Two

Where Are Our Boundaries?

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After congratulating ourselves on having slipped the shackles of Victorian prudery through the so-called sexual revolution, we now find ourselves concerned with "boundaries." While Eros dissolves what separates us and draws us into a unity, *boundaries* has become the psychological catch-word of the 1980's and 1990's. Psychological theories regarding "boundaries" have become current in a period of time when erotic feelings have been judged supremely dangerous. We say that people would not commit sexual violations, if they only "had boundaries." The "victims," too, are generally people who "have no boundaries." For the "perpetrator" to violate boundaries is a moral failing, a heedless giving way to the powerful draw of Eros.

For the victims it is a condition of weakness imposed by earlier perpetrators who habitually treated them as though personal and erotic boundaries did not exist. They have never "learned" about boundaries and therefore allow themselves to be intruded upon constantly -- especially in the sexual realm. Our primary task as therapists and responsible citizens is to resist Eros and "uphold boundaries." On the one hand, we expect ourselves to be "aware of boundary issues" and to consciously "observe boundaries" and refrain from "crossing" them. When we do not have the "ego strength" to "recognize boundaries" and to keep ourselves within "appropriate boundaries," we will surely be a danger to our patients.

When we engage in ethical reflections like these, we generally apply the term *boundary* to therapists in the sense of superego expectations. We refer to our responsibility to the public world to conduct ourselves as "professionals." We perceive violations as forms of "sexual acting out," implying that sometimes our erotic impulses may escape our vigilance. Here the line between moral failure and neurosis is nearly impossible to draw. But the very fact that we see it as a matter of ethics implies that our boundary expectations for ourselves as therapists reside primarily in the conscious realm.

Our use of the term *boundaries* when we speak of our patients, however, is quite another matter. Here we refer to faulty personality structure. We describe a healthy ego as recognizing clear demarcations between self and world. Neurosis -- or worse, narcissistic dysfunction -- manifests in "permeable boundaries." In the most severe cases we speak of our patients as relating to others as though they were parts of themselves or as if the patients had become fused with these others.

We recognize in some of them an almost uncanny ability to zero in on the weaknesses or secrets of the people they meet -- particularly their therapists. We say this is due to their almost total "lack of boundaries." "Healthy boundaries," too, are missing between their egos (their sense of having a coherent and continuous identity) and their unconscious. They are vulnerable to being overtaken by primitive emotions and ideas. Their "ego boundaries" dissolve in the face of unconscious forces. Only the most benign cases can be "taught about

boundaries." The others require something far more basic: developing a sense of having a self that might someday "recognize its boundaries."

We attribute so many kinds of things to the presence or absence of "boundaries" that the term seems to know no bounds. Many of us teach our patients boundary jargon, even sometimes when their boundarilessness appears well-nigh intractable. Justification for this surely resides in our fear of Eros, whose dissolving effects are certainly unsettling and even dangerous. But the implications of our making Eros the enemy have not been examined. We take it for granted that establishing barriers between ourselves will make us independent subjects, free of crippling dependency upon one another; and we insist upon this precisely in therapy where feelings of dependency are likely to be particularly strong. We might well wonder what effect this has on the therapeutic process.

It is by no means unusual to find therapists who understand their own psychological development entirely in terms of "boundaries." Generally they are individuals who themselves have had to learn about "boundaries" the hard way. They have come to their profession along much the same path that most drug therapists have followed, by experiencing in their own lives the destructive effects of erotic ego-dissolution. This gives them an incontrovertible authority concerning the destructive effects of Eros and allows them to present themselves as models of a new-found sobriety.

Peter Rutter presents such a case in his book, *Sex in the Forbidden Zone*. (Rutter, 1989, pp. 88-90). A psychotherapist in her early forties identified as Barbara Forsch recounts her seduction two decades earlier of a psychiatrist she calls Dr. Adams. The two of them carried on a year-long sexual relationship during their therapy sessions. With twenty years' hind-sight she has come to understand the whole episode as the crucial, definitive event in her life-long struggle to define her boundaries. Her work to understand what happened to her with Dr. Adams led her to a reinterpretation of both her childhood and her present situation as well as to her training to become a therapist in her own right.

