

BOUNDARIES AND PSYCHOTHERAPY

PART I: BOUNDARY DISTORTION AND ITS CONSEQUENCES

Tom Whitehead

Tom Whitehead is a Certified Hakomi Therapist with a continuing interest in issues of abuse and recovery. He also has a long background in computers and data management. Tom is currently the directory of LifeSync, the drug and alcohol treatment component of Tri-County Mental Health and Mental Retardation in Conroe, Texas.

Maladaptive boundaries are a crippling long-term consequence of abuse. Adults abused as children commonly experience repetitions of the abuse throughout their lives. They may repeatedly enter into relationships where they are re-abused. Or they may themselves violate others. These repetitions are not generally a matter of choice. Boundary problems engendered by abuse leave the victim recycling patterns beyond their conscious intent.

The topic of boundaries is of enormous importance for psychotherapists. Abuse is increasingly recognized as a major source of the life difficulties that lead clients into psychotherapy, even when clients fail to recognize it themselves. To be truly helpful the therapist must be clear about the function, dysfunction, and healing of boundaries.

The repetition of abusive patterns defies ordinary logic. How could one who has experienced serious abuse, who fears and strives to avoid it, nevertheless find herself in one abusive relationship after another? What makes psychotherapists useful is our answers to such perplexing questions. The answer to this question centers on boundaries.

In Part One of this article we will clarify boundaries and their functioning, and detail specific causes and effects of boundary dysfunction. In Part Two we will explore the healing of boundaries as a central theme in psychotherapy, discuss some special strengths of the Hakomi method, and describe critical steps in the healing of damaged boundaries.

What are boundaries anyway?

Here are four examples of poor boundaries:

1. Psychotherapist Pat is seeing a client with a history of childhood sexual abuse. Pat falls into a sexual relationship with the client.
2. Kate wants to give Anne a hug. Anne doesn't want a hug, but she endures it anyway.
3. Ella is oblivious to clear signs that her husband is sexually abusing their six-year-old son.
4. Bob is tired of his conversation with a friend. But he can't seem to break it off.

Here are four examples of good boundaries:

1. Earl lets his grown children lead their own lives, without interfering.
2. When Marla's boyfriend starts to beat her, she leaves him.
3. Ted has been chatting with a co-worker. When a customer arrives, he stops.
4. Psychotherapist Tracy is emotionally attentive to her clients during her work. But she takes care of herself when not working.

Things that fit well into one facet of life may cause problems when extended to others. Moderate use of alcohol may cause only minor problems in a person's after-hours life. But it may wreak havoc when extended into their work. An open, friendly demeanor may work well with trusted intimates, yet lead us into trouble with exploitive acquaintances. Spontaneous expression of impulses may make a person the life of the party, but destroy his or her relationships.

In the interest of order, we find ways of sorting out the differing aspects of our lives. Boundaries are our basic means of accomplishing this. For example, where our interpersonal boundaries are working well, they filter harmful people out of our lives, while letting good people in. They allow us to enter into sexual relationships that are

fulfilling, and avoid those that would be disastrous. Healthy boundaries lead us to treat our loved ones well, yet stand firm against attempted abuse or exploitation. Ultimately, they give us a firm sense of who we are, and who we are not.

Our system of boundaries keeps us healthy by alerting us to harmful intrusions, and mobilizing our resources to deal with them. It may help to think of our boundaries as our psychological “immune system.” Impairment of our biological immune system has crippling effects, as the HIV epidemic has illustrated. When our immune system is damaged we become vulnerable to every passing infection. So it is with our boundary system. A well functioning boundary system leads to a healthy, fulfilling life. But dysfunctional boundaries leave us vulnerable and disorganized, incapable of coping with simple life problems.

The functioning of our boundaries is not a matter of everyday choice. They operate at a preconscious level. Our day-to-day experience comes to us already “pre-packaged” by our system of boundaries. When they are working well, they automatically structure our experience so as to minimize the level of chaos in our lives. For this reason, a primary symptom of dysfunctional boundaries is chaos. Damaged boundaries and abuse are intimately related, a point which we will carefully examine below.

Here are some features of human boundary systems.

LINES

The word “boundary” suggests a line. Boundary systems always include lines that mark one thing off from another. In some cases the lines are physical ones, as with the limits of our personal space. Think of the fence around a yard. It marks our territory, making it clear to us and to others when someone has entered our space. Boundaries can be thought of as dividing lines in this sense.

