

Personal Boundaries

Abstract:

Personal boundaries are the limits and rules that are learned within relationships. A person who has learned healthy boundaries can see when something is not appropriate or unhealthy and can say stop or no without feeling they are doing something wrong or mean to someone else. Another person who has possibly been exposed to an unhealthy upbringing or an abusive intimate partner may have difficulty navigating these emotions. Children who have been abused emotionally or physically will struggle with understanding what healthy personal boundaries are because those core family members never taught them because they did not understand. Children of neglectful or absent parents may have developed attachment disorders and have become co-dependent attempting to search out someone who they feel truly loves and cares about them. They accept bad behavior of further abuse because this is familiar to them, and they are afraid of being alone or abandoned yet again.

Working in the healthcare industry or any industry you will encounter individuals with poor personal boundaries. There will be individuals who have poor personal boundaries and others who will seize the opportunity to abuse or take advantage of those who have suffered trauma and allow themselves to continue to be abused. Being a health care professional, it is important to protect those patients who are vulnerable to this type of abuse but at the same time, set strong personal boundaries to protect yourself and ensure you have an environment to work in that is healthy and safe.

Learning objectives:

1. Understand what healthy personal boundaries are.
2. Identify areas where personal boundaries can be crossed.
3. Describe personalities that are likely to have poor personal boundaries.
4. Explain approaches to establishing personal boundaries with patients.

Introduction

When a physical boundary has been crossed a person may feel uncomfortable because someone is physically too close to them, or they have been physically touched (hugged) when they did not want to be. Verbal interactions could be inappropriate jokes, being spoken to in a way that makes them feel less or beneath others, or someone is talking loudly about something that is personal to that person. Lastly, having a person's personal space violated could be someone going through another person's desk at work or a person that someone would not want in their house showing up unexpectedly, inviting themselves in, or coming into the home when no one is home.

Personal Boundary Categories

The above areas typically fall into a few specific categories. When these areas are violated, they are usually not of a criminal nature but can become more extensive and prosecutable by law. These specific categories would be:

1. Emotional (protecting our own emotional well-being)
2. Physical (protecting our physical space)
3. Sexual (protecting our needs and safety sexually)
4. Workplace (protecting our ability to do our work without interference or drama)
5. Material (protecting our personal belongings)
6. Time (protecting the use, and misuse, of our time)

Examples of unhealthy boundaries could be disrespecting the beliefs, values, and opinions of others when they do not directly agree with what aligns with that other person's opinion. Learning to say no to others is as vital as accepting when someone else says no to us. Understanding that no one is responsible for another person's feelings or happiness is another example of healthy boundaries. When others attempt to make us feel responsible for their unhappiness or feelings, they are trying to cross a healthy boundary. This does not mean we can say or do whatever we want to another person and feel like our behavior is okay. This again would be crossing the other person's personal boundary.

Below are some examples of individuals who might lack healthy boundaries:

1. Relationships with others tend to be dramatic or difficult. When a person does not set boundaries, others are more likely to see that the person does not know how to set healthy boundaries and does not know how to take care of themselves. The likelihood of attracting people who want to control the relationship or want to manipulate the other person is more likely. This could very likely lead to a co-dependent relationship.
2. People who have a hard time making decisions often find themselves spending the majority of their time doing what other people want to do. When someone does not know what they want to do and only does what others want, they lose a sense of themselves as a person. This also leaves them open to relationships with others who want to control and manipulate them.
3. People without personal limits tend to go along with other people's plans because they don't want to let them down. They worry so much about letting other people down, they just say yes to almost everything. These people could be called, "people pleasers."
4. People who suffer from guilt and anxiety over the smallest things. This could be asking someone to help load something in the car or forgetting the time of an appointment and having to call and verify with the office. These individuals tend to say sorry a lot.
5. Feelings of fatigue and depression because the person is not following their own dreams but rather doing what everyone else wants to do. When a person does what everyone else wants to do they find they have little time to get their own wants and responsibilities accomplished.
6. Oversharing private details of their life with people they just met. This can leave them vulnerable and open to hurt and manipulation. But then, when someone wants to be close to them, they panic because they have a hard time sharing their needs and wants. These individuals suffer from intimacy issues.