Although not sexually abused as a child, she experienced her parents as constantly intruding on and obliterating her boundaries, an interpretation which she believes accounts for all the "sick relationships" she has had with men. At the time of her interview with Rutter, she is still angry with Dr. Adams for allowing himself to be seduced. Even when she gets close to the man she is presently living with, everything that she recalls as "gross" and disgusting with her psychiatrist comes back to her and prevents intimacy.

Barbara describes her development in three extended episodes: her parents' intrusiveness during her childhood, understood as the origin and cause of her pathology; the sexual relationship with her psychiatrist, presented as the paradigmatic instance of her self-destructive boundary crossing; and the relationship with her current boy-friend, described as the way she experiences her pathology in the present.

She says only that she has had "a lot of therapy in the ten years since I stopped seeing Dr. Adams." Apparently this is where she learned to speak the language of boundaries and trained to be a therapist herself. We are left to wonder about the nine years that intervened between the end of her affair with Dr. Adams and the beginning of the "boundary therapy," for she evidently continued seeing him over an entire decade. All three of her life's chapters

have been framed in terms of "boundaries." Close examination of her use of this term will uncover a host of psychological issues and therapeutic assumptions.

The central issue is the one she is still dealing with, "trying to learn how to be intimate again in a healthier way." The symptom of her ill health is the feeling "*this is gross*" that she has whenever she gets close to a man. She implies that her boundaries are still not well-established, and that as she moves toward intimacy the feeling of "grossness" appears as an insuperable defense holding her back from a closeness she very much desires.

Clearly "grossness" is itself a limit that sets bounds to her freedom to participate in and enjoy a sense of *we-ness* with a man she feels drawn to. But this imposed limit is not dignified with the term *boundary*. It is treated, rather, as a symptom of boundarilessness. Therefore "having boundaries" must mean to possess the freedom to set one's own limits in a manner that is harmonious with the life one would like to lead.

"Setting boundaries" becomes the primary criterion of psychological health wherein I joyfully choose where I will go and what I will do. To be unable to set my own boundaries means to be brought up short against my will by ugly emotions I cannot control, to be painfully limited in my self-expression, to be hemmed in by fear and repugnance.

The language of boundaries, as used by Barbara Forsch, is applied exclusively to her life with other people, to her inability to negotiate the structure of erotic interaction. In the brief reference to her problematic relationship with the man she lives with, she finds herself caught between two powerful forces -- one drawing her closer to him and the other driving him away. Contemplated from a certain distance, the *we* that comes forcefully to presence between Barbara and her lover seems to offer the freedom, health, and marvelous connectedness of which life has long deprived her. Seen up close, when the prospect of merging into that *we* becomes immanent, she finds herself overcome with feelings of repugnance.

Suddenly the glorious *we* has become so much a threat that the *we-ness* itself is lost -- and the *you* as well. Now she says: "*This* is gross. *This* is out of the question." Everything personal has disappeared behind the *this*. She does not specify what *this* may be. We know it refers to how she experiences the prospect of union with another person. Very likely it is even more specific than that. "*This*" probably refers to the sexual act itself, the fleshliness of herself and her partner, the engorgement of their sexual organs, the grasping and fumbling at one another's bodies, the greed to be penetrated and to penetrate. All of *this* is so repugnant that she retires in a panic of disgust.

If only she could set her own boundaries, her opportunity for personal intimacy would not be obliterated by an insuperable revulsion defense that was created during her childhood years by intrusive parents and solidified by the affair with Dr. Adams. Barbara's understanding of her own psychodynamics seems to imply a theory of unconscious agency.

Consciously, she wants nothing more than to dissolve in the *we*. Unconsciously, the prospect of dissolution inspires an overwhelming terror at the impending loss of her precarious *I-ness*. Such an annihilating prospect far outweighs any bliss conjured by the *we* to deceive her conscious point of view. It turns repulsive and *gross*.

