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In This Issue:

REPAIRING THE BOUNDARIES
OF THE SELF

INTRODUCTION TO THIS ISSUE

Repairing the Boundaries of the Self

Imagine, if you will, a world in which all boundaries to which we are accustomed gradually break down. One by one living cells merge together until a fingernail cannot be distinguished from a finger, a flower from the stem. Coffee and its cup become the same substance. The car and the highway blend together. People all begin to look the same. The rocky coastline of Maine becomes indistinguishable from the ocean. In time our world has no boundaries at all, and is just one undefinable mass.

From a psychological perspective, this is how we humans start our existence. Only gradually in infancy do we develop the sense of our own separateness, and most people never have the opportunity to complete the process. A cursory look at our world shows how serious are the personal boundary difficulties. Note the trend in young men and women in their twenties who return to live at home with parents. Overidentification leads juries to award vast sums of money to victims. Painful relationships are everywhere around us—some are distant and lonely to protect from further hurt, others volatile and caustic to fend off perceived attacks, and still others desperate and clinging—all leading to a loss of self-respect and dignity.

The growth and development of essentially intact, flexible, and strong personal boundaries can be accomplished through psychotherapy which provides a recognizable sense of safety and a firm hand with which to face the fear of non-being, that sense of having no boundaries which we all experience but usually know only on a physiologic level. To reach this fear, the defenses which protect against feeling it must be addressed and eventually abandoned in the safety of the therapeutic relationship. When patients feel safe enough to experience their boundary deficits, they feel panic, their bodies perspire as if their very survival is at stake, and they describe sensations like being in outer space or in deep water with no connection to anyone or anything. As terrifying as the experience is, one emerges from it alive, one's body eventually settles down, and each time a small gap in one's deficient personal boundaries closes up. Repeating this process many times is the heart of personal boundary repair.

An as yet inexact but critical aspect of psychotherapy, personal boundary repair requires relatively healthy boundaries in the therapist as well as a sound theoretical basis for interventions. The objective of this issue of the *Journal* is to help in clarifying our understanding of these concepts.

The Editors

EGO BOUNDARIES AND THEIR ROLE IN EMOTIONAL SURVIVAL

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(This paper is based on a presentation given at the Bar-Levav Educational Association's October, 1993 Conference entitled "Growing into Competence: The Making of a Psychotherapist.")

Each of us is a person physically separate from all others. We have been separate since we were born. But physical separation is not the same as psychological and emotional separation, which come only with individuation, the ultimate goal of psychotherapy. What defines us psychologically are our ego boundaries, our psychological skin. They serve many of the same purposes as our physical skin, containing us as individual beings. They separate what is "me" from what is "not me." They are how I know that I am me and not you, how I know that I am me and not a chair. Like actual skin, ego boundaries provide needed protection from the outside world and help us regulate what happens between us and our external environment.

These seemingly simplistic concepts are basic and essential to our understanding of human development and behavior. We were all powerless, boundaryless infants once, and it took us a long time to discover that we were even physically separate from others. The more difficult discovery of our emotional separateness continues more or less throughout life. The only way we become psychologically separate is by really clarifying the boundaries of our "self." Individuation is the acceptance of the fact that we really are separate beings and that, nonetheless, we can live in relative safety. Having begun our existence attached to someone else and having remained completely dependent on Mother for an extended period of time, the prospect of giving this up is naturally fraught with fear, and traces of this old fear remain in each of us.

The condition and quality of the boundaries of the adult reflect the sense of safety he or she has in the world. The quality of our fears and of our boundaries unconsciously affects many of our attitudes and overdetermines much of our outlook: how we think, how we vote, how we evaluate and relate to other people, how close we allow ourselves to get or how distant we stay in relationships. Although we cannot see ego boundaries, we can know a great deal about them by observing how a person relates to others and to the world.

Federn was a pioneer in the development of the concept of ego boundaries. He recognized the importance of their being flexible and he understood hallucinations, delusions and experiences of depersonalization as being directly related to weakness in the boundaries. He differentiated between reality-testing and maintaining a "sense of reality," which he believed was an ego boundary function (Weiss, 1966, pp. 154-155).

