
The Place of Boundaries

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“Boundaries” is such a common term in contemporary discourse, it seems to have acquired a life of its own. The danger in using a term so liberally, however, is that we may each develop a private understanding for it without even realizing that we have done so. Ultimately, while we may all be using the same word, we may be talking about very different things, and this limits us in our ability to communicate with one another meaningfully.

According to the American Heritage Dictionary, a boundary is something that indicates a border or a limit. A boundary is a limiting line. It seems simple enough, but there are multiple applications of this concept to our lives. Boundaries punctuate the world around us, and they come in many categories. Physical boundaries, such as the fences around our property or the locks on our doors, define where our physical space ends and another’s begins. There are political boundaries: we may be free to speak our minds on the streets of New York, but the citizens of North Korea have different parameters. Social boundaries are rules of interaction, according to which we understand we are not to drop in on our friends spontaneously at 2 a.m., nor are we to rest our head on a stranger’s shoulder in the subway. Legal boundaries are the laws of our society that tell us how fast we may drive on the freeway and prohibit our leaving the store without paying for our purchases. There are also psychological boundaries according to which we regulate how much we will allow ourselves to know ourselves, and how much access we allow others to the contents of our hearts and minds. Psychological boundaries change as we evolve and develop. Violating any of these boundaries has social, emotional, political, and legal ramifications. But while boundaries appear to define what is forbidden, at the same time they define what is allowed. While boundaries may appear to be limiting, ultimately they define the shape of the world in which we are free to act.

Boundaries are an essential part of all human relationships, and they play a significant role in determining the quality of those relationships. As easily as the word “boundaries” may flow trippingly off the tongue, however, actually establishing and enforcing boundaries is altogether a different matter, fraught with much feeling, uncertainty, and ambivalence. Many of us who treat children—mental health practitioners, educational therapists, physical therapists, and medical professionals—are engaged in the process of helping parents through these particular woods. But boundaries are not only for parents and children. Boundaries are also an important feature of the relationships between those of us in the helping professions and the patients and clients we serve. This article will first explore the place of boundaries in parent-child relationships, and then address how boundaries function in our professional relation-

ships. What are the “rules” of our practices? To what standards do we hold ourselves? How consistently do we uphold them? What gets in our way of upholding them? What are the implications? It is my hope that this exploration will help to empower us as parents and as professionals.

BOUNDARIES IN THE PARENT-CHILD RELATIONSHIP

Boundaries in our children’s lives function in relationship to the role that we conceptualize for ourselves as parents. When we recognize that parenting involves more than simply getting through each day with our offspring intact, boundaries became an integral part of parenting. As parents, it is our job to use the limited time we have to help our children develop the skills and capacities that they will need to function in the wide world beyond the walls of our homes. It is our task to prepare children to become citizens of our society. This is parenting with the long view. We owe it to our children. We owe it to our communities. On a grander scale, we owe it to our country, for we are raising the next generation of Americans, whose behavior and decision-making will affect the quality of life for everyone. We need to work together to ensure that the future is not populated by individuals who see the policeman’s lights in the rearview mirror as an invitation to put the pedal to the metal.

A child’s mind is developing in the relationship with us, her parents. This is not merely conceptual; it’s anatomical. Research has shown us that a child’s brain structure is influenced and guided by the interactions in the parent-child relationship from the very beginning of life. We not only influence the contents of a child’s mind — what she knows — but we impact how she knows, how she will receive information, what she will filter out and what she will recognize, how she thinks about thinking, the depth and breadth of her mental reach. Our children do not “do what we say and not what we do.” They listen to us. They “watch” us with multiple senses attuned to more aspects of our thoughts and feelings and behavior than we may realize. And they store all this information. It becomes the template according to which they will interact with the world. In a thousand ways or more each day, we convey information to a child that shapes what will come to be her assumptions about her world and what will become her expectations of it. These assumptions and expectations will have an indelible imprint upon the quality and content of her life. What an awesome responsibility.