She would like the flexibility to be able to move in and out of *we-ness* according to the inclination of the moment, gliding easily about in a high-tension field between the bliss of union and the loss of self. Every human erotic interaction provides this chaotic tension, and "healthy" people can enjoy the bliss without an overwhelming horror of losing themselves. Barbara cannot. The very fact that she speaks of "boundaries" implies that she wants and expects always to have a protective barrier between herself and her lover.

We all need something to prevent the loss of our individual integrity in the dissolving threat of the *we*. But do we wish to call it a *boundary*? Does not the image of a boundary around the *I* imply that the *we* can never truly be entered? Barbara is apparently so concerned with the maintenance of her fragile sense of self, that she refuses to allow it to be loosened, interpenetrated, and even rearranged by her erotic encounter with another. Can we accept this hope for ourselves? Does it not suggest a life of tenuous and unsatisfying relationships?

Do we not find a joyful enlargement of ourselves when we share a powerful experience of *we* with someone else? Are not the rewards of dissolution our most convincing motive for engaging in erotic relationships? Barbara cannot be entirely ignorant of these facts, or she would not be "trying to learn how to be intimate again in a healthier way." Because "healthy intimacy" allows for degrees of dissolution, the image of a "boundary" may be at odds with what is sought.

Although "boundaries" may provide a poor metaphor to describe the essential nature of intimacy, perhaps we can retain the concept of "ego boundaries" as an essential *stepping stone* to psychic health for one who is as "wounded" as Barbara. Possibly a "boundariless" person needs barriers between herself and others as an intermediate stage before dispensing with them in order to enjoy partial dissolution in a healthy sense of *we-ness*. Let us investigate this alternative in connection with the paradigmatic instance of Barbara's boundary crossing, the affair with Dr. Adams. What kind of intermediate stage might have been achieved?

The seduction occurred in her third meeting with him. She summarizes the earlier sessions in two sentences: *He looked real good to me by contrast with my family. I could see he was attracted to me, and I wanted to make myself important to him*. The middle-aged Barbara recalls this twenty-year-old scene as an encounter with something truly novel and even revelatory in the *we* that came to presence between herself and her psychiatrist, making him look "real good." Although she fails to elaborate what this *good* might have meant to her, we know (a) that she has never seen it before, (b) that it is so momentously significant she cannot allow it to slip out of her life, and (c) that it gives Dr. Adams the power to bestow upon her his highly valued recognition that she is "important."

We can understand Barbara's state of mind during her first two sessions of therapy quite well without resorting to boundary language. But as soon as we get to the third hour of therapy, when the seduction occurred, boundaries are everywhere. Rutter introduces Barbara's account of her seduction with an assertion about boundaries: "Women who have such unformed boundaries are at great risk to offer themselves sexually to men." He brings us up short. We are not allowed to read the account of the seduction without theoretical prompting. We are to be on the lookout for "boundaries" being violated. The seduction is then told in four sentences:

> I went to my third session with Dr. Adams with my raincoat on and nothing but underwear underneath. When it was time to go I took off my coat and rubbed up against him. He was kind of passive about it, but I could tell that he was going to let it keep happening. It just escalated from there.

The assertion that Barbara's "boundaries" are "unformed" can hardly be meant to imply that she did not recognize the presence of a social-consensus barrier. Everyone agrees that showing up for your therapy appointment in your underwear is a strikingly unconventional thing to do. Barbara had to know she was crossing a very naughty boundary. Indeed, we can hardly resist imagining her state of mind as she sat in her trenchcoat, trembling in every cell of her being with the secret of her nakedness.

She says of her disrobing, that she "sexualized" the therapy. But that is not quite accurate. The interactive field between herself and Dr. Adams had to have been charged with sexual energy the moment she entered the door with her dangerous and tantalizing but silent proposition. Perhaps she was not sure she would actually remove the coat, or at what moment during the hour. No doubt every nuance of the dialogue was scrutinized for its relevance to her probable unveiling. "Would he say that to me if he knew I was in my underwear?" "Does he suspect what my comment *really* means?"