7. Feelings of being overlooked or blamed for things at work, in social situations, or even in your family. These individuals feel like others tend to take advantage of them in many ways.
8. Feeling annoyed most of the time because you feel taken advantage of.
9. Feelings of disrespect. When boundaries are not set, others don't know how to act around that person, this may leave that person feeling disrespected. When boundaries are not set by a person, they have a difficult time recognizing those boundaries set by others and could be disrespecting them.
10. Passive-aggressive behavior. First, the person allows others to take advantage of them, then they complain or talk badly about the person they allowed to take advantage of them in the first place. They blame others when they were the ones who did not set the boundaries in the first place. They do not take responsibility for their own life.
11. Struggle with self-identity. These individuals have trouble identifying who they truly are, and what their purpose is, and struggle with setting personal goals. They might even have an identity crisis.
12. Their secret fear is of being rejected or abandoned. This often arises when the individual didn't have a caregiver who provided unconditional love and acceptance. The person did not get to develop into who they were meant to be because they had to always do what others wanted to avoid being rejected or abandoned. Now as adults, those are the two things they fear the most.

There are lots of reasons why people set or don't set boundaries. Below we will explore the reasons on a deeper level.

Personal Boundaries and Past Abuse or Trauma

Research has shown that abuse, typically in childhood, affects emotional, psychological, physical, and sexual health. Women, men, and children who experience domestic violence may not develop appropriate boundaries. Children who experience poor attachment to their parents or

caregivers or those children who experience parent-child conflict can have a detrimental effect on the development of appropriate boundaries.

When children are living in abusive, dangerous, or neglectful situations they have no choice but to depend on that abusive, untrustworthy adult to survive. To build healthy boundaries as a child there must be a balance in emotion between vulnerable and safe states. A child learns through pushing limits and must have a safe environment when needed.

When a child's attachment figure, whether a parent or caregiver is abusive, the child's only source of safety and protection becomes simultaneously the same source of immediate danger. This leaves the child confused and caught between two conflicting sets of instincts. They need the attachment figure for comfort and protection but on the other hand, their instinct is to protect themselves from that attachment figure.

When a child has an abusive or neglecting caregiver, the child will also have a strong instinct to bond with them as a way to survive. This becomes a complex trauma situation because the child understands that the same person they are bonded with is the same person which leads to trauma. When the child has to manage this relationship, they are faced with an overwhelming stress reaction. They need this person for security, but they also have to create a boundary that fits this complex situation for protection.

This can lead to a mistrust/abuse situation which can leave a child with weaker boundaries and a more likelihood of mistreatment. Because it has always been this way this is nothing new for them and common ground. As the child grows into adulthood it can be a real ah-ha moment when they discover that more healthy boundaries are possible.

Sexual abuse as a child on the other hand sets up the thought process that the abused doesn't matter, or they don't get to have their own personal boundaries. These children grow into adults who may express sexuality either through hypersexual or hyposexual behaviors. This will be determined by the way the child responded to the type of trauma they experienced.

Lastly, behavior can also be learned. If a child witnessed a parent pleasing others to get what they want, the child may begin to do the same

thing in order to get what they want from another person. They begin to believe this is love and set no limits on what they will do for that other person.

If someone struggles with personal boundaries, these questions will probably ring true to them.

1. How often do you worry about what other people think?
2. Do you feel guilty for wanting to do things alone?
3. When did you last say no to someone?
4. When did you last say yes to something and secretly didn't want to do it?
5. Do you feel like you deserve respect, or do you have to earn it by being 'nice'?

If a person is unaware of what they like to do or what they dislike it is likely that they have spent most of their time trying to please others and have really never taken the time to figure out what they like.

Boundary Styles

Below are the common traits of boundaries. These styles will be formed depending on childhood and life experiences.