So, where do boundaries fit in this equation? Healthy, loving boundaries are reasonable rules, mindfully imposed. Like the laws of our society, they reliably delineate the domains of acceptable behavior. As “stop on red, go on green” allows traffic to flow and lets us feel safe in the car, healthy loving boundaries imposed by parents bring order to the house, make the world dependable and predictable, and in so doing, foster a feeling of security. In the long term, healthy, loving boundaries sow the seeds for good adaptation and a good relationship to self and others. They form the core of a superego and a conscience.

They are at the foundation of morality, compassion, and common sense. The thoughtful control that we impose upon our children—control that they are experientially and neurodevelopmentally unequipped to impose upon themselves—is what is internalized to become self-control in them as they grow into adults. This is a quality increasingly in short supply in our society—an observation readily confirmed in a world in which pee-wee hockey coaches need to take additional life insurance before the season begins.

And if we are not establishing and enforcing healthy, loving boundaries, then what? There is no such thing as benign neglect. Just as our external regulation becomes our child's self-regulation, so does the absence of our regulation, or our inconsistent regulation, get internalized by a child to become internal chaos.

Boundaries are considered by many like the green, leafy vegetables on the parenting menu—good for us, but nothing that many would volunteer to eat otherwise, and a little hard to digest at times. Many of us tend to apply boundaries reactively, in an atmosphere of bad feeling. This is too bad, because boundaries are an integral part of fostering the very *good* feeling that can exist between parents and children—the good feeling that can be all too elusive, swallowed up in endless whining, cajoling, complaining, and tantruming that comes to dominate so many parent-child interactions.

Healthy, loving boundaries are the remedy for this. Even more important, they are the prophylaxis. It is common for parents who come for consultation to begin by saying, "Johnny is constantly testing limits." The next time you hear this, ask, "What are the limits in your house?" This can be a real conversation stopper as parents realize that while their children are driving them crazy by being defiant in one circumstance or the next, there are no overarching principles that have been defined for children. There are no expectations for behavior that have been laid out ahead of time. Parents functioning in this way are constantly putting themselves in a position of reacting to children instead of stepping into a more proactive role as leaders. But leadership is what parenting demands of us if we hope to raise children who eventually will be able to lead themselves, and maybe even others too. Boundaries are about discipline. "Discipline" is all too often thought to be synonymous with "punishment," but the roots of the word "discipline" are the same as the roots of the word "disciple." A disciple is someone who is taught by someone with greater knowledge. In the parent-child relationship, that means us.

Certain behaviors that need to be bounded for children are in the category of "access to others." For example, children should knock before entering a parent's room, even if the door is open. No child should be in the bathroom while a grown-up is using the toilet. No child should be permitted to deconstruct mom's purse. And is any adult really comfortable with a four-year-old calling him by his first name? Children should also be schooled in the judicious use of "excuse me" if they wish to interrupt an adult in conversation—telephone or otherwise. An angry child needs to have a policy of words and not fists. These rules are the foundations for appropriate social interaction. They

are founded upon our awareness that one person ends before another begins. Enforcing such rules is how we can represent this principle to our children and teach them that we all don't simply bleed into each other's space. Enforcing such principles affords children the opportunity to learn to respect the existence and freedoms of others and, by association, themselves.

Children also need to be bounded in the category "how to behave indoors and out." Are children running from room to room in the house, screaming like banshees? Drumming on plates with forks and knives at dinner? Fleeing the table while loudly chewing the last bite of dinner? Running around the house naked? If these things are happening, we notice them and don't like them. This is an indication that they need to be corralled. Self-control can grow from our imposition of such rules. And in their absence? Well, have you been in a movie theater lately and gotten through the film without being subjected to someone else's very audible commentary, or worse yet, cell phone conversation?