Example:

Patricia has just started a job. Her new boss Terry stands very close to her as she talks. This feels uncomfortable.

Terry has crossed an invisible line around Patricia. It is a boundary defining and protecting her personal space. Her boundary lets her know her boss is intruding. Patricia receives this

information through a felt sense, an intuition. His standing close just doesn't feel right to her.

In most cases the lines are psychological rather than physical. For example, when another person becomes abusive, we sense that they are violating us. Their behavior is “over the line,” through the line is not a spatial one.

Distinct but flexible interpersonal boundary lines are a vital part of our capacity to enter into and maintain healthy relationships. Psychotherapist Linda Sanford offers a poetic description of the way good personal boundaries work.

I think of healthy boundaries as being like green hedges, planted firmly in the ground. They are always growing and perhaps they even bear flowers. They are airy so that you can see through them but not so tall that you cannot talk to your neighbor over them, shake his hand or look him in the eye. Most important, they are flexible enough that you can part the branches to let your neighbor through without destroying the ability of the hedge to continue to grow and protect you.
(p. 127)

INTUITION

The deepest source of the judgments we make is our intuition. This means the inner wisdom expressed as our felt sense of things. Our sense of others and of ourselves, of their acts and of our own. A person with good boundaries can sense what she needs. She can for example sense when another is beginning to behave abusively. How? Something about the other just “feels bad” to her. That's enough. There need not be any words or reasons she can talk about. She can act to steer herself away from that person.

Acquiring an inner sense of what is good and what is bad for us is a normal part of growing up. Children develop this sense naturally, and can easily be taught to cultivate it. Ellen Bass and Laura Davis note that

In child assault prevention programs, children are taught to identify the voice inside that warns them that something isn't right. They refer to this voice, intuition, as the uh-oh feeling. With encouragement, children easily recognize this feeling as danger—uh-oh, something's wrong here...The oh-oh feeling is the one that tells you if you're in danger on the street. It tells

you to cross the street and walk the other way. It's the sixth sense that warns you that something is about to happen. (p. 117)

As this sixth sense develops, it becomes an invaluable personal guide.

Example:

Singles Lilly and Judith are having a drink after work. A nice-looking man comes up to their table and says a few polite words. Afterwards they compare notes. Lilly says, "He makes my skin crawl." Judith has the same feeling. They can't quite pinpoint what's bothering them. But they decide to avoid him.

These women are picking up subtle cues from the handsome stranger. They may not be able to say what is giving them such a creepy feeling. But they don't have to justify it. Their openness to their inner wisdom is enough. It cues them to protect themselves.

Those who have been abused are commonly split off from their intuition. They have learned over the years to tune out messages from their inner selves. These messages were at the time too painful.

Example:

Mark is dating Helen. His friends notice that Helen keeps putting him down, belittling him. But Mark seems not to be aware of this. He says he is in love.

Perhaps Mark was reared by parents who belittled him. Over the years he had to shut down his painful awareness of these assaults. Divorcing his intuition allowed him to grow up in a toxic environment. But now his failure to intuit such attacks is leading him into an unwise relationship. His abuse will be repeated there.

A part of healing damaged boundaries is discovering once again how to attend to messages from within, and how to act appropriately upon them.

EFFECTIVENESS

Healthy boundaries enable us to make accurate judgments about the people, things, and events in our lives, and to act upon them. For example, they enable us to sense which stranger will be good for us, and which might injure us.

Example:

Beth and her toddler Jeffrey are playing in the park. Without asking permission, a teenage girl begins to play with Jeffrey. She touches him softly on the arms and back. Beth suddenly feels tense. She picks Jeffrey up.

Beth has sensed that this teenage stranger is a possible threat. The teen has stepped over a line. Beth's intuition leads to good judgement. It alerts her to take protective action.

A person with healthy boundaries does more than make passive judgements. She acts on those judgements. For example, she acts to welcome good people into her life, and to shut out potentially harmful ones. She acts to limit intrusions and offenses by others. And she acts to control her own offenses. The quality of her life improves over time. She is increasingly surrounded by supportive and nurturing people. But a person with poor boundaries may let in dangerous or destructive people. Or she may herself violate others. The misery that results may baffle her.

