
An Introduction to the Therapeutic Frame

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The frame

Throughout this book the concept of a frame is used, and I will begin by discussing what I mean by this term and how this meaning has been reached. Although the idea of a framework for therapy has long been understood, Marion Milner was the first to apply this concept using the metaphor of an artist's frame (Milner 1952). When an artist completes a piece of work, it is usually framed and the choice of frame is important. If a decision is taken not to have a frame then the edge of the canvas will tell us where the imaginative work ends. When a frame is used, then it is this that performs the function of containing; the artistic creation has a boundary. Some artists have experimented with the idea of containment by letting parts of the picture spill over on to or beyond the frame, and it is only then that most of us become aware of its more usual function. A picture that has stayed in my mind is of a man with a chain round his ankle; a real piece of chain with a ball attached to it is fixed on to the painting and dangles down beyond the frame. This serves to remind the viewer that what is seen is a representation of a particular condition the man may find himself in. The ball and chain which is attached draws the eye so that attention is focused on the device. We are confronted with a complex set of images: something contained within a frame, the man, and something uncontained, the ball and chain, which keeps him imprisoned. None of the images is real – in the sense of a flesh and blood human being in manacles – and yet the way in which the artist has presented us with his creation shocks us into looking at his picture in a new way. In this example the artist wants us to experience feelings about imprisonment, and the way in which he achieved his effect was by shocking us into thinking about frames, about reality and artistic depictions of reality. It is interesting that most artists prefer to have their work contained and when it is not the effect is disturbing; the eye concentrates more on what is not being contained than what is. Thus

we might say that not to have a frame draws attention away from the main body of the creative work and simply functions to remind us that it is aesthetically more pleasing when it is contained.

Now the idea of a frame in terms of artists and their creations cannot be taken wholesale and applied to the therapeutic process. Nevertheless, it is this idea of containing that lies behind the thoughts of having a frame, or framework, for what happens between the therapist and the client. Robert Langs, the American analyst, has written extensively about the therapeutic framework, its importance for containment and how breaks in the frame are accurately perceived by the client, although often ignored by the therapist (Langs 1976; 1978; 1988). He shows how errors are experienced unconsciously, and then through what is talked about in the session cues are given to the therapist to remedy these. David Livingston Smith's book, *Hidden Conversations* (1991), gives a learned account of Langs' contribution, as well as a damning indictment of what both of them see as the established conventions for the practice of psychoanalysis. New ideas are invariably seen as threatening and it is often necessary for their exponents to state them didactically, otherwise they would not get any attention at all. However, the counsel of perfection which is expounded can be daunting to therapists at the beginning of their careers, as well as threatening to those with an already established way of working. My intention in later chapters is to give examples of work using the concept of the frame to understand important aspects of the therapeutic process, and although suggestions are made for what constitutes good practice, more will be learnt from mistakes, from what happened when there were errors or breaks in the frame, than accounts of cases where everything went well.

Defining the frame

Before we can start to think about the frame we have to decide what its constituent parts are, and to do this I am going to use the concept of rules, which will be discussed further towards the end of this chapter. If we think about an individual contacting a therapist and then arriving for an initial consultation, we can see that at some point in this meeting both parties need to agree on what happens next. Should regular meetings be offered by the therapist and accepted by the client, it is necessary for them both to agree on how the work will be conducted: the framework. The therapist will state the location for the meetings, the duration of each session and the charge made, as well as explaining what happens should the client miss or cancel any appointments. Clearly there is no

