Ethical Issues and Dilemmas among the Counselors in Nepal

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Received: April 16, 2026 Revised & Accepted: July20, 2026

Abstract

It would be interesting to know how counselors in Nepal deal with ethical dilemma in the absence of necessary laws, licensing body and ethical code of rules published by professional associations deemed necessary for professional integrity and effectiveness. Hence, in this context, the current study was conducted to explore understanding of three most important ethical dilemmas among the counselors in Nepal i.e. value conflicts, confidentiality and boundary. The study was based on primary data collected through a questionnaire which included both open and close ended item that mostly relied on descriptive analysis. Purposive and snowball sampling method was used where majority of the respondents were working as counselors in different NGOs providing psychosocial counseling services to the various communities around the country. The result showed that the counselors were aware that they should never impose their values on their clients, maintain confidentiality and boundary issues such as not to have sexual and economic relationships with their clients. However, counselors also seemed to have a very brief exposure to courses related to ethics during their training programs as upon further exploration it was found that nearly 57 percent of the counselors were not sure that it was their responsibility to report a child sexual abuse to the concerned authorities which was in contrast to majority of the developed countries such as USA, UK and Australia which require mandatory report of child sexual abuse. As counseling and psychotherapy aren't ubiquitous in this country, such clarity would ensure compliance of professional ethics among the counselors which may require promulgation of necessary laws and publication of code of ethics by concerned professional associations working in the field.

Keywords: Counseling, Ethics, Code of Ethics, Confidentiality, Boundary Issues

1. Introduction

Counseling in today's terms evolved from a guidance movement at the end of 19th century in the USA (Bradley & Cox, 2001). Often termed as a talking cure, counseling is relatively a new phenomenon in Nepal. Counseling is a helping profession that requires both

counselor and counselee come together and work on issues that is mostly troubling to the counselee psychologically. Hence, such a relationship is based on mutual trust, warmth, empathy, and non-judgmental attitude that aims at minimization of power difference that exist between the helper and the person seeking help.

In today's world of growing capitalism and urbanization, more and more people are alienated from their groups and community. Competition is growing and stress and perfectionism are taxing our ability to cope. More and more people are suffering from loneliness, loss of self-esteem and panicking brought by changes in lifestyle and lack of support. Increasing number of people are marred by war, natural disaster, social unrest, generational disbeliefs, mistrusts and hatred for each other. Furthermore, people are facing huge cultural shocks and eroding of traditional values due to the effect of excessive social media use. Family systems are being affected and individual lives have been deteriorated. Gone are the days when three generations lived together in a family. Hence, there is no opportunity for the emotionally grieved child these days in order to get solace from his/her grandparents. Consequently, we are living in a flux of rapid change and constant confusion. Hence, counseling, where other traditional support systems are not functioning well, could be of great help to the people in need. In this context, there is a growing need of counseling and psychotherapy than ever where a nonjudgmental, unconditional and trusting relationship would heal the ailing souls.

Counseling is a very recent phenomenon in Nepal where mental health is still not a priority which is evident from the fact that less than one percent of the total health budget is allocated for mental health where ninety percent of the people who need mental health support do not have the access to such facility (WHO, 2022). There is inadequate awareness among decision makers, political leaders and the general population about the nature and consequences of psychological problems. Due to social stigma attached to mental disorders and counseling services, people still find much easier to consult a traditional and religious healer.

Feltham and Dryden (1993) have described counseling as "*a principled relationship characterized by the application of one or more psychological theories and a recognized set of communication skills, modified by experience, intuition and other interpersonal factors, to clients' intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of advice-giving or coercion. It may be of very brief or long duration, take place in an organizational or private practice setting and may or may not overlap with practical, medical and other matters of personal welfare. It is both a distinctive activity undertaken by people agreeing to occupy the roles of counselor and client . . . and an emerging profession . . . It is a service sought by people in distress or in some degree of confusion who wish to discuss and resolve these in a relationship which is more disciplined and confidential than friendship, and perhaps less stigmatizing than helping relationships offered in traditional medical or psychiatric settings*."

Counseling mostly concerns with matters such as client's wellness, career, relationship, aspirations, and growth in a less stigmatized, supportive and egalitarian way where efforts are expended in such a way to minimize power differences between the provider and seeker of the counseling help. However, professions based on human relations are very much delicate where times and again clashes in values, perspectives and boundaries occur while making it at times impossible to effectively deliver the service. Hence, despite being deemed as a profession

which relies on balancing the power between counselor and counselee, it is still considered as a profession where power differences are inherent in terms of aspects related to who comes from dominant class, who has the expert knowledge and who initiates the counseling processes and so on (Boyd, 1996; Gergen & Ness, 2016). Countries like Britain, Australia, Canada and the US have different mandatory and aspirational laws, rules and regulation which give a clear indication on how to act in case of ethical dilemma encountered by the counselor during the professional relationship. But, in countries like Nepal, where there is no licensing body in order to regulate the activities of the counselors and no ethical guidelines published as yet by any professional association, it would be imperative to see how counselors resolve such ethical dilemmas.