Because the knowledge that she was crossing over into Rutter's "forbidden zone" was essential to her drama, we must conclude that her "unformed boundaries" refer to some other kind of barrier than that of social mores. She had to have known, factually, that the social and ethical boundary was implied, but it may well have been the case that she lacked a healthy fear of such dangerous crossings. The careful staging of her surprise implies she knew it was risky, but perhaps not risky enough to evoke the *gross*.

Her "sexualizing" behavior suggests that, consciously, she was impatient to *dissolve* boundaries. In this respect she was not in need of barriers but desperate to escape their confinement and isolation. Union with Dr. Adams had to have been irresistibly inviting. For, contemplated from a safe distance, dissolution in a numinous *we* always seems to promise enlargement and togetherness. Because her fear of losing herself must have been almost wholly unconscious, her drive for joining with a powerful other had to have preoccupied her as an obsessive concern.

She was convinced some kind of barrier had to be broken through -- perhaps that of social expectation. "Sexualizing" served this need by stoking up the fires of the tantalizing *we*, heightening its attractiveness, recasting it as an exciting reality rather than a vague promise -- the solution to her twenty-year-long agony of isolation and disconnectedness. Breaching sexual boundaries must therefore have seemed to raise the salvific power of the *we* and place it within reach.

If at the time of her third therapy session Barbara "needed boundaries," this theoretical fact was lost on her. She was instead prepared to obliterate any barrier she could find and end her isolation. In this context, it seems paradoxical to describe her as a "woman with unformed boundaries." For this phrase causes us to reverse our attention, directing it away from the limitations of social mores to the negligibility of Barbara's sense of herself.

To have an "unformed boundary" must be like having an unfrozen ice cube. The water is

there all right, but cannot be gathered. It runs out between our fingers and escapes. In this way Barbara's identity is unformed and unreliable, her sense of being a self illusory and evanescent. She needed "boundaries" to give herself shape and definition. Evidently the *we* she contemplates between herself and Dr. Adams appears as a remedy for her boundless fluidity.

She herself has little to bring to the *we* -- its definition and promise owing everything to her psychiatrist's contribution. This must so much have been the case, that it hardly deserves to be called a *we* at all. A *we* so thoroughly dominated and defined by the *you* can only be *mine* to the extent that I may be allowed to take up residence in it as a kind of unworthy guest who has no means to help with the rent. I rely upon the generosity of the *you* to give me everything I lack. Having no right to be here, I am completely dependent and hand over even my illusory identity to the *you*. In this way Barbara seeks to lose her miserable self in Dr. Adams' greater being.

If we are in search of a set of boundaries that can function as a "stepping stone" to achieving an ego capable of intimacy, we may have found it implied in Barbara's "lack of form," her undefined sense of who she is. Implicitly preoccupied with her "lack of boundaries," Barbara's life is characterized by an urgent search for a boundedness that will give shape and meaning to her life. Her "sexualizing" seems to home in on the *we* she shares with Dr. Adams, as though she has finally found the vessel into which to pour her fugitive fluidity. This would seem to be the reason "women with unformed boundaries" are said to be "at great risk to offer themselves sexually to men."

A vessel certainly has "boundaries" that provide containment, although they are not where we expected to find them. Barbara's boundary language led us to expect to find some kind of "stepping stone" *between* herself and the others. If Dr. Adams' personality can give Barbara some sense of form intermediate to discovering herself, these are boundaries that do not separate but include. Still they may constitute the "stepping stone" we seek, very much in keeping with our ice-cube metaphor.

The boundaries of an ice cube are entirely external. Water has to be poured into a form that has nothing to do with the intrinsic structure of the liquid itself, and the form can be removed only when the water has rigidified in its externally imposed shape. As a model for finding personality structure, this metaphor agrees fairly well with Barbara's fantasy of pouring herself into Dr. Adams' vessel. But it hardly suggests a viable way of life.

