

# Boundaries<sup>19</sup>

By Pat Ogden

*Love consists in this...that two solitudes protect and touch and greet each other.*

--Rainer Marie Rilke

*If you can imagine an ideal human container...that ideal energetic container would be infinitely expandable, infinitely contractible, infinitely diffusible, infinitely condensable, with boundaries ranging from steel-like rigidity to mist-like permeability. The miracle is how nearly we have access to that range.*

--Henderson, The Lover Within

Boundaries are defined in Webster's dictionary as "something that indicates a border or limit." In a healthy state, this "limit" is flexible and changeable, responding moment-by-moment to both inner and outer conditions. Through boundaries, we are able to screen input from the world, to know what input is appropriate to take in and assimilate, and what input we need to protect ourselves against or screen out. With boundaries, we create a holding environment for our individual sense of self while also remaining sensitive to and respecting the rights and boundaries of others. Boundaries allow us to maintain both differentiation and connection.

Boundaries are learned in the context of family during our growing-up years. In traumatogenic environments, boundaries are either absent or routinely breached; in enmeshed families, boundaries are diffuse, porous, and often shifting; in families that distance from each other or in highly controlling environments, boundaries are often rigid and inflexible. Depending on the kind and quality of early experience and the presence or absence of neglect and trauma, our ability to maintain healthy boundaries may be compromised, and we may tend to have formed boundary styles that limit our capacity for both intimacy and containment.

Healthy, effective boundaries and trauma do not co-exist. When we have suffered trauma, it is a given that boundaries have been violated. After traumatic events have overwhelmed our boundaries, we lose connection with our innate ability to make healthy choices that enhance our lives and need help to re-establish healthy boundaries.

There are two kinds of boundaries that we work with in therapy:

**Physical boundaries** pertain to the body, to physical contact and proximity. If our physical, external boundaries are healthy, we can clearly set appropriate physical boundaries by deciding how close or distant to be physically and if, when and how we are touched. With healthy physical boundaries, we are aware of and

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<sup>19</sup> Thanks to Janina Fisher for editing this article.

respect the physical boundaries of others. As therapists, we help clients to honor their physical boundaries on an ongoing basis during sessions.

**Process boundaries** have to do with internal processes: thoughts, feelings, and the resultant behavior. Healthy process boundaries enable us to separate our thoughts, feelings and behavior from those of other people, so we do not blame others for our feelings, thoughts or behavior, and we do not take responsibility for the feelings, thoughts or behavior of others.

### **Three Functions of Boundaries:**

#### ***Containment***

Boundaries contain the sense of self, of "who we are." This sense of self is a bodily felt sense, rather than being only an idea, a cognitive/verbal construction. A healthy containment is reflected in the capacity to know and enjoy the experience of who we are, to acknowledge and tolerate our various physical, energetic, cognitive, affective and emotional states. Containment preserves our sense of inner integrity, of "this is me." It maintains our differences without denying connection and unity. Containment is internally directed, for it refers to having a vessel or container for the free flow of energy (physical, affectual, or cognitive) within one's self. The energy is not automatically discharged or directed toward another, but is contained. However, the energy is not "held" or blocked; with a healthy containment, it circulates freely throughout the body.

When this function is intact, we also respect and allow the containment of others; we enjoy differences and variety, rather than being threatened by it. We do not need those close to us to agree with our point of view, opinions or perceptions, nor do we require that others have the same feelings about things as we do. We are not threatened by the diversity of human perception and experience, and we can maintain both connection and differentiation.

If we have developmental or traumatic injuries, we have procedurally learned to dissociate from our experience—especially our bodily felt experience—because it is too painful or threatening. Over time, this dissociation interferes with the ability to contain our experience, because we lose our sense of ourselves when we dissociate. To reestablish healthy containment, we need to gradually learn to foster the ability to be present with our experience without dissociating.

#### ***Protection***

Boundaries protect us from harm. This protection may be physical: fending off an attack, saying "no" to junk food, or moving away when someone sits too close. Or boundaries may protect us internally, for instance, by preserving our right to have our own opinions or feelings different from those of others. Healthy protection is not rigid, but fluid and flexible.

When this protection becomes rigid and fixed, we move from healthy protection to defensive responses. Defenses tend to be rigid and inflexible when they are unconscious conditioned reactions, i.e., patterned responses. They have the automatic quality of a closed system, rather than the flexible responsiveness of a system effectively processing new information. Defenses are artifacts of previous injuries, while healthy protection is an adaptation to the present moment, and is therefore flexible.