RELATIONSHIPS

We need functioning boundaries, even with people who are not abusive. Without healthy boundaries we are in a sense "blind." If we can't sense violation, we invite poor treatment even from good people. But if we can intuit violations, and others know we can, we do everyone a favor. We prevent harm by people who really wish us no harm. Likewise, our boundaries let us know to stop before we harm others. In this way they enable us to build authentic relationships, and to keep them healthy.

Example:

Joy loves entertaining. Three times recently she has had Marci over for wonderful dinners. Marci has not reciprocated. Now Joy extends yet another invitation. Marci feels funny about this. "No, Joy," she says. "Your dinners are fabulous. But it's my turn to treat you."

Joy has failed to sense that her invitation invites abuse. But Marci intuitively senses that accepting more hospitality from her would be wrong. Marci takes the initiative to protect their relationship by declining the invitation.

LEARNING

The intuition that lies at the heart of healthy boundaries is with us at birth, but unformed. Small children are creatures of intuition. In the normal process of growing up our intuition is shaped into a personal guide. We learn to attend to parts of our inner experience that help us, and to disregard the parts which do not. We also learn what sort of action to take in response.

Example:

A child is going swimming for the first time. He has many intuitive reactions. The cold water frightens him. But he finds it interesting too. As he sees others having fun, he gradually overcomes his fear, and tunes into his interest. He ends up splashing and playing in the water.

SOCIAL SUPPORT

Some of our boundaries are internal and private. Others are part of the external social field. Social boundaries are experienced and supported by everyone around. Consider this dialogue, distilled from countless western movies.

Scene opens in a rowdy saloon. A piano plays somewhere in back. Beautiful Belle is sipping her drink quietly. Hero Dan sits nearby. Bart, a cowpuncher of low character, leers drunkenly at Belle.

Bart: "Hey beautiful! How about a little dance?"

Belle "No, thanks."

Bart: "C'mon! I wanna dance with you!"

Belle: "Maybe some other time, OK?"

Bart: (clutching Belle's arm) "I said let's dance."

Belle: "No! Let me go!" (Belle struggles with Bart. The piano stops playing. All eyes turn toward the struggle.)

Dan: (standing) "The lady said she doesn't want to dance."

Maintenance of appropriate boundaries is not normally left just to the individual. Everyone in our social field helps maintain everyone else's boundaries. This cooperative effort is part of what makes us "civilized." Reasonably socialized individuals personally experience each breach of social boundaries anywhere nearby. To the extent that our courage permits, we act to prevent breach, and to affirm and support those boundaries.

A significant part of the damage that follows abuse is a result not so much of the abuse itself,

but of clouding of the boundary which was violated. Often, this clouding is deliberately induced by the perpetrator, so that the violation will not be recognized.

Charlotte Kasl notes that

Abuse of children is often accompanied with confusing statements: "I'm being sexual with you because I love you." "I'm hitting you for your own good." Children try to cope with the mixed messages by saying to themselves, "Something must be wrong with me, or Maybe I made it up, or I deserved to be hit, or I'd better be good or they'll leave me." (p. 234)

Sue Blume makes a similar point speaking about the aftereffects of incest.

Lacking a framework through which she can define the action as harmful, she chooses the safer route: she doubts herself. "There must be something wrong with me," she decides, "for thinking there is something wrong." Thus, incest violates the child's capacity to validate her own feelings and experiences. It contaminates her perceptions and renders her incapable of trusting her own judgement. (p. 41)

To the extent that an abuse can be clearly labeled as a violation, damage to boundaries can be minimized. Even after the fact, damaged boundaries can to some extent be repaired through affirmation that the violation was real. In fact, much of the healing work of psychotherapy with victims involves reprocessing and properly labeling abusive experiences. By the same token, you can bet the boundary clarification will seriously aggravate the perpetrator, who has a stake in things remaining murky.

NEEDS

The underlying purpose of our boundaries is to help us satisfy our basic needs with a minimum of chaos. We have boundary systems relating to each of our basic needs—needs for safety, emotional security, friendship, love, physical contact, assertiveness, and the expression of our sexuality, to name just a few. For each, we must have ways of making effective choices. So, for each there must be a line separating things that will be fulfilling from things that will not. Because humans are social beings, many of our needs involve relationships. So lots of our boundaries have to do with relationships too.

