

UNDERSTANDING BOUNDARY VIOLATIONS IN THE THERAPIST- CLIENT RELATIONSHIP

Ben E. Benjamin, Ph.D.

In my early days as a practitioner I made many errors with other peoples' boundaries; asking questions that were too personal when taking a history, mixing friendship with work, telling people things about their bodies that they were not ready to hear and hadn't asked for. In those early days when I began working with people I had never heard of a boundary between people - I hadn't the faintest idea what it was. The more I learned about boundaries, the more mistakes I realized I had made over the years. The good news is that I learned from these mistakes.

Exploration and knowledge of boundaries is increasing rapidly. It is being brought to the awareness of the general public by the well known psychotherapist and lecturer John Bradshaw. His lectures include those on abuse, codependency, family problems, and addictions. An important

theme throughout his work is understanding personal boundaries. In one of his lectures he speaks about the different ways peoples' boundaries are abused. He breaks that boundary abuse down into five categories - sexual, physical, emotional, intellectual and spiritual abuse. One of the main points he makes is that if our boundaries are transgressed as children, it is very difficult for us as adults to be aware of when we inadvertently and inappropriately cross the boundary of another. He makes the point that we all need help in learning about our limits and the limits of others. This bears looking at for therapists of all kinds although this self examination process can be a difficult journey.

The primary author of this article is Stuart Simon, a psychotherapist who practices in Boston. He teaches Supervision classes at my school, the Muscular Therapy Institute, and also runs

private supervision sessions for graduates. He brings unusual clarity to his work with students and practitioners, so I asked him if he would be interested in doing an article that would help therapists really learn about boundaries, one that could elucidate those subtle boundary issues that come up between client and therapist.

Since that time Stuart and I have met monthly to discuss and work on the article. He would write a draft and my wife Lea and I would critique it. We worked and reworked the concepts until we were all satisfied with the results.

Boundaries are a hard thing to write about but I think Stuart has written a valuable, clear thinking, concrete article on this subject. It is the first of its kind, I believe, written specifically for bodyworkers and I thank him.

Lea and I provided encouragement and some editing.

By Stuart Simon, LICSW

As a psychotherapist, I have long been interested in the nature of personal boundaries, particularly those that exist between a client and therapist. I have learned a great deal from my clients and colleagues about how psychotherapists define, respect and sometimes unintentionally violate their clients' boundaries. Through my teaching at The Muscular Therapy Institute, I have learned that massage therapists and psychotherapists have the same dilemmas and responsibilities in attempting to

establish professional relationships that respect client's boundaries.

I think most professional health care workers would agree that there is a boundary between

boundary invasions such as sexual exploitation of any kind.* However, while sexual abuse is a gross violation, there are far subtler kinds of intrusions which can be harmful both to the client and to

*In fact, many states are now enacting laws which clearly define sexually abusive behavior, and professional organizations are developing guidelines which describe appropriate ethical behavior for professionals. In the fall of 1990 this column published a piece specifically for massage therapists entitled "Guidelines for Safe and Ethical Contact."

client and therapist which must be respected. There is also agreement about the nature of gross

the treatment relationship. Unlike sexual abuse where the abuser is clearly violating a boundary, these

intrusions may occur without such clarity, and without the client or the professional being able to recognize or articulate them.

These kinds of subtle intrusions are not usually the result of intentionally invasive behavior. More often they occur because health care professionals lack a complete enough understanding of personal boundaries. They may also lack awareness of how boundaries are affected by the power dynamics of the professional helping relationship. Therefore in this article I will focus on the reasons boundary violations occur, and will suggest several strategies for recognizing and dealing with them.

Defining Boundaries

The essential problem in defining boundaries is that they cannot be seen. Rather, we can only experience our own boundary. Perhaps the simplest way to say it is that our boundary separates us from our environment and from others. It is that elusive yet personally palpable line that distinguishes us from everything and everyone around us. It defines our "personal space"--the area we occupy which we appropriately feel is under our control. We all know the experience of having someone stand too close to us or touch us without our permission. What that person has done, knowingly or not, is intrude on our space--invade our boundary. In a real sense, boundaries afford us a sense of safety and protection. They are our sense of how close or far we want people both physically and emotionally. Actually we're not even aware of our boundaries unless they are being threatened or crossed.

