Unconscious Communication of Children in Psychotherapy: Analysis of Sessions With Respect to Variables Pertaining to Langsian Ground Rules of Psychotherapeutic Relationship

by

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS
in
THE FACULTY OF GRADUATE STUDIES (Department of Counselling Psychology)

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA November 1991
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Date 30 September 1991
ABSTRACT

The central thesis of this study says that the ground rules and boundaries of the psychotherapeutic relationship (the frame), as defined by Robert Langs for adults and adolescents, are the same for children. Transcripts from memory of verbalisation and behaviours from 12 sessions of children in individual psychotherapy were analyzed with the purpose to test Langsian communicative psychoanalytic hypotheses. Unconscious communications were analyzed in accordance with Langs' theories to determine the impact of the state of the frame on children. The dependent variable, unconscious communication, was analyzed with respect to the following nine independent variables of the frame: (a) change in therapy rooms, (b) audio recording of session, (c) missed sessions and holidays, (d) therapist's contact third parties, (e) disruption of session, (f) time extension and time reduction of session, (g) observation mirror, (h) forced termination of treatment, and (i) touching toys. The analysis of data was limited to: (a) triggers, (b) polarity of themes and images, (c) perceptions of the therapist, (d) models of rectification, and (e) vicissitudes of resistances. This is a limited, multiple case empirical study of two boys (ages 5 and 11) and one girl (age 6) in individual psychotherapy in a
public clinic setting. The process of unconscious validation and non-validation by the client was used to determine the correctness of individual hypotheses, which were formed for each session on the basis of the state of the frame.

Conclusive empirical proof of the effects of three types of breaks in the frame on the process of child psychotherapy is presented: contact with third parties, observation mirror, and changing the time for sessions adversely influence the process of child psychotherapy. These three findings were made possible because the available data included the breaking as well as securing of the frame which permitted the execution of complete Langsian analysis. Each of the three instances represents a piece of conclusive evidence of the predictive value of Langs' theory regarding children and therefore conclusive evidence of the three aspects of the basic thesis of this study. The analysis of data revealed that the individual Langsian hypotheses were correct in all instances. The analysis also revealed that none of the data would satisfy a rival hypothesis which would propose an outcome opposite to Langsian hypotheses. A limitation of the study is the fact that the majority of available data contained material that allowed only partial Langsian analysis of the impact of the frame on the child. Further studies of secure frame psychotherapy are needed to complete the set
of ground rules and boundaries of child psychotherapy by empirical means.
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ACKNOWLEDGEMENTS

I would like to express my gratitude to my thesis committee, Dr. Larry Cochran and Dr. John Allan of University of British Columbia, and Dr. Marc McKee of Illinois School of Professional Psychology, for their support, encouragement, guidance, and patience.

Without the clinical findings and discoveries of Dr. Robert Langs this study would not have existed.

I thank my clients who had trusted my efforts and without whom this study would not be possible.

I would like to thank my family for their help and understanding.
CHAPTER ONE

INTRODUCTION

Psychotherapists of different theoretical orientations conduct therapy following different explicit and implicit ground rules and boundaries of conduct and thus maintain different conditions for and apply different means in the treatment of their clients. Literature, both lay and professional, on the subject of the influences of the ground rules on the therapeutic process is relatively scarce. The issue of determining which therapist' behaviours, that define the ground rules and boundaries of the therapeutic relationship (the frame) are constructive and which are destructive to treatment is an important one in applied psychology and a critical one in the moment-to-moment therapeutic interaction. The issue is central to the theory of therapeutic technique.

Review of Literature

The reported and implied ground rules of therapy, as they appear in clinical papers and in works on technique, reveal a very wide range of behaviours by both therapists and clients: from strict adherence to neutrality, confidentiality, absence of physical contact, and so forth (e.g., in classical psychoanalysis) to psychotherapy in
public and sexual contact.

