and she remains dedicated to developing new role responses to stressful situations at work. Based on my assessment of her stage of development, level of spontaneity and ability to warm up readily, and our positive sociometry, I produced a series of role training sessions. Jane's spontaneity continued to rise and she enacted and named new role responses to meet distressing and sometimes belittling scenarios at work. I encourage her development as a role analyst. She finds role naming unifying and fun, as well as enabling her to develop some detachment. She can self-reflect without being self-demeaning. She is a wondrous discoverer and heroic learner.

Jeff: Holding my ground

Jeff is a health professional, directed by his regulatory organisation to attend professional boundaries education for demonstrating inappropriate behaviour towards female colleagues. In the initial interview organised to determine the type of education that would be of most benefit, Jeff is shy, unsure and concerned that his behaviour towards colleagues has been perceived as inappropriate. He confesses that he feels awkward and intimidated in the company of females, unsure what to say to them. I take time in this session to allow Jeff space to experience being heard as he brings forward his concerns. I do not ridicule or judge him. I ask questions to deepen his reflective responses further. In discussion together, Jeff and I decide that his participation in three individual sessions and a two day professional boundaries workshop led by myself would be the most beneficial approach. It is now the second day of this workshop and Jeff is on the psychodrama stage, concretising with objects and fabric, themes that he had been discussing earlier in the workshop. I notice that as he places the themes on the stage, he displays greater bodily ease than he did during our initial individual session. He smiles, a delighted playful self-presenter. As I tune in to Jeff's warm-up, a drama emerges.

Jeff: [body still, head down, shoulders slumped, voice quiet] *It is hard when the system expects so much and does not give us the resources.*

Wendy: *Who can come and mirror this to Jeff?*

Deirdre, a psychodrama colleague who works with me, walks slowly towards Jeff, stands before him and mirrors the words and postures that he had enacted.

Jeff: [looking at his mirrored self, eyes tearful, shoulders still slumped, body shuddering] *Nobody should feel like that at work. I just try to do the best I can.*

Deirdre has executed the mirroring well. Her "portrayal had an air of reality," was "done with conviction" and "carried weight" (Clayton, 1992, p. 27), assisting Jeff to become more aware of his inner experience. I am deeply affected by Jeff's warm-up and wonder if he has previously experienced such mirroring in the world.

Wendy: [standing beside Jeff and mirroring his tone of voice and posture] *Nobody should feel like this at work.*

Jeff continues to look at, and stay in relation to, his mirrored self.

Wendy: *This is a significant place right now Jeff. Are you interested to keep exploring here?*

Jeff: *Yes. I want to hold my ground. I want to talk to my Team Leader, set limits with her.*

As an involved and purposeful director, I invite Jeff to choose a double. He selects the participant with whom he was paired earlier. The double takes up a position slightly behind Jeff and enacts Jeff's role. As Jeff looks at his double, his shoulders relax and a small smile appears on his face. I then direct Jeff to choose an auxiliary to take up the role of his Team Leader. He points to a member of the group and I direct her to stand on the stage in a position selected by Jeff. Jeff immediately begins to engage with his Team Leader.

Jeff: *I cannot do everything you ask me to do. There is not enough time.*

Wendy: *Reverse roles with your Team Leader*.

I then conduct a brief interview with Jeff as the Team Leader. She states that she also has expectations to meet and that everyone on the team should pull their weight.

Wendy to Team Leader: *Express this to Jeff in the way you usually do*.

Jeff as Team Leader: [planting feet firmly on the ground, back straight, looking Jeff in the eye, clear strong voice] *You need to do better. What you do is not enough*.

Wendy: *Reverse roles.*

Jeff is silent. He stands with his head down and holds his hands in front of himself.

Wendy: *Talk to your double*.

Jeff: *I don't know what to say. She sounds angry. I feel like a child*.

Double: [encouragingly] *It is hard when I feel like this. I don't know what to say, what to do. I wonder what would happen if I just moved my body slightly …*

In this moment, the double moves beyond expressing what has been expressed or unexpressed and initiates movement in her body and Jeff responds to this, his spontaneity increases.

Jeff: [also beginning to move, arms loosening by sides, shoulders straightening, clear unconflicted voice] *I know what I want to say*.

Wendy: *Express yourself to your Team Leader*.

Jeff to Team Leader: [squaring shoulders, feet slightly apart, looking across at supervisor] *I would like you to be specific about what you want me to do better. I am unclear of your request*.

With a few more role reversals between Jeff and his Team Leader which include consultations with his double, Jeff stands upon the stage, self-possessed.

Jeff: [strong loud voice] *I have never been able to hold my ground before. This has been good for me. I have options now*.

