Rethinking Boundaries:

Respecting the "No" Beyond Imposed Behavioural Expectations

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When reflecting on the legacy of public campaigns like Nancy Reagan's "Just Say No" anti-drug messaging, some of us recall striking images, such as that of two eggs sizzling in a frying pan with the caption, "this is your brain on drugs." These messages did more than shape individual choices; they helped entrench long-standing cultural attitudes towards behaviour, self-regulation, and conformity.

Similar currents have run through the history of psychotherapy and broader society. Anger management programs that rose to prominence in the 1970s positioned anger as a pathology—something inherently "bad" to be controlled or eliminated. In previous generations, women who expressed intense emotions risked diagnoses such as "Hysteria" or "Unmanageable Emotional Outbursts," and were often "treated" with medication rather than understood within their lived sociocultural contexts.

Contemporary youth culture, as reflected in social media phenomena—"challenge" videos like the Tide Pod or Cinnamon Challenge—also illustrates the continuing power of imposed behavioural expectations. These forces are not new. Anthropologists, sociologists, and systems theorists have examined them for decades, drawing attention to how they shape and are shaped by power, context, and relational dynamics. Yet, outside academic and professional circles, such expectations often remain invisible or unquestioned, normalised as "just the way things are."

One of the most insidious expectations is the tacit injunction not to question at all: Why are these boundaries or behavioural standards imposed in the first place? A full exploration would require engaging deeply with patriarchal structures, colonial legacies, and other systems of domination. A recurring conclusion, however, is that we are discouraged from asking precisely because the question itself disrupts those systems: "Because we aren't allowed to ask."

When Boundaries Become Burdens

This pattern is particularly striking in how boundaries are commonly conceptualised, especially for people from non-male gendered backgrounds and other marginalised groups. Within the therapy field, we widely acknowledge the importance of boundaries. Yet, in practice, the responsibility for identifying, communicating, and enforcing them is often placed squarely on the shoulders of those whom the boundaries are intended to protect.

When we invite clients to set 'healthy boundaries' without situating those invitations in the client's sociocultural location, we risk endorsing individualised responsibility for relational harm and subtly implying that it is their job to manage other's behaviour. In this way, PCA language about autonomy and self-care can inadvertently collude with normative expectations about what a 'good' boundary looks like, rather than opening space for more context-responsive, culturally located, and politically aware acts of self-protection / safety. Framing the issue in this manner highlights how well-intentioned PCA commitments to respect and non-directiveness can nonetheless participate in circulating ideals, which carry the possibility of pathologising the client.

Assertiveness training, self-esteem workshops, and communication skills programs—valuable in some contexts—can unintentionally reinforce the idea that if one's boundaries are not respected, the shortcoming lies within themselves. Popular discourse on "how to set healthy boundaries" frequently centres communication as the solution: Be clear, firm, and direct; repeat yourself as often as necessary; hold the line.

The prevailing message which becomes internalised from others is that we must not only know our own boundaries, but also continually and convincingly assert them to others. This framing, while often well-intentioned, risks pathologising the person with the boundary rather than interrogating the systems, cultures, and relationships that foster boundary violations in the first place. It also sits uneasily with a person-centred attitude that recognises power, context, and the client's lived experience as central, not peripheral, to therapeutic understanding.

An Alternative Perspective: Respecting Our Own "No"

What if the very act of being aware of our own boundaries were, in itself, sufficient? What if the emphasis shifted from a duty to communicate, persuade, and police others' behaviour—from attempting to impose how we would desire them to act in relation to us—toward an emphasis on the personal responsibility—and empowerment—of respecting our own "no"? The presupposition here in respecting our 'no' is that others may not respect our no, which would then require some response or action on our part. This perspective toward boundaries ultimately creates a sense of client self-trust leading to client autonomy. From a person-centred approach, this invites curiosity and a not-knowing stance around the client's experience instead of pushing a socially-constructed and imposed behavioural boundary.

This reframing challenges much of the popular advice that focuses on convincing others. A more radical, non-pathologising, and person-centred stance, grounded in an awareness of systemic power dynamics, suggests that respecting one's own "no" involves prioritising self-protection and agency. In unjust systems, it is predictable—not exceptional—that boundaries will be disregarded. In that context, the task is less about perfecting our explanations and more about acting to protect our safety, emotional wellbeing, and autonomy.

This is more than a semantic shift. In practice, it means recognising that communication is not always possible, safe, or just, and that self-respect may sometimes require disengagement, withdrawal, or other protective action. For example, imagine that your boundary is a need for personal space. Rather than repeatedly educating or persuading someone who violates that boundary, it may be healthy and necessary simply to remove yourself, without explanation.

Implications for Person-Centred Practice

For psychotherapists who identify with the person-centred approach, this perspective invites us to reflect carefully on how we talk about, model, and support boundary-setting with clients—especially those from marginalised or historically pathologised groups. Are we,

perhaps inadvertently, reinforcing imposed behavioural expectations, conditions of worth, and incongruence under the guise of empowerment, or are we facilitating authentic agency? Are we encouraging clients to take responsibility for others' behaviour, or are we validating their right to act in their own interest without endless justification or self-blame?

Decoupling boundaries from externally imposed behavioural scripts, expectations, and conditions of worth can support a more liberating, trauma-informed, and socially aware therapeutic stance—one that honours embodied knowing and prioritizes self-protection, not just self-expression. Within a person-centred frame, this means trusting the client's experience as authoritative, and recognising that a felt 'no' may be a vital expression of self-regulation rather than an interpersonal problem to be corrected.

In this light, the moment one feels compelled to keep explaining their boundary to someone who is not respecting it may also be the moment they have ceased to respect their own intuitive and felt sense of 'no' which would otherwise empower their autonomy. In turn, they become disempowered and may experience a sense of incongruence. As clinicians, supervisors, and trainers, we can support one another in bringing greater critical insight—and compassion—to this fundamental aspect of our work, staying faithful to a person-centred ethic that is, at its heart, radical, anti-oppressive, and deeply respectful of each person's subjective authority.

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