For example, we all have boundaries relating to our need for touch. Our touch boundary empowers us to give or refuse permission for others to touch us. Likewise, it enables us to know the best time and best way to touch others. Good boundaries permit us to regulate the physical distance between ourselves and others. They keep us from standing too close or touching others inappropriately.

Good boundaries keep our sexual interactions safe. They help us to know the difference between a causal glance and a sexual come-on. They allow us to discriminate between a good-natured pat and a sexual caress. They empower us to allow or initiate sexual touch where it is appropriate.

Example:

Vicki was sexually abused by her father. One day her mother receives a phone call from the school principal. Several of Vicki's teachers have reported that she has been indiscriminately "coming on" to boys in her class.

The violation Victoria experienced at the hands of her father damaged her sexual boundaries. It was hard for her to separate affection from sexuality, friendly overtures from sexual come-ons. As a young adult, it remains difficult for her.

PRECONSCIOUS

Boundaries operate at a preconscious level. Our experience comes to us preprocessed. Our boundary system serves it up to us like a prepared meal. Experience of ourselves, our relationships, our choices is pre-packaged to fit conditions under which the boundaries were first developed. For those of us with healthy upbringings, this is a blessing. It simplifies our lives, our options are laid out for us like sets of clothes. We have only to select this or that.

But this system has serious drawbacks for the survivor of significant abuse. Boundary distortions effectively put the person in a world quite different from yours and mine. Damaged boundaries produce perplexing behavior. Consider the woman who has stayed for years in a relationship with a batterer. The question that springs to our lips is, "Why doesn't she just leave?" The question presupposes that the woman experiences her options in the same way we do. In fact, she does not. Options readily available to most of us do not appear to exist to those with seriously distorted boundaries. Of the incest survivors Sue Blume says

Like the starving street urchin who fights for food, [she] fights for the few scraps of power she feels she can preserve. At the same time, she often exhibits a marked inability to be assertive due to a depleted sense of (or ability to manifest) her own power. Her attitude is best described by the following statement: "It never occurred to me that I could be assertive." She may not know how to make choices because she was never entitled to have choices. To make a decision when one is demanded of her—which job should she take, should she go to this meeting or that one, what pair of gloves should she buy—can be crippling. Decisions about relationships, ever so much more complicated and threatening, can be impossible. (p. 49-50)

Because the operation of boundaries is preconscious, there is no way within our ordinary consciousness to reshape them. We are able to change the system only through re-experiencing the needs on which they are based.

UNKNOWN NEEDS

The needs that our boundaries serve are not always in our awareness. A person raised in turmoil may later, without conscious intent, make choices that perpetuate the turmoil. A person sexually abused as a child may become involved with abusers in adult life.

Distortion or suppression of awareness is frequently encouraged by abusing adults who do not want the abuse to come to light, or by others who do not want to face it. A perpetrator may say, "I'm tucking you in" while fondling the child. If the child reports the abuse to a teacher, she may respond, "Honey, that couldn't have happened." In the face of such contradictory information, the child's own perceptions become a source of distress. Ellen Bass and Laura Davis note that

To acknowledge that the neighbor who pushes you on the swings and gave you birthday presents was also the man who made you suck his penis was unbearable. To admit that your father, who went to work to support you and stayed up late to make you a dollhouse, had a scary smile on his face when he touched your genitals was too terrifying. So you pretended they weren't doing these things or that these things were really all right. The lengths to which children go to distort their perceptions are striking. (p. 116)

The abused child learns to systematically distort or repress parts of her awareness. These unconscious and automatic distortions become a part of her boundary system. The unknown parts of herself may work at cross-purposes with her conscious desires. Consequently, at times the results of her own actions may mystify her.

Example:

For years while she was growing up, Tish's father secretly had intercourse with her. As an adult she can't recall much about her childhood. Now she makes a troubling discovery. Her husband is sexually abusing their daughter. She learns it has been going on for years outside her awareness. In retrospect she realizes there have been clues.

Tish has a strong unconscious need to remain unaware, a need which is part of her boundary system. She does not want her daughter to be abused. But somehow she has selected a perpetrator for a mate. And somehow she has remained unaware of the ongoing molestation. Her capacity to be unaware allowed her to grow up with some semblance of a normal life. It served her well as a child. But as an adult the unconscious need has contributed to a repetition of the abuse.