legal sense in which this agreement can be seen as binding, or any part of it seen as a rule, but unless the basic framework is made clear, muddles, misunderstandings and misconceptions are bound to arise. It may seem difficult at this point to see why such prosaic details should be given so much stress, but I am going to suggest that the framework has connections with the way in which we were cared for in the past. However, I also want to stress its importance in the present, in the here-and-now relationship between therapist and client, where it is essential for there to be congruence between the therapist's words and actions. We all know how confusing it is when people say one thing and do another. We do not know where we are with them. On one level the frame can be seen in terms of a contract, an honest and clearly stated offer of professional help, setting out how the work is to be conducted. In this sense it is similar to any other agreement between two people, whether therapist and client, doctor and patient, or builder and customer. Where it is different is that the agreed way of working is going to be understood as an essential factor in the therapy. Should there be a deviation from what has been agreed then we are going to try to understand what this means to the client, both in the here-and-now relationship and how it may relate to past events. It is important to point out that there is no consensus regarding the frame or which particular elements can be included under this term. However, for the moment I am going to propose that the frame comprises: a private setting in which therapist and client meet; fixed times and duration for the sessions; vacation breaks which are clearly stated by the therapist; a set fee for all sessions reserved; and an internal concept on the part of the therapist that what is talked about is not talked about with anyone outside the therapeutic relationship. I am now going to discuss how the frame is connected with the past and how we might understand what each part of this agreed way of working may mean or represent.

Early experiences and the frame

Individuals seeking therapy do so because they have problems in living; these problems have arisen through their experiences of life and the expectation is that the therapist will be able to help them overcome their difficulties. Psychotherapists and counsellors do not have any answers to the problems of living but they do have a body of knowledge regarding the way in which psychological difficulties arise. We might say that through our knowledge of the ways in which human beings are treated in infancy and childhood, we can make predictions about their future

development. These predictions will not be exact; there will always be divergence because of the different circumstances that go into the making of each unique human individual, as well as genetic factors which are also part of our inheritance. Psychological understanding is not deductive but observational. We cannot predict or conclude with certainty what we know from one example of human behaviour about another. But we can observe, and the more we begin to understand the motives underlying behaviour the more we understand the action.

We know, both from research and perhaps from remembering our own experiences as children or as parents, that infants require continuity and consistency. The new-born baby enters a confusing world in which initially it is aware of nothing other than the sensations in its own body. Unpleasant sensations such as hunger, pain or loneliness are modified or eliminated through the care of the mother or mother-substitute. A tiny infant has no concept of time; hunger is not alleviated by an internal sense of lunchtime or teatime, something that will happen when the appointed hour is reached. Nor does a baby have an internal concept of a mother who will come to pick it up in ten minutes, or an hour, or even tomorrow; the longing for contact exists in an eternal present. Slowly, with enough good experiences of a mother who responds, the infant is increasingly able to wait with hope. Baby smiles, gurgles, chuckles and meets with delight the mother, who, in turn, delights in her infant. The baby is learning to give and to receive – it is becoming socialized, the first steps to becoming part of a human society. Of course at times all babies experience frustration, for their needs are not responded to instantaneously, and in this way all of us have had to learn about time, about waiting.

It should be said here that devastating early experiences can result in breakdown later in life, which may result in hospitalization. And although it may be beyond the skills of most therapists to offer help to clients who are severely ill, it is useful to think about some of the factors involved when individuals become unable to look after themselves. If we believe that early experiences can be one of the causes then this can help us to think about all the people we see, since many people fear breakdown even though their fears are never realized.

For those who have never experienced good-enough parenting it may be that they have failed to internalize, to take into themselves, the idea that they are of worth and that their needs are capable of being met. Tiny babies need to be cared for by someone who responds reasonably quickly. If this does not happen despair sets in, trust is destroyed and hope lost. They may survive rather than live, and mental health remains

precarious. We all need inside ourselves the sense that we have been loved, and it is this feeling that we can draw on in times of stress. It is often a major life event such as marriage, bereavement or the birth of a child that triggers memories of the individual's own losses in infancy and childhood. Keeping this in mind can help the therapist to understand both the need for a firm frame, and to appreciate how much the person who feels that they have never had enough care may long for more than the therapy gives. We want to provide a setting in which past failures can be re-experienced so that our clients are able to work through their feelings about these failures. This process is facilitated by an understanding of how past events are connected both with the client's present life and with the specific relationship that is made with the therapist. Moreover through clients' emotional experience of being accepted and understood by the therapist, ego strength is built. In other words, because clients are able to internalize the therapist as someone who is able both to respond to their needs and to contain them, their sense of self becomes stronger.