Table #1

Common traits of rigid, porous, and healthy boundaries.		
Rigid Boundaries	Porous Boundaries	Healthy Boundaries
<p>Avoids intimacy and close relationships.</p> <p>Unlikely to ask for help.</p> <p>Has few close relationships.</p> <p>Very protective of personal information.</p> <p>May seem detached, even with romantic partners.</p> <p>Keeps others at a distance to avoid the possibility of rejection.</p>	<p>Overshares personal information.</p> <p>Difficulty saying "no" to the requests of others.</p> <p>Overinvolved with other's problems.</p> <p>Dependent on the opinions of others.</p> <p>Accepting of abuse or disrespect.</p> <p>Fears rejection if they do not comply with others.</p>	<p>Values own opinions.</p> <p>Doesn't compromise values for others.</p> <p>Shares personal information in an appropriate way (does not over or under share).</p> <p>Knows personal wants and needs, and can communicate them.</p> <p>Accepting when others say "no" to them.</p>

Five boundary styles

Five reactions our body and brain have to trauma also translate into how we experience relationship boundary patterns:

1. Fight
 - a. Pushing personal needs onto others, imposing your own version of events, attacking others if necessary to preserve your urgent need. Can drift into self-absorption.
2. Flight
 - a. Anxiety around closeness and intimacy; always finding reasons to avoid getting close or directly expressing emotional needs. This may lead to social and emotional isolation.
3. Freeze
 - a. Passive detaching, "zoning out," and finding ways to avoid conflict. Often leads to self-alienation, procrastination, and impulsiveness.
4. Submit
 - a. Only thinking of others' needs, degrading or being blind to one's own, or feeling guilty, and self-critical about having needs.
5. Attach
 - a. Feeling overwhelmed with a strong, painful need for the other; stuck feeling sad, lonely, emotionally needy, even desperate.

It is best to look at these boundary styles not as a one-size-fits-all but rather as a kaleidoscope effect. One pattern could be clearly predominant but it's more likely that there is a blend between a couple or several styles. This will most likely depend on the situation at hand. It is important to understand if the person has experienced childhood trauma, they will benefit from working with a trauma-based therapist to learn self-help and coping skills.

Formation of Boundaries

There has been a lot of discussion surrounding the formation of boundaries and what actually forms personal boundaries. Trauma has been identified as a catalyst for the formation of unhealthy boundaries. This does not mean that a person who experiences trauma will absolutely develop rigid or porous boundaries nor a person who has not experienced trauma will have healthy boundaries. Many factors play a role in the development of boundaries.

Boundaries begin to form during infancy. If a child is nurtured and its needs are met, they feel safe and should develop into a child/adult with healthy boundaries. If a child is neglected or left alone a substantial amount of the time, they may have a boundary that accepts the mistreatment by others, and they accept this just to have someone in their life. They accept this because they desperately need someone in their life, so they don't feel alone like they did as a child.

Parents and caregivers play an extremely important role and have an influence on boundaries. Personal boundaries can change at any time. This could be because of the loss of an important person in their life due to death, divorce, or even a misunderstanding, or it could be an isolated event that left that person traumatized.

Post Traumatic Stress Disorder

Post traumatic stress disorder (PTSD) is a condition that occurs in response to trauma. When trauma is experienced, the person will try to adapt and understand the event. If the person is unable to integrate or process the trauma, PTSD can form. PTSD is considered a diagnosis if the person is still experiencing reactions after 4 weeks.

PTSD has been related to military or service personnel who have been involved in combat. PTSD can also occur in civilian life. PTSD is long-lasting and usually caused by one or two unrelated traumas in a person's life. Circumstances which could likely cause PTSD symptoms are:

1. Automobile accident
2. Physical attack
3. Sexual abuse
4. Traumatic operation or physical procedure
5. Witnessing a violent assault
6. Being involved in a natural disaster
7. First-hand experience of a terrorist incident
8. Sudden death of someone close

9. Sudden loss of a close relationship

Any of these above events could leave you with recurrent memories and dreams related to the event, flashbacks, and physiological distress as well as feeling as if the event is currently happening. Examples of such a complication might include feeling guilty for surviving a trauma when others did not or assuming responsibility for what occurred. Someone suffering from PTSD might have:

1. Persistent avoidance of thoughts, feelings, people, or places related to the traumatic event.
2. Negative alteration in thoughts and moods in relation to self and the world. Experience hyperarousal, feeling easily startled, feeling as if you are on guard, getting irritable or angry quickly, and difficulties concentrating or sleeping.

