

Some Limits of the Boundary Concept



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A reexamination of the boundary concept and its applicability to different theoretical approaches to psychoanalysis reveals it to be of questionable usefulness in the present climate of psychoanalytic pluralism. In the light of clinical illustrations, it is suggested that an underlying problem with this concept may be a failure to discriminate between technical and moral dimensions. The necessity of separating the legal issues involved is also indicated. Recognizing the existence of separate domains and considering the rules that apply to each are offered as an alternative to focusing on boundary concepts.

Introduction

In a series of clear and cogent articles, Gabbard and others have outlined and described issues surrounding boundaries in the practice of psychotherapy and psychoanalysis (e.g., **Gabbard 1999**; **Gabbard and Lester 2003**). Boundaries are defined as structural characteristics of the therapeutic relationship that allow the therapist to create a climate of safety, and essentially are the components that constitute what is considered to be the therapeutic frame. The crossing of such boundaries may be seen as benign, isolated, attenuated,

and discussable, while violations are felt to be damaging, egregious, discouraging of discussion, and tending toward repetition (Gabbard 2005).

One can imagine the concept of a boundary as separating two enclosures. One person is situated inside one enclosure, and messages are sent back and forth to another. Thus does the analyst or therapist remain in one space and the patient in another, and forays take place outside the enclosures or lines of delineation. Such intrusions are deemed either crossings or violations, each of which is an occasion for scrutiny and commentary. Of course, the use of the words *frame*, *structure*, and *enclosure* should not be taken to diminish the fact that boundaries are but concepts that allow an analyst to organize the to and fro of the dialogue. There are other ways as well to deal with the exchange, but the focus here is on the boundary concept.

In describing a somewhat simplified version of but one classical view of psychoanalysis, we might say that the patient's libidinal and aggressive drives are directed at the analyst who, by frustrating their gratification, enables an interpretation or a message to be delivered to the patient. A boundary crossing or violation can thus be visualized as a breach in the enclosure due to one or another form of drive gratification, which in turn necessarily leads to a situation that cannot allow for a remedial interpretation, and so effective treatment may be stymied. This would seem to be in keeping with Fenichel's (1945, pp. 569-576) explanation, as well as those of others.

Other forms of theory do not rest easily with this form of imagery, since they do not warrant a picture of separate and distinct communicating entities. In a self psychological orientation, for example, the patient and the analyst or therapist do not reside in self-delineated arenas, but rather there is a patient–therapist connection through a self-selfobject relationship. Instead of crossings or violations, the crucial disruption in a therapeutic atmosphere consists of an empathic break. Such breaks may be benign, isolated, attenuated, and discussable, and so would correspond to boundary crossings. So, too, may they be damaging, egregious, discouraging

of discussion, and tending to be repetitive, and so correspond to boundary violations. However, a crucial distinction that does not permit a parallel between the first image of separate entities and the second of connected ones is the axiom that *empathic breaks are a necessary part of the analytic or therapeutic process*. No such ameliorative quality can be attributed to boundary crossings as a mechanism to drive the therapeutic process.

One of the conditions for defining boundaries is flexibility. This qualification permits crossings to be tolerated through means such as empathy, projection, introjection, and projective identification (**Gabbard and Lester 2003**). However, the attribute of flexibility seems consistent with the above-suggested image of enclosures, and so highlights a certain ambiguity in the entire concept of *crossing*. It may be that there is an inherent contradiction in present-day thinking about boundary crossings and boundary violations, a contradiction exposed by the recent popularity of theories such as intersubjectivity and self psychology, which seem to assume an ongoing crossing as a *sine qua non* for effective treatment.

If one focuses for the moment on the therapeutic process posited in self psychology, the achievement of a sustained empathic connection is seen as the single most basic requirement for an effective treatment. This fits with the flexible nature of a boundary crossing. The inevitable failure of this empathic connection or of this “allowable” boundary crossing sets the stage for an effective interpretation and a hoped-for, resulting understanding that is accompanied by a modicum of psychic structure. One would be hard-pressed to explain how a boundary crossing followed by a retreat from said crossing could or would lead to a substantive result.

