~~The President's Message~~
Creating a Context for Boundaries

Attorney Dave Jensen's current Law and Ethics seminar should alert us to the grave possibility a personal and professional catastrophe may lurk at our doorstep. We dismiss too easily the fact that many among us with preparation and goals lofty as ours have already fallen victim. The policy of mandating participation stands as a wise preventive measure. So how can this happen to anyone? Our ability to recall the relevant legal limits is hardly enough in itself. Who among us has ever imagined such a fate lay in store---'for me of all people!" somewhere down the road?

We should reinforce the memory of what we've already covered in class. Begin with page 51 of the power point handout you received entitled "What does the law expect of me, Part III?, and read once more Jensen's convenient summary. But don't stop with the skeleton. Put flesh on those bones. Use your computer. Go to the web side and print out Susan Rowan's three page article, ***Slippery Slope: Violating the Ultimate Therapeutic Taboo.*** Let her own words impact upon you. See

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She takes us down a ski slope, apparently quite safe at first, but showing how the developing situation leads to taking increasing risk without recognizing the imminent danger to herself and to the one who has come to her for help. How readily one rationalization leads to another. Little steps. She's unaware of crossing the threshold, of reaching a point of no return. That she could be vulnerable failed to reach her consciousness.

Consciousness raised, I review my graduate studies. We focused on the challenge our clientele present, but nary a word on the rocks and shoals for us, barely beneath the surface. We took passing notice of scandalous behavior among our predecessors, but we brushed incidents aside, as we so often do with news items in the daily paper. Never happen to me!

I entered clinical psychology from pastoral counseling. The experience gave me a running start, I thought. But this was in the early 1950's, as we had so recently emerged from the horrors of World War II. Picture the world I was living through. Living in the segregated South, wary of the paranoid political culture of the McCarthy era, I resolved to stay clear of issues which might compromise my education and career choice. It was a temporary strategy which worked well for a little while, but in the long run I could not sustain it, and I had to face implications both inside and outside hospital settings, and learn what they had to teach me. Useful today too for marriage family therapists.

During my two year full time internship there were hints. I encountered patients I'd known in the hospital outside the hospital. Not my patients anymore. Here was an 18 year old in my church. I welcomed her, and made what I thought were helpful suggestions. I met her family, whom I'd seen briefly as visitors to the hospital. I mentioned the coincidence to my supervisor, who indicated I may be treading on thin ice. Today we call this a "dual relationship." The concept had yet to be articulated.

I was in my early twenties then. My supervisor asked whether I found the 18 year old attractive. I said I was already married to an attractive woman, had two kids, and another one on the way. I regarded the suggestion as ridiculous. I dismissed it too easily. Let us suppose my marriage were in trouble, and that the former patient hadn't yet taken me down from the high pedestal where she put me. Assume I'd been arguing with my spouse---yes, it has happened! I could pity poor-me, happen to let it slip to the receptive ear, and she reaches out to comfort me. I appreciate it. I fail to see the red flag. One thing leads to another, and points to a catastrophe. It didn't happen there to me but it has happened to others.

I'm reminded of the classic story of Peter Abalard and Heloise, where a torrid love affair with the teen prodigy developed. Her guardian castrated the man and the woman ended up in a convent. Wouldn't happen today. Somebody would shoot someone else. Makes our official sanctions seem mild by comparison, but nonetheless effective in ruining careers.

Another kind of potential compromise. I had a 30 year old woman in one of my groups. She was unable to function as the mother her children needed. She confided in me. Our various roles were blurred in this new experimental hospital. Here I was playing the social worker and didn't realize they were better prepared than I to cope with this situation, but I made no referral---I should be able to take care of this. If I'd told my supervisor, he'd have said, "Whose problem is it? Not yours, hers!" But I was a 'caretaker. I thought it not worth mentioning to my supervisor.

We ran across one another on the grounds, and she asked me to adopt her children. I was startled, and hastily replied that I already had a family I could barely take care of, and let the matter drop. As I am today, I'd have seized upon this as an opportunity to clarify the therapeutic relationship. I did mention the incident to an intern peer, who asked in all earnestness, "You didn't consider it, did you?" I let him think I did, and out of the corner of my eye I saw the dismay on his face. I never asked him for a recommendation. This was not yet, of course, a serious breach, but alter the circumstances only very slightly, and there is the abyss before us.