PTSD, as stated above, is long-lasting and usually caused by one or two unrelated traumas in a person's life. Complex PTSD on the other hand, is PTSD which is more complex. This means that trauma was experienced over a significant period of time. This could correlate with childhood because there was no chance of escape and usually as part of an interpersonal relationship.

Experiencing trauma in childhood has a significant negative impact because the child is still developing and growing psychologically as well as physically. This experience of trauma (Complex PTSD) may leave the child exposed on a daily basis and leave the understanding that this is normal. This makes recovery more complex because it has become the norm rather than the exception. The child may have to develop a new sense of self altogether. It is likely the child has never known what normal is.

Experiencing repeated trauma as an adult can result in significant personality changes in an attempt to help with coping or an inability to process the trauma. This can affect regulating and expressing emotions, and difficulty with navigating interpersonal relationships.

Those individuals suffering from Complex PTSD will most likely have the same symptoms as someone with PTSD but will also have the additional symptoms listed below.

1. Feeling permanently damaged
2. Feeling shame
3. Feeling ineffective
4. Feeling under constant threat
5. Feelings of despair
6. Feelings of hostility
7. Feeling different than prior to the trauma
8. Withdrawing socially
9. Experience serious disturbance in self-organization
 - a. affect regulation
 - b. perception of self
 - c. negative self-concept
 - d. dysfunction in managing interpersonal relationships

Physical symptoms of Complex PTSD are:

1. Unexplained upset stomach
2. Substance use
3. Chronic health conditions
4. Unexplained headaches
5. Autoimmune conditions

Causes of Complex PTSD are:

1. Childhood abuse
 - a. physical, sexual, or emotional (including neglect and abandonment)
2. Domestic violence
 - a. physical, sexual, or emotional
3. Prolonged captivity
 - a. kidnapping, human trafficking, or hostage situations
4. War and combat

- a. witnessing the injury or death of others, or being exposed to other war-related traumas
- 5. Torture
 - a. intentional and severe physical or psychological harm
- 6. Organized violence
 - a. exposure to terrorism, genocide, or war crimes
- 7. Interpersonal violence
 - a. ongoing physical, sexual, or emotional abuse from someone known to the survivor
- 8. Childhood spent in high-risk environments
 - a. violent neighborhoods or substance abuse
- 9. Cults and sects
 - a. involvement in coercive groups, like religious movements
- 10. Refugee and displacement experiences
 - a. fleeing from war, persecution, natural disasters, or political instability
- 11. Systemic oppression
 - a. experiencing ongoing discrimination, racism, sexism, or other forms of oppression

Comorbid PTSD

Comorbid PTSD refers to post-traumatic stress disorder symptoms that are present along with other mental health conditions. Some of the more common co-occurring conditions that might present along with PTSD can include:

1. Panic Disorder
2. Anxiety Disorder
3. Substance Abuse Disorder
4. Major Depressive Disorder

Treatment of PTSD

The primary treatment of PTSD is psychotherapy and may include medication. Combining these treatments can help improve PTSD symptoms.

Some types of psychotherapy used in PTSD treatment include:

1. Cognitive therapy
 - a. This type of talk therapy helps individuals recognize thinking patterns (cognitive patterns) that are keeping them stuck where they are. This therapy is often used in conjunction with exposure therapy.
2. Exposure therapy
 - a. This behavioral therapy helps you see both sides of the situation and the memories attached in a safe environment to learn effective ways to cope with them. Exposure therapy has been very helpful with individuals experiencing flashbacks and nightmares.
3. Eye movement desensitization and reprocessing (EMDR)
 - a. EMDR is a therapy that uses guided eye movements combined with exposure therapy. This process helps with the processing of traumatic memories while helping with the reaction to them.