To begin with, counselors' awareness and knowledge of ethical issues impact how dilemmas related to ethics are resolved as this is a profession which require sometimes grave concerns and adherence to strict ethical standards. For example, whether it is good to exchange gifts with the clients, or, it is okay to touch (erotic or non-erotic) clients without their consents and whether we should disclose certain information about our clients in favor of a third party. Dilemmas like this come to our mind every now and then while working as a professional counselor which requires knowledge, skill and supervisory consultations as needed that may seem at times very daunting task just like walking on a tight rope. In order to deal with such issues professional organization around the worlds such as national counseling associations publish ethical guidelines known as ethical codes in order to make counselors more effective in their dealings.

Every single behavior in this world is governed by some notions that deal with the idea of good or bad. Hence, a person pursuing a profession is supposed to behave in a certain way that would be in the best interest of concerned parties. For example, reporting of both child and adult abuse is one of the uncompromising mandatory ethical behavior for mental health professionals as sought by legal regulations and codes of ethics among almost all of the countries and associations around the world (Corey et al, 2024). When people are in distress they are vulnerable, hence, counselors have the power to exploit their clients which should be legally and ethically challenged if it occurs as being helping professionals counselors are supposed to respect client's dignity and provide effective services that is the foundation of any professional and ethical relationship (Herlithy & Remley, 2001).

According to Meara et al (1996) there are two types of ethics i.e. principle ethics and virtue ethics. Principle ethics is related to obligations which focus on moral issues with the aim of resolving dilemmas and establishing a framework to regulate future actions. On the other hand, virtue ethics focuses on the characteristic traits of counselors which is non obligatory ideals one should aspire to follow. Herlihy and Remley (2001) have described five basic moral principles that form the foundation of highest level of professional functioning while working as a counselor such as respect for autonomy, non-maleficence, beneficence, justice and fidelity.

Autonomy means promotion of self-determination, or freedom of the clients to have a say in their own life matters and decisions. Non-maleficence is avoiding doing any harm to clients that brings risk to their lives. Beneficence is working towards the welfare of clients or the society as a whole. Justice is empowering clients by giving them equal opportunity irrespective of their caste, sex, race, ethnicity and other variables. Fidelity is being responsible and maintaining trust with clients while veracity is truthfulness and honesty. However, these

principles are cultural specific. For example, in some cultures autonomy is not valued as much as in the western countries while in other cultures there is a notion of hierarchy where counselors are regarded as having higher authority than the persons seeking counseling services. For example, Tol et al (2005) noticed that cultural adaptation of psychosocial services is necessary in Nepal as clients in Nepal relate to counselors differently than in western setting.

Personal ethics differentiates a person from his professional ethics. Sometimes both of these ethics may be in clash. An effective counselor needs to balance such ambivalences. Our notion of what constitutes ethical behavior may also depend on the ethics and values implicit in therapeutic models that we adopt as there are models that follow non directive approach which are targeted towards seeking more and more independence for a client through practices of choices related to individual freedom and autonomy. Moral philosophy held by the person regarding good or bad behavior could be another source of ethics. Lastly, laws passed by the courts in different periods is another source of counseling ethics. For example, law may guide a practitioner to report child sexual abuse immediately to concerned authorities.

Issues involving confidentiality and boundaries are some of the most frequent and problematic dilemmas among counselors (Bond, 2000; Froeschle & Crew, 2010; and Bodenhorn, 2006). For example, Hubert & Freeman (2004) noticed that in the year 2002 to 2003 American Counseling Association received 1,236 inquiries about counseling relationship among which nearly half of the inquiries were related with the issue of confidentiality and quarter of the total included issues related with counseling relationship that included dual relationship.

Underlying ethical principles, values play a significant role in deciding what constitutes sense of right or wrong which is again shaped by the culture where we live in (Ford,2006). Values are difficult to define as it gives a fuzzy and obscure sense (Patterson, 1959; 2000). However, our values are associated with what is important to us. Schwartz (2012) has described ten basic values commonly found among people of almost all cultures universally. They are self-direction, stimulation, hedonism, achievement, power, security, conformity, tradition, benevolence and universalism.

Question may arise should a therapist influence client's values directly or indirectly? Or is it possible and necessary for a counselor to be value free on the other hand? Richards et al (1999) think that it is inappropriate for the therapist to teach clients morality and values because doing so would violate client's autonomy and decision making. When psychoanalysis was still dominant, therapists were expected to remain value neutral as persons seeking help were analogized as blank slate (Patterson, 2000). Recently, however, it has been realized that values cannot be kept outside of the therapeutic relationship. Some even argue that they play an integral and vital role in therapy if maneuvered through professionally and ethically. Hence, values should not be hidden but should be accepted, explored and discussed (Vaughan, 1963). Both therapist's and client's values need to be explored for a successful therapy while exposing values in the beginning stage of counseling could be counterproductive.