Children also need to be bounded in the category of "care for self and things." Brush your teeth before bed, clear your plate, homework before playtime, clean one room before starting a major play project in the next. The seeds of good care-taking begin with us. We are preparing children to be caretakers of our public spaces. And we are preparing them to be the parents of our grandchildren.

We are teaching children to discipline their minds when we make and enforce such rules. We are helping them develop important skills to keep themselves safe and healthy. And we are creating the foundation from which successful social interactions can develop. We are also conveying to children that we respect ourselves and that we respect them enough to require these basic courtesies. It is our respect that gets internalized and sets the stage for them to respect themselves and others too.

Many parents are afraid that in making and enforcing rules, they are hearkening back to the authoritarian days of yore and are being cruel and harsh. But this is not so. While children may strenuously object to limits being set on aspects of their behavior, ultimately the limits are comforting. They render the world predictable, allowing children to be contained in a thoughtful system that is larger than they are. We set limits and do the sometimes-tough work of enforcing them only if we care about a child. We do this only for a child for whom we have a future in mind. Our limits are also a comfort for children whose own capacities for self-regulation and judgment are limited. Children may omnipotently deny their dependency on grown-ups (the clarion call of toddlerhood: "I do it myself!"). When it comes down to it though, children are well aware of their real reliance on us and are comforted when we are not cowed by the grandiose defenses that they mount to convince themselves and others that it is otherwise. Enforcing boundaries reminds us of our responsibilities to our children and reminds us that we are the ones with the mature frontal lobes and the life experience that, together, produce wisdom.

Many parents in the current climate appear to try to make decisions on the basis of what they think will upset their children

the least. Then, if a child becomes angry over a limit that has been set, many parents question their judgment, as if the magnitude of the child's upset were the measure against which the correctness of the rule should be judged. If our four-year-old cries so hard that he throws up when told he can't watch the Wiggles video again, maybe we've been hasty. After all, we may reason, what's the harm in popping the video in just one more time? Plenty. Just as the smooth operation of our society depends upon policemen who are willing to uphold laws that have been established to preserve everyone's freedom, so the smooth operation of our families depends upon parents who are willing to enforce the boundaries that have been thoughtfully set for the same purpose. Imagine if the policeman was willing to let the burglar off the hook if only he had a loud enough tantrum.

Acquiescing to a tantrum in the service of buying a little peace is peace bought at a great price for that child and for the society as a whole. For what is conveyed in such circumstances? A child is getting the message that parents are weak and unreliable, which can only serve to make her feel insecure. She is getting the message that if she raises enough of a fuss in response to something she does not like, she will get her way. It is not difficult to imagine the negative repercussions of such a lesson on her ability to function in school, in the workplace, or in any meaningful personal relationship now and in the future. It is likely that many of us in professional practice are right now occupied trying to remediate this belief and perception in some of our patients and clients and their parents.

Children are not born with a means by which realistically to assess the magnitude of their influence and the real destructive power of their anger. Magical thinking dominates before logical thought prevails. Logical thought is shaped by experiences with parents who, among other things, demonstrate to a child that his aggression is survivable and that thinking the parent destroyed will not make it so. When a parent relaxes a rule in response to a child's upset, what is communicated to that child is that there is something frightening and dangerous within him, so much so that a parent will bend over backwards in order to prevent its full expression. This is a child who, in essence, believes he is walking around life with a trunkful of dynamite that is so powerful that those demolition experts who should help him to understand and defuse it—his parents—are too frightened even to raise the lid and look. This child never has the opportunity to test the full measure of his feelings and to make a reality-based assessment of the limits of his power and influence. In such circumstances, the opportunity is lost to convey to the child that his feelings are understandable, that they are survivable by him and by the relationship, and that they can be examined and managed, contained, and moved beyond.