In a far-ranging discussion of Greenberg's (**2001**) contribution on the technique of relational theory, both Greenberg and his discussants focused on the analyst as engaging with the patient in a risk-taking manner. This seems to be quite at odds with any sort of frame that consists of a boundary, but rather is said to be centered upon negotiated interventions. There is an emphasis on spontaneity and a portrayal of enactments as valuable because they embody otherwise inaccessible, unconscious currents. Indeed, many relational

techniques seem to promote boundary crossings and to flirt with boundary interventions.

The dynamical systems theory advocated by the **Boston Change Process Study Group (2005)** states that psychoanalytic interaction is necessarily sloppy, and that it centers upon the moment-to-moment activity of patient and analyst. This theory seems to encourage surprise and unpredictability, and it is difficult to see how a frame of any sort would fit into this group's technique, although they also disclaim any effort to promote one therapeutic efficacy over another (p. 701). This disclaimer does not erase the lack of utility of the boundary concept.

Therefore, it may be both interesting and profitable to consider other ways to speak about and to understand therapeutic fallacies and mishaps. (Of course, changing a word or employing a different vocabulary can hardly be offered as a solution to the above-mentioned limitations of the boundary issue.) It seems apparent that the distinction between crossings and violations is fundamentally a moral one in that the underlying difference between the two is a conviction that a wrong has been committed; and the distinction between a mistake and a wrong is a significant one, as we shall see in what follows when we suggest the use of rules.

For the most part, I feel that there is an underlying moral code in much of our treatment, one that seems to justify assigning the adjective *wrong* to most violations (**Goldberg 2007**). All sorts of examples can be offered, ranging from breaks in confidentiality to the acceptance of gifts, in order to illustrate how violations—in contrast to crossings—somehow involve a moral code of propriety and ethically correct conduct. We shall here use *moral* as the adjective to cover the imperatives and prohibitions that regulate ethics.

I have asserted that the usual knee-jerk reaction to boundary violations, as opposed to crossings, is that someone has done something wrong. However, we are all equally aware of wrongs that are visited upon patients that seem to have no moral status whatsoever. The analyst or therapist says something that is later regretted, and soon this is clearly seen as the wrong thing to have been said. We have made a mistake. Or the analyst or therapist fails to say or do something, in retrospect coming to believe that this was

equally in error. These technical mistakes may make one feel guilty or ashamed, and are often categorized as wrong, but these wrongs should not be considered moral failures. Yet we often do conflate such technical wrongs with moral ones, and we may feel bad about them, almost as if we had sinned; and at times; some supervisory sessions may raise chastisement to the level of what might be expected following a moral transgression.

Not surprisingly, there are all sorts of examples in which the single quality of “damaging” is absent from an instance of boundary violation. If a therapist chooses to conduct an analysis or therapy while taking a walk with a patient, some might perceive no hint of a moral mistake, while others might consider it a gross boundary violation. So, too, if an analyst chooses not to have tissues in the office (an honest-to-goodness position of a member of the profession), we might feel that he or she is possessed of bad taste, but not of mistaken morality. While many so-called boundary violations may indeed be identified as ethical errors, there seem to be enough exceptions to allow for a separation between the two. Here is an example.

Clinical Illustration

A female patient of Dr. A was not feeling well, and after examination by her internist, was diagnosed as having a particularly ominous form of cancer. She was subsequently admitted to the hospital, where her condition worsened, and a grim prognosis was offered. She telephoned Dr. A and asked him to visit her, which he unhesitatingly did. During the hospital visit, he held her hand in response to a request of hers, and he otherwise behaved as he might to any friend in distress. He later puzzled over whether he had felt at the time that he was her analyst, i.e., a person behaving as an analyst, or someone who was but another person connected to an individual in distress. He could not decide.

Dr. A speculated as to whether or how the analysis could be resumed if the patient recovered, and he rationalized his dilemma by assuming that this was a recognizable boundary crossing that

could hardly be said to be damaging. However, after a few such visits with hand-holding accompanied by shared discussions about the fears associated with death and dying, Dr. A felt that he had surely violated an analytic boundary. He speculated that some consulting analysts would inevitably conclude that this analysis could not be resumed if the patient recovered, while other analysts might well commend his behavior and insist that it in no way would preclude resumption of the analysis. (It should be noted here that one is solely concerned with *behavior* in speaking of boundary issues, and not of fantasy or unconscious material.)