Since the goal of this study is to compare, in a limited way, the unconscious communications of children with the unconscious reactions of adults and adolescents, as reported in the psychoanalytic studies of the therapeutic process, the review of literature will be limited to authors who consider unconscious communications. References that involve the communication of implied and pre-conscious meaning or those that define "unconscious" differently from the psychoanalytic definition will be omitted because communication other than unconscious is of peripheral relevance to this study and because it would not contribute to the comparative nature of the present study. References will be therefore limited to psychoanalytic literature with emphasis on the works of Robert Langs.

The issue of ground rules has been brought up by several psychoanalytic writers. The first psychoanalyst to describe the ground rules and boundaries of the psychotherapeutic relationship was Freud (1912) who stressed the importance of the analyst's adherence to neutrality and abstinence and who recognised the harmful effects of unpaid treatment. In 1919, Freud (1919) recommended several modifications in his previously held beliefs which may have held an important influence on later psychoanalysts who advocated such modifications.
The psychoanalytic writers who recommended various modifications in technique include such famous and influential psychoanalysis as Alexander (1954), Balint (1968), Berman (1949), Eissler (1953), Ferenczi (1921), Fairbairn (1957), Frank (1956), Anna Freud (1954), Glover (1955), Greenson (1965), Jacobson (1954), Stone (1954), and Winnicott (1958). Most of their recommendations were proposed in relation to treatment of more severely ill patients who were considered poor candidates for psychoanalysis proper.

Strachey (1934) was one of the first psychoanalysts to caution against deviations in technique from the ground rules proposed by Freud in 1912. He based his observations on the important incorporative identifications of the patient with the analyst and emphasized the interactional nature of the therapeutic relationship.

Eissler (1953) emphasized adherence to the original ground rules but proposed that some deviations (parameters) are justified when the basic model of technique is not sufficient when treating patients whose the patient's ego is severely dysfunctional and cannot be modified by interpretations. Eissler did point out, however, that such modifications may have lasting effects on the patient's transference and that such effects may not be undone by interpretations.
Eissler (1974) wrote extensively about the payment of fees for treatment. He felt that third party payments need not create complications. He recommended that the treatment of severely depressed patients and children should be continued when the third party refuses to pay and that such patients should not be charged for missed hours. He observed that payment by government agencies has powerful effects on patients. However, he considered it possible to analyze most insured patients if the confidentiality of patients' communications was guaranteed.

Another important contribution was made by Winnicott (1954) who discussed extensively the influence of the management of the ground rules of therapy on his patients. He was one of the first analysts to demonstrate the inherent therapeutic qualities of the secure frame. He observed that deviations in the ground rules create serious resistances in the patient that cannot be analyzed before the deviation is rectified.

Khan (1960, 1969) elaborated on Winnicott's ideas and stated that the frame is in essence the analytic setting and that the total analytic situation functions in terms of the analytic setting, the transference, and interpretations. He believed that those modifications in technique that enable the therapist to function as a supplementary ego to the patient are essential to therapy
to enable the necessary regression.

Greenacre (1954) departed from the majority of psychoanalytic writers who defended deviations in technique and advocated general adherence to the basic ground rules of analysis except in situations of crises. The principal reason for her stance was the necessity to safeguard the transference that must remain uncontaminated by therapist's actions. She believed that modifications interfere with the therapeutic alliance, damage the patient's autonomy, on some level repeat earlier pathogenic interactions, and preclude analysis. In addition, she observed that deviations may be followed by severe disturbances in the patient and also, that deviations may be damaging to the therapist. She cautioned therapists that the unconscious is a powerful force not to be treated lightly.

An important contribution to the discussion of ground rules was made by Milner (1952) who studied the importance of illusion in the analytic situation. She observed that the temporal-spacial frame of the analytic relationship makes possible the development of the transference illusion and that the frame is essential for the therapeutic qualities of the therapeutic interaction.