Because our children are inclined to copy us, we need to set appropriate limits on some of our behaviors as parents. In the process of regulating children, we must regulate ourselves. To teach a child to care for his things, we must care for ours. This means the dishes don't sit in the sink for days, our beds get made, and "dust bunny" shouldn't be a contender along with "doggie" for a child's first words. To teach a child to be on time, we must be on time. I am aware of a kindergartener who racked up 47 tardies in

one grading period. The parent's explanation: "Well, the kindergarten teacher always keeps us waiting in the yard, so if she won't be on time, then I see no reason we should be on time either." (Presumably this is a parent who will not be able to use the "If John jumped over a cliff, would you jump over a cliff?" line of reasoning in the future!) Setting limits on ourselves means if we are driving, we don't drink. It means keeping a lid on our temper and using our words when we have angry feelings. It means not sending children to school sick, even if our schedule for the day is pressing. It means giving back excess change we may accidentally be given at the grocery store, and not feeding a child a bag of potato chips during shopping and leaving the empty behind on a shelf without paying. Tempting though it may be at times to badmouth others, gossiping is not friendly, pro-social behavior and we have to exercise some restraint. Setting limits on ourselves means canceling plans to see the PG movie if we can't get a sitter for our four-year-old.

Exercising such limits may put us in sharp contrast to other parents. The peer pressure may be substantial if we are the only holdouts among several families who want to take their preschoolers to see Harry Potter on a Saturday afternoon. Most of us would identify an ability not to go along with the crowd as a goal for our children. Are we just paying lip service to this value? Or can we resist such pressure ourselves? If we can, then when we tell children they need to think for themselves even if others don't agree, it's meaningful. If not, then we're hypocrites, and it is the double standard that will probably make the greatest impression.

BOUNDARIES IN THE PROFESSIONAL RELATIONSHIP

Parents have to be willing to make reasoned decisions that may result in children feeling angry and frustrated at times. As professionals working with children and their parents, we too have to be willing to make and enforce policies that may make children unhappy. This is part of the treatment we render, for it is often the same intolerance of structure and rules that is contributing to making life difficult for the child outside our offices. If we want to help children develop self-control and self-discipline, we need to give them a strong, resilient, predictable frame when they are in our care. Children are not best served by our colluding with their resistance by bending rules and helping them to avoid what is hardest and what makes them most angry. They are best served when we have well-reasoned rules and when we explain what is expected in our offices as part of getting acquainted. Then, children are best served when we hold them accountable for upholding our rules, and are prepared to help them learn skills to cope with the feelings that arise when they butt up against them.

I am aware of psychotherapists who, when engaged in play therapy with children, manipulate games in their offices in order to allow children consistently to win. The therapeutic rationale is that for children who have such consistent experience of feeling like losers—the very problems that drove them to therapy to begin with—prevailing in the office is therapeutic and healing. Winning a few sets of Chutes and Ladders, however, is hardly a

sufficient reparative experience for a child who has been abused, has been abandoned by a parent, gets picked on in school. Letting such children continually win in therapy is a disservice because it perpetually precludes from coming into the treatment the very feelings that are most troublesome. And it is a lie. Better to serve the child by playing the game by the rules, letting the chips fall where they may, and helping a child confront the experience of being a loser—and sometimes a winner—directly, in the office.

Setting limits does not mean we have to be meanies or tyrants. It doesn't set the stage for power struggles. In fact, setting good limits often allows us to transfer the responsibility to children for their own actions.

Jojo, seven, comes to consult for evaluation of ADHD and oppositional behavior. He sits on one of the upholstered chairs in my office and immediately puts his feet up on the seat. I tell him he has to keep his feet off my furniture. He takes his feet down, and then they are up again. I tell him again, he puts feet down, then up again immediately with the sly smile that tells me this is how business is transacted in his life, and he's getting a bit of a perverse rise out of it. With no interest in entering this particular dance with him, I present a wooden folding chair and in so doing, put him in charge of his own destiny. I tell him the folding chair is the one that feet can be put up on, and the easy chair is the one that feet have to stay off. I leave the choice up to him.