Values are found to be associated with selection of treatment modalities, identification of goals, assessment process and the entire course of therapy (Rabow & Manos, 1980; Patterson, 1959). Patterson (1959) and Rabow and Manos (1980) argue that values also reflect therapist's choice of therapy as client centered therapy follows democratic and liberalistic ideology of self-determinism, individual freedom and self-worth and it is likely that therapists

would select a theoretical orientation based on her values and philosophical assumptions. In a study conducted among thirty psychotherapists, it was found that therapists were implicitly or explicitly more likely to reveal their values during the course of therapy including diagnosis, treatment and recommendation (Rabow and Manos, 1980).

Confidentiality is a promise and assurance given to the client that whatever discussed during the counseling sessions will be kept private and confidential. Without assurance for confidentiality, client would find it very difficult to trust a counselor. Hence, confidentiality would establish secure therapeutic relationship between client and counselor that would enable the client to explore innermost vulnerabilities and insecurities. This would allow clients to take risk which is essential for a change to occur during therapy (Kell, 1999). Hence, it is important that the counselor assures of confidentiality in written and verbal form in the initial stage of counseling relationship.

Boundary issues are mostly concerned with therapist's self-disclosure, touch, exchange of gifts, bartering and fees, length and location of sessions and contact outside the office (Gutheil & Gabbard, 1993). Boundary transgression is explained as satisfaction of therapist's personal needs, revealing personal information that is not required, entering into commercial transactions, taking patients to lunch, making home visits, employing clients as secretaries and baby sitters, accepting massage, giving and receiving gifts, and hugging and kissing (Baer & Murdock ,1995 and Hundert & Applebaum ,1995). There are ethical codes and litigations which caution therapists of violating such boundaries that can cause harm to clients. Zur (2008) has described rationales behind such arguments as conducts might cause therapist's misuse of power and exploitation of the clients for own benefits. However, Barnett & Johnson (2010) cautions that rigid adherence to boundaries such as never touching a client even when it is essential to do so, refusing every small gifts or refusing to extend a session even if doing so would enhance the relationship may also cause hindrance to effective deliverance of this service. Hence, rigid roles and strict codified rules of conduct can hinder rather than facilitate therapist's ability to effectively establishing therapeutic relationship (Lazarus, 1994).

Corey, Corey and Callanan (2024) assert that, despite ethical and clinical considerations, some forms of blending of roles is unavoidable and which is not necessarily unprofessional or unethical. At times, boundary crossing may bring certain benefits to the client which is essentially different from boundary violation that causes serious harms to the clients and hence unethical. Zur (2008) appeals for taking professional relationship beyond the office walls as it may bring certain advantages such as out of the office experience such as home visits, attending celebration of a client, adventure or outdoor therapy, and other encounters with clients. Lazarus and Zur (2002) also describe boundary crossing as a part of well-constructed treatment plan that would increase therapeutic effectiveness.

While talking about Nepal, psychological counseling seems to be a new phenomenon in the country where mental health resources are concentrated in and around urban areas with no formal mental health care in rural areas (Luitel et al, 2013). There are no active consumer association fighting for mental health issues where social hierarchy and avoidance of conflict is very much expected. Counselors in Nepal also need to deal with gender issues as it is difficult to talk about sexuality with a female client by a male counselor especially in a community setting. On the other hand, young counselors are also not supposed to challenge an elderly client. Tol, Jordans, Regmi, and Sharma (2005) further argued that individual identity in Nepal

is attached to collectivist identity in which social relationship define a person to a great extent and hence probing into personal identity feels awkward to a Nepali client. Most often it is found that expressing strong emotions is avoided in the initial counseling sessions. Mental illness is mostly attributed to outside supernatural forces such as karma while beliefs in supernatural such as spirit possession is still found in parts of the country. A qualitative study by Jordans et al (2007) found out that the very essential condition of counseling relationship such as maintaining confidentiality was not fulfilled by the counselors due to various reasons such as living in a closely knit network of relatives where it was very hard to keep things confidential. Hence, the same authors argue that it was due to the very nature of collectivist culture where privacy was taken less essential, western notions of counseling principles may not be appropriate. Jordans et al (2007) further recommended the need for integrating counseling with other socio economic managed care and traditional healing methods, as many participants were not convinced with the very idea of talking cure as such.