A satisfying personal life implies finding some sort of "internal" form -- perhaps like the virtual crystalline structure of a salt dissolved in water. In this image, the structure of my *I* remains as an invisible but indestructible reality even when I am dissolved in a numinous *we*. When I withdraw from the *we* to continue with the day-to-day necessities of life, my intrinsic shape returns -- as when the water of a solution evaporates and the crystal with its characteristic structure reforms at the bottom of the beaker. According to this metaphor, to say that Barbara has "unformed boundaries" is to imply that her personal form is thoroughly "virtual" and has not yet been discovered. Again the image of a "boundary" is misleading, for it suggests something external and extrinsic whereas what is sought is a form that is internal and intrinsic.

If to "have well-formed boundaries" means to have a flexible, resilient, and reliable sense of self, it describes a significant achievement in personality development that enables a person to engage in "healthy relationships." Barbara's desire to pour her fluid and unformed self into the vessel of Dr. Adams is very far from this. But perhaps it may still be a "stepping stone."

Something of an intermediate accomplishment of this sort may be suggested in Barbara's having "considered it a triumph" to have drawn Dr. Adams into an affair. It is perhaps dangerous to think so, for it is generally agreed that the "sexualizing" of therapy is always and in every sense destructive. Barbara's "boundary therapy," in fact, takes it as a symptom of the severity of her "woundedness" that she resorted to "sexualizing." However, it may just as well have been a symptom of emerging health if there is any possibility that the affair with Dr. Adams *did* provide her a temporary sense of having a form. Could it be that the seduction accomplished something positive?

We can easily imagine how this "triumph" must have been experienced. In her third therapy session, while she sat as demurely as she was able, trembling with the salacious secret of her imminent nudity, Barbara must have been supremely aware of her power to change the whole tenor and playing field of the interaction. Loosening only three or four buttons would fracture the boundary between his agenda and hers, between therapy and sex. Only she knew the stakes of this game for sure. Locked in his innocent professional persona, Dr. Adams had become the mouse and Barbara the cat. What a change this must have been in comparison with the first two sessions, when she had been the helpless one and he the powerful healer.

In the relatively milder erotic field of the first two sessions, the *we* that came to presence between them had been dominated by the security of Dr. Adams' *you*, against which Barbara's evanescent sense of *I* must have appeared pitiful and even shamefully inadequate. In danger of being overwhelmed and rendered negligible by his powerful dominance of the *we*, she reached for what must have seemed the only weapon she had to equalize an otherwise hopelessly unbalanced relationship. If she could draw him across the sexual barrier, she would gain control of the *we*. By "sexualizing" her meeting with him, she brought about a "triumph" over a momentously significant *you*.

The results, however, are anything but clear. We know only (a) that she succeeded in converting the relationship into a year-long affair, (b) that some kind of professional association was resumed for another nine years once an agreement had been reached to end the lovemaking, and (c) that the reaction *this is gross* had its origins some time during these ten years.

Evidently the sexual relationship satisfied her for a time, if only partially. Possibly she "triumphed" over him session after session, enhancing her sense of being an *I* while retaining her perception of Dr. Adams as a marvelously powerful *you.* At some point this state of affairs ended, and the "triumph" was rendered impossible by the emergence the *gross*. Even if some form of the *gross* had been implicitly present in the first sexual encounter, a full year had to pass before insuperable revulsion could establish itself as an effective barrier against continuing the sexual interaction.

This would be true even if Barbara had not been the one to terminate the affair. Perhaps Dr.

Adams ended the lovemaking at the end of a year in such a way as to imply to Barbara that her "sexualizing" was "gross." All we know for sure is that sexual intimacy had become repulsive to her, although her psychiatrist continued to "look good" enough for her to go on seeing him for another nine years.

It would not be unreasonable to suppose that an imbalance persisted in the *we*. Although Dr. Adams was made a trifle more human by his fall, he must have remained so marvelously powerful that Barbara continued to feel more "important" by spilling her runny *I* into the vessel of his *you,* week after week for a full decade. During this time her ego must have gradually firmed up to the point that her sense of being an *I* became strong enough to terminate their association. Such a development implies that termination had to have been a greater victory than seduction. Nevertheless, she found herself in pretty bad shape after saying goodbye to Dr. Adams. She could no longer avoid the conclusion that her "triumph" had been illusory in that it had confirmed only the "grossness" of her attempts at sexual intimacy.