WALLS

In all of our lives there are areas where our boundaries are functioning well. But where they are not serving us, we find ways to compensate. Good boundaries are flexible, sensitive, and discriminating. But the measures we take to correct for bad boundaries are typically rigid, and so introduce problems of their own. Some call these corrective adjustments "walls."

Example:

Bob has often entered into relationships with people who have taken advantage of him. He has been hurt and disappointed many times. Finally he despairs. He withdraws, cutting off most relationships and living a solitary life.

Bob becomes reclusive to avoid further pain. This adjustment is an effective way of protecting himself from being exploited. Yet it is only a gross adjustment. It merely sidesteps the effects of his poor boundaries. It is not true healing, but a rigid countermeasure with many undesirable side effects.

"Walls" can be built by institutions as well. Rules surrounding the use of touch in psychotherapy provide a relevant example.

Sexual exploitation of psychotherapy clients is too common. Pope (1990) for example reports that three percent of female and fourteen percent of male therapists admitted engaging in some form of sexual intimacy with some clients. Given that abuse of the therapeutic relationship is often a re-enactment of earlier exploitation of the client, this is indeed alarming. These therapists are not just abandoning their trust to heal. They are injuring the client, and rendering it more difficult for the client to heal her injuries in the future.

An obvious and desirable remedy would be better education for therapists about boundary issues. Another would be better screening among therapist candidates for personal boundary difficulties. Interestingly, these elements have not been emphasized by most professional licensing bodies. Instead, they have responded by defining touch itself as a professional evil, and by prohibiting physical contact in psychotherapy.

This monolithic prohibition is a "wall." Focusing upon touch as a problem diverts attention from the real difficulty—poor professional boundaries. Worse, it labels the responsible clinical use of touch "unprofessional" and even "abusive." But touch may be required for resolution of boundary difficulties involving touch. So the prohibition complicates the life of the therapist, and makes effective treatment hard for the client to find.

Abuse cannot be equated simplistically with touch. Professional boundaries can be violated in many ways. As Benz and Weiss point out

...In any therapeutic abuse the problem lies in the intention and expertise of the therapist, rather than in the technique. Once again, clarity of intention, mastery of skill and technique, and the mindfulness of the therapist are the best tools to guard against such potential abuse." (p. 111)

Where do boundaries come from?

When we are small, we have no effective way to protect ourselves from intrusions by others. Just as important, we have no way to avoid intruding upon others. Boundaries are learned in the course of growing up—from our caretakers, through trying things out for ourselves, and from social norms.

The child's first and most basic source of information is his or her caretakers. Responsible caretaking adults model appropriate boundaries for children. They refrain from violating the child themselves. They stop others who try to violate the child. They also stop the child when she or he begins to violate others. In this way they assist the child in gradually acquiring an appropriate boundary system.

Each time children experience something new, they have spontaneous intuitive responses. They watch their caretakers for clues about how to attend to their intuitions, and how to behave in response. Our caretakers can encourage the development of intuition, or they can suppress or distort it. Anne Katherine describes it this way.

When our feelings are met with disapproval, harshness, or stiff-upper-lip messages, we learn to push them down, to separate ourselves from our feelings, and to ignore the valuable information they have for us. When feelings are met warmly, when we are encouraged to talk about them and helped to identify them, and when a parent correctly interprets our facial expression, our body language, and the feelings connected with it, our understanding of our inner selves grows. Learning about and connecting with feelings is essential for complete boundary development. (p. 19-20)

A second source of information is the child's own explorations, trial and error learning. For example, children generally notice that they are better liked when they respect others' needs. And if they initially feel uneasy or frightened around someone, they learn through their own experience whether their discomfort was justified.

A third important source of information lies in social cues. These cues come both from the models our mentors and friends provide, and from social norms themselves. In general, our system of social norms supports healthy personal boundaries. In the course of everyday interactions, healthy people continually signal their awareness of boundaries. They also signal their awareness of transgressions. To the extent that they can, they stone for these violations.

The process is so commonplace that we hardly give it a thought. Erving Goffman, a keen observer of boundary maintenance rituals, provides a simple example.