Szasz (1962, 1980) wrote extensively on the ground rules related to privacy and confidentiality of treatment. His position is that total privacy is the hallmark of the
psychoanalytic treatment and that any modification in this rule changes the very basis of the therapeutic qualities of psychoanalysis.

Some authors (e.g., Nacht and Viderman, 1960; Reich, 1958; Fairbairn, 1957) advocated digressions from neutrality for certain patients, others observed that neutrality must be maintained for the benefit of the patient (e.g., Langs, 1982; Rangell, 1969; Tarachow, 1962).

Contact between patient and therapist outside of treatment is considered disruptive by Greenacre (1959) while Tarnower (1966) believes that such meetings may provide important material for analysis even though he recognised that they exert a powerful effect on the patient. Throughout his writings Langs maintains the position that contact between patient and therapist must be confined to the therapy session even after treatment has been completed because any such contact undermines therapeutic work.

A systematic review of practically all existing psychoanalytic writings that deal with the frame brought Robert Langs (Langs, 1976a, 1976b) to the conclusion that in the papers "virtually no attempt was made specifically to investigate the unconscious meaning of a modification in technique for either the patient or the analyst" (Langs, 1976b, p. 413). His central criticism concerns
the fact that the writers rarely reported complete information that contains data on the frame and that they rarely considered the modification in the frame as the trigger for the patient's subsequent material in their evaluations of modifications. Since the authors made virtually no attempt to "specifically investigate the unconscious meanings of a modification in technique for either patient or the analyst" (Langs, 1976b), Langs believes that they have in effect neglected to investigate the implications in reality of a modifications in the frame.

Langs' empirical studies have shown that systematic analysis of unconscious communications from patients is only possible when complete data from sessions are available. Years of such empirical investigations (Langs, 1975, 1976, 1978, 1978a, 1979, 1979a, 1979b, 1979c, 1979d, 1980, 1981, 1982a, 1984, 1989) yielded the discovery of a universal human need for specific ground rules and boundaries in any therapeutic relationship, whether psychoanalysis or psychotherapy. His detailed and extensive empirical research in human communication, conscious and particularly unconscious, has brought many new and unexpected discoveries illuminating various levels of meaning and various levels of experiencing of human relationships. His research resulted in the empirically found ground rules and boundaries of the therapeutic
relationship which he termed the frame.

Langs (1985b) has empirically defined the following basic elements of the ground rules for psychoanalysis and for psychotherapy of adults and adolescents: (a) therapist's neutrality, (b) therapist's anonymity, (c) total privacy of treatment, (d) total confidentiality of treatment, (e) single set fee, (f) specified and consistent length of sessions, (g) specified and consistent appointed time of sessions, and (h) specified and consistent frequency of sessions.

Purpose of the Study

Of critical importance to the present study is Langs' discovery of the universal overwhelming influence of the basic therapeutic contract, explicit and implicit, on the clients' unconscious communications in psychotherapy (Langs, 1976). This discovery has important implications for the practical conduct of psychotherapists, both in terms of their adherence to a basic therapeutic contract as well as in terms of the way they listen to their clients.

The present limited comparative study will make a small contribution to the area of child psychotherapy as much as it can illuminate children's unconscious reactions to those therapist's behaviours and verbalizations that constitute modifications in the frame as defined by Langs' theory. The findings of this study may contribute to the
growing literature of clinical evidence that calls for a revision in the technique of psychotherapy as practised by most child psychotherapists. Comparable empirical research with children has not been published even though the Langsian communicative approach to psychotherapy with children is practised by many contemporary psychotherapists in the clinical and private settings. Publication of any clinical material is a break in the frame and is not practised by those therapists who maintain a secure frame for their clients. According to psychoanalytic theories of psychology, psychopathology has its most important roots in infancy and childhood. Langs (e.g., Langs, 1982) has found empirically that modifications in the ground rules of therapy evoke conscious and unconscious memories of important historical precedence for the client. The therapist, when breaking the ground rules of psychotherapeutic relationship, repeats in some way the original trauma for the client as he or she repeats, on some level, the same type of interaction that had originally contributed to the client's present problem.