As I sit with Jeff during the sharing phase of the drama, I experience a warmth in him, a self-appreciating nurturer who I had not seen before in our work together. As the other participants share their experiences as auxiliaries and as audience members, I notice tears well up in Jeff's eyes. I encourage him to keep expressing himself. He shifts slightly in the chair and then looks around the group. He says, "I have never felt this accepted before." He rests back in his chair.

Fiona: I Want To Grow Some Balls

Fiona is a health professional of 10 years. Her regulatory organisation directed her to attend professional boundary training because she had developed a personal relationship with a male patient that included him lending Fiona a significant amount of money. The initial interview between Fiona and myself determined the specific objectives of her training, as well as the decision that she attend three individual sessions and a two day workshop.

It is day one of the workshop, Fiona has participated in large and small group discussions and acted as an auxiliary in some of the dramas, but has expressed little regarding her particular reasons for attending. Towards the end of the day, as I invite all participants to reflect on their learnings and identify their aims for the second day, Fiona brings herself forward. She says, "I'm so soft. I don't have walls up. I don't know what I should do. I flip out of the safe therapeutic zone into the drowning zone. Tomorrow I want to learn resilience, be strong, stubborn. I need to grow balls. I get walked over. I need to grow strong, resilient." Fiona then makes the commitment to explore this area in a psychodrama on day two, the title of which is 'I Want to Grow Some Balls'.

The next day, I invite Fiona to join me on the stage. As we clarify the purpose of her work, it becomes apparent that she has retained the focus

on developing strength and resilience. I am aware, through the content of this interview and a previous individual session, that Fiona experienced domestic violence, isolation and loneliness during the years of her marriage, and that she is now separated. I also know that the relationship with the patient developed partly in response to her inability to manage personal distress.

Fiona re-creates the scene in which, having told him of her struggles to pay her bills, the patient offers to lend her money. He is in a hospital bed and she is providing nursing care. I invite Fiona to take up the role of the patient and conduct an interview. As the patient, Fiona says that she, Fiona, is a kind professional, one of the best working in that facility. Concerned that she is distressed about a shortage of cash and failing to see anything wrong in it, he wants to help by loaning her money.

Fiona as patient: [holding out envelope] *I have some money for you. I know you have some bills to pay. Here it is.*

Reverse roles. Fiona becomes herself. As auxiliary takes up the functioning of the patient.

At this point, Fiona steps towards the patient with her hand extended. From our previous discussions, I am aware that she does not want to refuse the offer for fear of upsetting him. In the past, her husband had punished her for refusing his attention. I am also mindful of Fiona's stated wish to change these old patterns of relating, in her words 'to develop balls'. I inquire of Fiona her purpose at this moment.

Fiona: *I don't have a purpose. I am reacting to his offer.*

Wendy: *Have a chat with your double. See if you can figure out something else.*

Fiona: [turning to double] *This is what I do. I just react. Someone says jump, I jump. I am tired of jumping. I want to say no, stop, enough.*

Wendy: *Reverse roles with your double.*[1]

Fiona as Double: *This is an old story. You get stuck. I am wondering if we should just start doing something different. It could be risky though.*

[1] Although there is some debate regarding role reversal with a double, my intention here is to deepen the protagonist's warm-up and strengthen her relationship with herself as she grapples with the conflict between her personal and professional conduct.

Wendy: *Reverse roles.*

Fiona: [voice rising] *What if he gets angry? What if he shouts at me? I will be in trouble.*

Wendy: *Reverse roles.*

Fiona as Double: *Yes we have to consider* that. [pausing, then speaking with louder voice] *We're developing balls here. Others will get upset. So what? This is about us.*

Wendy: *Reverse roles.*

Fiona: *I don't know. What if I get punished?*

I have noticed a new quality in Fiona's voice, a strength, a steeliness, that was not previously there. I act on a hunch.

Wendy: *Fiona, I noticed you were very interested in what your double was saying. I noticed a movement in your body. It got straighter when your double said "we're developing balls here."*

Fiona: [laughing] *It sounded so good to hear it. I liked it … words I've thought so much and not expressed before.*

I enjoy Fiona appreciating herself and encourage her to keep going.

Wendy: *On you go in your interaction with the client.*

Fiona: [standing alongside double, wiggling body then straightening up, holding hands to sides, taking deep breath] *It is a kind gesture. I will not accept your money.*

The audience cheers and Fiona smiles. I direct her to engage in several more role reversals with the client to assist her to strengthen her resolve in the face of his attempts to have Fiona accept the money. When Fiona falters, her double coaches her. "I think we need to think about this and have a yarn." I comment to Fiona my observation that each time her double supports her in this way, her body relaxes.