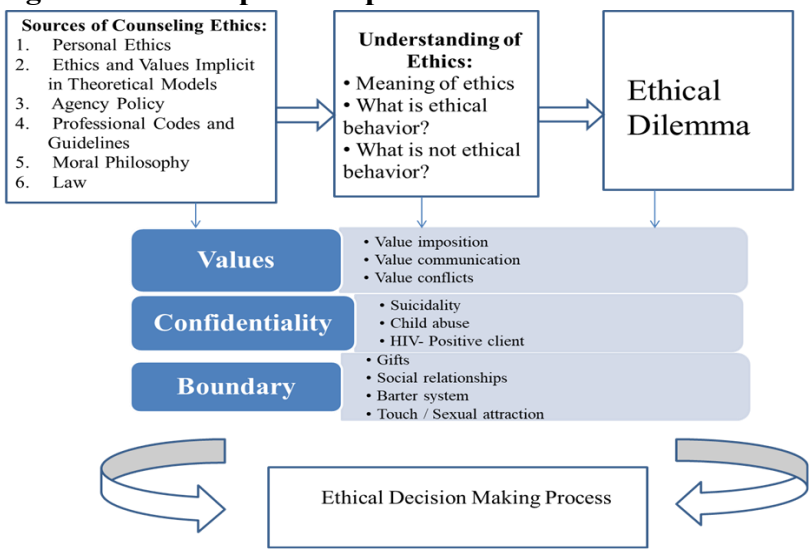
Professional judgment, experience, and consultation with supervisors and colleagues are required for ethical decision making. Ethical issues play vital role in counseling relationship. Counselors' awareness and knowledge of ethical issues impact how complex dilemmas related to the ethics could be resolved. Hence, this study is aimed at understanding how ethical issues are being understood and resolved by Nepalese counselors. It focuses on how Nepalese counselors understand, encounter and resolve issues related to value conflicts, confidentiality and boundary more specifically. The study would also help in understanding cultural aspects of applying counseling principles as Sue and Sue (2008) imply that western notions of individual identity and self-determinism might not be applicable to closely knit societies such as ours.

2. Methods

2.1 Conceptual Framework

The conceptual map used for this study explains how ethical dilemmas are influenced by sources of personal ethics and understanding of them i.e. in what way one's own behavior is ethical or unethical. The domain of value conflicts entails ethical issues related to value imposition and communication of those while confidentiality includes issues related to suicidality, child abuse and HIV positive. Boundary related issues concern with whether it is acceptable to accept or give gifts to and from clients, forming dual or multiple relationships with clients, barter systems and issues of touch and sexual attraction.

Figure 1.1: Conceptual Map



Source: Corey et al (2024)

2.2 Sampling Method and Inclusion and Exclusion Criteria

Respondents of this study were the counselors who were working in the different organizations i.e. NGOs working in the area of mental health. Some of them provided services to the survivors of conflict victims while others worked on varied issues such as domestic violence, child labor and abuse, women trafficking, and community mental health.

2.3 Sample and Tool Used

Purposive and snowball sampling method was used to identify the respondents. A total of 30 no. of counselors participated in the study. The inclusion criteria for the respondents were that they should at least have done Bachelor's degree in any field or they should have a post graduate degree in psychology and, if not, they should have completed a 6 months' diploma course in counseling. Other criteria that were fulfilled were that the respondents should have at least six months of working experience as counselors or they should have been working in any organization or self-employed at the time of study

Self-constructed questionnaire was used with both open ended and close ended items that revolved around the themes such as understanding of the ethics and code of ethics, ethical issues and dilemma related to value conflicts, confidentiality, and boundary, and preferred ways of resolving ethical dilemmas. The items also revolved around the themes such as level of comfort while working with different types of groups such as fundamentalists, persons with unscrupulous motives, gay/lesbian people, people with sexual promiscuity, sexually abusing parents and so on.

Items were selected and adapted from two major sources. One was chapter 3, 6 and 7 from "Issues and Ethics in the Helping Professions" by Gerald Corey, M.S. Corey and Patrick Callanan (2024). A pilot study was done on five students who had recently passed their Master's level examination from Tribhuvan University in psychology. An entire section which was thought to be irrelevant based on the feedbacks received was deleted. Some questions were also dropped. For ensuring content and face validity two experts in the field were consulted.

Cronbach's Alpha for the value comfort level items for inter item consistency stood as 0.852 which shows high level of consistency. Cronbach's Alpha for overall item stood as 0.783 that also showed high level of consistency.

2.4 Nature and Characteristics of the participants

Mean age was found to be nearly 31 years. Nearly 77 percentage of the participants were women. Majority of the counselors (53.3%) had less than five years of experience and majority (66.7%) held master's degree in the disciplines like Psychology, Sociology, Major English, Public Health, Anthropology and Business Studies. Some of the participants completed diploma in counseling (6 months or one-year duration).