It would logically follow, that the same ground rules of psychotherapy that apply to adults also apply to children. This is also the basic proposition of this study.
Objectives of the Study

The objectives of this study are: (a) to investigate the effects of the modifications in the frame on the unconscious communication of children in psychotherapy, (b) to compare such effects with existing empirical findings of research with adults, and (c) to discuss the results.

The following independent variables, pertaining to the ground rules of the psychotherapeutic relationship, will be investigated: (a) change of therapy rooms, (b) audio recording of session, (c) missed sessions and holidays, (d) therapist's contact with the child's parents, (e) interruption of session, (f) time extension and time reduction of session, (g) observation mirror, (h) forced termination of treatment, and (i) touching toys.

Definitions

Terminology used in this study follows definitions developed by Langs (e.g., Langs, 1982, 1985) for several reasons. Since Langs' definitions have been operationalized within the context of his empirical research of the therapeutic process, the presentation of research of unconscious communication can be made much clearer and more useful if the same terminology is used by all authors. The present study is a limited and confined replication study of Langs' research applied to a
different population (children). To provide an effective and intelligible comparison of the findings of Langs with the results of this study I consider it best that the terminology be the same. The terms used by Langs are mostly descriptive and common to all texts in psychology (e.g., trigger, model of rectification). When Langs' terminology differs from that of other authors it is usually because Langs had found that the process in question describes a different phenomenon and requires a separate term (e.g., communicative resistance).

The three broadest and most important definitions used in the communicative research involve: (a) the therapeutic relationship, (b) the process of unconscious communication, (c) the process of unconscious validation, and (d) decoding.

Langs (1982) gives the following definition of the therapeutic relationship, formulated on the basis of his clinical observations:

The therapeutical relationship embraces all components, conscious and unconscious, pathological and nonpathological, of the interaction between patient and therapist. For the patient, the therapeutical relationship involves both transference and nontransference components, while for the therapist it involves countertransference and noncountertransference elements. (p. 746)
According to Langs, the most awesome marvel in the process of human communication "is the ability of the human mind to express itself simultaneously on two distinct, and yet interconnected, levels of meaning" (Langs, 1983), conscious and unconscious. *Unconscious communication* is activated (triggered) in situations of conflict and danger. The manifest message of an unconscious communication is the carrier of the raw message which had been encoded through the use of the primary process mechanisms of displacement and symbolization, discovered by Sigmund Freud in 1900 (cited in Langs, 1985).

The unconscious meanings and functions of a manifest expression can be conveyed only through latent (encoded) messages and can be consciously understood only by decoding the manifest expression in light of the trigger (stimulus) that had evoked it as the sender of the message (e.g., the client) is engaged in efforts at adaptation to such triggers (e.g., therapist's interventions).

*Decoding* involves the undoing of the primary process mechanisms of displacement and symbolization. The basic endeavour in analyzing the message is to identify the theme shared by the two levels of communication, conscious and unconscious. The best vehicles for derivative (encoded) communication have been found to be "narratives, images, memories, and dreams" (Langs, 1985).
Decoded messages reveal the unconscious implications of
the trigger that had set them off and centre primarily
upon unconscious valid perceptions (rather than fantasy
distortions) of the trigger by the sender of the message.

**Trigger decoding** is the basis for explanations
(interpretations) offered by the therapist to the client.
It has been one of Langs' most important discoveries to
find that only decoding in the light of the trigger is
followed by unconscious validation by the client (Langs,
1967).

**Unconscious validation** comprises the emergence of
three messages in the client's communication: (a)
cognitive validation in the form of "revelation of fresh
encoded material...which extends the interpretation in a
unique and unexpected fashion" (Langs, 1985); (b)
interpersonal validation in the form of the emergence of
"positive and constructively functioning figures" (Langs,
1985), which represent the client's introjection of a
well-functioning therapist; and (c) conscious
understanding and working through by the client.