"No feet on the good furniture" is one of the rules in my office. It respects me and it respects my things—a distinction that can be lost on many young children (which is another reason it can be important to have certain rules about our stuff.) Upholding the rule is as important for a child with neurocognitively based limitations in inhibition as it is for a child whose behavior is more willful. Either way—if a child can't or won't control where his feet go—no harm, no foul, no shame. The wooden folding chair is an alternative. And it is not provided as a punishment. It is provided as a way a child can work with me to ensure that certain standards in the office are upheld. Similarly, there is no eating in my office, though when I assess a child, I suggest parents bring snacks for break time that can be eaten in my waiting room. When a ten-year-old boy recently persisted in reaching for the snack bag at intervals during the assessment irrespective of my directives not to, the bag went on a high shelf. This was not to punish. We have to be willing to step in to enforce boundaries at the point that children demonstrate that they cannot enforce them for themselves. At that point we are working together to maintain standards.

As clinicians, we are in a position to enforce boundaries for the children we serve as well as for their parents. We have to be willing to make decisions that will result in parents being angry with us. It sounds easy enough in principle, but it may be a bit harder to put into practice. We may be smug when we commiserate with another professional about a parent afraid

to take a strong stand on bedtime because being made to go to bed at a reasonable hour upsets a child. But how many of us in professional practice hold a parent accountable for time kept waiting when they pick up a child late? How many of us have a 24-hour cancellation policy that we reliably enforce?

In the best of circumstances, it's nice to avoid unpleasanties with others. How many people (passive aggressive personalities excepted) could honestly say, "Gee I like it when someone is mad at me"? Many of us in the helping professions, however, may have even more acute vulnerabilities in this area. Many of us have come here by way of less than ideal circumstances in our own early lives. We have dedicated ourselves to healing and providing reparative experiences to others on the basis of firsthand knowledge of what the lack of attunement with a parent feels like. We have chosen the high road—healing—and we want to be appreciated and acknowledged for our good works.

It may be easier for us to waive a fee when 24 hours notice is not given for a cancellation than it is to confront a parent's anger at being held accountable. We may justify this by telling ourselves that a parent sufficiently angry with us may pull a child from treatment. But is this any different than a parent who capitulates to a child's entreaties in the service of avoiding the child's anger? Does the parent who wins us over with a variety of explanations about why there could not be sufficient notice given differ so much from the child who negotiates ad nauseum to get out of something for which he does not wish to be held accountable? Do we not reinforce this crazy-making and disrespectful behavior when we capitulate, becoming the professional version of slot-machine parents who convey that with sufficient whining and pleading, eventually anyone can get her way? Perhaps the difficulties we can experience in setting and enforcing appropriate limits in our offices with parents can help us be a bit more understanding of the difficulties the parents encounter in setting unpopular limits with their children. And I would put forth the assertion that it is in establishing and maintaining the integrity of reliable policies of practice that we have the opportunity to do profoundly important work with the families we treat.

If we aim to empower parents to take charge by setting and enforcing reasonable limits in their own households, then we have to model for them the act of reasonably taking charge in our practices, and convey to them our confidence that they, we, and the relationship can survive the feelings this arouses. As an added—albeit somewhat uncomfortable—bonus, there is likely to be no quicker route to uncovering the resistances and pathologies in the parents of the children we treat than to operate in this manner. We rail against these resistances—parents who simply won't follow our treatment protocols—yet often, in the service of not creating huge interpersonal obstacles in the treatment, we would sacrifice the opportunity to bring to light the very wrenches that get thrown into the works.