2.5 Data analysis and Ethical Consideration

Mixed method of data analysis was used as majority of the items used quantification of responses through Likert scale. Descriptive statistics, mainly percentage and frequency analysis, were used. Open ended answers were coded and thematically analyzed.

3. Results

3.1 Descriptive Analysis

As given in the table No. 1.1, majority of the counselors (73.3 percent) chose consulting supervisors as their preferred way of resolving ethical dilemma followed by consulting code of ethics (50 percent), consulting books and relying on past experience (40 percent), and refer to the other counselor (33.3 percent). 30 percent said they would rely on their own personal values to solve them, 23.3 percent would have discussions with clients and 16.7 percent would discuss with colleagues. The least preferred ways of resolving ethical dilemmas were not taking any steps and discussion with family and friends.

Table No. 1.1: Preferred Ways of Resolving Ethical Dilemma

Preferred Options	Percent	Frequency	Ranking
Consulting supervisor	73.3	22	1st
Consulting code of ethics	50	15	2nd
Consulting books	40	12	3rd
Relying on past experience	40	12	3rd
Refer to the other counselor	33.3	10	4th
Relying on personal values	30	9	5th
Discussion with clients	23.3	7	6th
Discussion with colleagues	16.7	5	7th
Not taking any steps and hoping the dilemma will be resolved on its own	0%	0	8th
Discussion with family and friends	0%	0	9th

Nearly forty-three percent of the counselors said that they have received less than or equal to three days of training in ethics. This seems a very brief exposure to a vital topic such as ethics in counseling. When asked what was their key learning from those trainings, they said that it had given them some idea about how to work with the clients such as how to maintain equality based on culture, age, ethnicity, race and socioeconomic status. They stated that the counselors should have respect for clients, exhibit professionalism and should engage in a thoughtful ethical decision making process.

Counselors were asked to rank their values which influenced their decision making. They have written that their most important values were honesty, health, love, freedom, dignity,

happiness, trust, self-respect, quality of life, respect, care for others, family, relationship, achievement, success, competency, humanity, education, spirituality and peace. Least important values were teamwork, understanding, mindfulness, dignity, respect for client, confidentiality, do no harm, empathy, nationality, discipline, ethics, positive attitude, power, knowledge, non-judgmental, money, relation, success and economy. Counselors were also asked to indicate the sources of these values.

Table 1.2: Responses on "What are your sources of values?" (N=30)

Sources	Frequency	Percent
Life experiences	27	90
Parents and upbringing	23	76.7
Teachers and supervisors	14	46.7
Discipline of psychology, counseling and therapeutic models	14	46.7
Friends	11	36.7
Literature and books	10	33.3
School and training	10	33.3
Religion and spirituality	9	30
Clients	5	16.7

90 percent have said their values were influenced by life experience followed by parents and upbringing, teachers and supervisors, discipline of psychology itself, counseling and therapeutic models, friends, literature and books, and school and training. Religion and spirituality and clients were found to be least mentioned sources of participants' values.

Counselors responded to fifteen situations that could pose value conflicts. Those situations represented different client issues that might present value conflicts which were different from those held by the counselors.

Table 1.3: Responses on Items related to Values (N=30)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Counselors should never impose their values on clients.	0.00%	3.30%	0.00%	30.00%	66.70%
In certain situations, it is 'OK' for the counselors to influence client's values if it is helpful for the clients.	0.00%	33.30%	20.00%	46.70%	0.00%
It is 'OK' for the counselors to communicate their values as long as they do not force these values on their clients.	0.00%	16.70%	33.30%	43.30%	6.70%

I tend to have difficulty with clients who think differently from the way I do or who hold different values than mine.	16.70%	50.00%	20.00%	13.30%	0.00%

66.7 percent of the counselors said that they were comfortable working with a person with fundamental religious beliefs followed by working with a person who shows little sense of morality, who is interested only in his/he benefits and who is manipulative. Similarly, sixty percent of the respondents said they were comfortable working with a gay or lesbian couple wanting to work on conflicts in their relationships. Only fifty percent of the participants were ready to work with a man who wanted to leave his wife and children for the sake of sexual relationship with other women. Maximum no of counselors was comfortable working with a woman who is considering abortion but wanted a help in decision making. Fifty percent of the counselors were comfortable working with a teenager who was having unsafe sex, however, the other half were either undecided or uncomfortable working with them.

Majority (96.7%) of the counselors were of the opinion that counselors should never impose their values on clients. However, responses in the later statements showed that they were okay with influencing client's values that would bring benefits to them. Majority (66.7%) felt that they were comfortable dealing with clients who thought differently and held different values.

