

**I. The basic components**

**A. The stable ground rules or frame**

1. The spatiotemporal setting and fixed arrangements
  - a. The use of a private office, with a soundproof consultation room, in a professional building
  - b. A set fee with the patient fully responsible for all sessions
  - c. A set time and length for all sessions
  - d. Set positions for patient and therapist, either face-to-face in two chairs, or with the patient on the couch and the therapist behind him, out of sight
2. The guaranteed constants
  - a. Total confidentiality
  - b. The one-to-one relationship with total privacy

**B. The fluid frame: the ground rules open to variation despite all efforts at consistency**

1. The therapist's relative anonymity and the absence of personal opinions and self-revelations
2. The therapist's use of neutral interventions geared toward the securing of the therapeutic environment and toward interpretive-reconstructive responses

3. The therapist's physicianly concern and qualified offer to help the patient, and his full attention to the patient during sessions, including his use of free-floating attention
  4. The therapist's commitment to work therapeutically with the patient until the point of symptom resolution
  5. The rule of abstinence: the attempt to eliminate or minimize all inappropriate gratifications for both patient and therapist
  6. The fundamental rule of free association
  7. The agreement to analyze all major decisions before enactment
- II. The functions of the therapeutic environment (as an actuality managed by the therapist, whose efforts are filled with unconscious implications)
- A. The establishment of a therapeutic space and open communicative field: the frame as the main background determinant of the unconscious implications of the transactions between patient and therapist, their meanings, purposes and functions
  - B. Offering the patient a therapeutic hold and a container for his pathological projective identifications
  - C. A means of providing the patient implicit ego strength and positive introjective identifications
  - D. A basis for the development of a sound therapeutic alliance
  - E. Creating the conditions for truth therapy (as opposed to lie therapy)
  - F. A means of conveying a variety of fundamental and background communications from the therapist that pertain to the relatively fixed and stable elements in his relationship with the patient
    1. A reflection of the therapist's capacity to manage his own inner state, the patient's, and the therapeutic interaction
    2. Depending on how managed, a vehicle through which the therapist's noncountertransference- and/or countertransference-based unconscious constellations are expressed
  - G. A way of providing secure and well-defined boundaries, psychological and physical, between patient and therapist
  - H. The means through which the conditions for an analyzable therapeutic regression are created

**III. The therapist's management of the therapeutic environment**

- A. Establishing the therapeutic contract (usually in the first session)**
- B. Maintaining that contract, and with it a communicatively open and growth-promoting therapeutic environment**
- C. Managing the therapist's own propensities to inappropriately alter the framework**
  - 1. The use of restraint and self-analysis
  - 2. The maintenance of a steady frame in the absence of conscious or unconscious directives to the contrary from the patient
- D. Managing and interpreting the patient's wishes or actual unilateral efforts to modify the frame**
  - 1. The response to inappropriate pressures (e.g., a request to change a single hour, to forgo the responsibility for sessions, or to alter any of the other basic components of the therapeutic environment)
    - a. The maintenance of a steady hold with maximum nonparticipation by the therapist
    - b. Analyzing the implications of the proposed deviation in terms of its unconscious meanings and functions
    - c. Rectifying the framework when the patient has modified it (restoring the basic environment)
  - 2. Responses to the rare expressions of an appropriate need for an alteration in the framework (e.g., a new hour based on a job change; and sometimes in response to a therapeutic emergency such as the threat of suicide or homicide or an acute regression)
    - a. The necessity of maintaining the steady frame as the initial response that will permit full and open analysis
    - b. The use of the patient's direct and especially derivative material as a guide
    - c. A full analysis and interpretation of the implications of the deviation under consideration, with a full conception of its actual implications, as well as its distorted meanings for the patient (and the therapist)
    - d. A private self-analytic investigation of inappropriate contributions to the proposed deviation derived from the therapist's countertransferences

- e. The basic value of maintaining the frame wherever possible rather than deviating
  - f. Deviating only if absolutely necessary, with full subsequent analysis and rectification (if feasible) at the earliest possible juncture
  - 3. The critical role of maintaining the frame and rectifying it once a deviation has occurred, as a basis for open conscious and unconscious communications from the patient, and consistent and symbolically meaningful interpretations from the therapist
  - E. The handling of inevitable agreed upon (in the basic contract) breaks in the therapeutic environment (e.g., a vacation by the therapist)
    - 1. Maintaining all such breaks as an adaptive context for listening to the material from the patient
    - 2. Maintaining the security of the other dimensions of the framework
    - 3. Rectifying and interpreting frame issues before all other types of therapeutic work
- IV. Basic types of alterations in the therapeutic environment
- A. Changes in the fixed frame
    - 1. Those that take place within the basic therapeutic contract (e.g., the therapist's vacation)
    - 2. Those that extend beyond the fixed therapeutic contract—virtually all other alterations in the ground rules
  - B. Nonneutral and noninterpretive interventions—directives, personal opinions, direct reassurance, and the like
  - C. Erroneous interpretations, which maintain the fixed frame but express aspects of the therapist's countertransferences
  - D. Inappropriate alterations in the therapeutic environment
  - E. Failures to rectify the frame
- V. Common unconscious communications that are realized and gratified through alterations in the framework
- A. Uninsightful *framework deviation cures* (in contrast to *ego-building framework rectification cures*, which occur when the framework is held steady)
  - B. The creation of *lie therapy* and an avoidance of the most disturbed parts of the patient's—and therapist's—inner mental

- life (in contrast to truth therapy, which takes place within a secure frame)
- C. The reinforcement of unmodifiable resistances supported by the actualities of the therapist's unconscious communications as reflected in the deviation
  - D. The development of pathological and disruptive holding and containing efforts, or failures in these areas of the therapist's functioning
  - E. The direct gratification of pathological instinctual drive wishes, defenses, and superego inputs
  - F. The infantilization of the patient—and the therapist
  - G. The dissolution of clear-cut boundaries through which the transactions accrue actual seductive and aggressive—sadistic and masochistic—implications
  - H. The gratification of a variety of unconscious fantasies and memories which render their contribution to the patient's psychopathology fixed and unanalyzable
  - I. The destruction of a sound therapeutic space and the sense of trust and safety
  - J. The creation of sectors of misalliance and bastions
  - K. The repetition of past pathogenic interactions which reinforce the patient's psychopathology and render it unanalyzable
  - L. The confirmation and reinforcement of aspects of the patient's own pathological inner mental world and pathological introjects
  - M. The gratification of a variety of merger and fusion fantasies that alleviate separation anxieties but preclude growth and eventual independence
  - N. The generation of negative role and image evocations, and pathological projective identifications
  - O. The development of impenetrable Type C barriers
  - P. The likelihood of nontherapeutic regressions
  - Q. The introduction of the countertransferences of the therapist into the bipersonal field
  - R. Additional functions and meanings that are actualized on the basis of the specific unconscious implications of a given ground rule and its alteration