Medications that can help improve symptoms of PTSD include:

1. Antidepressants
 - a. These medications can help with symptoms of depression and anxiety. They can also help improve sleep problems and concentration.
 - i. Selective Serotonin Reuptake Inhibitor (SSRI)
 1. sertraline (Zoloft)
 2. paroxetine (Paxil)
 - ii. Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)
 1. venlafaxine (Effexor)
2. Anti-anxiety
 - a. These drugs can relieve severe anxiety and related problems. Some anti-anxiety medications have the potential for abuse, so they are generally used only for a short time.
 - i. Benzodiazepine

1. alprazolam (Xanax)
 2. clonazepam (Klonopin)
 3. diazepam (Valium)
 4. lorazepam (Ativan)
3. Alpha-1 Blockers
- a. Blocking alpha-1 receptors in the brain helps achieve better, and deeper sleep. Alpha-1 blockers are generally only prescribed for people who experience PTSD nightmares.
 - i. Alpha-1 Blockers
 1. minipress (Prazosin)

Treatment of Complex or Comorbid PTSD

Treatment for PTSD whether it is due to one isolated event, accompanied by other mental health conditions, or more complex due to prolonged exposure to the trauma, the treatments are primarily the same. With comorbid PTSD, treatment of the other underlying mental health conditions will need to be addressed to ensure the best care for the individual. Complex PTSD will most likely take longer to treat compared to someone who experienced an isolated event. It is important to understand that everyone is unique and does not always follow the cookie-cutter description. Everyone processes trauma in their own way and someone who has endured horrific trauma could move through treatment quickly or someone who has experienced an isolated event may take longer. Each person needs to be supported in their own way free from any expectation.

Personality and Boundaries

Codependent Personality

Individuals with codependent personalities exhibit a lack of boundaries. Their lives tend to be controlled or dictated by the needs of others. They tend to feel that the only way their life has meaning is through helping others.

Co-dependency is a learned behavior and is commonly passed down from one generation to the next. It is an emotional and behavioral condition

that affects an individual's ability to have a healthy relationship. Co-dependent behavior is learned by watching and imitating others who display this type of behavior. This is likely formed when someone is raised within a dysfunctional family setting. Family members will suffer from fear, anger, pain, or shame that is not addressed or even denied. Underlying outcomes may include:

1. An addiction by a family member to drugs, alcohol, relationships, work, food, sex, or gambling.
2. The existence of physical, emotional, or sexual abuse.
3. The presence of a family member suffering from a chronic mental or physical illness.

Dysfunctional families do not talk about issues, and they do not acknowledge that problems exist. It is common for family members to repress their own emotions and needs just to survive in the family circle. They develop maladaptive behaviors to survive and detach themselves. There is a lack of talking and physical contact, they don't confront issues, they don't trust each other, and they block their feelings.

Co-dependent individuals can have low self-esteem and tend to look for anything outside of themselves to fill their cups. The person may have good intentions, but they lose themselves in the martyr's role. These repeated rescue attempts allow the person they are helping to become even more dependent. The co-dependent individual develops a sense of satisfaction from being needed and as the relationship continues, they begin to feel trapped in the cycle.

Addictions come into play because co-dependent individuals try to feel better by using alcohol, drugs, or another form of addictive substance. This leads to addiction. Others may develop compulsive behaviors such as working all the time, gambling, exercising relentlessly, or becoming promiscuous. This is a sad cycle and very difficult to break.

Characteristics of co-dependent individuals:

1. An exaggerated sense of responsibility for the actions of others

2. A tendency to confuse love and pity, with the tendency to “love” people they can pity and rescue
3. A tendency to do more than their share, all of the time
4. A tendency to become hurt when people don't recognize their efforts
5. An unhealthy dependence on relationships. The co-dependent will do anything to hold on to a relationship; to avoid the feeling of abandonment
6. An extreme need for approval and recognition
7. A sense of guilt when asserting themselves
8. A compelling need to control others
9. Lack of trust in self and/or others
10. Fear of being abandoned or alone
11. Difficulty identifying feelings
12. Rigidity/difficulty adjusting to change
13. Problems with intimacy/boundaries
14. Chronic anger
15. Lying/dishonesty
16. Poor communications
17. Difficulty making decisions

Anxious and Avoidant Personalities

One of the most common reasons for not setting boundaries is a fear of conflict. Individuals with anxious or avoidant personalities have poor boundaries because they don't feel socially skilled and regularly don't voice their needs or wants because they tend to do what others want to avoid conflict.