I never heard a word from my role models about boundaries. One of my professors joked about becoming involved with his grad student advisee, whom he married (which I guess made it all right). Now I'd ask, was he taking inappropriate liberties with a vulnerable and trusting woman? She'd probably say 'no' today. We are an adaptable species.

But there's no ambiguity about this. When a child reaches forty we don't closely monitor his progress. A son and his wife set up a bar-be-cue business out in the high desert. It seemed on the brink of success, but one of the partners was the wife's former therapist. She owed him enough he proposed becoming a business partner, which she allowed---much to her regret. The former therapist's failure tor respect boundaries undermined the completed therapy and inflicted fanancial harm to the business.

If such can happen between professor and student, how much greater the risk between individual therapist and patient. The psychiatric climate during my internship promoted psychoanalytically oriented psychotherapy. I didn't hear of the self-serving sexual breaches of pioneer analysts Susan Rowan mentioned till years later. To his credit, Breuer was horrified his patient embraced him and referred her to Freud, who stumbled along later with the Dora case. She finally terminated the therapy. To Freud's credit, he did learn something. He turned his research into a therapeutic method. When I reached St. Louis, I entered a training program. The analysts I came to know on a first name basis put into practice severe boundaries. Like Freud, they sat out of sight of the patient on the couch. They said very little, and nothing at all to reveal who they are as persons. Sooner or later the **transference** takes hold, fostered by the therapy arrangement. They had separate doors so that 'therapy siblings' would not meet each other in the waiting room. Session done, one exited before the other came in. Often the session ended in the middle of a sentence. Closure was unheard of. No outside contact. They restricted their practice to neurotics with enough ego strength to hold themselves together.

The transference became the transference neurosis, which ideally took the place of the neurosis the patient brought into therapy. This is not as weird as it sounds. The deliberately induced regressive state of free associating on the couch came to be the first real unconditional acceptance the patient had ever had. The unfinished business with the family of origin lived again in full consciousness. In covert fashion it had dominated his life. The therapy consisted in bringing it into consciousness. The analyst was able to prove to the patient that he'd done nothing to provoke the kind of reaction the patient was making within their relationship. This meant a bit of self-disclosure now in the service of reality, and the patient's chronic misperceptions were unmasked. Now he knows who he is, and can build a new life from there. It helps to know this

form of therapy, even though we no longer use it anymore. It shows how a strict boundary may function for therapeutic purposes. Compromising that boundary invalidates the method, as it does for the forms currently with us. Susan Rowan's teachers did her a disservice in failing to treat the history of therapy with more respect. Analysts maintained distance (notorious cases notwithstanding) and boundary blurring was a non-issue.

Boundaries are not peculiar to therapy. They are, and should be, everywhere. Of course, some must be broken, as when the oppressed free themselves from oppressors. Racial, caste, class, religious, ethnic, age, and gender liberations are both familiar and incomplete. We have a long way to go in becoming aware of cultural and language barriers still with us. As a group psychotherapists have a much better record in this regard than does the world's population.

Our experience with our clients has sensitized us to the destructive course of boundary failure. Our own therapy has highlighted our childhood wounds, so that we may avoid having our own clinical practice blindside us. It is absolutely essential we know who we are. A clear sense of identity opens the door to our forming and maintaining mature relationships. Thus we work toward increasing the client's remembering and sharing with us. For one to do so he must trust us, and we must be trustworthy. What has gone wrong in the past is that the client's trust has been betrayed by those close at hand who exploited vulnerability to satisfy primitive urges---often those of which they were unaware till it was too late.

I have long since discarded the analytic model, but I remain aware of the pitfalls and potentials of transference. In using psychodrama in marriage and family therapy today I readily avoid transference through the production of protagonist stories. As a director I am active rather than passive which makes it difficult for the protagonist to project the misperceptions of transference upon me. We are in the presence of a group from which we draw to the stage doubles and auxiliaries, seen in roles-not-them, only to be seen later as themselves. This dilutes any transference elements with solid doses of reality seen from a variety of valid perspectives. The protagonist threads his way through the session, and makes use of what he now knows in life beyond the theater. He owns his problem, asserts who he is, and respects the same in others. With all the guided role playing he readily negotiates interactions rather that fights or exploits boundaries. I find couples, families and groups can make practice use of our method. Even with individuals we enjoy easy access to both intrapsychic and interpersonal issues, without boundary complications.

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