If we continue to think about mothers and babies we can see that it is the mother who gradually introduces to her child the idea of a containing framework for care. This is not done by explaining to the baby that she will be there when the next hunger pangs strike, or that she is handing over care to father for the day but will be back tomorrow; it is done through actions. The baby experiences over and over again the actions of the mother and it is through these actions that the child builds up its expectations for other relationships. The therapist offers the new client a framework for care which has connections with what the mother provides for her child but is of course not the same. We are therapists, not parents.

Without a framework of care the infant may find itself unable to experience its own feelings and emotions. Instead the baby may adapt itself to fit the mother's needs, thus retaining her love but losing a sense of self in the process. There are many motives for wanting children of our own, and for those of us who have had difficulties in our own childhoods, one of these may be to assuage deprivations vicariously, by trying to give to others what we felt was lacking in our own past. There is nothing wrong in this – indeed it is an honourable intent – but the problem lies in its subjectivity. We may be filtering everything through our own experiences, a subjective position which will blind us to the needs of the particular individual in our care. Should we work with clients whose difficulties touch closely on our own, we may be in danger of seeing in them the child we once were, rather than the people they are now. The frame provides the holding environment in which

individuation (recognizing oneself as separate from the other) can take place. In the best of situations it provides a safe space with secure foundations, one in which clients do not have to manage the therapist's anxieties but are able to develop their own authentic emotional lives.

In most societies, in their first few months of life babies are usually cared for by their mothers. If this is not the case then it is generally accepted that constant changes of personnel in the primary care of infants will be detrimental. It is with this knowledge that therapists think about their prospective clients and the arrangements that will provide the optimum setting for the working through of difficulties. We can infer from what we know about infants that we should provide a model of care which is consistent, that continuity is ensured, and, like the feeding pattern which is gradually established, a regular period of time set aside just for the client. Therefore, in the first meeting the therapist states very clearly the arrangements for the therapy. Keeping in mind the idea of continuity and consistency, we say where we will be available, at what time, and for how long. Because we know that interruptions to care are upsetting we also state when breaks will occur due to vacations, and try to give good notice of any cancellations that may become necessary.

The frame as a practical reality

We now come to the fee which, although it may have many meanings for both therapist and client, is primarily concerned with the reality of the therapist earning a living. Clients need to know how much they will be charged and what happens should they miss or cancel any appointments that are arranged for them. I am going to suggest that once the initial agreement is made clear and clients know that a specific time is going to be reserved for them then they should be charged for all sessions.

Here I think it is worth pausing for a moment to think about asking the client to pay for missed or cancelled appointments, because it is something that causes great difficulty for both trainees and their clients – and indeed for many more experienced practitioners. What I want to emphasize is that although this arrangement has a symbolic element, representing the mother who is available, it does of course have a much more down-to-earth meaning. The therapist has to earn a living and when part of the working day is set aside for a client then this contract is a serious one. Should we adopt a *laissez-faire* attitude and charge only for those appointments the client decides to keep, then there are consequences for the therapist, and an implicit message is given to the client. The therapist will be in the position of holding open a time that has been

reserved for a particular individual and yet will receive no payment. Clients will feel that little importance is attached to whether they come or don't come to their appointments, and of course may wonder whether the therapist knows about the practicalities of life. Of course clients can decide to stop coming whenever they want to and no further charges are made once the therapist is told of this decision. However, if they are expected to keep the time available then even if some appointments are not kept a charge is made. All of us have to find out for ourselves how to manage the arrangements for fees but it is important to recognize that this aspect of the frame, like all the others, is not there simply to serve the interests of the client but is concerned with the therapist as well.

