

Reframing the Therapeutic Frame

By Shruti Jain

Therapy 101: the therapeutic frame is key for the formation of any therapeutic relationship. That was ingrained on me as a trainee and remains a form of continuous learning in my work so far. The setting of a: fee, location, consistent time and length of sessions, and a soundproof room that allows for privacy and confidentiality.

This is how I worked in the UK before moving to Singapore two years ago. I was well aware that existential practice allows for a non-neutral and clinical space for the client's personal thoughts, experiences, feelings, narratives to be explored.

It took me some long and hard eight months before I found my placement at Trybe, Singapore – a youth rehabilitation, development and services centre. I started with a division that worked with young adults who were classified as low to moderate risk for behaviour and social issues.

This article is an experiential description of reframing the frame that occurred as a consequence of in-depth work with these young adults. The variation was on four factors that make the frame: therapeutic space and confidentiality, length of sessions, day and time of session, and messaging outside of sessions.

Therapy in Singapore, especially in the voluntary welfare organisation sector that I worked with, is primarily limited to services provided by the Institute of Mental Health and the psychiatrists or psychologists and CBT specialists who work there. Like a large number of government institutions, it has long waiting lists.

I understood, from my clients, that they would meet these professionals once a month or bi-monthly – a service, I understood, that didn't serve the needs of the client very well. There is also availability of counsellors at family service centres, schools and church organizations. The feedback from my clients about their experience of these professionals is mixed.

I faced quite a few hindrances along the way:

- I realised quickly that in Singapore, like other cultures, stigma for people with mental health concerns was prevalent, leading to resistance in seeking help. Having said that, the government is committed and has high ambitions of rolling out their 5-year plan of improving access to mental health services. Therefore, being in therapy, let alone choosing it electively was not, always, a viable option.
- I recognized a far worse option was giving autonomy to young adults to choose therapy for themselves. Mainly because we were relying on these young adults' ability to assess their need for a therapist and go beyond the stigma of seeking help to initiate sessions

with me. Yet that is exactly how we proposed the use of therapeutic services at Trybe. And contrary to my belief, I recognized that not only do they know what they need but they also know how to commit and engage.

- I was brought in to offer weekly therapy sessions with the agenda of raising awareness about existential therapy, so, I presented the existential way of working and being to the social workers and clients. It was apparent they were used to labels and diagnoses, which were processed strategically to rid the client of their problem with stringent outcomes that were measurable. Existential therapy seemed like a new way of working for both the social workers and their clients.

In working with young adults, I realised the main concern would be the need to **make the therapeutic frame fluid**. This included the meeting place, weekly times and length of sessions, ordering food, safeguarding and confidentiality.

Issues such as lack of money to travel to Trybe's office, school schedules or hostel restrictions and time availability made it hard to be firm with the frame. Hence, we had to become creative about meeting places.

Ironically, it was the social workers who had mentioned at the outset that these sessions might be in locations all over Singapore, such as in coffee shops or food courts. I laughed it off as I couldn't imagine sessions outside of the 'safety' of a room, a therapeutic space that has four walls to allow for confidentiality. I'd never thought about an outdoor therapy room; the noise, distraction, and lack of any experience of a session in an outdoor space worried me!

In discussing this with my supervisor, the following areas were explored in detail and proposed in contracting with the young adults.

Confidentiality. It was imperative to communicate the consequences of meeting in a public space; in the vicinity of their home or school. The fact that they might see friends, neighbours, others they know, was imminent. Maintaining attention, keeping their eyes from wandering, being focused in the session was pertinent for therapy to happen – could they do that?

It was important for them to make their choice acknowledging all these factors. Meeting my clients at their place of comfort where they wouldn't be burdened with costs or be inconvenienced remained key in my work with them. As I reflected on these, I also wondered about meeting the client in their space and the impact on them, if any, of doing so. Would it make a difference in therapy to be in the clients private and intimate spaces?

Being aware that bereavement services offered home visits from therapists, and that the existential frame allows for fluidity, helped me and allowed a sense of comfort.

Length of sessions. I was aware that the amount of time spent on each session also needed flexibility. Being a trainee, adhering to the time allocated for the sessions was crucial in my learning, as that set the tone for responsibility and choice for both the client's autonomy and their perception of me as their therapist.

However, I remember distinctly that the first time a session accidentally ‘overran’ led to a very important discovery for my first client. This client was on her way to the session, and ‘her taxi met with an accident’; thankfully she was unhurt. The social worker, from her previous experience, thought she might be lying. I realised at that moment that I could question her honesty or trust her, which might affect the establishment of trust in our relationship. I chose to trust.

It led to a session where the content being explored needed the session to overrun. I informed the client that our time was up, but acknowledged we were, it seemed to me, at a crucial point of exploration and allowed her to choose whether to continue the session or ending it. She chose to continue for another hour.