Empathic Personality

Because empathic individuals struggle to understand where their emotions end and others begin, they might take on others' emotional burdens as their own. An individual with an empathic personality has a paranormal ability to comprehend the mental or emotional state of another individual. These individuals can suffer from emotional burnout and exhaustion. Others naturally come to these individuals and the empath may

feel obligated to listen or support that other person. Without proper boundaries, empaths can struggle with overwhelming emotions, leading to emotional burnout, stress, and difficulty in distinguishing personal feelings from those of others. Empaths have unique strengths, but the lack of boundaries can cause relationship challenges for these individuals.

Narcissistic Personality

There are 2 types of narcissistic personality, overt and covert. Overt traits are those that can be easily observed by others. This would include someone bragging or telling a story about how great they are. The overt narcissist is easy to identify because they are loud, arrogant, insensitive to the news of others, and always eager for compliments. Covert traits, on the other hand, tend to be more subtle and less obvious to others. While covert narcissists may be aware on some level that their behaviors are having a negative impact on other people, they also tend to lack self-awareness and insight. While it can be more difficult to initially recognize covert narcissism, it can be just as destructive if not more than overt narcissistic behavior.

Narcissistic traits include exaggeration in abilities, ballooned sense of self-importance, exploitation of others for personal gain, yearning for admiration, and lack of empathy. Narcissists have poor boundaries and look at them as something that gets in the way of what they are set out to accomplish.

Situations that could set the stage for a child to become a covert narcissist could include:

1. Being ignored
2. Feeling disrespected
3. Threats to their ego
4. Feelings of shame
5. Being around high-status people
6. Feeling less attractive or less educated than others
7. Having less of something than others
8. Not getting the attention they think they deserve

9. Jealousy
10. Lack of control

There are some general traits and patterns to look for in everyday interactions if you suspect you might be dealing with a narcissist. Being aware of these traits will empower you and help navigate potentially unhealthy relationships and interactions in your personal life and work environment.

Types of comments you could hear from a narcissist might include:

1. "I'm too good for this. I shouldn't have to tolerate these people."
2. "I deserve all of the good things life has to offer."
3. "Other people have it better than me and it isn't fair. I deserve more because I am better than other people."
4. "People never appreciate how special I am."
5. "I can't believe you did that. Don't do that again. You should feel ashamed."
6. "Remember when I helped you a few years ago? You owe me a favor."
7. "I'm the best you'll ever have. You'll never find anyone else like me."
8. "No one else would give you the time of day. You should be grateful I stick around."
9. "I was just joking. I can't believe you took that seriously."

The above statements include passive self-importance, blaming, and shaming, they create confusion, procrastination, and disregard, and they have a goal in mind. We will look a little closer at each of these.

Passive Self-importance

Overt and covert narcissists both have a fragile sense of self. The extroverted, overt narcissist will be obvious when interacting with others. They will demand admiration and attention. Statement #1 is a good example of an extroverted, overt narcissist.

The introverted, covert narcissist will approach things a little differently. They may give back-handed compliments or purposefully minimize their accomplishments or talents so that others will reassure them of just how talented they truly are.

Shaming and Blaming

Shaming as in statement #5, is a way for the narcissist to place themselves above another person. The overt narcissist will be outright rude, sarcastic, or belittling to get their point across. The covert narcissist will approach the situation in a more subtle, gentle way. They will gently explain how something is all your fault and even place themselves as a victim of what you did. They may use emotional abuse to place themselves in a position so that you feel obligated to reassure them or praise them. Covert narcissists can leave you feeling very confused because they have such a knack for turning things around. Whether you are dealing with a covert or an overt narcissist, their goal is to make you feel small.