Implicit in the offer of regular meetings is the idea that continuity is important but the fact that there is only a specific time made available may well prove frustrating. Babies do not always want to feed according to schedule. Sometimes they want the breast or the bottle before the appointed time, sometimes they do not want to feed when the mother is ready. Therapy on demand is not normally a possibility and the frustrations experienced because of this may be said to represent the reality principle – the fact that we cannot have all that we desire instantaneously. The reality is that therapists have needs of their own: they have to earn money in order to live; they have interests outside the therapeutic encounter; they have other clients; they need rest and relief – just as parents have needs of their own which may conflict with the needs of an individual child. In the therapeutic situation this will have different meanings for different clients, and the way in which the firmness of the frame – or lack of it – is experienced becomes an important factor in the work.

We could say then that the offer of regular meetings represents the therapist's willingness to be available (to offer sustenance) to the client during stated times. Unavailability at other times represents the therapist both as frustrating but also as containing. What I mean by this is that the mother who tries always to be available to her baby is attempting the impossible and is not containing the anxiety of having to wait. By not providing sessions on demand therapists demonstrate their belief in clients' ability to manage without them. Asking clients to pay for all the sessions that are reserved underlines the therapist's belief in the importance of regularity, but also leaves clients free to come or not come to meetings, knowing that the time is theirs whatever they decide to do. The therapist is available, like the mother who offers the breast and accepts that there may be times when it is rejected. The task is to understand the reasons for the rejection. The frame remains firm and is

not altered, because this would allow strong feelings to dissipate and will be experienced as an abdication of authority. Should we go along with demands to alter our practice and not understand the feelings behind the demands, we may create the sort of anxiety that is experienced by children who feel that they are able to control their parents. While it may be important for them to rebel, children also need to know that parents are able to withstand attacks on their authority.

Unlike the situation with mother and child, the therapist has to state clearly what the arrangements for care are. But, rather as with the mother, the framework is not going to be talked about in detail; it is going to be experienced directly. It is through observing what the frame means to each individual client, what mental occurrences are associated with which particular actions, that the unconscious can be made conscious. In other words, the therapist provides a setting in which clients can bring into consciousness thoughts and feelings which previously had been outside their awareness. Past experiences can be understood in the immediacy of the present and clients, through firmness and consistency, are able to re-enact and thus understand, in an emotional rather than an intellectual way, how their difficulties are manifested. I am not suggesting that it is through the frame alone that problems are solved. There is a wealth of understanding to be found in the more general discourse that is part of the therapeutic process, but some of the basic realities of life are contained in the frame.

The reality of not being the only person the therapist sees is inferred from the limited time offered; any sense of omnipotence is undermined by the therapist determining the length of sessions; the offer of regular meetings represents the therapist's love; feelings of hate may be experienced through the fee; having to accept that others have needs is manifested in breaks between sessions; limitations of the care provided become apparent through therapist errors – all these realities are there to be worked with and understood. But above all, and most poignantly, is the reality of the passing of time. Each session that draws to its close, every break in the therapeutic relationship, and eventually its ending – all these factors reinforce the painful reality every human being has to accept, that life is finite. The therapeutic relationship becomes the microcosm in which this fact of our existence is faced.

Here a note of caution should be added to what is being suggested. I am arguing that the frame should be seen as a container but it is important to bear in mind that for some it might not be experienced as a safe place, but instead could feel like a prison. Discussing adolescents and anti-social behaviour Winnicott wrote the following:

When a deprivation occurs in terms of a break-up of the home, especially an estrangement between the parents, a very severe thing happens in the child's mental organization. Suddenly his aggressive ideas and impulses become unsafe. I think that what happens is that the child takes over the control that has been lost and becomes identified with the framework, the result being that he loses his own impulsiveness and spontaneity. There is too much anxiety now for experimentation which could result in his coming to terms with his own aggression.