**Resistance** is defined as "any impediment within the
patient to the work of psychotherapy or analysis" and it
is "often based on contribution from both therapist and
patient" (Langs, 1982, p. 740). **Communicative resistances**
are the obstacles that are discovered through an analysis
of the client's material. In the presence of such
resistances the verbal material contains limited unconscious meaning. It is possible to observe simultaneously gross behavioral resistance to therapy - the client wants to leave therapy, and little communicative resistance - the client tells rich stories and represents the trigger that has acted as the stimulus for the communication. Behavioral resistances are impediments to psychotherapeutic work that "appear in the direct behaviours and associations of the patient" (Langs, 1982, p.741) and they include silences, disruptions of the session, efforts towards premature termination, and the like.

Research Methods

In this study the only dependent variable is the unconscious reaction by the client (the meaning and structure of their unconscious communications) to the specific modifications in the frame, which represent the independent variables. The state of the frame defines the controlled environment (i.e., known constants) which makes possible the observation of the dependent variable which is evaluated on the basis of the unconscious validation process described above. A modification in the frame is any inappropriate modification by either therapist or client (Langs, 1985). Previous research (e.g., Langs, 1967) shows that any modification in the ground rules always influences unconscious communication
of the client in an exquisitely sensitive and consistent, therefore predictable, way.

Following the central thesis of this study that the basic ground rules of psychotherapy which apply to adults also apply to children, each single hypothesis regarding a child's unconscious reaction to a specific modification in the frame (trigger) was formulated in terms of the universal reaction of adults and adolescents, as found empirically by Langs, under the heading "Hypotheses". The child's actual reaction was first recorded under the heading "Data", then analyzed under the heading "Data analysis", and last it was compared with the initial hypothesis under the heading "Discussion". Each session is therefore analyzed and discussed separately. The discussion of findings from all sessions is included under the heading "Discussion of Results" in Chapter Three.

I have used data from my psychotherapy sessions with three children who were referred to me at a public mental health centre. I have made the following basic assumptions that are also the basic assumptions of Langs' research, namely: (a) that there exists unconscious communication between the participants of the therapeutic interaction, and (b) that such unconscious communication pertains to the moment-to-moment interaction in the session between the participants.

Specifically, I made predictions of the effects of
the modifications in the frame on the unconscious communication of a child for each session on the basis of the following functions of the specific aspects of the frame on the psychotherapeutic process as empirically established by Langs:

The secure frame - offers basic trust, clear interpersonal boundaries, support for reality testing, sound holding and containment. Sources of anxiety: responsibility and confinement that produce claustrophobic anxieties, fears of loosing control ...

(Langs, 1985b, p. 259)

The deviant frame - offers basic mistrust, impaired interpersonal boundaries, disturbances in reality testing. Sources of inappropriate gratification: serves as a basis for pathological defense via merger, offers counterphobic and manic-fusion defenses, and escape from experienced subjective madness. (Langs, 1985b, p. 259)

Following Langs' theory, the most important aspects of unconscious meaning of a narrative are found in the following components of the client's: (a) triggers, (b) themes and images, (c) models of rectification, and (d) signs of resistances.

Triggers. Langs' found that "without exception, everything that a therapist does and does not do in respect to the psychotherapy of a particular patient is an
adaptation-evoking context for the patient" (Langs, 1985a, p. 13). Adaptation-evoking contexts are triggers that evoke unconscious communication from clients. The therapist's management of the frame involves the "core relationship between patient and therapist and the basic holding and containing qualities of the therapist's efforts" (Langs, 1985a, p. 14) and this is why "the interventions that pertain to the ground rules of treatment always take precedence for the patient" (Langs, 1985a, p. 14) over all other interventions.

According to Langs' theory, a break in the frame will always be the central organiser of the client's material and it will usually be mentioned manifestly (directly) or else will be represented in encoded form (indirectly, symbolically) with various degrees of disguise.