Creating Confusion

Some covert narcissists can be very sneaky and almost seem to take pleasure in creating confusion. They can cause people to question their perceptions of what happened and even second-guess themselves. This can create leverage so they can elevate themselves and maintain power over the other person or situation. If they can get the other person to hesitate or question themselves, it allows them the opportunity to manipulate the situation further and exploit the other person.

Procrastination and Disregard

The goal of the narcissist is to remain most important and will do whatever it takes to keep that status. The overt narcissist will shamelessly do whatever needs to be done to be the center of the focus. The flip side of this is the covert approach. The covert will simply not acknowledge you at all. Neither narcissist will have any trouble letting you know you are not important.

Narcissists tend to seek out caring and compassionate people. This certainly would include healthcare professionals such as yourself. When a person is more sensitive, compassionate, and forgiving it gives the narcissist an opportunity to manipulate.

Goal in Mind

Narcissists rarely do anything without wanting something in return. Their goal is to build their fragile egos up and do this through the manipulation of another person. They create confusion, shame the other person, set the stage as the victim, or convince the other person they owe them to get what they want. Nothing is forgotten or free with a narcissist.

Emotional Neglect

Narcissists are incapable of building emotional bonds with others. Covert narcissists will come across as kinder than overt narcissists. Because the narcissist is always focused on their status of being above you, you will not receive compliments because that would elevate your status and threaten their standing. There is very little focus on your talents or abilities, your sole purpose is to keep them feeling superior.

If you are in a personal relationship with a narcissist there will be an emotional disconnect. The covert narcissist may appear to be more emotionally accessible than the overt narcissist, but this is a performance, enabling them to exploit the other person for their own gain.

Other Personalities

There are several other personalities that fall into what is labeled as the "boundary pushers." They want what they want, they completely ignore boundaries and only focus on what is important to them. This would include:

1. Immature
2. Entitled
3. Selfish
4. Privileged
5. Desperate
6. Clueless

Setting Healthy Boundaries

Setting healthy personal boundaries can be accomplished by first knowing yourself and having the tools to navigate personalities that will push

the limit or take advantage of you. Below are steps you can take to be successful in this process.

1. Focus on yourself by making your safety and comfort your priority. Many times, we will say yes when we don't want to do something out of fear or guilt. The true reality is, boundaries enable relationships to remain healthy or, they will contribute to an unhealthy relationship ending. Setting healthy boundaries will strengthen your self-respect and your ability to say yes to yourself.
2. Practice self-awareness and listen to your gut. If you say yes when you want to say no you will feel uncomfortable or regretful just to satisfy the other person. It is also important to know that your wants and needs can change, and you may want to do something that you initially didn't want to. Embrace the change.
3. Name your limits. Sit with your emotions so you can identify what you need physically, emotionally, and mentally. This will enable you to identify your limits so as to better communicate them to others.
4. Remain consistent with the boundaries that you have set. Expecting others to understand how we are feeling in every moment is unrealistic and impossible. When we remain consistent, we prevent others from crossing or disrespecting our boundaries.
5. Use, "I" statements. When we state "I", we keep the focus on ourselves, and this enables us to express our thoughts, feelings, and opinions while eliminating the worry about what others may be thinking. An example might be: "I feel _____ when _____ because_____." What I need is _____." Example: Instead of "Leave my things alone and stay out of my office!" Try "I feel violated when you enter my office and go through my desk drawers because I value privacy and respect. What I need is a space where I know my things are safe and private."
6. Be direct, clear, and simple when stating your boundaries. When setting and enforcing boundaries, make statements simple and clear. There is no need to justify, defend, or apologize for your boundaries. The way you voice your boundaries can also be assertive, direct, or mild depending on the person, circumstances, or if it is a secondary offense.

