COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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TIME-BOUNDARY SETTING AND INTERPRETING

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Definition: The analyst and client agree session times, frequency, duration (50, sometimes 45, minutes), and number, and note and work with deviations.

Elements: The analyst adheres firmly to the above time boundaries. At the end of sessions the analyst says *"It's time to stop"* or something similar, having occasionally, near the end, warned *"We only have a few minutes left"*. If important topics arise near the end of the session or while the patient is preparing to leave the analyst says *"Let's come back to that next time"*. The analyst notes, and uses as a prompt to interpretations, failure to attend sessions, lateness, reluctance to leave, and activity at the time boundary.

Application: All psychoanalytic work, whether individual, group or marital.

Related procedures: Transference interpretation; countertransference, use of

1st use? Freud (1912)

References:
1. Freud S (1912) Recommendations to physicians practising psychoanalysis. *Standard Edition* 13, London: Hogarth.
2. Bateman A & Holmes J (1995) *Introduction to Psychoanalysis*. London: Routledge.
3. Zur O (2007) *Boundaries in Psychotherapy*. New York: APA Books.

Case Illustrations: (Holmes, unpublished)

1. *Maintaining a boundary in group therapy*

John, a talented but maverick therapist, attended a weekly hour-long staff 'supervision and sensitivity group' on an acute psychiatric ward. He asked at the start of a session that the group be curtailed by 15 minutes as he and some other members of the group had to catch an early train. The therapist was tempted to comply with this request, but believing that it was important to model good boundary keeping, said *"If you choose to go early that is your decision, but I shall be here until the hour is up"*. Other group members then announced they intended to stay to the end. John also remained, and in the last 15 minutes expressed some of his difficulties and anger at having to comply with the discipline which working on the ward aroused in him. Had he left early these would probably have been unexpressed.

2. *Missed sessions and interpreting them*

Fred began therapy when his marriage and business failed due to alcoholism and he became profoundly depressed and made a major suicide attempt. Living in a 'dry house', and having lost his driving licence and car due to a drink-driving offence, he walked 4 miles to and from therapy each week. He formed a good relationship with his therapist and by session 4 his depression had lifted, his craving for drink had lessened, and he had successfully resumed business activities and appeared robust. At session 10 the therapist 'inadvertently' double booked and had to turn Fred away when he arrived. Fred missed the next 2 sessions due to 'flu', but arrived for session 13. When examining the episode Fred first said that he understood 'these things happen', and

wanted to move onto other topics. The therapist, having apologised for his inefficiency and insensitivity (and examined his ‘counter-transference’ for possible underlying reasons, e.g. that he underestimated the patient’s vulnerability), insisted that Fred consider that he had been hurt, especially given the effort needed to get to sessions, and that the subsequent missed sessions were a form of ‘retaliation’. Fred then spoke of his unhappiness at age 10 when his mother had to go into hospital for several months and he suppressed his neediness and anxiety, and how such feelings may have later fuelled his cravings for drink.