This seemed to be representative of a case in which a boundary violation had no moral or ethical implications whatsoever. However, Dr. A wondered if a similar set of circumstances with handholding and shared intimacies could possibly be countenanced by any of the above-imagined consulting analysts if conducted in a coffee shop, or in any setting other than a hospital. The shadow of a moral opprobrium was cast upon such an exchange, which apparently gained social acceptance only within the context of Dr. A's having to put aside his analytic identity.

Dr. A could see that his behavior would not allow for a continuation of the analysis if either he or the patient were being gratified without the opportunity for an interpretation to be made. He also recognized that this boundary crossing could be seen as a violation, albeit it would be a moral problem only in some settings (e.g., a coffee shop) rather than in another (a hospital). Dr. A could also claim an ability to maintain empathic contact with his patient in each of these settings, and so to conclude that his position as analyst remained intact up to and including the capacity to discuss what had transpired; however, he was not so convinced that he could dismiss the moral issue in the imagined background of a coffee shop.

Separating the Moral from the Technical

Without in any way proposing an advantage of one technical approach over another, it seems evident that different theories of

technique see boundary crossings and violations differently. Historically, this may be the result of a one-time universal manner of conceptualizing psychoanalytic technique, and consequently of concluding that a deviation from that technique was in error and wrong. This wrong came to be seen as justifying the adverbial addition of *morally* to *wrong*.

In truth, the very use of the word *boundary* assumes and conjures up an image of a technical stance that can be called into question. Boundary violations, by their very definition, manage to tie two concepts together, so that it is fairly automatic to assume that a boundary violation is equivalent to, and means, a moral break. One proposed solution to this mixing of boundary violations with moral transgressions is the separation of technical issues from any evaluation of moral conduct. In order to separate boundary issues that enter into moral arenas from technical ones that do not, we might consider the introduction of another word: *rules*. Both moral concerns and technical standards invoke rules, and remembering this may aid us in clearing up the difference between the two.

The Concept of Rules

A rule is a guide for conduct or action, and like any sort of guide to behavior, it is capable of being applied in a way that results in a moral error. However, it is broad enough to encompass all forms of technical activity and does not presuppose a particular structure or therapeutic frame that might be used, for example, to conceptualize psychoanalysis or psychotherapy. More important, rules have a meaning and a philosophical heritage that might add weight to their application, replacing the concept of boundaries in our examination of when and how we adjudicate right from wrong.

Rules regulate practices ranging from driving one's car to conducting psychoanalysis. One is said to conform to rules without necessarily understanding them. One obeys a rule when the rule is more or less internalized. As a person becomes trained in any sort of a practice, he or she is said to be brought into conformity within a community. When the justification of a practice is not required,

we see patterns of behavior develop, and a true practitioner is one capable of engaging in full-fledged rule-obeying behavior. Some say the novice conforms and the skilled actor obeys. In our pluralistic world of psychoanalysis and psychotherapy, it seems clear that different communities are involved in a varied collection of patterns of behavior, according to their training and subsequent demonstration of rule-obeying behavior.

A complex and complicated philosophical discussion (**Kripke 1982**) concluded that rules can never be the result of an individual decision, but rather are social products, i.e., they come about through community practice and sanction. A good example of this is offered by **Boesky (2005)**, who describes a case presentation of a patient's being physically touched. He reflects upon the writings of twenty-five authors who have offered their own commentaries on the technical pros and cons of whether or not to hold a patient's hand. Although Boesky discusses the need for controversies to be contextualized, he nonetheless offers an opportunity to examine how rules of technique vary from one group to another, all the while agreeing that these issues are technical differences that may also have dynamic meanings that are insufficiently understood. At one point, Boesky states that “gross boundary violations are always wrong” (p. **849**), leaving it to the reader to decide what exactly is a “gross boundary violation.” It seems that sometimes it is a group decision, and at other times it is universal and so termed “gross”

One example of such a gross violation is discussed in a paper presenting the results of a study of sexual boundary violations (**Gabbard and Peltz 2001**), in which an analyst who was accused of sexual misconduct defended himself by stating that what he did was standard practice at the time of the occurrence. He was rebutted by evidence that it had never been standard practice. After worrying over and arguing about behaviors ranging from touching to sexual intercourse, the participants in this discussion appear to have reached a resolution centering on rules of technique buttressed by community practice. The moral dimension remained in the background, but was clearly the crucial voice. Gabbard and

Peltz's article is entitled "Speaking the Unspeakable" (2001) to underline this moral lapse.