Boundaries are both idiosyncratic and defined by the context. They are idiosyncratic in that they reflect each person's likes, dislikes, cultural background, temperament and history. For example, if you reflect on the

different styles people have with physical contact, it's clear that each of us has our own degree of comfort --our own boundary-- with touch, hugs, social kisses, etc. In large part this depends on our own experiences with touch.

Our emotional boundaries are also idiosyncratic. One way we might see them expressed is how quickly or easily we trust people with intimate details of our lives. Another example of emotional boundaries is our comfort level with words of endearment such as "honey", "sweetheart", etc. As with our physical boundary, our emotional boundaries are determined in part by our particular culture and in part by our personal history and temperament.

Boundaries change with the context. They can become more fluid or rigid depending upon the situation we are in - even with the same person. For example, a massage therapist, when giving a treatment, works at a very close distance--literally skin to skin. If these two people were to meet on the street or at a party, however, it is not likely that the client or the therapist would feel comfortable with that same body boundary. Both client and therapist would have new boundaries dictated by context.

It is important to keep in mind that none of our boundaries are right or wrong. When confronted with someone whose boundaries are different from ours, we may become uncomfortable and

*For the sake of this paper, "therapist" will mean all practitioners who use their hands as the major medium of work: massage therapists, physical therapists, chiropractors, acupuncturists, Rolfers, Shiatsu and polarity practitioners, Alexander and Feldenkrais teachers, etc.

consequently judgmental. At these times, being able to identify our own discomfort helps us avoid creating value judgments about other people's boundaries.

Power Dynamics In The Professional Helping Relationship

It's difficult to talk about boundary issues between client and therapist* without understanding something about the dynamics of power in a therapeutic/helping relationship. Ben Benjamin wrote about this quite clearly in his column (Spring, 1990) when he noted that professional helping relationships are typified by the development of a "transference element in which the parent/child relationship is unconsciously re-established." In this relationship clients often feel less important than the therapist, and the therapist is accorded a great deal of power. In addition, the parent-child nature of the relationship encourages a hope that the therapist will always know how to help, and will only do what's best for the client. All of this often makes it feel difficult for clients to say "no" to a therapist's request, or to question the therapist's behavior if they feel uncomfortable or mistreated.

Boundary Violations

The foundation of any professional relationship is an unwritten contract between the client and the professional which defines appropriate behavior. To act inappropriately is to break the contract. In order not to violate a client's boundary, a therapist must avoid doing certain things unless they are part of the professional contract or are clearly invited by the

client. Several distinct areas hold the potential for boundary violations on the part of the therapist. They include the kind of physical touch permitted by the client, probing for personal or private information about the

client's past, the use of intimate words, and value judgments about the clients body or life style. Each of these behaviors is a way of crossing a client's boundary physically or verbally. To do so without permission is an intrusion or violation.*

This definition is more uncompromising than with co-equals (friends, peers and colleagues). Co-equals by definition have equal power and don't have an explicit contract about certain kinds of boundaries. Therefore all of us regularly commit minor violations, and allow others to do the same. For example, someone may put their arm around me when I don't expect it or want it; I might interrupt someone who is having an important phone conversation; a loved one may call me sweetheart when I am angry at them and do not want any closeness. Though these "violations" may be annoying and intrusive, and even feel hurtful, they typically don't do serious damage. This is because as co-equals, no explicit power dynamic keeps us from defending ourselves. I can tell the loved one not to call me sweetheart; the person on the phone can easily ask me not to interrupt them; and I can find a kind way to remove the person's arm from my shoulder.

However, because of the explicit power dynamics in professional helping relationships, whenever a therapist crosses a client's boundary in any way, its more serious than the everyday intrusion with a co-equal. Clients put enormous trust in therapists of any kind, and may feel less powerful than the therapist. Because of this the client feel less free to defend themselves against intrusions, or to question unexpected behavior by the therapist.

Some scenarios may help clarify what constitutes crossing a boundary. Although I've changed the names, each of the scenarios

represents an actual occurrence or a composite of occurrences that were related by friends and colleagues, or by students in supervision classes.

• • •

For several months Steve has been giving weekly massage treatments to his client Gail for a chronic injury. The treatments have been going extremely well. Since Gail had unsuccessfully tried several other approaches, both client and therapist have been excited about the progress being made. As they are saying goodbye after a session that has gone particularly well, Steve and Gail share their enthusiasm. Touch to this point has been limited to massage. However, because of the good feelings in the moment, Steve spontaneously gives his client a hug. Not wanting the hug, Gail tenses but says nothing.

