The Frame in Psychotherapy: Roles, Tasks, and Boundaries

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Frame: What

- **Role:** What are the roles and responsibilities of the *psychotherapist* and the *patient*?
- **Task:** What is the work the therapist and patient have agreed to do?
- **Boundaries:** setting (atmosphere), confidentiality, time of meetings, length of sessions, frequency of sessions, fees, missed appointments, emergencies
Frame: Why

- The frame **protects** the space and task of psychotherapy
- The frame is the “constant” in which the therapeutic process (i.e. variables), can emerge and be understood (Bleger, 1966)
- A clear frame provides the holding and containment necessary for understanding the transference, regression, enactments, and for strong affects of love and hate to emerge and to be examined in an atmosphere of safety.
- Professional ethics
Frame as Container

Psychotherapy

Roles

Task

Boundaries
Frame: The difficult to treat patient

- For many difficult to treat patients the frame becomes a locus of action. A place for aggression and transgression for both patient and therapist.
- The difficult to treat patient is often embedded in a treatment system and there are systems efforts to bend or even break the frame of treatment. Understanding system pressures on the frame and their various meanings is important.
- Patients may become “frame damaged” in treatments where roles, tasks, and boundaries are not sufficiently attended to. This may actually create treatment resistant patients.
Role of the Psychotherapist

- To engage in a professional relationship with a patient that is aimed at understanding the conflicts, defenses, motivations, and unconscious dynamics of the patient as they emerge in the transference and the therapeutic relationship.

- To act ethically with honesty and good faith within the professional bounds of the relationship.

- What about secondary or dual roles:
  - Prescriber, family therapist, advocate, casework, collateral contacts (schools, attorneys, custody).
Role of the Patient

- Patient is to try to say everything that comes to mind without censoring (Freud, 1912).
- Attend sessions on time
- Leave at the end of the session
- Pay the fee as agreed upon
- Inhibit acting on self-destructive impulses and agree to bring self-destructive impulses and actions to therapy for understanding the meanings
Task of Psychodynamic Psychotherapy

To understand and address the sources of the patient’s suffering by attending to:

- Assessment and identification of problems and strengths as well as mutually agreed upon treatment goals
- Unconscious feelings, memories, ways of relating to others, conflicts, family dynamics, internal object relations, unconscious intergenerational transmission of trauma and conflict.
- The therapeutic relationship including the alliance, places of collaboration, rebellion, submission, destructiveness, resistance, love, hate, dependence
Boundaries

Boundaries are necessary in order to create a safe and secure “play space” so that feelings, sensations, thoughts, perceptions, memories, identities, can be examined and “played with,” in the service of learning about the patient’s mind. (Gabbard and Lester, 2003)
Boundary Considerations

- Where are the sessions located?
- How long will the sessions last?
- What is the fee, the billing procedure, the time frame and method of payment?
- What about cancellations and charges for missed appointments?
- Confidentiality of the setting, third party payment and confidentiality.
- Absence of physical contact
- Limited self-disclosure on the part of the therapist
- Issues of asymmetry and power within the therapeutic relationship
Examples of professional boundaries¹

- Absence of any form of sexual contact
- Limited physical contact of any kind
- Consistent and appropriate timing, length, and location of sessions
- Respectful language and style of communication
- Suitable attire
- Judicious use of self-disclosure
- Appropriate efforts to protect privacy and uphold the privilege of confidentiality
- Abstinence from business transactions other than the fee for service
- Limitations on gifts to or from patients

# Boundary crossing vs Boundary violations

<table>
<thead>
<tr>
<th>Boundary Crossings</th>
<th>Boundary Violations</th>
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<tbody>
<tr>
<td>Are benign and even helpful breaks in the frame</td>
<td>Are exploitive breaks in the frame</td>
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<tr>
<td>Usually occur in isolation</td>
<td>Are usually repetitive</td>
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<tr>
<td>Are minor and attenuated in most cases</td>
<td>Are egregious and often extreme (e.g. sexual misconduct)</td>
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<tr>
<td>Are discussable in therapy</td>
<td>Therapist generally discourages discussion in therapy</td>
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<tr>
<td>Ultimately do not cause harm to the patient</td>
<td>Typically cause harm to the patient and/or the therapy</td>
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Thoughts for the therapist: D.W. Winnicott

In conducting psycho-analysis I aim at:

Keeping alive;

Keeping well;

Keeping awake;

I aim at being myself and behaving myself.

Having begun an analysis I expect to continue with it, to survive it, and to end it.
Breakout room - Possible topics for discussion

- What frame issues have you encountered in your work as a psychotherapist?
- What issues related to the frame are linked to the systems in which you work?
- What is an example of a frame dilemma where countertransference was a contributing factor?
- What is an example of a frame dilemma related to payment or insurance issues?
- What is an example of a benign boundary crossing that you have encountered?