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Healthy Boundaries in the Body of Christ

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Christ invites his followers to welcome those on society's margins, including people with mental illness and other disabilities. When we do so, we need strategies to keep the needs of the world from overwhelming us. Missional congregations are sometimes less than welcoming to people with disabilities out of fear that needy people will burn out their caring capacities. It is easy to avoid people whose behavior we do not understand. Yet we are members of one another (Eph 4:25) who suffer as a body when one member suffers (1 Cor 12:26). We are called to care for hurting people among us and around us. Boundaries enable us to persist in sharing Christ's love through difficult circumstances.

Why set boundaries?

Among other benefits, setting boundaries allows us to risk opening our congregations to people with mental illness or other challenging disabilities. Author Verna Birkey likens the metaphor of personal boundaries to "a fence around my property that helps me know where my responsibilities begin and end." About such boundaries, Veronica Ray adds, "Setting limits doesn't mean intolerance or selfishness. It means refusing to allow ourselves to be harmed. It means accepting responsibility for our own beliefs, feelings, and actions. It means learning how to take care of ourselves, one day at a time."

Kathleen Greider emphasizes the necessity of boundaries when we care for hurting people: Our "presence is caring to the degree that it is resilient, and to be resilient it must be sustainable, and to be sustainable, presence requires that...resources ...not be drained but be replenished. To stay present over the long haul, [those who care] must reckon with their humanity and their own need for care. We will not be able to be present to others if our own needs are gnawing at us."

If I am unable to set boundaries for myself, boundaries that you supply can benefit me when they allow our relationship to survive and grow.

Our most sustainable relationships are marked by *interdependence*. In an interdependent relationship, each person gives to the other. Each respects the other's needs. What we give is not equal at every moment. But the giving evens out sufficiently in the long run, even though the things we give each other may be different. For example, a parent and a small child give each other different things, but the child does give—smiles, hugs, trust, etc. If one person only gives and the other endlessly takes, the imbalance will eventually threaten the relationship. Then one of us will have to set limits or the relationship will end. If I am unable to set boundaries for myself, boundaries you supply can benefit me when they allow our relationship to survive and grow.

Biblical references to geographic boundaries are many. Among these, a proverb hints about boundaries as metaphor for limits between persons: “The Lord tears down the house of the proud, but maintains the widow’s boundaries” (Prov 15:25). Here geographic boundaries also protect from harm. Vulnerable people both need them and deserve them. Another boundary proverb, of secular origin, claims that good fences make good neighbors. It reminds us of the biblical command to love our neighbor (Lev 19:18) and points us toward good boundaries as one way to show such love.

What do healthy boundaries look like?

Consider these qualities of healthy boundaries:

Healthy boundaries involve a realistic assessment of my own abilities and shortcomings. This includes:

- Having an honest view of myself, not a grandiose view that I am irreplaceable
- Knowing that when I am exhausted or resentful, I am of little use to anyone
- Calling in more expertise when the situation exceeds my abilities
- Choosing which risks I will take on. Risking someone's anger may be a better choice than risking the end of the relationship or someone's safety
- Having a back-up plan ready to go in case things don't go as hoped
- Accepting the support I need when I am bearing others' burdens and setting limits
- Paying attention to the stress my caregiving for others places on my family

Healthy boundaries involve a realistic view of the other:

- Providing opportunities and expectations that fit that person's abilities and gifts
- Avoiding unintended exclusion by setting the bar too high for that person (easy to do if we don't understand a disability well)
- Being alert to any history of abusive behavior and preventing circumstances that might give opportunity for further abuse

Healthy boundaries involve controlling what *we* do, not what the other person does. Often we begin setting boundaries by deciding on what we think are appropriate and sustainable ways of relating. Then we spell these out in expectations for the other person. But stating expectations is only the first step of setting limits. The second step, indispensable but often neglected, is to decide on a plan of response if or when the person is unwilling or unable to meet our expectations. Our plan must involve only actions we have control over, only actions we are willing to implement.

Healthy boundaries involve letting go. Despite how it may look at first glance, we do not set boundaries in order to hoard energy, time, or resources for ourselves. Rather than clinging to resources, we are letting go of attempts to control the other person and the situation. We are releasing things over which we have no control. Letting go is possible when we trust that God is in control, so we do not have to be. As we let go of control we will likely also need to let go of worry about what other people think about our actions. We may even need to limit our contact with others who disapprove of our boundary setting.

Healthy boundaries involve modeling self-care and respect for others. These are qualities we hope to encourage in those we care for. If we give too much without making our needs known, others will not know when they are hurting us. Our boundaries must also have roots in respect for the dignity of the other and in knowledge that some day we too will need care.

Healthy boundaries involve sharing enough information with those who need to know.. People affected by a challenging behavior set better limits when they hear from those who know the person best. This could be parents, a case manager, or other professionals. Such sharing naturally depends on obtaining the person's permission. On the other hand, someone may tend to share too much in the wrong setting. Leaders might encourage a person to limit sharing to those who need to know. This may reduce problems that could arise when others do not have the full context. Designating a circle of support in a congregation can sometimes give more stable support to a person with mental illness. Responding to needs can be more coordinated when all members of the caring circle share the same information. The team approach allows those setting limits to draw on the wisdom of others as they decide when and where to place a boundary. Those not in the circle can trust that care is being provided.

Healthy boundaries involve acknowledging when we cause hurt. Sometimes the limits we set will feel hurtful to another person. Such hurt may be unavoidable at times. When we anticipate this, we might say something like, “We want to care for you and be your brothers and sisters, but we can’t do it perfectly; we are going to fail. I’m sorry.”

Healthy boundaries involve adjusting to changing circumstances. We need to be ready to shift our boundaries as needs change. If looser limits are not working, we may need to think about moving the boundary to a more restrictive place. Signs of growth may allow us to relax boundaries that are no longer needed.

Hard work

Healthy boundaries involve hard work when we are motivated by caring and empathy. Ironically, we often expend much energy as we *avoid* setting boundaries. Taking on responsibilities that do not belong to us is draining. This is often a misguided effort to protect others from hurt feelings or natural consequences. We may attempt to control others, when all we can really control is ourselves. As a result, we find ourselves stuck. We repeatedly make the same responses to behaviors, even when they get us nowhere. When this happens, it is a clear signal to reevaluate where our responsibilities begin and end. Then we need to change our actions accordingly.

Welcoming those whom Christ has invited

Finally, for the strength and insight to set and live within boundaries, we depend on the Source of all strength, God’s all-sufficient grace. When our boundaries are well cared for, we are able to protect the well-being of each person in a relationship. They allow us choices in life. They provide guidance, pointing out what benefits or harms the relationship as a whole. Our boundaries help us make adjustments in the relationship to forestall extreme events—events that might force change and damage or sever the relationship. In these ways our boundaries are strategies that help us welcome those in Christ's body whom Christ himself has invited.

Thanks to all the people who graciously allowed me to interview them about what they have learned in setting boundaries, especially in relation to those they love who have a mental illness. I credit them with much of the hard-won wisdom I have compiled here. I also draw insights and quotations from these authors:

Melody Beattie: *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*, San Francisco: Harper & Row, 1987.

Verna Birkey, *Women Connecting with Women: Equipping Women for Friend-to-Friend Support and Mentoring*, Enumclaw, Wash.: Winepress Publishing, 1998.

Kathleen Greider, *Much Madness is Divinest Sense: Wisdom in Memoirs of Soul Suffering*. Cleveland: Pilgrim Press, 2007.

Veronica Ray, *Setting Boundaries*, Center City, Minn.: Hazelden, 1989.