• • •

Although Steve's hug was a sincere and warm gesture towards Gail, it was also a boundary violation. Steve may have decided that a hug was fine in the moment, and that a hug would not have felt invasive to him. However, since boundaries are idiosyncratic he cannot be sure what the experience is like for his client. Gail did not want a hug. It's possible that the hug made her uncomfortable, confused, and even afraid. Although Gail has invited touch in the form of a massage, she has not invited any other kind of touch. Since Gail did not want a hug, Steve has crossed Gail's boundary without her permission.

For a variety of possible

* Some behavior, even with an invitation or explicit permission should be avoided. For example, sexual behavior within the professional relationship is always a boundary violation, regardless of who initiates it or permits it.

reasons Gail did not feel able to express her discomfort. She may not have wanted to offend Steve, feeling concerned that the future of the treatment could be jeopardized. She may even have felt that a hug was somehow expected of her. Whatever the reason, she was

unable to tell Steve she didn't want it.

The point here is not that massage therapists should never hug their clients. For example, after the session Gail might have asked for a hug. If Steve was comfortable with the idea, he might have appropriately responded by giving one. In this case, he would be crossing Gail's boundary only in response to a clear invitation. In other words, Steve would be certain that it was wanted.

This next scenario illustrates how words can violate a boundary.

• • •

Joan is working for the first time on her new client, Mary, who has come for a relaxation massage. During the course of the treatment, Joan notices that Mary's spine seems to be considerably out of alignment. Joan makes a point of telling this to Mary and suggests several methods of treatment for the problem.

• • •

It's easy to imagine that Joan thought she was being helpful to Mary by sharing her expertise in the form of a professional judgment about spinal alignment. However, it is neither feedback nor professional judgment that Mary has invited, particularly since she has come to Joan for a relaxation massage. It's quite possible that Mary would feel injured and insulted, as any of us might if we were told something uncomplimentary about our bodies without our asking. Because Joan did not have explicit permission to offer feedback about Mary's body,

Joan committed a boundary violation.

As I was preparing this article, a number of people related their version of this particular scenario to me. These stories I heard included every type of body worker and

mental health worker unintentionally offending their clients in this way. Significantly, when this type of violation occurred in one of the first few sessions, none of these clients went back to the therapist because they were too upset or angry.

This example demonstrates how words that convey any type of judgment can be a violation. However, without invitation, even compliments or words of affection can violate boundaries. To be called sweetheart or honey, or to be told we are attractive or appealing by someone we know and trust, generally makes us feel good. However, without trust and safety, words like these can be invasive. And in the treatment relationship where power is so unbalanced, they will almost always serve to confuse the professional boundary.

This third scenario will demonstrate yet a different aspect of boundary violations.

Before working on her new client Jim, Susan starts to take a history. Jim becomes somewhat annoyed and suggests that they skip the history and proceed with the massage. Susan explains that in order to do her work well a history must be taken. Jim remains annoyed and resistant but finally agrees.

It seems obvious that taking a history helps a massage therapist in their work with clients. However, in this example, taking the client's history makes him feel upset and invaded in some way. Although the reasons are not yet obvious, it's apparent that Jim is not comfortable with the history. Perhaps he generally feels uncomfortable talking about himself. Perhaps he feels unsafe revealing particular pieces of his personal history. Whatever the cause, it's reasonable to interpret his resistance as an attempt to establish a boundary. The therapist's insistence may serve as a

threat to the boundary he is trying to establish. Jim's agreement may be the result of feeling intimidated. Perhaps he believes that the therapist knows best, or fears that without acquiescing he won't get his treatment. Because Jim is not given a real choice about giving a history a violation has occurred.

It is essential to remember that because boundaries are unique to each of us what constitutes crossing that line is often different for different people. What feels like decent respectful behavior to one client, may feel like a violation to another. Therefore, even the most careful and respectful therapist must be willing to learn about and assess each client individually.

Why Boundary Violations Occur

Subtle boundary violations generally occur for several reasons. The first is a lack of understanding of boundaries in general. The second is that the therapist is not in touch with his/her own boundaries. Thirdly, the therapist may not understand a particular client's boundaries. Finally, the therapist may make incorrect assumptions about a client's ability to communicate when a boundary has been crossed. In the following section I will give examples of how each of these may have been involved in the boundary crossings that occurred in the previous three scenarios.