7. If you are non-confrontational and setting boundaries makes you uncomfortable or anxious, start small. You should not feel guilty for saying how you feel but this will take some practice. To eliminate some of that anxiety, start with something small and build to something bigger. Sometimes we have to weigh the end result and think through the situation. For example, does the boundary provide physical or emotional safety? Are you willing to work through the discomfort of the boundary to establish personal safety?
8. Do you need backup? Get support. Sometimes we need support when setting personal boundaries because it has become too difficult, or the other person continues to cross them even though you have stated what you need multiple times. Mental health conditions can play a role and if the person who is crossing your boundaries is suffering from a mental health condition such as a mood disorder, or a history of trauma, you may need to reach out for support and direction on how to handle the situation.

Setting Personal Boundaries with Patients or Co-workers

Health care professionals have a responsibility to manage and address inappropriate patient behaviors. Health care professionals also might need to educate patients on what a healthy patient/health care professional relationship is and is not. This could also be true for co-workers. Below are some general guidelines that should be followed.

1. Don't pursue a sexual or close emotional relationship with a patient or someone close to them.
2. Act quickly to re-establish boundaries if a patient or co-worker behaves inappropriately. An example could be the way they speak to you or touch you inappropriately.
3. Avoid sharing personal information with patients in person or online. They may ask about your relationship status or where you live.
4. Report on sexualized behavior towards patients by colleagues.

Inappropriate Relationships

1. Be alert to signs that a patient/professional boundary is becoming blurred for a patient or another professional. This could include expensive gifts, flirtatious notes, texts or calls, invitations to meet socially, and suggestive comments.
2. If you're concerned about a patient's or co-worker's motives, don't ignore inappropriate behavior, or accept gifts. It could be taken as encouragement.
3. Explain to the patient that you need the relationship to be on a professional level. If you feel your conversations have not changed the relationship, notify your supervisor. Keep a record of all conversations, as well as a log of all contact from the patient. This could be helpful if you were ever questioned about interactions. If you are experiencing poor boundaries with a co-worker, talk to the co-worker. If the discussion does not work, report to your supervisor and/or human resources.
4. Other measures to distance yourself professionally might include having another health care professional present when working with the patient. If this is not possible the patient may have to be cared for by another health care professional and you will be excused from their care.

Social Media

Social media can blur professional boundaries and change the nature of the patient/professional relationship. Here are some practical steps you can take to guard against this:

1. Don't accept friend requests from patients
2. Don't discuss medical care and treatment with patients via social media
3. Avoid sharing sensitive personal information online
4. Regularly review the privacy settings for each of your social media profiles

Reporting Sexual Abuse from Co-workers

You must report to your supervisor immediately if a patient tells you about a breach of sexual boundaries or if you believe a colleague has displayed sexual behavior towards patients. This can include making inappropriate

comments. If you suspect a doctor has committed a sexual assault or other criminal activity, you should make sure it is reported immediately. When reporting concerns, you should be respectful and discreet. Patient confidentiality is vital, and this information should only be reported to your supervisor and not discussed amongst you and your other co-workers.

Summary

Personal boundaries are healthy and enable people to have respectful relationships with others. When personal boundaries are inappropriate, people can be abused, disrespected, and victimized. Understanding what healthy personal boundaries look like and knowing how to handle a situation when they are not, creates an environment where people can live harmoniously together. Certain personalities are likely to push boundaries but being able to identify and address these situations will likely put an end to it.

Resources:

5 Ways Childhood Trauma Affects Relationship Boundaries | Psychology Today. www.psychologytoday.com.
<https://www.psychologytoday.com/us/blog/flipping-out/202302/5-ways-childhood-trauma-affects-relationship-boundaries>

Mayo Clinic. Post-traumatic stress disorder (PTSD) - diagnosis and treatment - mayo clinic. Mayoclinic.org. Published July 6, 2018.
<https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/diagnosis-treatment/drc-20355973>

U.S. Department of Veterans Affairs. Medications for PTSD. va.gov. Published 2014. https://www.ptsd.va.gov/understand_tx/meds_for_ptsd.asp

<https://www.facebook.com/WebMD>. What Is an Empath? WebMD.
<https://www.webmd.com/balance/what-is-an-empath>