While sexual dissolution had become "gross" and a symptom of her lack of conscious self-determination, her anger at Dr. Adams' compliance implied a growing sense of herself. At the end of the ten years, she appreciated the value of social boundaries for the first time -- through the deep injury to her selfhood that came to presence as "grossness." In this sense the *gross* is a manifestation of emerging health. Formerly she was without any sense of personal shape and desperately in search of external bounds to contain herself. Now she knows that some forms of containment are counterproductive and "gross." The *gross* has emerged unconsciously as a defense against continuing to rely on the "stepping stone" of extrinsic boundaries inappropriate to her nascent sense of intrinsic form.

Implicitly healthy though the emergence of the *gross* may have been in marking Barbara's progress from "sexualizing" to rage, its persistence over a period of a full decade represents the failure of Barbara's therapeutic work with Dr. Adams. Although she may underestimate what her psychiatrist has done for her, she is fully justified in resenting his failure. This, too, is understood in terms of the "boundaries" *he* failed to observe and maintain. He cooperated with her impulse to violate the barrier of social mores, and in an indecisive and inauthentic manner: *He was kind of passive about it, but I could tell that he was going to let it keep happening. It just escalated from there.*

Barbara's account makes it unmistakable that her psychiatrist was presented with a temptation he had not the integrity to resist. He doubtless knew he was crossing a forbidden boundary and assumed the role of a coy maiden seduced against his better judgment but willing to go ahead as long as it is clear that she is the initiator. If we say he "had no boundaries" we surely do not mean he was unaware of violating an ethical barrier. If he failed to appreciate the psychological enormity of his act as regards his patient's well-being, his relation to sexuality (his own and human sexuality, generally) must have been quite unconscious. If he was blinded by his own uncontrollable needs, the intrinsic structure of his own self must have been "unformed" in some essential manner.

It is easy to imagine how he experienced his third session with her. He had to have been aware in the first two meetings that the erotic energy between them was a significant factor. Very likely he had already found Barbara and the prospect of working with her for an

extended period especially interesting. When she arrived for her third session bubbling over with her secret proposal, he had to have felt a huge increase in the erotic charge. Her remarks, gestures, and glances as the hour progressed had to have been very arousing. Her boundlessness must have been intensely exciting; and her search for a vessel into which to pour herself must have appealed both to his fatherly and to his sexual feelings, inflating him in his own eyes and making him believe that he was uniquely suited to draw her into himself and "heal" her.

In this way Barbara's "wound" called out loud and clear through its "sexualizing" of the atmosphere and found an answer in her psychiatrist's "wound." Evidently he needed her dependency as badly as she needed his receptivity. As the *we* became more and more compelling and mysterious through the heightening of erotic tension, both people must have been fascinated. At the moment of her disrobing, however, the *we* vanished behind her nakedness as the wanton gift she felt compelled to give and the tantalizing possession he longed to make his own. Only the passivity of his temporary pose remained as a flimsy obstacle to the lust that would collapse the last vestiges of the *we* into *mine* and *yours.*

If Dr. Adams had received the fugitive liquidity of her sexual self and valued it in such a way as to make her feel "important" (i.e., a valued and unique individual), she would have found herself empowered and not merely "triumphant." Something essential went awry, and the middle-aged Barbara has identified it: *He could have said, "I see what you're doing, and I totally understand, but I can't do this with you. Let's talk about what goes on inside you that you have to do this.*"

To "understand" a person's behavior means to *see* it for what it is within the full context of her individuality -- grasped as a whole and in its "parts." Thus, Barbara wanted both to be *seen* and to learn to *see* herself. Although unaware of this double need at the time of her third therapy session, she embodied it with her nudity. In accepting her sexual agenda, Dr. Adams complied with the embodiment but failed to raise it to the level of *seeing* and "understanding."