It is unlikely that the many therapists who offered unwanted criticism in the second scenario did so callously. More likely they were trying to offer good advice or trying to inspire confidence by demonstrating their expertise. However, without understanding one concept of boundaries -- that unwanted advice can be invasive -- they all created intrusions without intending to and possibly without ever knowing it.

Similarly, in the first scenario, it's likely that Steve's initiation of a hug was based in his belief that what felt appropriate and good for him would also feel good to Gail. However, he lacks a conceptual understanding of boundaries -- that a hug might have a different meaning to a client than to a therapist.

In addition, Steve's unsolicited hug may demonstrate that he doesn't fully understand his own boundaries. He probably didn't realize that while his own boundaries allow for an easy expression of affection, Gail's may be different. This confusion may also be true for Susan in the third scenario. Had she been in touch with her own boundaries, she might easily have picked up on the fact that the client, Jim, was trying to establish a boundary that needed to be respected.

Therefore without a good understanding of boundaries in general, and their own boundaries in particular, therapists might assume that the client feels the same way they do. Consequently therapists may move too close physically or emotionally, offer unwanted advice, and so on.

Another possibility is that the therapist may need to get more information about a particular client's boundaries. Getting this information is important work. It is also difficult work because it requires patience and good communication between client and therapist, about issues which may feel very personal and private to the client.

For example, in taking a history of a client who is a survivor of sexual abuse, it is important not only to gather the information, but also to learn what it's like for them to reveal such intimate information about themselves. In essence, while it's important to be sensitive to how a survivor may want to be touched, it's just as important to be aware of how they feel about

discussing their history and to learn where their boundary is regarding this. Neglecting to do this can actually result in a boundary violation if the client is revealing more than they want to. To take this kind of history well, in a way that clarifies the clients boundary, requires careful communication.

It is important for therapists to remember that clients cannot always identify the moment they feel violated. Even when they can they may find it very difficult to speak up about it.

For example, the therapist may mistakenly assume clients know how to identify when their boundaries are being crossed. In reality, some clients may not initially be aware of this type of discomfort. Their personal history with emotional and physical pain or abuse may have taught them to deny these kinds of feelings. Therefore, in another version of the first scenario, it's possible that a different client might not have wanted a hug, and might not have been aware of it. In this case the client might have felt uncomfortable afterwards but not known why.

The therapist may also mistakenly assume that when clients are aware that their boundary has been intruded upon, they are then able or willing to talk about it. However, past experiences may have taught the client to avoid conflict by remaining quiet even if they are uncomfortable. Others may simply feel it's not worth the effort. For example, you'll remember that neither Gail in the first scenario nor the many people who had their own versions of the second scenario, told the therapist how they had felt. Nor did most of them return for further treatment.

In addition to personal histories, the power dynamics of the treatment relationship often makes it difficult for clients to talk about their discomfort to a therapist. The point here is that

therapists should not rely solely on clients to ensure that boundary violations don't occur.

What Therapists Can Do

Therapists are human and will make mistakes. However, because of the power that is accorded to health care professionals, they often feel an enormous amount of pressure to know everything that a client needs. This pressure may lead therapists to avoid acknowledging mistakes to themselves or to others. *Yet if the therapist wants to learn about their client's boundaries, and to help identify when violations occur, it helps to remember that even the most skilled and careful therapists make these errors.* In fact, by noticing mistakes when they occur, and speaking about it to their clients, therapists are actually demonstrating awareness and respect for their clients' boundaries.

With this in mind therapists can do several things in order to either avoid boundary violations, or to identify and correct them when they occur. These things include:

- increase empathetic awareness of the clients' experience.
- become better at identifying client behavior that indicates a crossed boundary.
- learn to ask questions to identify when they might have violated a client's boundary.
- teach clients how to identify their own boundaries.
- teach clients how to articulate their discomfort when they feel invaded.

In the following paragraphs I will give concrete examples of each of these skills.

Increasing empathy means that the therapist regularly tries to be aware of what the client may be

experiencing. In the first scenario Steve gave Gail a hug because he wanted to, not because he was attending to her needs. If Steve increases his empathetic awareness, he will try to consider how Gail might experience touch that is separate from the massage. He will also pay attention to what Gail is and is not asking for.