Hartmann (1950) and Jacobson (1953) described the concept of self-representations. Jacobson further notes that in the absence of ego boundaries, the early infantile self-image is "fused and confused" (p. 54) with object images. It is only later as the capacity for reality-testing develops, that the infant can begin to distinguish between self and others. It is then possible to develop a more realistic concept of the existence of "self" as a separate object. While the sensations of one's own body aid in delineating ego boundaries, body boundaries and ego boundaries are not the same (Eidelson, 1968, p. 121).

Bick (1968) describes clearly how the mother functions as an initial "containing object...in the infantile unintegrated state" (p. 484) and is, therefore, experienced as a kind of skin, a precursor to its own psychological boundary which the infant must develop.

Kernberg (1975) focuses on early ego boundary development and its effects on character organization. "When self and object images are relatively well differentiated from each other...then the differentiation of ego boundaries develops relatively undisturbed..." (p. 28). In psychosis, self and object images are never adequately differentiated and "therefore, ego boundaries do not develop properly" (p. 34). In borderline personality organization more stable ego boundaries have developed but they tend to break down in the transference regression. Borderline patients, then, tend to develop a transference psychosis instead of a transference neurosis.

Bar-Levav's work (1988) concentrates on the behavioral and personality characteristics which give clues about the quality of the "boundaries of the self" and the repair of defective boundaries in psychotherapy. Boundaries develop in the presence of the early fears of abandonment and engulfment and, therefore, "the type and magnitude of a person's typical fears...convey useful information about the state of his or her boundaries" (p. 333).

While still very, very young, each human being must adjust to whatever physical, emotional, cultural and social situation it was born into. We do the best we can to minimize our fears and our sense of being small and powerless. We make the best possible adjustment we can using our basic genetic equipment and unconsciously "choosing" from our rapidly developing physiologic and behavioral repertoire. These "choices" become patterns, a few basic patterns become character traits and a unique individual with his own idiosyncratic personality begins to emerge. If we are fortunate, these adaptations are healthy and serve us well throughout life. But for everyone at least a few of their original adjustment patterns are pathological. Though they helped the child survive emotionally early in life, they do not always fit the real situation of the adult. Since ego boundaries and other aspects of basic character structure are not changeable by conscious will, the adult is "stuck" with habitual ways of being which now interfere with healthy rational, adult living.

Most people's ego boundaries tend to be one of two types: rigid or diffuse. Those who develop rigid boundaries are usually tense in their musculature with a tight jaw and a fairly high level of general muscular tension. They tend not to trust people much and not to let anyone come very close. They may be paranoid to a greater or lesser degree. Tightly organized in everything they do and highly routinized in their lifestyle, they are neat and orderly, sometimes in the extreme. They tend to be narrow in their thinking and in their ability to fantasize. They have difficulty experiencing a full range of emotions since feelings do not seem safe to these people and they fear losing control. A tendency to underidentify with others characterizes those with rigid boundaries so they tend to be judgmental and intolerant and are commonly referred to as "thick-skinned." Eye contact is avoided and speech may have a monotone quality. There is little variation in behavior because walking a narrow road and trying to hold oneself together are of paramount importance.

Those with weak or diffuse ego boundaries, on the other hand, are soft in their musculature with little general bodily tension. They may be slightly or severely overweight. They tend to over-identify with others, becoming easily confused about where they begin and end. They become overly involved with people, animals, causes, cults. They tend to be too trusting and easy to deceive. They may invite inappropriate involvement with others by being seductive and flirtatious. Unlike rigid people who feel a need to keep distance, those with diffuse boundaries feel a need to be close to others, almost attached. They have no difficulty fantasizing or feeling. In fact they are "spilling over" because the container of the self, the psychologic skin, is insufficient. They have difficulty thinking clearly and taking firm stands since considerable confusion exists between thinking and feeling. Such people are rarely openly angry because it feels unsafe to take the chance of pushing anybody away.