Table no. 1.4 includes fourteen items that were related to issues of confidentiality in counseling. These items could be categorized broadly into sub-domains such as confidentiality related to suicidality, child abuse and HIV positive clients. Majority of the counselors (66.6%) disagreed that they should respect suicidal client's decision to commit suicide if s/he does not want any help or actively reject it. 53.3 percent of the counselors agreed that confidentiality should not be breached under any circumstances. 56.6 percent of the counselors disagreed that it was their responsibility to report child sexual abuse to the concerned authorities. Majority i.e. 83.3 percent believed that they would inform their clients before breaking confidentiality when necessary. A majority of the counselors i.e. 96.7 percent were of the view that they would report suicidal or self-destructive clients to appropriate family members or concerned authorities even in the absence of client's consent. Majority (63.4%) would breach confidentiality while working with a client who is potentially dangerous to another person.

Table 1.4: Responses Made on Items Related to Confidentiality (N=30)

	Strongly Disagree	**Disagree**	**Unsure**	**Agree**	**Strongly Agree**
Absolute confidentiality (that is not disclosing client's information under any circumstances) is necessary if effective treatment is to occur.	3.30%	33.30%	10.00%	40.00%	13.30%
	13.30%	26.70%	23.30%	33.30%	3.30%

If my client is HIV-positive, I should inform my client's sexual partner about my client's HIV- positive status even if my client does not want it.					
To protect children from abuse, strict laws are necessary, and counselors should be penalized for failing to report such abuses.	16.70%	30.00%	10.00%	33.30%	10.00%
It is acceptable for counselors to make the clients feel guilty in order to discourage him/her from suicidal action.	33.30%	43.30%	3.30%	13.30%	6.70%
There are no situations in which I would disclose what a client had told me without the client's permission.	20.00%	30.00%	3.30%	26.70%	20.00%
If a client who is suicidal does not want my help or actively rejects it, I will respect the client's decision.	23.30%	43.30%	10.00%	10.00%	13.30%
As a helping professional, it is my responsibility to report suspected child sexual abuse to the concerned authorities (even without the child or family's consent).	13.30%	43.30%	13.30%	23.30%	6.70%
If it became necessary to break a client's confidentiality, I would inform my client about it before doing so.	0.00%	0.00%	16.70%	50.00%	33.30%
If I think that a client is suicidal or is self destructive, I would report to appropriate family members or concerned authorities (even in the absence of client's consent).	0.00%	0.00%	3.30%	46.70%	50.00%
While treating HIV-positive client s, I will never breach confidentiality under any circumstances as it will affect client's trust in me.	6.70%	20.00%	16.70%	53.30%	3.30%
I think reporting child sexual abuse should be left to the decision of the client and his/her family members.	6.70%	43.30%	16.70%	30.00%	3.30%
If I were working with a client whom I had assessed as potentially dangerous to another person, I would breach	3.30%	6.70%	26.70%	36.70%	26.70%

confidentiality to protect the possible victims.					
It is unethical for counselors to discuss a client by name with friends or relatives.	3.30%	3.30%	13.30%	23.30%	56.70%
It is okay for counselors to give personal advice to clients on TV/newspaper/radio.	56.70%	20.00%	20.00%	0.00%	3.30%

80 percent of the counselors responded that it was acceptable for them to socially interact with their clients outside of the professional relationship. 66.6 percent of the counselors said that they were not comfortable accepting a close friend as their client while 80 percent of the counselors were uncomfortable accepting relative/family members as their clients.

Table no. 1.5 provides a summary of counselors' responses on items related to boundaries in counseling relationship. There were thirty-eight items related to boundary in ethics in counseling categorized in sub domains such as boundaries related to social situations, sexuality, non-erotic touch, and economic transactions. A majority of the counselors (86.7%) believed that it was unacceptable to feel sexually attracted towards their clients. 70 percent believed that it was not acceptable to engage in sexual fantasy about a client. 90 percent were not comfortable kissing a client on his/her cheek. 90 percent of the counselors believed that it was not acceptable to be sexually involved with the client even if the treatment was over. 70 percent of the counselors believed that it was unprofessional to accept gifts from clients. 83.3 percent believed that it was inappropriate to have business ventures. 56.7 percent believed that they should always be emotionally detached from their clients while majority (73.4) were not comfortable crying in front of their clients.

Table 1.5: Responses Made on Items related to Boundary (N=30)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
If I happen to meet my client in a social situation, I would definitely say 'hello' to him/her.	0.0%	6.7%	13.3%	50.0%	30.0%
I should always be emotionally detached from my client.	0.0%	26.7%	16.7%	46.7%	10.0%
I would avoid touching my client because it can easily be misunderstood by the client.	0.0%	36.7%	26.7%	30.0%	6.7%
If I happen to meet my client in a social situation, I would ignore his/her presence.	10.0%	60.0%	23.3%	6.7%	0.0%