(Winnicott, quoted in Davis and Wallbridge 1981: 90)

In this instance Winnicott is referring to a specific occurrence in a child's life, the break-up of his family, a tragedy for any child. But what Winnicott is suggesting, quite apart from the obvious upset this disruption causes, is that the child now feels himself responsible for managing all his aggressive impulses, rather than having the containment that hitherto had been provided by a stable environment. I think this idea has implications for the frame. In understanding what the framework for therapy may mean, or represent, it is important to have in mind the individual. What can be experienced as safe and containing for one person, to another may be identified with the internal controls that have had to be instigated when a framework for care has broken down, broken down before the individual was sufficiently mature to master the anxiety associated with aggressive impulses. In this case the frame may be experienced as a cruel and uncompromising structure, a manifestation of the rigid controls that have had to be developed to curb spontaneity. The apparently 'conscientious' or 'good' clients, who seem to manage all the boundaries themselves, may need to be helped to discover that the frame is not intended to prohibit spontaneity, its function being to contain and embrace all feelings. Having made this qualification we can now move on.

Confidentiality

So far I have concentrated on the location, times and charges for meetings but there is another vital element in the frame and that is confidentiality. I have suggested that optimum infant care is provided when the baby has one reliable person to respond to its needs; it is this person who helps the infant negotiate the difficult task of having to delay the gratification of its desires. Most mothers are able to cope with the anxieties experienced by their babies by not becoming overwhelmed with anxiety themselves. If they are not able to do this, the ultimate

disaster would be that the mother had to relinquish care of her infant and pass it to someone else. Of course most people operate somewhere in between these two extremes, occasionally feeling overwhelmed and having to have a break from the baby but most of the time providing good-enough care. We can see again, if we take the optimum situation, that babies learn best how to cope with the realities of life through the mediation of their mothers. This means that the feelings in both mother and baby stirred up through their affiliation are best contained between the two participants. Third parties called in to help mothers manage their children help most by helping the mother to have confidence in her own ability to manage her child. Therefore, taking this as our model we can see that what happens in the therapy should be private; anxieties should be contained by the therapist and not become reasons to involve people external to the relationship.

The role of the therapist

In this discussion of the frame I am taking the parent–child relationship as my prototype but of course therapists are not the parents of their clients; we cannot make up for discrepancies in care and we should not attempt to. It may be that in the transference (the way in which past experiences are transferred from the past into the present) we come to represent those who have failed in the past, and through accepting our clients' feelings when this happens we enable them to work through the disappointment and anger that these failures provoke. The paradox inherent in this model lies in the area of understanding and action. Mothers and fathers do of course try to understand their children but day-to-day care requires actions. Therapists, on the other hand, do not act but attempt to comprehend the meanings underlying their clients' manifest experiences. When children misbehave they will be punished, when they are distressed they will be comforted, when they succeed or fail there will be a response – whatever they do there will be a reaction. This is quite different from what happens in the therapeutic relationship, or rather it should be, not in the sense that therapists do not have feelings towards their clients, for of course they do. But should they become involved in actions, whether it is physically comforting someone in distress or refusing to see someone who is aggressive or unpleasant, they will be getting caught up with the past – in the first case trying to make up for what was lacking and in the second re-enacting something that has happened. It is hard not to get drawn into the cycle of action and reaction but if we bear in mind that, however much we may desire to, we

cannot become the parents our clients may have wanted, we are more likely to help them towards a resolution of their difficulties. Therapists try to adopt a stance whereby they both enter into the client's world through their empathy and also stand outside it through their objectivity.