In a discussion of sexual misconduct, there is both an agreement that there exists a universal vulnerability to transgressions and a suggestion that such transgressions are mainly quantitatively different from what ordinarily goes on in analysis. Michels (see Foehl 2005, pp. 958-960) lists the various perspectives available to examine sexual misconduct, but they all seem to be dependent on "too much" of one quality or another. Gabbard insists that such moral misbehavior is possible in all of us. Once again, the point at which a crossing becomes a violation, when something mild becomes something gross, remains in a peculiar way something believed to be obvious to everyone, yet equally unexplainable to many of us.

The effort to distinguish acceptable from unacceptable behavior based upon proper use and application of rules of technique might seem promising. One might say, for instance, that sustained empathic immersion would be impossible in moments of boundary violations; if the analyst becomes overly involved in the patient's transference fantasies, it is more difficult to explore and interpret the patient's participation as the originator of the fantasy (Foehl 2005, p. 959). Yet a reading of the relational perspective would seem to champion just such an involvement by the analyst (Greenberg 2001, p. 385). Similarly, a self psychologist must spell out just which empathic breaks are discussable and capable of being utilized to form psychic structure, and which are incapable of such a sequence. Yet a reading of the Boston Change Process Study Group's (2005) findings insists that the participants do not, and indeed cannot, reflect on what has transpired (p. 697); implicit relational knowing is said to occur outside of conscious verbal experience.

All in all, misbehavior may be rationalized in terms of proper or improper technique, but there is no tight fit between analyzing correctly and behaving correctly. Standards of behavior and standards of technique are best thought of as residing in different domains. Rules for practicing psychoanalysis differ from rules for proper

moral behavior, yet they are continually collapsed so as to conclude that a good practitioner is a good person as well. Bad practice may or may not involve moral indiscretion. The same may be said of good practice, depending upon which moral barometer one employs. Here is how this is possible.

Rules in Different Domains

We have noted that rules are patterns of behavior that are developed by a community joined by a common language. One may belong to a community of analysts characterized by a particular set of technical rules, and these rules may be quite different than those espoused by another group of practitioners. Most of us are also members of a community that offers standards of proper moral behavior. Confusion results when we assume that our technical standards direct or prescribe our moral ones. The reason not to hold hands may or may not be based on technical standards. The reason not to have sexual intercourse is generally based upon moral standards. Efforts to put both of these on the same continuum mistake quantitative issues for qualitative distinctions.

A similar problem occurs when we assume that good people who are morally beyond reproach will be good practitioners. My colleague who forbade tissues in his office may have been a morally limited individual who was also a competent analyst. Issues such as honesty, confidentiality, gift giving, etc., must be reexamined in terms of their therapeutic efficacy set apart from their moral status.

A further source of potential confusion comes from a lack of clarity concerning the legal issues involved in a discussion of boundaries and rules. Just as boundaries seem best to accord with a set of technical procedures that may have a limited usefulness, and rules have a universal applicability that demands a careful set of assumptions, legal issues in turn present a possible added dimension for discord. There are laws against certain forms of behavior, such as sexual intercourse with a patient, just as there are laws requiring some breaches of confidentiality. For the most part, however, the practice of psychoanalysis and psychotherapy is regulated

along the standards of medical practice. Occasionally, there is a collapse in the distinction between violating a boundary, disobeying a rule, and breaking a law. An extended discussion of these distinctions is called for, but for now one must keep in mind the need to maintain these arenas of concern as separate and independent ones.

Back to Boundaries

The thesis offered here is that a concentration on boundary crossings and violations confuses technical issues with moral ones. Teasing apart these two domains is an exercise that must be done in order to develop clarity and relieve confusion. Here is one example.

In a paper on boundary issues, **Gabbard (2005)** illustrates a point with a vignette in which a therapist in training was offered a diamond necklace by a grateful patient at the conclusion of treatment. After meeting with her supervisor, the therapist in training explained to the patient that she had to decline the gift. The case was chosen to illustrate that expensive gifts can herald potential boundary violations. It is assumed that the end of treatment might not allow for discussion of the offer, but it is also implied that such gifts should never be accepted.