- A. "Can I use your phone to make a local call?"
B. "Sure, go ahead."
A. "That's very good of you."
B. "It's okay."
(p. 143)

Here person A communicates awareness of the boundary around the use of person B's telephone. Person B, in turn, communicates acknowledgment and permission. This little interchange prevents damage to the boundary. In fact, both parties leave the interaction with greater clarity. In the course of its crossing, the boundary is validated and supported.

In a similar way the adults in a social field continually help define and validate boundaries for the child.

Example:

A two year old child holding a doll walks up to an adult.

Adult: Oh! You've got a dolly.

Child holds the doll out for her to see.

Adult: (Extending her hands) Can I hold her?

Child gives it to her, then watches her closely.

Adult: (Studying the doll) She's pretty!

Adult hands the doll back to the child.

Adult: Thank you for letting me see her.

Child: OK.

The adult here is not thinking, "I'm helping this child differentiate and clarify her boundary system." Yet that is what she is doing. The adult acknowledges the child's boundaries, and requests permission to cross them. Through this playful little ritual, she walks the child through a clarification of her personal boundaries.

Why does abuse lead to poor boundaries?

Growing up in an abusive family is painful. The distress is intolerable. Yet because the child's power is limited, the pain is inescapable. How can the child cope? Though she doesn't have much power, there are some things she can do.

For one thing, she can numb herself to the pain. This doesn't stop the damage. But it does reduce the level of distress. It allows survival. Almost all abused children do this to some degree. They divorce themselves from their feelings, from their intuitive responses. If the abuse is severe and

repeated, the child might split her awareness into parts, dissociate. She learns, in effect, to leave one part behind to suffer the abuse while the rest of her goes away somewhere.

Second, the child can distort her interpretation of the abuse. She can search for reasons why her situation is like this. If she can come up with a different way of looking at it, then things won't seem so crazy. Again, this allows survival. She can think, "Maybe this makes sense. Maybe I deserve it." She can tell herself, "I'm bad. I'm being punished." Abused children commonly distort or rationalize what is happening to them. That way they can retain a sense of sanity. Distortion is often initiated or supported by perpetrators, who do not want the abuse known, and by other adults who do not want to know about the abuse.

Third, the child might join with the abuser. She might decide to be like the abuser, to be on the abusing end instead of the victim end of the relationship. Identifying with the abuser gets the child out of the role of victim.

Any of these options will profoundly affect the child's developing boundaries. If she numbs herself, she will later find herself handicapped by her lack of feelings. Because she can't "feel the heat," she will likely enter situations where she gets "burned" again. If she splits her awareness into parts, she may later be mystified by her own behavior. Her actions at one time will likely be inconsistent with her actions at another. If the split is pronounced, she may be diagnosed with a dissociative disorder such as multiple personality. If she twists her thinking, rationalizing to make the insane seem sane, she will not be able to properly evaluate and reject similar situations. Her distorted logic will make the unacceptable seem normal. Finally, if she joins with the abuser she will become a perpetrator herself, and will find herself violating others' boundaries.

Thus the adaptations necessary to cope with abuse during childhood result in boundary distortions. These distortions endure, and disrupt the continuity of life well into adulthood.

NOURISHMENT BARRIERS

Astronomers study objects called "black holes." These are concentrations of matter so intense that the gravity around them is...well, astronomical. The gravitational pull of a black hole is so great that not even light can escape. The very fabric of space is bent around it. This makes it difficult to

detect black holes. No light can escape to show where they are, so you cannot see them. Astronomers deduce they are there only through indirect means, such as observing nearby stars orbiting around an apparently empty space.

Psychology has its "back hole" too—the phenomenon Hakomi calls "nourishment barrier" (NB). Like a real black hole, the NB is not directly visible. The client typically does not know it is there. And it may not at first be obvious to the therapist. Yet its "gravitational pull" is tremendous. We can deduce its presence because the fabric of the client's life is bent around something we cannot see. It shapes the client's very character.

NB's are a special class of boundary whose function is to defend against the experience of a basic need. Experience of the need, and of situations which evoke it, trigger defensive reactions that automatically halt the experience. Because the person does not experience the need, he or she has no opportunity to find routes to satisfaction. Because boundaries pull toward repetition, the circumstances of the client's life typically evolve so that they offer no satisfaction of the need. Therefore in the experience of the client neither the need nor any means of gratifying it exist. This hole is indeed black.