We might say then that the frame is both like and extremely unlike the care that parents provide for their children. Its similarities have already been stated; its difference is in the prohibition on action. When friends tell us of distressing experiences it is likely that we will take their side, offer advice, put our arms round them should they cry. This is right and proper; it is what friendship is all about. The therapeutic relationship is not the same – we have to contain our feelings in the service of understanding and at times this can feel cruel. However, if we can believe that we are on our clients' side, not in the sense of comforting them or telling them how right they are but in bearing their feelings, then we provide them with an opportunity to experience emotions that have hitherto had to be suppressed. The therapist, through an ability to bear feelings rather than act on them, will be experienced as both frustrating and containing. Similarly, the frame becomes the container for the feelings that are paradoxically caused by it. Without the frame the difficulties that have resulted in the need for help in the first place would only be apparent in the dialogue, the intellectual discourse, rather than taking on an emotional meaning that can first be contained and then understood. Clients often long for therapists to act, to provide concrete evidence of their concern, but by containing these longings we demonstrate three important things. First, our recognition that we cannot be all that our clients want us to be; second, our ability to bear their disappointment; and third, our willingness to understand and accept all the feelings that result from the frustration of desire.

Further reasons for the frame

Now although I have tried to show what the frame may represent, I have still not given an adequate account of why it is so important in the practice of psychotherapy and counselling. If we accept that individuals with problems in living need more than an intellectual understanding of their difficulties in order to resolve them, this will give us some clues. It is possible to read case studies in which it seems that a wise analyst able to interpret the transference cures the patient. Countertransference feelings (the therapist's emotional response to the client) are used as a way of monitoring what is going on and as a means to understand what the client may be feeling. Both these aspects of the therapeutic relationship

are important but the emphasis is on one person – the therapist – having knowledge and understanding. This understanding is given to the client in the form of an interpretation. Now although it can be helpful to be told that the way in which you are relating to your therapist has connections with the way in which you related to people in your past, this alone will not result in change. Most of us know that what enables us to make alterations in our lives is not intellectual understanding but experience. The therapist provides a setting in which clients can test out responses, responses which hitherto have been thought to be unacceptable. I want to suggest that it is in the frame, the way of working made explicit in the first meeting, more than anything else in therapy, which provides the client with an opportunity to have feelings about another person – the therapist – in the present. The feelings evoked by the frame may have connections with the past but it is an experience that takes place in the present. It is about two human beings struggling to maintain a relationship in the face of love, hate, disappointment and disillusionment. Therapists who use their understanding of the part they have played in provoking these feelings place themselves in an equal relationship. The client's communication is understood in terms of the here and now. At the forefront of therapists' minds should be the idea that something they have said or done has been unhelpful – it may have connections with the past but it is a real experience that is happening in the present.

It is almost inevitable that at some point in the meetings the frame will not be adhered to: we agree to a different time, a different fee, have contact with a third party, are late for an appointment, or go over the stated time. All these things represent breaks in the frame, a divergence from what has been agreed. They are not about the past but about the present. Even if there are no breaks, the very fact the frame is maintained will have meaning. It may be experienced as oppressive or rigid rather than containing. The point I am making is that it is a locus for feelings. What clients talk about in sessions provides us with the raw material for understanding their history. The frame provided by the therapist is a source for feelings to be experienced and understood in the present. If we recall the artist's frame, we can see that breaks result in leakage, and we become concerned with what is spilling out, as it becomes more important than what is left in the frame. The main focus is outside, not inside. In a similar way breaks in the therapeutic frame undermine the primary relationship, and if they are not remedied or understood by the therapist can result in contact being terminated.

Rules

I now want to go on to explore the concept of rules in more detail. Having proposed the constituent parts of the frame that are being given particular attention, and suggested that once stated in the initial consultation this framework for working should remain constant, I am now going to argue a case for flexibility. In his essay, *Two Concepts of Rules*, John Rawls, a philosopher, reminds us that there is an important distinction to be made between justifying a practice and justifying a particular action falling under it (Rawls 1970). It is beyond the scope of this book, and the abilities of its writer, to examine in detail the philosophical arguments underlying this distinction. Nevertheless, although Rawls is talking about transgression of laws and how justice is dispensed, his discussion can inform the way in which we understand the frame. For instance, we might say that abstract rules lose their meaning if they do not take into consideration the human behaviour they sprang from in the first place. Or, a practice which is imposed without regard for the individual, while it may satisfy needs in the person who imposes the rule, will do nothing for the one who suffers its imposition. The sort of rules we are talking about in connection with the frame are rules of practice. We are not concerned with retribution or retaliation when these rules are broken. We do not want to punish our clients when they arrive early, or late, or do not pay their bills on time. We try to understand the meanings behind their actions. The rules being suggested are devised first because they have connections with early experiences, and we believe (I say 'believe' deliberately rather than 'know') these experiences play a part in current difficulties, and second because they provide client and therapist with a firm containing frame in which the therapeutic work can progress. All we can really say at the moment is that our present knowledge suggests that a relationship in which there are ground rules for the two participants is more likely to be conducive to understanding than one in which there are none.