Because clients can't always articulate the fear and discomfort that accompany unwanted boundary crossings, therapists can become better at identifying behavior that may indicate an intrusion. If the client cannot easily set a boundary, or tell the therapist when they feel intruded upon, their indirect verbal or nonverbal behavior may provide clues. For example, if Jim, the client who resisted giving his history had felt comfortable and skilled enough to set a boundary, his response to the request for a history might have been to calmly say, "I'd really prefer to skip the history. I don't feel comfortable right now saying a whole lot about myself. Perhaps we could do it another time." However, without such emotional clarity and verbal skill, clients may set the boundary indirectly. If the therapist had understood that Jim's somewhat angry, stubborn behavior may have been his best attempt at setting a boundary, she could have helped him set the boundary more easily and directly. For example:

Jim: I really don't see why I have to give you all this information. I just came here to get a massage.

Mary: I realize that. However, getting the information will help me give you the best possible treatment.

Jim: Well I don't understand that. And I don't really care. I just want a massage.

Mary: You know, in order to my job well and to make sure I don't miss anything, I really am going to need a history.

But I want you to know that I really do understand that giving a history is the last thing you want to do. Perhaps you can tell me...Is there a particular reason you don't want to do a history?

Jim: Yes.

Mary: Do you feel comfortable enough to tell me why?

Jim: Not really.

Mary: Well how about this? I'll need a history at some point. If you like the treatment, and decide you want to continue, we can do the history later.

At this point Jim may or may not continue to resist. Either way, Mary's message to him is that while a history is important, she is willing to respect his boundary. Further, she has communicated that she is open to learning more about his reluctance when and if Jim feels comfortable. This also communicates respect for his boundary.

Therapists can also learn to ask questions when they feel they might have violated a client's boundary. For example:

Therapist: I just realized that for the past several minutes I've been asking you some very personal questions that are not actually part of the medical history. Have any of them made you uncomfortable?

Of course this type of intervention will only work if the client is able to identify his/her discomfort. If the therapist suspects that the client might avoid conflict by not acknowledging the problem, the therapist may simply have to make a statement:

Therapist: I just realized that for the past several minutes I've been asking you some very personal questions. Let me apologize if

any of them made you uncomfortable.

Therapists can prevent boundary violations by teaching clients to identify and establish their boundaries. What this amounts to is teaching clients to be aware of what feels right for them and what does not in all aspects of the therapy and the professional relationship. This can be done from the first moment of contact with the client. For example, the therapist can establish an environment of choice which can teach clients to identify their boundaries. For instance:

Therapist: People feel comfortable getting a massage in a variety of ways. Some people like to remove all their clothes and then get under the sheet. Others choose to leave their underwear on, or wear a smock. Still others feel most comfortable leaving their clothes on. The only thing that is important is that you do what's right for you. I'm going to leave the room for a few minutes, and while I'm out please choose what feels best for you.

Or:

Therapist: Sometimes I do evaluations of clients' muscular and skeletal systems--muscle tone, alignment--that sort of thing. Please let me know if you're interested in my doing that.

Sometimes asking specific questions are more effective in helping the client identify their boundaries. For example:

Therapist: I'm going to show you a diagram of a back. Are there parts of your back you would prefer I don't work on?

Or:

Therapist: Occasionally a treatment can become painful. How do

you typically respond to pain? If it became too painful would you grimace quietly or would you tell me so I would know to stop?

Establishing an atmosphere of choice or presenting specific questions encourages clients to pay attention to their boundaries. Depending on the client's answers, the therapist might inquire further. This allows for more refined understanding of the client's boundary and encourages them to notice if they feel violated in any way. For example, if we continue from the last question above:

Therapist: Would you grimace quietly or would you tell me so I would know to stop or change my technique somehow?

Client: You know, come to think of it, I probably wouldn't say anything. I've had massages from other people and I guess I just sort of hang on during the real painful parts. Plus I assume that the harder you can work on me the better the massage is. Is that true?

Therapist: Not always. If you're in so much pain that you're tensing against it, it may be counterproductive.

Client: Well, the truth is I guess I do sometimes put up with more pain than I really want to. It just never occurred to me to ask anyone to go easier.

Therapist: Now that we have established that it's okay, will you tell me when I'm working too hard?

Client: I'm not sure.