I recently evaluated a preteen who had been seen by a variety of other professionals over the course of her troubled

life. The mother complained that the daughter could not be made to follow rules and wondered if there was a neurocognitive explanation for this. When I consulted with the family initially, I explained my policies on lateness, which are also spelled out in the consent form. Nonetheless, the mother arrived a half-hour late to pick up her daughter on the first day of the evaluation. I informed her she would be charged for the time. She was furious, accused me of never telling her these policies, and told me I should have left her daughter in the lobby of my building unattended. I empathized with how difficult it was to be held accountable, reminded her of our discussion about the policy, showed her the form she signed agreeing to abide by it, and suggested that if I was the type of professional who would leave someone's child unattended in the lobby, then I would not be a person to whom she would likely feel comfortable entrusting her child's care. She grumbled, but paid. At the next session, she was fifteen minutes late dropping her child off to see me. Once again, I told her she would be accountable for the time. She got very angry, told me I was picking on her and furthermore, it was traffic that had kept her. I agreed that traffic was difficult and unpredictable, but she was still going to have to be accountable for the time. She accused me of being greedy, suggested I was making mountains out of molehills—after all, it was just fifteen minutes. After trying several other tactics that did not result in my capitulating, she threw some money down, turned on her heel and stomped out of the office. She was on time picking up her daughter from this appointment, and on time dropping off and picking up at the next. When the evaluation was complete, she continued to consult for a while on matters related to parenting. We were able to address her hatred of rules and the lack of self-respect and respect for others that her behavior conveyed, and explore the way this was getting transferred to her daughter and causing her difficulty in that relationship.

It is important that our underlying reasons for establishing and maintaining parameters in practice are clear to us. The reason for holding someone accountable is not to shame her. It's not punitive. As professionals, we "sell" our time and expertise. Policies that hold people accountable for the time they purchase from us simply make sense. If we don't hold people accountable, then we end up bearing the burden of their irresponsibility. This was not the job we signed on for, nor is it therapeutic. It doesn't take much of this to breed a lot of bad feeling. While we may acquiesce initially to keep a patient in our care, after a certain period of time transacting business in this way, it's likely we'll end up hoping they drop out, and the sooner the better.

Policies of practice allow us to take care of ourselves. And take care of ourselves we must. After all, are we not in a position to help our clients and patients learn to care for themselves? As children will model a parent's behavior much more powerfully than they will listen to the content of a parent's words,

so we must be models for the parents we serve in how we treat ourselves. The 24-hour notice policy has at its foundation a fundamental respect for us and for our time. Presumably, with a day's notice we can fill a fallow hour with another patient or client. In the absence of sufficient time, the time is likely to go unused and uncompensated. Certainly none of us entered the helping professions first and foremost to make a lot of money, but being compensated for our services is part of the deal. It allows those of us providing services to pay our bills, and it allows those who consult with us to use what they take from us freely—free of guilt and free from a sense of being beholden. A last-minute cancellation is going to cost someone. And as much as parents may complain about being held accountable, it opens the door to infinitely more complications in the relationship if we fail to act thus. A parent not held accountable may well feel guilty for having taken our time or cheated us. Upholding such policies keeps the field clean. The same can be said for having a policy about timely payment of fees. When we allow a parent to build up a large balance, certainly this is not good for our practice, but it does not serve the parent either, as the emotional consequences of being in arrears to us are many.

It is certainly true that we are not seeing "typical kids" and "typical parents" in our professional practices. By definition, the families we see are struggling, and there is often a substantial genetic contribution to the difficulties we are being called upon to diagnose and treat. Does this mean our parameters should be relaxed? No. If anything, the types of cognitive impairments that can lead people to our offices are the very impairments for which structure, and more structure comprises a critical part of the remedy. Some feel it cruel to hold people accountable for things that they can't help but do. Not so. Let our clinical experience and expertise help us understand what contributes to the difficulties we see manifest in our offices. But unless the rest of the world is ready to cut our clients slack, we serve them better by allowing them to confront some natural consequences. If they are uncomfortable with this, then this can provide additional impetus to spur them to make use of our interventions.