Our rules are not like laws, where the breaking of them leads to punishment, but are a set of guidelines to regulate our practice. It is also important to say that the frame cannot be maintained in a way that is truly helpful if it is simply understood theoretically: we need to have a real belief, based on our own experiences, of the frame as containing and in the best interests of the therapeutic endeavour. Rather like parents who believe that family life requires boundaries, therapists must discover for themselves the importance of the frame, not simply as an abstract concept. Only when this point is reached can the frame be

adhered to without this firmness being experienced as arbitrary or retaliatory. When the frame is breached, whether the breach is instigated by the client or by the therapist, we take a utilitarian view, let bygones be bygones and do not try to punish our clients or ourselves. Our task is to understand what has happened and to base what happens next on guidance by what our clients tell us. In later chapters examples will be given of how this guidance is manifested.

Our rules are not really rules in the true sense of that word, for this would suggest that there is a right way of doing something and therefore also a wrong way. The therapist's internalized code of practice includes a belief based on experience that it is usually best to adopt certain ways of working, which include regularity, consistency and continuity. These are beliefs, not incontrovertible facts. We remain open to the possibility that in the light of experience aspects of our ways of working may have to be altered. We remain equally open to the possibility that changing the fee, the time for an appointment, starting a session early, or late, may not be helpful; the alteration may spring from anxieties in the client or in the therapist, anxieties which need to be understood rather than acted upon.

The framework that is established in the initial consultation could be seen as a promise on the part of the therapist. It is a contract, a way of working that has been carefully thought about and put into practice because it has been found, usually, to be the best way of working. We could say that we should always keep our promises even when a particular case would seem to suggest the promise be broken. I think this is true and that generally speaking we should do what we have said we will do. But it is important that each case is taken on its own merits. The therapist should struggle with the particular case and not impose a rule blindly. We must not fall into the trap of justifying a rule simply because in general it has proved right; we must always have in mind the particular individual to which the rule is being applied. We are not concerned with *making* people abide by our rules; our aim is for them to experience our actions, our rules of practice, as containing and helpful to them as individuals.

Most parents try to have the same rules for each of their children, and anyone who is a parent will know the feelings that are unleashed when one child is treated differently from the others. However, most parents also know that they have to treat their children as individuals, and in arriving at family rules for conduct, the wise parent takes a broad view as to how they are interpreted for each child. Perhaps what we need is to have two views: (i) a firm set of general rules which have been built up through experience and are applied to all clients; and (ii) a utilitarian

approach to the way in which these rules are applied to individuals. Thus we have the distinction between the justification of a practice and the justification of a particular action falling under it. Our practice, like the healthy society, must always struggle against entropy. If authority, as it has a tendency to do, becomes more concerned with maintaining its own position than with creating a just society, then it will lead to distrust of change, variety and uniqueness. The frame serves the interests of both parties, client and therapist, but it is not written in stone. Indeed there are settings in which the frame is impossible to maintain and yet useful work can still be done. Nevertheless, even in this situation an understanding of what its absence may mean can illuminate the process.

The underlying theory and justification for the frame are now complete only in the sense that I have said all I want to for the moment. There is far more to be understood about this aspect of the therapeutic relationship.