Therapist: How about if I check in with you regularly and I ask you whether it's too painful? Would that make it easier?

Client: Maybe. Let's try.

These kind of questions teach the therapist about the client's boundary. It is important to note that they also teach the client to pay attention to, and learn about, their own boundaries. As we can see from the example, when this type of interaction goes well, both the therapist and the client benefit.

In Conclusion

At nearly every step in writing this article, I struggled to find a balance between two important concepts. The first is that it is the therapist's responsibility to establish professional boundaries and to respect whatever unique boundaries a client might have. The second concept is that competent, careful therapists will still make mistakes with their clients' boundaries. In fact, sometimes it is the very process of making mistakes that allows us to find the boundary and honor it. If therapists can balance these two concepts for themselves, it creates a foundation for learning.

As complex and elusive as boundaries can seem, I think learning can be focused on two relatively simple ideas. The first is that there are some universally accepted guidelines which all health care professionals can learn and apply. These include limiting touch to what is clearly permitted and contracted for by the client or avoiding value judgments about the client's body or life style. The second is that learning about a particular client's boundaries is an interactive process. Some client's will be more effective than others in establishing boundaries or teaching the therapist where the boundary is. Whatever the client's ability, the therapist can use specific skills to help the client identify and establish their boundaries. As this happens, therapist and client become both teachers and learners simultaneously. This in an of itself can be come a rich, exciting and healing process.

The Role of Supervision and Psychotherapy

Throughout his article, Stuart used several scenarios which demonstrated how much awareness bodywork therapists must have in order to understand, establish and respect clear boundaries with their clients. However, even with the best of intentions, violations still occur.

As Stuart mentioned, sometimes violations will occur because the therapist lacks a sufficient understanding of boundaries. In other words, the therapist may not know what an appropriate boundary should be with a particular client. When this occurs, supervision with a therapist who is knowledgeable about boundaries can be very helpful.

For example, something that often comes up in supervision classes for bodyworkers is identifying where the boundary should be around the client's disclosing personal information. Sometimes clients disclose more of their personal issues than a therapist is comfortable with. Learning how to establish boundaries in these instances can be extremely subtle and challenging. Supervision with a therapist who is an expert on boundaries can be a real lifesaver. In one case of a student who did not know how to handle the personal material the client was revealing, Stuart suggested that she say something like: "I don't want to give you the impression that I'm not interested in what you're saying. I'm very interested but I need you to understand that I don't feel I'm qualified to help you in this area. However if you're interested in some help, I have the name of a good therapist you might contact."

At the other extreme some bodywork therapists take on more than they can handle. One therapist I know of began working with

survivors of sexual abuse without receiving any supervision herself and without requiring that the client be in psychotherapy with an experienced therapist trained in treating clients who have been abused. She took on the responsibility of doing both the bodywork and the emotional therapy herself. The therapy became chaotic and out of control and the client ended up feeling unsafe and abruptly terminated treatment.

With these and other questions about complex boundary issues, supervision can be extremely helpful. Long used by psychotherapists to deal with the difficult issues that arise in psychotherapy, good supervision can offer a safe forum for body therapists to confront difficult questions and explore the boundary between themselves and their clients.

Sometimes, as a result of effective supervision, therapists discover that their confusion around boundaries goes beyond the lack of theoretical understanding: they may discover that their own emotional/psychological issues are interfering. For example, one student in a supervision class discovered that when older women clients were friendly with her, she responded by becoming overly friendly and less professional than usual. On one occasion she actually initiated a personal friendship even when the client hadn't asked. This then resulted in the client feeling awkward and not returning for treatment. In this case the therapist came to understand that her personal issues were interfering with her professionalism. Her own psychotherapy helped this therapist identify the critical issues involved and allowed her to change her behavior.

- Stuart N. Simon, LicSW

•••••

I hope this article has deepened your understanding and appreciation of the importance of clear boundaries in bodywork. All of us at MTI, students, teachers and supervisors, are excited by our new discoveries in this area both personally and theoretically.

I am interested in your feedback on the articles I have been doing on sexual and boundary issues over the past year or so. I sit at my computer and do these things without having direct input from you. I would like to know if they have been useful to you. Please write and let me know.

• • •

*Ben Benjamin can be reached at his office:
175 Richdale Ave., #106, Cambridge, MA
02140
Tel: 617-576-0555*

This article may only be reproduced with written permission of the author.