It was at this point that I recognized that contracting on length of session with the clients was pertinent. Hence, I immediately changed the contract to include this point, explaining to the clients that they can choose the length of the sessions. I explained that together we could ascertain the length of time, keep that length consistent for the time period chosen and re-evaluate once they want to. This enabled a contract that was firm and fluid, and a boundary that enabled flexibility.

I feel this experience allowed a form of trust in therapy and the therapist. It allowed the young adult to make their own choice, and for both the client and I to have ownership of the space, time and way of being. We allowed for the articulation of feelings and experiences to flow without time limitation, one which was fluid and hence leading to the client to be heard and seen.

Some of these young adults could take an hour to start talking, and when they didn’t feel bound by the constraint of time, this allowed them to start the exploration of deeper concerns that they might not be able to articulate in an hour. Having said that, I have also allowed for some clients to start off with shorter sessions, as that was their capacity and choice. The point being: autonomy and choice in this matter enabled a deepening of the relationship and understanding, and belief in the self.

Day and time of sessions. As with the length of sessions, I realised that allowing for fluidity for day and time of session was pertinent. The key implementing factor was that it had to be contracted firmly. I informed clients that this flexibility is about acknowledging the lack of routine in their lives, and acknowledging unexpected incidents, which seemed to happen consistently.

I feel this further allowed for trust and understanding in the therapeutic relationship. However, in contracting this point, I also told the clients that the cancellation policy, communication about changed days/time, and reasons for change, needed to remain firm and be communicated clearly.

Messaging outside of sessions – this was yet another point of fluidity in the therapeutic relationship and frame. I contracted with the clients that they could, if they needed to, reach out to me via messaging. I informed them I would respond to them only in my working hours. But, if it was an emergency, I would respond immediately.

The emergencies were: when they felt suicidal, and when there was an incident or the chance of an incident happening, which would harm them or others around them. I also informed them, in such cases I would need to inform their social worker, their parent or guardian and in severe cases, the authorities. All of which would be communicated to them again at the moment the message is received. As a follow on, these incidents would then be further explored within the session.

I remember a turning point with a client, where being in the here and now, and in relating to allowance for fluidity of time and length of sessions, was important. This client suffered from insomnia and couldn't turn up for sessions on time. He had a team of professionals devoted to his case: social worker, tutor, boys-home mentor, boxing coach and me. In working with his condition, we all changed the time of the sessions on numerous occasions, until it became okay for him to wake up and attend, making it prevalent that he gained access to sessions at all times.

In therapy we explored a pertinent point he made, 'I reach out for help and don't seem to get any.' In exploring this further, he realised that this team of professionals had changed his appointment times, waited for him, and given him the benefit of the doubt, just so we could work through and process his life concerns. He realised the professionals he is reaching out to for help, are standing by him and 'helping' in any way he needs it. In staying with what he brought to the 'therapeutic space' and making the time boundary fluid, we allowed for numerous changes to happen. We transformed his communication style with the 'others' in his world, be it family or professionals, and allowed for his stuckness of working through insomnia and his perceived experience of professionals to be processed.

In conclusion, the first few sessions were distracting; the client and I both became accustomed to our surroundings, people around, and aware of the need to order drinks or food so we could occupy the space. After a few sessions, the therapeutic space expanded into whichever space we were in; be it a coffee shop, a food court, or a walk on the beach.

My clients had already started to bring their attention to what they were exploring in these sessions. The journey and process of self-discovery and exploration outweighed any distractions. I believe, tentatively, the commitment, intention and autonomy of the client allowed them to 'be' themselves in the sessions, regardless of the venue.

Once again, I learnt the importance of autonomy, choice and responsibility. A young adult who, according to their parents, schools, or agencies, was (apparently) not responsible and didn't know about choices they made, in fact knew very well what these meant for them. They made choices, took responsibility and had autonomy in my sessions, always: they chose when to come to sessions, what time to come, topics of exploration and to not be distracted. They also knew of the consequences of these choices.

My full presence and attention was pertinent, much more so than in a room. I remember the first few sessions where I was distracted for a second by the noise made by a child next to our table or a group of teenagers next to us, staring at us. And the fact that it might've been the demise of that session. I became very attuned to my environment, yet

learnt to stay with my client, fully. I also learnt to bring these distractions into the session, as and when they happened.

Finally, I became aware, in working with young adults in Singapore, that the norm in this society is of ‘fixing the child’, ‘tell them how to be and what they should be’, and that the struggle still may be of seeing and listening to the young adult. But that it may actually just be of allowing the young adult to make choices and taking responsibility of the self, which can, possibly, lead to a long-term understanding of how they choose to ‘be’ and live their own lives. In allowing for the frame to be fluid, I reflect that it is pertinent the therapeutic relationship is not affected and that I remain in charge of the frame.

I would like to ask readers - other therapists, or even clients who have gone through their own therapeutic frame: what has been your own experience of the frame in your sessions?

Shruti Jain
Existential Psychotherapist

Email: breathe@saans.co.uk