Anxiety and containment

Before I end this chapter I want to say something about these two words because they will come up again and again. First anxiety: it will become clear that this term is used rather loosely, sometimes in an everyday sense, the way most of us say we feel anxious in a particular situation, at other times to indicate intense feelings which do not appear to have any obvious cause. To give an adequate account of anxiety, its origins and symptoms, would leave little room for anything else. I am not, therefore, going to address the concept in depth, but instead will take a non-clinical, perhaps almost common-sense view and concentrate on the idea of anxiety stemming from past experiences, experiences which result in fearful expectations of what will happen in new situations in the present.

Anxiety can be triggered by external events, a real danger that threatens our physical person, a punch in the nose, or it can result from an attack on our psyche, a metaphorical kick in the teeth. We all understand these situations and the anxiety that is provoked. The threat is real, in that someone is deliberately trying to hurt us either physically or mentally. However, anxiety also comes from within, from an internalization of past experiences which may have little to do with the reality of the present. In the therapeutic setting therapists adopt a role which is very different from the one most of us would take, in that they do not seek to allay anxiety but try to understand it. This stance is much harder to maintain in practice than in theory and is particularly so when it comes to the framework for therapy. How much easier it is to start a session early, or to give an extra five minutes, or to give clues to what

you as therapist expect of your clients, or to act on clues your clients give of what they expect from you; and yet each time this happens a source of anxiety in both client and therapist remains unresolved. Staying with anxiety is hard to do, but when it is done with kindness and with respect it is one of the most fruitful areas for helping people resolve their difficulties. Of course all of us experience this emotion and it would be ridiculous to think that this in itself is a sign that we need psychotherapy or counselling. But for those of us who have had difficulties in our lives requiring expert help, anxiety may be taken as a symptom which, if understood, may help us to see where our dis-ease lies.

We are all familiar with the words ‘container’ and ‘containing’: the noun describes an object that is used to put something into, the verb denotes the action. The frame, in a therapeutic sense, contains the interactions between the primary partners, therapist in relationship with client. It provides a boundary between two sorts of reality, that of a more factual or objective outside world, client in relationship with society, and that of the client’s subjective inner experience of the exterior world, which is re-enacted in the association with the therapist. Part of the therapeutic task is to understand the connections between these two worlds. By maintaining the frame there is a clear boundary between what is outside, the world of family, of work, of social relations, and what is inside, the therapeutic relationship in which connections and meanings can unfold. The therapist too can act as a container, not by reassurance or avoidance but by remaining open to all the anxieties the client brings. Thus both the frame and the therapist function as containers.

In this chapter I have suggested that the framework for therapy has important connections with early experiences, and that by maintaining a firm frame the therapist provides a container in which client anxieties can gradually be understood. As well as having connections with the past, the frame can also be seen as a practical way of ensuring that both client and therapist know how their work together is to be conducted. Depending on your preference, any deviations from this agreement can be understood by therapists either to make connections with the past, or simply in terms of the present: how the client experiences a therapist who says one thing and does another. I have also drawn attention to the distinction between rules of practice and their application to individual cases. It is this last point which is the most important of all: each person the therapist sees is unique, and our understanding, although it may be guided by theory, should always spring primarily from the personal, from the relationship that is formed between the individual therapist and the individual client.

Unconscious All those thoughts and feelings that are outside awareness. Freud of course did not discover the unconscious, which has always been there, but he described and defined the way in which our actions can be driven by wishes that are concealed from conscious thought. These hidden motives are revealed in dreams, and through the associations that can be discovered in apparently random utterances – free association.

Working-through The process in therapy, called psychic work, which enables us to free ourselves from the grip of repetition. When we repress feelings associated with particular ideas or feelings, we expend psychic energy. If repression is lifted – through bringing into consciousness what was previously unconscious – energy is released and can be redirected. In the relationship with the therapist the client is able to re-experience attitudes previously felt towards parents, or significant others, and it is in this way that old responses can be understood and, if necessary, eliminated. Working-through makes it possible for us to discover ways of living that are not simply based on past experiences.