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Do Boundaries Inhibit the Growth of New Psychologies?

Lois Holzman
East Side Institute for Group and Short Term Psychotherapy
New York, NY
www.eastsideinstitute.org

I was trained in developmental, not clinical, psychology, and I do not practice psychotherapy. I study it. I study it because I find the therapeutic activity, in particular, the social therapeutic activity, to be fascinatingly paradoxical—simultaneously exhilarating and tedious, intense and trivial, touchingly meaning making and incomprehensible, an extraordinary life-affirming creative act whose materials are often anything but life affirming. Moreover, as a researcher into human development, studying therapy has become important to me because of its developmental potential or, to use the terminology of the humanistic psychology tradition, its potential for experiences of actualization and transcendence.

Since I began my research career, about thirty-five years ago, I've always studied things that are very difficult to study—some, I've discovered, even impossible to study—unless you go outside the bounds of the existing research paradigm. The first time I encountered this was in my study of language acquisition and development at Teachers College, Columbia University in the early 1970s. The existing paradigm looked at grammar and vocabulary and basically just counted instances of words and grammatical forms. But Lois Bloom, my mentor, and I were interested in the process by which children become speakers. And this was unstudyable according to the prevailing standards for research and

with the prevailing conceptions of what language was, because for psychologists at the time how language was used, what children were actually doing when they uttered sounds, who and what they were engaged in relation with, were out of bounds. We were convinced that to discover anything about the process of becoming a speaker, you had to include the pragmatics of language, or the performative. And once you include that, then you are no longer studying the isolated individual of mainstream psychology. The living paradox we tried to wrap our heads around was that in order to understand how a particular child becomes a language speaker, you must study that child as unified in its relationships with others. Bloom and I were among the first groupings of psycholinguists to enter into the world of young children with an ethnographically influenced method for studying the socio-cultural development of language users. And even though theoretically we were right in step as quasi-Piagetians, we got flak for what was then considered an unorthodox methodology and, I would posit, an unorthodox unit of analysis—the relationship. Today, our early research articles (Bloom, Hood and Lightbown, 1974; Bloom, Lightbown and Hood, 1975; Hood and Bloom, 1979) are classics of the language development literature.

For some years after, my work focused on cognitive development. Working with Michael Cole at his lab at the Rockefeller University, I was investigating how schools and everyday life compare as learning environments and the broader issue of how learning occurs as a cultural phenomenon. Put in everyday language, we hoped to discover the answer to the following question: “How come kids who are street smart are school dumb?” We studied kids in a variety of social contexts in school and out. One of the

things I did was look in non-school settings for individual cognitive acts, those that are presumed to occur in psychological experiments and classrooms. I couldn't find any—not one. We began to see social practices, rather than individuals, as the unit of analysis—groups of two, three, four kids performing remembering and problem solving as a component of whatever it was they were doing. We marked the end of the initial stage of this research by writing a lengthy manuscript that concluded that 1) experimental, cognitive psychology was ecologically invalid; and 2) the unit of analysis for creating an ecologically valid psychology was the “the person-environment interface.” The living paradox we were studying—if learning is a jointly created, context-specific activity, how does “transfer” and cognitive change in persons occur? —necessitated stepping outside the bounds of the laboratory and its epistemological and ontological assumptions. We sent off our manuscript to *Psychological Review*, which rejected it outright. We didn't try to publish it after that, but the manuscript had a long life as an underground manifesto provoking what has come to be known as the cultural theory of mind (Cole, Hood and McDermott, 1978).

Armed with these experiences as a studier of what was considered unstudyable, about fifteen years ago I plunged into a study of social therapy (Holzman, 1987, 1995, 1996, 1999a, 2003). I'm interested in how emotional development happens, specifically, how the work activity of the group in this specific therapeutic context creates emotional growth. I've come to see context as inseparable from the activity of creating it, and so what I study is the living paradoxicality of the group creating itself continuously. To me, this is analogous to, and continuous with, my prior research at Columbia on language

development and the Rockefeller work on cognition, only more radically monistic in terms of the unit of analysis (Holzman, 1999a). And as was the case with my previous research topics, in order to study what I want to study, the unit of analysis could not be the individual, but rather necessitates looking at the relational, the person-environment interface, the group.