In a case conference that I attended some years ago, Franz Alexander told of being offered an expensive watch by a patient, which he had to reluctantly decline because the offer occurred at the beginning of the analysis. However, once the offer had been analyzed, Alexander was able to accept the gift.

Comparison of these two incidents leads one to conclude either that accepting gifts is wrong in and of itself, or that gift giving is an analyzable act that need have no particular moral status. The first position makes the acceptance of expensive gifts a moral mistake that stands outside the treatment, while the second makes it an analyzable condition that need have no particular moral overtones. One can surely complicate the first vignette by introducing the possible return of the patient to treatment at some time in the

future, and one can also wonder whether Alexander's countertransference was blinding him to the moral issues. However, the point of the exercise is that of separating the technical and therefore analyzable issues from the moral and therefore unassailable ones. The rules that regulate the one are not at all the same as those that regulate the other. Each requires a separate decision.

If we are to define boundary violations as damaging, egregious, discouraging of discussion, and repetitive, we must also recognize that the first two attributes of this series—i.e., damaging and egregious—are felt to lie in the realm of correct behavior and are not considered relevant to the rules of any particular psychoanalytic school, while the latter two attributes—i.e., discouraging of discussion and repetitive—do not make sense in the light of some analytic theories, such as that of the Boston group, where, as we have noted, reflection about what has transpired is not encouraged. All these attributes become joined into a single series only when analysts are held to a higher or different moral standard than, say, surgeons or internists (who might well accept expensive gifts). This is not the place to question the origins or basis of an ethical code that is selectively applied to analysts and therapists, nor is it at all the place to deny its existence or appropriateness. Such distinctions are evidence, however, that rethinking many of our assumptions about violations would be worthwhile.

Summary

A reexamination of the boundary concept suggests that it is an amalgam of technical and moralistic standards. The technical ones have developed from a particular classical analytic theory based upon a model of two separate individuals who engage in psychic mechanisms, such as projection and introjection. Other psychic models, which utilize concepts of shared psychological substrates, make the concepts of boundary crossing and boundary violations somewhat less useful. Moralistic standards derive from an entirely different sets of rules, but have become imprecated with technical ones, so that judgments such as *good* and *evil* stand in for those of

correct and *incorrect*. Teasing apart the technical rules—according to whatever psychological models and theory one employs—from the moralistic ones, derived from an entirely different historical time and place, is a task that is much needed.

One example of the intertwining of technique and morality can be seen in the long-established principle of confidentiality. It is held by some to occupy such a hallowed place of esteem that it is said to be “constitutive” of psychoanalysis, i.e., it is felt to be embedded in the very practice of psychoanalysis (**Lear 2003**). However, an effort has been made to demonstrate that the unexamined acceptance of this principle can carry a certain risk (**Goldberg 2004**). At times, the patient's best interests may well be served through a violation (if that is the word) of confidentiality. However, it is only when one attempts to apply a vision of confidentiality as a distinct and independent principle that one can grasp the idea that it is not universally applicable.

The use of illustrative ideas such as crossings and violations seems to carry with it the burden of distinguishing right from wrong. In contrast, the use of rules as sometimes applicable and sometimes able to be dispensed with may lend freedom to the use of a variety of techniques. Such an embrace of pluralism also offers the freedom to interpret moral standards as either valid or without meaning.

Although the domains of technique and morality interact, they also have a certain independence from each other. One may rationalize certain seemingly unethical acts by insisting that they are part of technique, just as one may refrain from other behaviors by a supposed submission to the rules of technique. It might well be salutary to examine morality and technique each in its own right.

It may be the case that **Nietzsche (1878)** was correct when he said:

Perhaps a future survey of the needs of mankind will reveal it to be thoroughly undesirable that all men act identically; rather, in the interest of ecumenical goals, for whole stretches of human time special tasks, perhaps in

some circumstances even evil tasks, would have to be set. [p. 31]

That, of course, makes morality possibly as pluralistic as our present state of psychoanalysis.

Boundaries are best seen as local phenomena that have mistakenly been given universal applicability and status. They are useful if kept within one set of technical rules, but they highlight the need for recognizing how other technical systems call for other kinds of investigation. The benefit of this recognition is that of allowing moral considerations to stand alone, without being defended or dismissed on the basis of the proper technical conduct of psychoanalysis.

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