Obviously no one is a pure type. Deficiencies in the psychological skin are present to a greater or lesser degree in all people. Most people have some areas in which their boundaries are competent and work well but other areas in which their psychological skin is deficient due to the presence of weak spots or even holes. When the weak spots are stressed, the inadequacy of the psychologic skin shows in the person's behavior. For instance, many people are very competent in their work but have serious difficulties in maintaining intimate relationships or in getting involved with people on any more than a superficial level. Others are able to be socially active but have difficulty settling down to solitary activity which requires concentration and clear thinking.

What is meant by well-defined or competent boundaries? Ideally each person ought to be a competent vessel that can adequately hold whatever is within as a competent bottle contains the liquid inside. No one ever achieves this fully. "The boundaries between the self and object-representations within the ego may remain somewhat fluid and interchangeable even into adult life. Although they may achieve a relative stability, they are not static" (Rose, 1972, p. 182). It is possible, however, to repair and correct damaged, deficient and underdeveloped ego

boundaries in properly conducted psychotherapy. People in this process are then more inner-directed than outer-directed and their sense of safety in the world is not dependent on whether they are close enough to or distant enough from others. Instead, they have a basic sense of security within themselves, a sense of being safely contained in their own skin. They don't tend to puff themselves up to appear bigger than they actually are and they also don't tend to put themselves down. They know essentially who they are and where they stand, areas in which they are competent and those in which they have limitations. While their relationships are important, they neither need to hold onto others nor do they need to push them away. They tend to mother themselves well and attend properly to their own real needs. Such people can also father themselves reasonably well, attending properly to self-discipline and living essentially according to reality. Such people experience fewer extremes in their emotional reactions and their reactions tend to make sense in light of current reality with little overreaction and few distortions. When we really know who we are, we are not easily threatened by what happens outside of us. Our sense of well-being is not dependent on how others see us.

Since ego boundaries develop in infancy, their rudimentary edges take shape essentially in the relationship with the mother or the mothering person. Therefore, the quality of early mothering is a major determinant in boundary formation. If a mother holds her baby too tightly because she is afraid herself, if she is too attentive, too worried, too doting, the baby will feel smothered and unsafe. The baby is then likely to develop rather rigid boundaries in an effort to "protect" itself from its well-meaning mother and all others who come close. If, on the other hand, the mother does not hold her baby firmly enough, if she herself fears closeness and keeps distance from others she will inadvertently deny her baby's real needs to be properly held. This baby will experience a desperate wish to be held and its boundaries are likely to remain underdeveloped and soft as it attempts to cling to and bond with others as mother-substitutes.

The only way to repair damaged boundaries is in "long-term relationships that are deeply involving and truly reliable. They must be sturdy enough to withstand even repeated tests under the most intense stresses that can occur between people....Character change is at least as difficult a process and almost as time-consuming as character formation was in the first place" (Bar-Levav, 1988, pp. 335-336). In order to do this kind of boundary repair work the therapist must be able to be emotionally involved with the patient without getting confused, without over- or under-identifying. The therapist himself needs competent boundaries to be able to establish and maintain the kind of relationship which must touch on deep-seated fears in the patient. When frightened the patient will tend to either hold on too tightly or to push away. The therapist must be able to respond then based on the patient's needs, not on the therapist's comfort. The therapist is the tool of therapy and must do whatever work is necessary with him- or herself to achieve flexible, competent, well-functioning boundaries.

We therapists have only ourselves to use in our work. It is not important for patients to know reality details of our lives but whatever we are as people shows. We can try to say all the "right" words to the patient and utilize a variety of sophisticated techniques, but it is our actual presence as a real person that counts. The burden is on us, more than on those in other professions, to fix, adjust and repair ourselves so that we do not abuse those who come to us for help.

All human beings operate according to the same principles. We all came from the same place originally and experienced the same helplessness and dependency. We all had to live with fear and panic early in life and each of us made the very best adjustment we could. We are all survivors of a difficult period and our psychological skin, the boundary which defines our "self," is a reflection of our own unique history. The achievement of competent boundaries allows us to move beyond the characterologic limitations of early life to a freer existence as adults.

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