A friend once informed me that she was going to hire a babysitter who was going to leave the family for whom she currently worked with no notice because she liked my friend better. I told my friend she was crazy to hire such a person, for it was only a matter of time before my friend would be left in the lurch for the next person who was more agreeable to this woman than she was. The standard that was imminently going to "benefit" my friend was the same standard that would leave her victimized later. How could she feel secure with such a person? This principle has applications in our practice. Cut someone slack by bending the rules, and while it might appear to benefit him in the short term, ultimately it damages the relationship because you have become untrustworthy and unpredictable. Maintain the integrity of your professional frame, and you may be accused of being rigid, but you are felt to be reliable and this is ultimately a comfort.

The rules we make and the boundaries we set are informed by the role we conceptualize for ourselves in practice. That role is a professional one. If we are in a professional working relationship with children and parents, it seems prudent not to allow them to eat in the office. A child who is seen for an hour does not need to eat or drink during that time. If we are scheduling longer sessions, a snack break can be taken, but preferably not in the work room. Rules of eating apply to parents too. While it is uncommon for parents to bring food into the office, it may not be uncommon for a parent to bring a beverage, such as coffee. Or hot chocolate. In a leaky cup. That she puts on our little wooden side table where it proceeds to drip onto our green carpet, much to our dismay (this is purely hypothetical, of course). Rules about food and beverages can be posted on a sign in the waiting area or mentioned in the consent form. Doing so precludes us from seeming capricious or reactionary and producing shame by announcing the rule when a parent arrives in our office sporting some steaming *molto grande* concoction from Starbucks. Making mention of these rules in advance respects us and it respects parents. It also conveys to parents that we are thorough and considerate and have given thought to such matters, just as we will be thorough and considerate in our treatment of their children. And of course, these same rules should apply to us. Imagine if your dentist were eating a roast beef sandwich while fitting a crown on your molar. Eating or drinking during working sessions is not professional because it takes attention away from the work we do.

The manner in which children and parents address us is another factor for consideration. Is a professional relationship one that is best conducted on a first name basis? What is the impact of first names versus more formal address? What are the thoughts and feelings that guide us in this area? The first name issue is one that bears consideration between children and adults in general. Children calling adults by first name is very much of the moment, but why? Is it because we want to let children know they are our equals? Our friends? They aren't. They rely on adult leadership and judgment. In practice, they come to us because we are in the position to help them grow—we have this responsibility. The balance of power is not equal. We respect this fact when we maintain a manner of interpersonal address that is compatible with this.

The same issues of formal address apply to how we speak to parents of the children we see. What is conferred when we address parents by first name? What is conferred when we are more formal? What is conferred when we have a policy according to which we allow the parent to set the tone in this regard? The answers to these questions are, again, informed by the role in which we see ourselves in relation to parents and children. Are we professionals? Or are we friends? How much reassurance do we need that a particular family likes us?

The issue of formal address and professional role is tied to the question of how much personal information we will share. All of us have had to field questions from a particularly

intrusive or nosy parent or child at one point or another. Often this is a manifestation of resistance to the work we are to be doing, as placing the focus on us takes focus away from the task at hand. A policy of formal address is helpful in this regard, because a child or parent may feel less entitled to know intimate details about Mr. Kensington's—or even Mr. Ted's—children, than she feels entitled to know from Ted or Teddy.

What are rules of time in our offices? If a child arrives forty minutes late for his hour, do we extend his session beyond the twenty minutes remaining of the time we had set aside for him? Some of us may be inclined to make this decision on the basis of whether we have someone waiting for the next hour. If it's free, we may reason, what's the harm in extending the late client's time? Actually, there may be considerable harm, insofar as to do so eliminates the consequences of her actions. The extra time we give in such a circumstance is at the expense of addressing the client meaningfully about a behavior that is likely problematic for her beyond the walls of our offices. Extending time also makes our frame uncertain and renders us unpredictable. In my first year of practical training as a psychologist, a patient arrived at the agency where I was working a half-hour early to her appointment with me. I was free and figured I could start our session and in so doing, liberate her to go on with her day. I went to retrieve her fifteen minutes before our appointed time. This was phenomenally disorienting to her and made her very anxious—an anxiety in relation to me that persisted and became a part of the treatment for a while. I thought I was doing her a favor. Lesson learned.