Personal healing generally involves working out more effective ways to meet personal needs. Once an NB is established, however, all roads to growth are closed. The individual with an NB has no opportunity to work toward satisfaction, because the need itself has been banned from experience. For this reason NB's tend not to heal spontaneously, and so are a special province of psychotherapy.

Anne Katherine describes the dissociation of need in response to long-term incest.

When we are forced to act against our internal messages, feelings become increasingly more difficult to bear. Slowly, feelings themselves change from a friend to a betrayer that only brings pain. (This takes place over the years.) This effect of incest is one of the most serious damages of all, to cause these harmful splits within a person, splits that result from having learned to act contrary to feelings. (p. 6)

The need is buried or dissociated because it is too painful to keep it. The principle is the same as

with chronic physical pain. Intense pain is valuable because it demands that we take action to eliminate the cause. But where no effective action is possible, the pain is a useless burden. Just as the cancer patient might use drugs to dull chronic pain, the abuse victim uses dissociation to escape pointless torment. The need is disowned.

What sense can we make of NB's? The purpose of a boundary system is to promote the orderly satisfaction of needs. So how can there be a boundary preventing any gratification whatsoever?

An NB is really just a boundary distortion carried to an extreme. An extended example will help show how this works.

Example:

Maria was raised by father Bill and mother Valencia. Bill drank, and beat them both. Valencia did not leave him, and hid the abuse from others. The beatings at first evoked terror in Maria. She lived with an oppressive sense of constant physical danger. She expressed her alarm to her mother and father. But they acted as if nothing were wrong. They gave her strong messages to be silent. Even so, she told some outsiders what was happening. It didn't help. Maria wasn't believed. And she was severely punished for "lying."

Maria's distress reached crisis levels. Her overpowering sense of danger did not help her. In fact, it exhausted her. There was nothing she could do to stop the beatings.

Over time Maria learned to ignore her intuitive danger signals. She lived with the abuse, telling herself things like, "Deep down he cares" and "I deserve this."

As an adult, she often gets into trouble with men. She can't sense the danger in her relationships. Her friends say, "Stay away from that guy! He's no good!" But the men she chooses feel familiar and exciting. She is drawn to them despite the warnings. When they beat her she makes excuses for them, and tells herself, "Deep down he cares."

The repeated physical abuse Maria experienced at first evoked a longing for physical safety. However, her experience of this basic need only increased her distress. It was dysfunctional for her. Experience of the need itself became a threat.

She adapted by walking off and denying the need. This allowed her to survive.

As an adult Maria is "blind" to the need. She does not experience a longing for safety, and the circumstances of her life are arranged to repetitively confirm that no safety is available. Her boundaries act to filter out all possible sources of satisfaction. Should an offer of real safety materialize, Maria would experience it as threatening, and act automatically to eliminate it. A nourishment barrier is in place.

Maria's boundary system does not work to protect her. The adjustments she made as a child allowed her to survive in her toxic family. But they are unproductive now. They lead her to repetitions of the abuse. She surrounds herself with people who reaffirm her need to remain numb to danger signals. For this reason she has little opportunity to repair her boundaries. Maria will remain in jeopardy until she takes steps to resolve her abuse.

Boundary difficulties are not a matter choice. They are not misbehavior or wrongdoing. Rather, they are the damage caused by abuse. The capacity to act discriminately has been weakened by adjustments made to cope with repeated violations. The later consequences are much worse than mere fumbling. Over and over again, defective boundaries lead to life decisions that perpetuate misery, repeating the cycle of abuse.

How can boundaries be repaired?

Boundary distortions can correct themselves over time, though the process can be maddeningly slow. The services of a competent psychotherapist can speed things along. Nourishment barriers are less likely to self-correct. Therefore where NB's exist psychotherapy is especially appropriate and valuable.

Repair of dysfunctional boundaries is easy to talk about, because the process is conceptually simple: The therapist helps the client to (1) become aware of and curious about the things he does to disrupt experience of the need, (2) re-awaken and accurately experience the underlying need, then (3) learn to effectively satisfy it. That said, we may note that the process is generally more complicated in practice.

In Part Two of this article we will explore the healing of boundary problems through psychotherapy and other methods. We will detail

several advantages offered by the Hakomi method of psychotherapy in this kind of work. Finally, we will detail essential steps in boundary repair, using case material.

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3403 Audubon Place #3, Houston, Texas 77005
(713) 522-9559