So, how I approach studying social therapy is, clearly, different from how others, including perhaps my colleagues here, do. Because we're studying different things, no doubt we will have different findings and if any of us happen to draw some conclusions, they will no doubt also be different. This seems fine, as long as we all remain sensitive to the way that boundaries—in this case, boundaries of discipline, intellectual tradition and institutional location—can be inhibitory in relation to what we are able to see. For example, some people see groups as collections of individuals. Others, myself included, see groups as a living, working entity/activity. (We also see individuals, but that is a different entity.) Some people see human joint activity where others see particular behaviors in temporal sequence.

What I see is that as persons, human beings learn, develop, transform emotionally, intellectually, spiritually, morally through their participation in ensemble, relational activity. Further, the ensemble, relational activity in which they engage is none other than creating or constructing new environments, social practices, performances out of the context-specific elements at their disposal. It is this dialectical, activist process that I'm

interested in (Holzman, 1997,1999; Holzman and Mendez, 2003; Holzman and Morss, 2000; Newman and Holzman, 1996, 1997).

To approach psychotherapy from this perspective is to bump up against the boundaries imposed by the currently accepted paradigm of psychotherapy. It is to raise questions about the validity of the assumption of individual cure, the nature of the therapeutic activity and the relationship between therapist and clients. Further, it requires a rethinking of the criteria for delineating psychotherapeutic ethics. Which brings us to the controversial topic of boundaries in psychotherapy.

Any psychotherapeutic approach in which life is understood as relational rather than individuated and that works with social and/or cultural units of cure, change and transformation rather than individuated units poses a methodological dilemma from the research and evaluation perspectives. For what is brought to light is an assumption of psychotherapy that—if accepted—makes studying these approaches impossible. The problematic assumption is this: if the entity that experiences emotional distress or disorder is the individual, then the treatment (cure, therapy, etc.) must be individuated. If one accepts this, then there is no methodological basis for the unit of cure being a social one. And if that's the case, then therapies in which the relationship or the group *is* the social unit being built and cured will be seen and judged by the same criteria applied to therapies in which the individual is related to as the unit. This includes the criteria employed when considering boundaries and dual relationships. For the very conception

of boundary, and with it concerns about boundary violations in psychotherapy, rests on the assumption of the individual as the unit of cure and change.

So what is one to do? It seems to me that such alternative psychotherapeutic practices are rich sites for potential new learning, including new ways of thinking through ethical issues, and should be studied by practitioners and theorists of all perspectives. As a studier of social therapy, which embraces and works with the living paradox that even though people experience emotional distress and pain on their own, they cannot get help (be cured, change, transform, develop emotionally) on their own, I would surely love some company. So I invite you to think through some things with me about boundaries from my vantage point—that people need to be organized as social units in order to carry out the task of getting therapeutic help and developing emotionally or, put another way, that the cure for emotional pain is the creating of new social units. Given humanistic psychology's aim to “be faithful to the full richness of human experience” and its particular sensitivity to “experiences of actualization and transcendence” (Aanstoos, Serlin and Greening, 2000, p. 26), one would hope that humanistic psychologists would eagerly and closely examine the creating of transformative social units as a significant human experience.

In my exploration of psychotherapeutic ethics—the issue of boundaries and dual relationships in particular—I've been pleased to find a rich, generally well-argued and diverse literature that puts forth philosophical, logical, therapeutic, moral and humanistic critiques and challenges. Perhaps most familiar to this audience is the recent Lazurus and

Zur volume, *Dual Relationships and Psychotherapy* (2002), which contains chapters by 17 different authors, psychologists, attorneys and social workers among them. But I would urge that people give equal attention to the various feminist, theological and postmodern critiques (for examples, Combs and Freedman, 2002; Heyward, 1993; Hugman, 2003; Ragsdale, 1996; Witkin, 2000, to name a few). Here I can only give a cursory summary of what I understand the major arguments to be.