Physical contact is another area about which boundaries might profitably be considered. Do we hug our clients and patients? Shake hands? Allow children to sit in our laps? Again, the decisions we make in this regard should be driven by our conceptualization of our role, which is a professional one. While we might not currently be seeing a child so primitive that she nestles into our lap and reaches out to touch our breast during a session, it certainly could happen. What would we do? Giving some thought ahead of time to how much we touch children or allow children to touch us permits us to be prepared to respond in such circumstances. Or to prevent them.

The children we treat are, by definition, having trouble. Upon interacting with their parents, the truth of apples not falling far from their trees is regularly driven home. We are on the front lines. The families we come in contact with regularly act out and behave unreasonably. It is challenging to contend with this, and it is particularly difficult to do so in the isolation that is private practice. We may need to talk about some of our professional experiences with each other—simply as a means of regaining equilibrium after particularly difficult interactions or as a means of warning other professionals about potential trouble spots with someone we are referring. Nonetheless, it would seem prudent for us to monitor ourselves for our tone and motives when thus engaged. A parent who is feeling ashamed and helpless when a child misbehaves may be prone to lash out at

the child ("How many times do I have to tell you...?!"), so as to transfer the shame to the child and in so doing be rid of it. We may display a parallel tendency to want to badmouth or gossip about families that give us trouble behind their backs. In so doing, we may be seeking to reassure ourselves that it is not our incompetence, but rather their idiocy, which keeps them from making better use of our help. This is not to say professional consultation with our colleagues for the purposes of debriefing is not useful. It is really a private matter for each of us to look within and examine our motives in doing so.

Boundaries and policies of practice apply to how we care for ourselves. Dressing neatly and keeping our offices and homes neat and clean is part of this. So is canceling appointments when we are ill. Not so long ago, it was expected that if people were sick, they would stay home from work to permit themselves to get better and to prevent others in the workplace from getting sick. Currently, this is not the case. There is a feeling that in staying home when ill, we are somehow letting down the people who depend on us. But we are caregivers—a role that we inhabit most faithfully when we do not spread pestilence to those who come for our care. Taking care of ourselves by canceling professional activities when we are ill is taking care of others. Keeping an appointment in such circumstances is a failure of care.

These ideas about boundaries are raised here because they are important to consider. These are personal decisions we each have to make about topics that may inspire a great deal of feeling in each of us. Children have many feelings when appropriate limits are set by their parents. Parents have many feelings when professionals set boundaries that impact their behavior. We may have feelings too when we consider limitations we need to impose on ourselves. No one, on the surface, likes to be told "no." But this is the great fallacy of boundaries: We think they are about limitations when in fact, they are about freedom. Mindfully set and enforced, they liberate us, defining the parameters of the world in which we can freely interact with ourselves and with others. Boundaries confer the state of mind that is the soil in which disciplined thought, productive work, and respectful and meaningful relationships with self and others can thrive.

Dr. Dana Chidekel is a board-certified neuropsychologist who specializes in pediatrics. She assesses children referred for academic, developmental, and behavioral difficulties, and consults on parenting issues with parents of young children. Dr. Chidekel's book, Parents in Charge: Setting Healthy, Loving Boundaries for You and Your Child (reviewed in The Educational Therapist (24)1), was released in January 2002 by Simon and Schuster, Inc. She is frequently interviewed for articles in major magazines and has appeared on local and national radio and television programs. She recently hosted a ninety-minute PBS special, Great Parents, Great Kids with Dr. Dana Chidekel, which premiered in March 2003 in San Jose. Dr. Chidekel is an Allied Professional member of AET. She practices in the community of Tarzana, and lives near Los Angeles with her husband and their children. Readers interested in more information may visit Dr. Chidekel's website: parentsincharge.net.