It is acceptable for me to feel sexually attracted towards my clients.	56.7%	30.0%	0.0%	13.3%	0.0%
I am comfortable hugging clients of same gender.	20.0%	23.3%	10.0%	40.0%	6.7%
It is okay for the counselors to be sexually involved with the client after the treatment is over with the client.	46.7%	43.3%	10.0%	0.0%	0.0%
I am comfortable accepting a close friend as my client.	43.3%	23.3%	16.7%	10.0%	6.7%
It is okay for me to borrow money from clients.	66.7%	33.3%	0.0%	0.0%	0.0%
It is unethical to accept goods and services in exchange if a client is not able to pay fees.	6.7%	20.0%	6.7%	46.7%	20.0%
I would touch my client if he/she is in emotional distress.	3.3%	10.0%	26.7%	53.3%	6.7%
It is okay to accept clients' requests for attending his/her social/religious/family functions/gathering at his/her place.	3.3%	46.7%	16.7%	30.0%	3.3%
It is OK to lend money to a client.	33.3%	53.3%	13.3%	0.0%	0.0%
It is unethical for a counselor to be sexually involved with the client even after the professional relationship is over.	13.3%	10.0%	26.7%	16.7%	33.3%
It is acceptable for me to socially interact with my client s outside of the professional relationship.	10.0%	10.0%	6.7%	73.3%	0.0%
I think it is unprofessional to accept gifts from clients.	3.3%	20.0%	6.7%	63.3%	6.7%
It is okay to accept my client's 'friend request' on social networking site.	6.7%	26.7%	26.7%	40.0%	0.0%
It is OK to sell goods to clients.	51.7%	44.8%	3.4%	0.0%	0.0%

It is unethical for counselors who are in supervisory roles to provide treatment/counseling to their own students/supervisee.	16.7%	30.0%	16.7%	36.7%	0.0%
I am comfortable kissing a client on his/her cheek.	56.7%	33.3%	3.3%	6.7%	0.0%
I am comfortable hugging clients' of opposite gender.	41.4%	20.7%	13.8%	24.1%	0.0%
I think it is unethical to have other forms of relationship with my client s than the professional one.	3.3%	16.7%	20.0%	40.0%	20.0%
It is okay to go for a tea/coffee with my clients.	13.3%	23.3%	13.3%	50.0%	0.0%
I am comfortable accepting a relative/family member as my client.	20.0%	60.0%	3.3%	13.3%	3.3%
If I were a truly ethical counselor, I would never be sexually attracted to my clients.	10.0%	6.7%	10.0%	20.0%	53.3%
If I were a truly ethical counselor, I would never be sexually attracted to my clients.	26.7%	46.7%	10.0%	16.7%	0.0%
Topics such as dealing with issues of touch and sexual attractions should be addressed during counseling training.	0.0%	13.3%	10.0%	50.0%	26.7%
I am comfortable hugging client s who are children.	0.0%	23.3%	13.3%	56.7%	6.7%
It is okay to engage in sexual fantasy about a client.	46.7%	23.3%	30.0%	0.0%	0.0%
It is okay to have treatment sessions at client s' home.	13.3%	23.3%	26.7%	36.7%	0.0%
It is okay to have business ventures with clients.	41.4%	44.8%	13.8%	0.0%	0.0%

I think it is acceptable to receive gifts from my client s as not doing so will be disrespectful to my clients.	16.7%	23.3%	36.7%	23.3%	0.0%
It is unethical to terminate client's treatment/counseling sessions if the client is unable to pay fees.	3.3%	16.7%	26.7%	20.0%	33.3%
It is okay to go for a picnic with clients.	13.3%	40.0%	20.0%	26.7%	0.0%
It is okay to send my client a 'friend request' on a social networking site.	20.0%	40.0%	20.0%	20.0%	0.0%
It is okay to invite a client for my social/family gathering.	30.0%	56.7%	13.3%	0.0%	0.0%
It is okay to have treatment sessions at the counselor's home.	13.3%	33.3%	26.7%	26.7%	0.0%
It is essential to consider the cultural context in deciding on the appropriateness of 'exchange of good and services' and 'acceptance of gifts' from clients.	10.0%	16.7%	20.0%	53.3%	0.0%

Counselors were uncomfortable working with a man who believed the best way to discipline his children was through physical punishment. They were also found to be comfortable working with an inter caste couple coming for marriage counseling. 56.6 percent of the counselors were uncomfortable working with a man who was cheating at work and who was involved in corruption. 56.7 percent of the counselors were comfortable working with a woman who wanted to leave her husband and children for sexual relationship with other men. 73.3 percent of the counselors were uncomfortable working with a man who was sexually abusing his daughter.