First, there is prevalent category mistake. The most common instances noted by critics are the following: 1) confusing exploitation with actions that could or could not lead to exploitation; 2) substituting duality for exploitation (“I find the logical implication that dual relationships are the source of exploitation extremely misleading,” Tomm, 2002, p. 34); 3) confusing boundary crossings with boundary violations (“But the absolute ban on ‘dual relationships’ so prevalent in most circles draws no distinction between ‘boundary violations’ that can harm a client, and ‘boundary crossings’ that produce no harm and often prove extremely helpful,” Lazurus and Zur, 2002, p. xxvii); and 4) confusing boundary violations with the application of a technique in another model of therapy (“A major error on the part of many boundary-oriented thinkers is that much of what they consider to be violating a boundary is actually the application of a technique in another model of therapy,” Fay, 2002, pp. 151-2).

Second, critics point out that the failure to acknowledge that psychological discourse is self-validating raises a few red flags about establishing a code of ethics. Witkin, a leading postmodernist in social work, is especially concerned that, to the extent that psychology

defines morality based on what it declares to be real, it establishes itself as superior to morality (Witkin, 2000, p. 199)—and, I would add, as morally superior. Further, in declaring the reality of its invented terminology, e.g., dual relationships and boundary violations, it presumes and perpetuates the belief that fact and value are independent of each other, and silences discourse exploring their historical and cultural interweaving (Witkin, 2000, p. 199).

Third, a code of ethics lets psychotherapists off the hook. To make morality contractual is to imply that moral responsibility has limits (Hugman, 2003, p. 1028), resulting in psychotherapists needing to consider only what is prescribed and proscribed in the code and nothing more. In addition, making boundaries the central focus in determining ethical behavior discourages critical examination of the complex issues and discourses that support injustice and exploitation on the one hand, and connection and collaboration on the other (“...human enrichment possibilities are being restrained, professional hierarchy is being privileged and social alienation is being enhanced,” Tomm, 2002, p. 42; see also Combs and Freedman, 2002; Ragsdale, 1996).

Fourth, the boundary and dual relationship issue privileges one worldview and psychological theory and de-legitimizes others, pathologizing certain cultural practices along the way. Many, especially feminist, theological and postmodern oriented critics point out that what is being privileged are the values of privacy, separation, individuation and independence, while the values of sharing, reliance upon one another, connection and collaboration are ignored—or worse, de-valued and viewed with suspicion. As Zur says,

“In a healthy society, unlike our modern culture, people celebrate their reliance on each other. The more multiple the relationships, the richer and more profound the individual and cultural experience” (Zur, 2000, p. 98; see also Freedman and Combs, 1996; Dineen, 2001, 2002; Heyward, 1993; Ragsdale, 1996; Walker, 2002).

Fifth, it is self-contradictory. The attempt to equalize the presumed inherently unequal relationship between therapists and clients through a code of ethics resting on the notion of boundary turns out to create inequality anew, as we wind up claiming to empower clients while perpetuating a sense of weakness, dependency and vulnerability (Dineen, 2001, 2002; Rivera, 1996). Further, while we promote the values of idea of freedom and individuality, at the same time we socialize therapists and clients to conform to prescribed roles. Both clients and therapists wind up being infantilized, critics say, when their judgments are “superceded by a biased set of ethical standards” (Fay, 2002, p. 165). As DeLeon points out, we should not forget that “psychology’s clients are individual people, with all of the rights and responsibilities granted to them under our Constitution” (DeLeon, 2002, p. xxii).