Sex was brought into an on-going interactive field as a crude and inarticulate statement having at least three unconscious meanings for Barbara: (a) can you see *me* and not just my "parts"; (b) if there is anything valuable about me, can you hold it securely and help *me* to see what it is; or (c) will you let me manipulate you like a "naughty boy," proving that everything powerful about me is "gross"? Although Barbara was left to carry the burden of *grossness* as the most obvious outcome of her ten year association with Dr. Adams, we have seen that some progress (albeit insufficient) was made in her coming to appreciate her own sense of selfhood. The best evidence of this is the rage that enabled her to terminate the therapy.

Again boundary language has provided only the most superficial appreciation of the dynamics of the interpersonal field between a therapist and a badly "wounded" patient. But perhaps there remains one area where it may still contribute something essential: Barbara's account of the origins of her "woundedness." *Woundedness*, in boundary language, is used interchangeably with "having inadequate boundaries." Rutter tells the story of Barbara Forsch, in fact, to illustrate one of "the wounds of women." A "wound" is an injury sustained by an organism that was once "whole"; and it can be "healed" with appropriate treatment.

Barbara sees herself as having been born whole but wounded by the "boundary invasions" of her parents. Not having experienced any other way of being, she had not *known* she was "wounded" when she began seeing Dr. Adams. Instead she *enacted* her "woundedness" with him, exploring its failures, triumphs, and "grossness" with vivid clarity -- but without coming to identify it as "wounded behavior" for at least a decade. In this way her ten years with Dr. Adams came to constitute a detailed case study of her profoundly injured personality and an object of close scrutiny. In her "boundary therapy," it became her model for appreciating both her current difficulties in intimate relationships and her childhood.

To have such a well-known and deeply analyzed paradigm to study offers immeasurable benefits to the process of self-understanding. But it is clear from Barbara's account that once she had identified her psychological condition as "wounded," the focus of her therapy drifted away from the paradigm itself and back to the putative origins of her injury. Her childhood experience became explanatory -- both of the boundarilessness she manifested in her affair with Dr. Adams and in her present difficulties with intimacy.

She believes her parent's invasions *started literally the day I was born* through their criticism and organizing of her spontaneous play. We can take this to mean that she wonders if she was ever "whole" and has to consign her pre-wounded state to the unconscious past of earliest infancy. Her remembered history is all of a piece, culminating in the boundary violations with Dr. Adams, albeit somewhat ameliorated by her recent ten years of therapy.

She is more explicit about how her development of a dependable sense of "boundaries" was frustrated during her teenage years. Her mother repeatedly warned her about boys and suspected her of sexual misconduct, refusing to believe Barbara's honest protestations to the contrary and ignoring her requests for "real information" about sex. *She went through my drawers, opened my mail, listened in on phone calls, and checked my underpants when I took them off -- anything that had to do with me was for my mother's hands and eyes.*

These are apparently the facts she knew and resented as a teenager. However, the middle-aged Barbara provides two more comments that reveal the interpretation these facts have been given in her "boundary therapy." *I felt parts of my body belonged to other people. Because my boundaries were so messed up, it was almost inevitable that I would not be the one to perceive that I shouldn't have sex with my shrink.*

We have already addressed the second of these claims and reached two conclusions: (a) that she could not have been ignorant of the social consensus that frowns on having "sex with her shrink" although she evidently failed to appreciate the wisdom of this "boundary" and (b) that the "lack of boundaries" driving her into "sexualizing" the therapy had much more to do with the negligibility of her sense of having an *I* and a relentless quest to find a form to hold her fluidity.

Her teenage memories clearly support these earlier conclusions. The maternal harangues made it clear at least that pre-marital sex was forbidden -- of which "sex with her shrink" would surely be an instance. Furthermore, her mother's invasiveness rendered Barbara an object devoid of personal integrity. We have no trouble at all accepting Barbara's middle-aged interpretation that the groundwork of her impoverished sense of herself was laid by the mistreatment she suffered in her childhood environment.