3.2 Qualitative Analysis for Open Ended Items

Upon being asked what constituted as an unethical behavior for the counselors, some respondents said that '*asking unusual and unnecessary questions, breaking confidentiality, being judgmental and dominating clients'.* While other counselors said *'inhuman behaviors to client such as abuse and harassment, personal and sexual relationship with the client, unnecessary disclosure about counselor's personal life, giving and receiving gifts, lending and borrowing money, doing business with clients, blackmailing them, imposing personal values and norms, discrimination of any kind, prescribing medicines, making client dependent, indulgence with client's private life, hugging, kissing, touching and having sexual fantasy towards clients as unethical behavior'*. Counselors seemed referring to unethical behaviors as pertaining to issues of confidentiality, value imposition and boundaries. They were also asked

to describe a recently encountered dilemma and how they resolved it. However, very few respondents have given answer to this question. One respondent has described that one of her clients' husband asked her to record his wife's voice to know her secrets which the counselor rejected. Another counselor described one of his clients was very senior to him by 20 years of age and he started to treat him as his son which led to transference and counter-transference issues. He resolved this dilemma by referring the client to a colleague. Another counselor describes that she had to report child sexual abuse and labor exploitation which she resolved by coordinating with various officials and lawyers. In one case, one counselor wrote that she had to work with a rape victim who was not opening up in front of her and without doing so the victim had less chance for getting compensation. But she has not written how she resolved the issue as she was very sensitive. One of the respondents was offered a gift at the end of session which he refused to take. One respondent has written*, 'While working in a community it is very difficult to find a private place for a male counselor to counsel female clients'*. He had to counsel a girl in a corner of the house in the presence of others.

4. Discussion and Conclusion

Since some of the counselors were found to be ambivalent regarding what constitutes ethical behavior as in the case of reporting child sexual abuse, it is first and foremost necessity in this country that this field be regulated by a licensing body now which also requires adherence to ethical codes promulgated by pertinent laws and code of ethics. However, the mean level of comfort indicated that on an average counselors are neither too comfortable nor too uncomfortable while working with the clients who may have different value systems than their own. It was also possible that they may never have faced the dilemmas that were mentioned in the questionnaire making it more hypothetical in a sense. Topics related to sexuality is still a taboo in Nepalese society. For instance, counselors were found to be hesitating while answering to issues related to sexuality.

Qualitative analysis through open ended responses also showed that a number of counselors were not ready to deal with complexities of issues that required ethical discretion such as sexual fantasies about clients. Hence, there needs to be proper discussion especially during the training and supervision sessions on issues related to sexuality such as sexual attraction, fantasies and erotic and non-erotic touch. Code of ethics published elsewhere including ACA (2014) has prohibited sexual relationship with former clients at least for a five years' period after the treatment is over. Smith and Fitzpatrick (1995) argued that therapist-client sexual contact is one of the most disruptive and damaging violation of boundary issues. Hence, there is a need to create ethical codes in Nepal pertaining to sexual boundaries in therapeutic relationship to safeguard the interests of the clients.

Quite contrary to a research conducted in the rural part of Nepal which showed that maintaining anonymity in villages where closely knit people live together (Jordans et al, 2007), majority of the counselors in this study believed that it was unethical to discuss a client by name with friends or relative even in community settings. However, there seemed to be lack of clarity among some counselors regarding confidentiality which may have occurred due the very nature of their training as some of the counselors had done only short term training such as six months' diploma course which barely includes exposure to such topics. Although majority of

the counselors responded that they understood ethical code of ethics and organizational code of ethics but they seemed to have confusions over what it constitutes. For example, when asked to specify organizational code of ethics they couldn't give any specific answer. Counselors also require training on how to deal with people who have different value system as composite score on comfort level while dealing with people with different values system in this study shows moderate level of comfort among the counselors.

As code of ethics published by national counseling association is supposed to give proper guidelines for dealing with ethical dilemmas such a document would help in addressing issues related to confidentiality and boundary such as how to deal with a client who is HIV positive and who poses a risk of transmitting it to the sexual partner, how to deal with child sexual abuse and in what condition it is okay to accept gifts from clients and so on. Hence, change in training content and modality is sought i.e. introducing ethical dilemma and issues in depth in curriculum where supervision should also be a mandatory and regular part of counseling profession and education. There is a growing need of professional association in Nepal which could set a platform for the counselors to share their professional ambivalences and experiences that require much expert attention. The study also calls for bringing necessary laws related to reporting of knowledge of child sexual abuse during a professional ethical counseling relationship as current Children Act (2018) of Nepal does not sufficiently deal with this issue although it has some provision for the protection of children from such harms. Nepal also needs to work on how counseling practices can be incorporated into general health facilities so that a greater number of population from all walks of life can benefit from mental health care. For this a large number of counselors are required catering to the needs of people both in urban and rural settings. Hence, future studies can focus on large and representative samples on issues related to counselors' competency, autonomy, training, supervision, and cultural specific practices.

Funding

No grant.

Data availability

All data will be provided with a reasonable request to the author.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The author declares no competing interests.

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