Which leads to the final criticism prevalent in the literature: adherence to the ethics of boundaries is unscientific, unethical or both. Arguments here reflect back on the ones already discussed. For example, to Fay, the category error is unethical: “It is a fallacy to declare behavior per se unethical. This argument may be summarized in one short sentence: Context is everything. The operative ethical issues are exploitation and harm,

not behavior itself” (Fay, 2002, p, 155). DeLeon’s call for professional responsibility hearkens back to imposing the criteria of one approach onto another:

It is not responsible behavior by any professional to attempt to categorize discussions surrounding dual relationships (or any other aspect of treatment for that matter) in an all-or-none fashion, or to propose blanket, uniform “solutions.” Just as children are not little adults, psychodynamic-oriented therapy is not the same as providing biofeedback services. In my judgment, those who attempt to impose their vision of quality care upon others are not responsible professionals. (DeLeon, 2002, p. xxii)

I hope you find these objections to the conceptualizations of boundaries and dual relationships, and attempts to control the therapist-patient relationship by appealing to them, thought provoking. I do, and I also agree with most of them. Still, I find them lacking because the subject of this literature is “individual” therapy, and the client (singular)-therapist (singular) relationship. That there could be an entity other than the individual as the unit of treatment or cure is unexamined. The question remains as to whether it is sufficient to extend these objections to alternative psychotherapies that make a break with the individualist paradigm or whether a more thorough break with that paradigm is needed. If our understanding of what it is to be human, to be in emotional distress, to get and to give help, to participate in a therapeutic activity, to develop emotionally is transforming, mustn't ethical considerations and questions transform as well?

Discovering—or creating—answers to these questions presents an exciting opportunity for psychology—in my opinion, especially for humanistic psychology. Historically, humanistic psychology has played the important role of critic of mainstream approaches. That is no small part of why Division 32 has been my home for nearly twenty years. Let me remind you of what it stands for by reading a section from the Division’s guidelines for humanistic practice:

Principle B: Integrity

Humanistic psychologists seek to promote integrity in the science, teaching, and practice of psychology through the humanistic value of reflecting critically on the effect of their own belief systems, values, needs, and limitations and the effect these have on their work. Further, humanistic psychologists also serve as valuable critics of more mainstream approaches by making explicit the hidden value assumptions in them. When critiquing these approaches, humanistic psychologists remain as honest, fair, and respectful as they are when dealing with any person or group. In addition, they do not make statements that are knowingly misleading, false, or deceptive. (From Training and Ethics: Guidelines for Humanistic Practice, written by the Task Force for the Development of Guidelines for the Provision of Humanistic Psychosocial Services, and appearing in *The Humanistic Psychologist*, 1997, Vol. 25, No. 3, 309-317.)

The philosophical, scientific, ethical and cultural underpinnings of the boundary issue raised by alternative approaches that reject deeply rooted assumptions of psychology and psychotherapy are an invitation to continue this legacy of openness, integrity and scientific responsibility. Doing so would require that humanistic psychologists examine their own assumptions as they work to create ethics consistent with and inclusive of the diversity of approaches that comprise psychotherapy in transformation. It would require studying these strange, unstudiable practices—and questioning and critiquing them—without violating their integrity as self-conscious attempts to transform psychotherapy, rather than as poor, misguided or deceptive instances of current practices.

In addition to being fascinated by relationality, groups and group psychotherapy, I feel ethically motivated to study these practices. I recently read James Surowiecki's *The Wisdom of Crowds: Why the Many are Smarter than the Few and How Collective Wisdom Shapes Business, Societies and Nations* (2004). I was delighted to see a book of this kind reaching the public, yet I couldn't help but wonder why one of the few serious challenges to the belief that the individual is the highest form of intelligence and creativity was written by the business columnist for *The New Yorker* and not by a psychologist. Are we abdicating our responsibility by omission? Don't we have things to discover about groups, collectives and communities from careful scrutiny and healthy intellectual dialogue? Shouldn't we reflect on why the group movement died out and why there has been so little study of and theoretical advance in group psychotherapy? To what extent does an anti-group attitude persist not only in the general public but equally among psychologists? Are we still functioning with the early 20th century belief in the "mob"

mentality? Are we perpetuating, consciously or not, a fear of groups? As humanistic psychologists we owe it to our past—not to mention our possible future—to engage in a process of reflecting critically on our own belief systems, values, needs and limitations and the effect these have on the choices we make and the company we keep.

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