But now she adds a claim we have not considered: *I felt parts of my body belonged to other people*. Following immediately after the details of her mother's intrusions into her private life, this statement introduces her interpretation that she was incapable of seeing "sex with her shrink" as inadvisable. The sequence of sentences is evidently designed to convince us that because her letters and underwear seemed to belong to her mother she thought it only natural to hand over her mouth, breasts, clitoris, and vagina to her therapist. But we resist this conclusion even though we suspect there may be a good deal of truth in it. She *protested* her mother's interest but *offered* herself to her "shrink." Furthermore, her mother did not ask for her body parts, but only what was closest to them. We need a rationale to help us grasp the difference in these two attitudes.

Perhaps she was dying for a "good mother" to whom she could hand over all her secrets and herself as well, someone who would not take her "parts" and use them against her, annihilating the *I* she barely suspected she had. *He looked real good to me by contrast with my family*, no doubt because Dr. Adams seemed to be concerned with Barbara herself, giving her hope that she might finally be an *I* and embodying the first genuine *you* she had ever encountered. A *we* came to presence for the first time in her life.

The mother who "messed up her boundaries" was therefore the first "sexualizer" in her life. She treated Barbara's private parts and possessions as impersonal sources of evidence that her daughter might be the loose woman of her own obsessions, and teaching Barbara that "cutting loose," had to be the most wonderful of forbidden fantasies. Whatever was private and redolent of sexuality possessed inestimable value and required above all to be handed over to a man who would value its "importance." A woman or girl carried her privates like liquid gold, brimming a cumbersome saucer, constantly in danger of a tragic spill. "Boys," in their insensitive greed, would upset the precarious plate and dissipate the numinous secret of her undiscovered self. It had to be handed over in order to be found. The "good mother" -- or perhaps the anti-mother -- would be a man who was secure, sensitive, and wise, who possessed a capacious vessel into which she could safely pour the burden of her mysterious sexual self, someone who would at last treasure it and reveal its value to her.

But to conceive this vessel as a "set of boundaries" to contain Barbara's "body parts" as her own language suggests, evokes the image of a coffin -- or perhaps Isis' boat on the Nile, heaped with the limbs, trunk, and head of Osiris, as the goddess searches in vain for his missing phallus. Would it not be more appropriate to speak rather of the thread that strings together the separate beads of a necklace or the limbs of a child's "Jumping Jack"? True, enough, her mother has violated the unbounded space of her individuality to render Barbara a collection of unattached "parts." But to speak of a "boundary" to prevent the helter-skelter loss of those "parts" hardly addresses the central issue: their need for cohesion and articulation as the elements of a unified personality.

Our phenomenological description of Barbara's struggles has enabled us to understand what it means to have a "wound" characterized by "unformed boundaries" that drives a woman despite all apparent common sense ethics to "sexualize" the interpersonal field she shares with her therapist. We grasp as well why her experience of the *gross* is linked so firmly to Dr. Adams -- even though her mother's salacious interest in her secrets fragmented the teenaged Barbara into a loose connection of "body parts," every one an occasion for sullying misconduct.

The "boundary-messing" family of origin spawned the notion of the *gross*, but it was enacted and experienced for the first time only with Dr. Adams. In discovering all this, however, we have had to abandon or modify essentially, every meaning she ascribes to "boundaries." Because "boundary language" obscures the issues, we are left to wonder whether Barbara's ten years of therapy since her termination with Dr. Adams may not have served her better if it had eschewed the "boundary" metaphor and sought to find a new language more immediately appropriate to her actual experience.

The boundary metaphor, in fact, appears to be a way of limiting an erotic encounter and making it safe. Its imagery demonizes Eros in its unitive moment (the pull toward dissolution and unity) and absolutizes the distancing moment in erotic tension (the tendency to resist dissolution in order to recover or to find for the first time a sense of personal identity). As such, it justifies rage and flight while seeming to make the erotic encounter safer by rejecting lust. Our analysis of boundary language makes clear how vital it is to have a more adequate understanding of Eros, and particularly to begin with a sympathetic investigation of the undervalued unitive moment in an erotic encounter.