## ***Screening***

Boundaries also perform the function of screening input from the world. At an unconscious body level, we are constantly making choices, saying "yes" to some things and "no" to others. This is a natural process of responding to information and novelty from our environment. A healthy discrimination responds to each choice from a sense of "being with" oneself and of sensing what is appropriate to take in and what is inappropriate to keep out. When we make those unconscious choices, our bodies tell us if we have let in too much, too little, or just the right amount through inner body sensation, muscle tension, or movement impulses. With healthy boundaries, we tend intuitively to make choices that support who we are and that lead to satisfaction in the various aspects of our lives.

## **Functional Healthy Boundaries:**

Healthy boundaries are flexible, changing appropriately moment to moment in response to the environment, and ranging from open and receptive to closed and protective. One can open one's energy field and have the option to experience communion, unity or oneness with universal energy or with a trusted loved one. Or one can close the energy field and have the option to protect and keep out energetic, emotional or physical insults and violations. A person with healthy boundaries can fully say "yes" or "no" and also has access to all the many variations between a full "yes" and a full "no."

## **Limiting Boundary Styles:**

Limiting boundary styles become necessary in families lacking healthy, protective boundaries themselves who fail to contain their own impulses and verbalizations or respect the child's need for safety. In those kinds of environments, children develop limiting boundary styles that are most adaptive under the particular set of circumstances and that best meet the child's needs. In those environments, individuals lose the flexibility of healthy boundaries with the capacity to change moment to moment, depending upon the situation, environment, and inner state of the person. The following boundary styles are a few of the limiting ones that we have identified.

### ***1. Underbounded Style (also called enmeshed, merged, diffused or vague)***

This boundary style stems from having little sense of the true self, personal identity, or safety. It is adapted to a family environment in which all family members tend toward enmeshment or in which it is not safe to have one's own boundaries. The boundary style is mushy and the energy diffuse. Individuals with underbounded styles have great difficulty setting limits or saying, "No" and are challenged to differentiate their feelings and needs from those of others. Yet it is also a style that has certain strengths or survival resources as well. An individual with underbounded style, because of the permeable nature of his or her boundaries, tends to have a sensitivity or awareness of the external environment and ability for empathy or attunement to the feelings of others.

Signs and symptoms of an underbounded style:

- Difficulty saying "no" or identifying feelings and wants.
- Easily overwhelmed by emotions, both theirs and others'.
- Being in a constant state of trying to recover or attain a sense of boundary, often experienced as trying to attain a sense of wellbeing.
- Lacking awareness of social space; i.e., coming too close physically or emotionally, being experienced by others as intrusive or violating their boundaries
- The body may be collapsed, unguarded, with relaxed lips and musculature, and softer body definition in general.
- Gives too much in relationship, desires to merge, and has difficulty with differentiation and distance.
- Loss of differentiation and separation from others: who am I separate from others?
- Increased risk of being emotionally, physically, sexually, or intellectually abused and increased risk of becoming abusive toward others

## ***2. Overbounded Style (also called walled, dense or rigid)***

This boundary is rigid, impenetrable, and inflexible; its energy is dense. The overbounded style is often the outcome of avoidant attachment in childhood, the product of a family environment in which parents are walled off, avoidant of physical or emotional contact with the child, such that the child must meet his or her own needs. Individuals with an overbounded style also have certain strengths or survival resources. They tend to protect what sense of self there is and be able to reduce the influence of others and the impact of other people's feelings, a measure that is adaptive in the harsh environments that generate this type of boundary style but impacts negatively on future relationships.

Signs and symptoms of overbounded style:

- Be hypervigilantly protective of their "space" and prefer more distance in relationships. Contact can feel invasive, rather than comforting
- Though seemingly well differentiated, the thick, impenetrable boundary allows in very little new information, compromising the ongoing development of the sense of self over time
- An unyielding quality of superficial musculature; can't soften physically.
- Perceives others as a potential threat: difficulty with trust, intimacy, vulnerability, can't let down their guard.
- Difficulty saying "yes".
- When the overbounded style is habitual, it leads to isolation and separation; no one can really get close to this individual
- Because attunement and empathy are hindered by the lack of permeability, can become insensitive and abrasive to others.



### ***3. Pendulum Boundary Style:***

With this boundary style, the individual swings back and forth from underbounded to overbounded. The client may risk vulnerability and open up, perhaps too much. Then, when the opening leads to the experience of pain or being overwhelmed, s/he reacts by closing down. The only options left, then, are swinging from one polarity to the other.

### ***4. Incomplete Boundary Style:***

This boundary has 'holes' in it. With this style, it is possible to have healthy boundaries much of the time, but boundary dysfunction (either overbounded or underbounded) comes up in certain situations, such as in a love relationship, with authority figures, parents or children, men or women. A loss of healthy boundary may also occur when a person is in a certain emotional, mental, or physical state: e.g., being tired, sick, needy, angry, etc.