During a follow-up individual session, Fiona reflected on the changes that she had experienced as a result of this psychodrama. She claimed a clearer sense of herself in relation to others, was better able to set appropriate boundaries with colleagues and clients, and found herself less reactive and more thoughtful in her expressions and actions. Fiona knew that these progressive developments were challenging most in the company of males and especially in the relationship with her ex-husband. With me alternating between director, auxiliary and double, Fiona worked to set and hold personal boundaries in the relationship

with her ex-husband. While experiencing significant fear and anxiety, she held her ground even when that ground felt shaky. In our final session together, Fiona envisaged a future where she would be frequently challenged by clients and colleagues and acknowledged the need for ongoing development. She said, "But you know Wendy, I have balls now. I can see that it is okay to say no. It's okay to ask for what I want. I am also going to be more discerning about the places I choose to work in the future. Almost losing my registration … this has been a wake-up call for me."

When I asked Fiona for her permission to include her story in this paper, she said yes and added that she hoped her experiences would assist other professionals avoid boundary transgressions.

Conclusion

This paper has described ways in which my personal psychodrama journey has enabled me to gain greater appreciation of childhood boundary violation and isolation, and the links to my current work as a professional boundary trainer. That greater clarity has been integral to my role in assisting health clinicians to identify their role responses to clients and colleagues. For many of these clinicians, the potential or actual boundary transgression is only ever a nanosecond away from the past. The educational work they are required to do as a result of transgression taps into their original social and cultural atoms, where there has been little adequate doubling. I am appreciating that part of my work is to create a learning experience in which clients are adequately doubled, and can then develop new and progressive roles as they traverse the worlds of their professional and personal selves.

I also reflect on a number of broader themes that this paper raises. The first one concerns the importance of managers appreciating the complex systems and wider culture in which they and their health professionals work. I propose that an understanding of sociometry could assist here. For example, where a team leader has a positive relationship with the health professional who has transgressed boundaries, they may be less likely to take a punitive approach. Secondly, regulatory bodies could develop the understanding that boundary transgressions potentially provide an educational opportunity for an individual practitioner, and indeed for a profession as a whole, and develop an approach that expands the capacity for growth and limits blame, shame and punishment. Thirdly, it is worth considering that where an individual

health professional has a good balanced life with fulfilling personal relationships, there will be less hunger for them to develop relationships with patients and thus run the risk of boundary transgressions. Fourthly, psychodrama has much to offer the world of professional boundaries. It promotes the integration of theory into the individual personality of the human being and thus enables a deeper thoughtfulness regarding the professional's role responses as they engage with patients and colleagues, as well as the maintenance of functional multiple relationships within complex systems.

Epilogue

As I write this paper as an adult, I sit beside my eight year old self on the staircase. I realise that the gentle doubling I have received in psychodrama, from my peers and from my supervisor, has led to a living sense of forgiveness in myself. From this experience, I know that gentle doubling works best, especially when addressing the deep sense of shame and sometimes suicidal feelings that many who have transgressed professional boundaries experience. I now see that, almost without realising it, I have been embodying this approach with individual clients. In appreciating the deeply affirming effects of a gentle self-loving double for myself, I stay aware of the vital importance of such a double for my clients as they come to terms with their transgressions.

I turn to the eight year old Wendy beside me on the staircase. I hold out my hand to her and she takes it, gently. We sit together. I am content to be her companion, to do whatever she asks. I see her. I validate her. She turns to me. Her face is so soft, so pure. She is gorgeous. I have not noticed this gorgeous one before. How did I miss this? I smile at her. I am filled with enormous warmth and love for her. She holds me in her gaze. She says, *I am ready. I am ready to leave the staircase. It is time for me to take new steps.* I hold her gaze. I say, *I am ready. I am ready to leave the staircase. Time for me to take new steps.* We walk together. There is strength in our hands and there is a purposeful lightness in each step we take. We take a deep and contented breath together ...

Footnote: The three practitioners, whose names have been changed to protect their anonymity, gave permission for their stories to be included in this article. I thank them for their generosity in adding their support to this work.

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Dr Wendy McIntosh, PhD.

I started my own training company - Davaar Consultancy in 2005. Having worked in public and mental health systems in Scotland and Australia since 1984, I experienced barriers to creativity and spontaneity that I could see were detrimental to health professionals and patients. I was determined that I would find a way to integrate my appreciation of the benefits of psychodrama into my work as an educator. Being my own boss has given me certain freedoms to have fun and be creative whilst introducing health professionals to psychodrama. This has been especially important in the work I do in professional boundary training.