Searles (1965,) and Langs (1976) independently discovered the human capacity for unconscious perceptions of exquisite validity and complexity. It is communicated symbolically (the language of unconscious communication) to the self (dreams) and to others in spontaneous narratives. It has been Langs' important contribution to discover empirically that adult clients in psychotherapy unconsciously communicate almost exclusively valid perceptions of the therapist when they are faced with a break in the frame. In this study, themes and images in the children's material were subjectively evaluated in
this respect and characterised as either valid perceptions or else fantasy (misperceptions).

**Polarity of themes and images.** In this study, data analysis includes an abstraction of the themes or images in the client's material to determine the polarity as either positive or negative themes and images. Effort was made to determine the universal meaning of a particular narrative and to assign it either a constructive and helpful (positive) meaning or else a destructive and harmful (negative) meaning.

According to Langs' theory, breaks in the frame are harmful to clients and generate negative images and themes in their narratives while actions by the therapist that secure the frame (especially when such securing followed a specific model of rectification by the client) generate positive images and themes. The positive and negative images and themes are considered evidence for the expression of the client's introjection of the therapist who is functioning well and of the therapist who is functioning poorly, respectively.

**Models of rectification.** According to the theory, when faced with the trigger of a break in the frame the client usually includes a theme that is communicated to the therapist as a model to rectify the break in the frame. Such models are always communicated symbolically (with derivatives) because the client is not aware
(unconscious) of the trigger and of its effects on him or her. Some models are clear while some are disguised and effort is made in this study to subjectively evaluate the degree of disguise for each example. Langs' research shows that clients usually communicate compelling models of rectification to the therapist as soon as a new break in the frame occurs.

If the therapist does not understand the client's unconscious messages and does not explain (interpret) its meaning to the client and if the therapist does not follow with a rectification of the break in reality, the client usually gives up his or her efforts and shows signs of non-therapeutic regression and resistance. In this study, resistances and regressions will be identified and connection with the therapist's interventions discussed.

Validity

I consider that the validity of the operational definition is sufficiently high because the dependent variable being evaluated is measured directly, rather than by using another dependent variable (e.g., a standardized test) with which there is an assumed linear relation. The reliability of the definitions is also considered to be high because the technique of determining the emergence of either positive (constructive) or negative (destructive) figures in the client's narrative is relatively simple and straightforward. Determination of themes does require
some practice and I have studied the workbooks (Langs, 1985, 1985a, 1985b).

Langsian unconscious validation (as defined above) will be used whenever applicable, that is whenever a rectification and a correct explanation of the implications of a modification of the ground rules was actually offered by the therapist to the client and unconscious validation of such explanation followed. Partial unconscious validation and partial unconscious nonvalidation of the therapist's interventions by the client will also be taken into account.

This study is not a test of Langs' methods used in his clinical research that yielded the rules of the frame with incredibly predictive power. It is a limited comparative analysis that uses the same basic methodology so that results can be compared.

In the literature discussing Langs' works (e.g., Bejerholm & Windahl, 1984; Gill, 1984; Grotstein, 1984; Hodges, 1984; Lubin 1984; Silverstein, 1984;) there has been no refutal of either reliability or validity of either the constructs or the methods employed by Langs. Writers who applied his methodology to the analysis of the client's material in psychotherapy (e.g., Anisfeld, 1984; Brown & Krausz, 1984; Cheifetz, 1984; Dorpat, 1984, 1987; Keene, 1984; Korn & Carmignani, 1987; Raney, 1984, 1987; Vlosky, 1984) came to conclusions that were in accordance
with Langs' theory.

Reliability

Reliability of the study rests on my skill to decode unconscious communication and thus to replicate the basic method of analysis used by Langs in his clinical studies. I have been studying the method for several years and I am confident that I can reliably, within allowable limits of error, follow the principles of Langsian methodology.

Limitations of the Study

The proposed study is limited in the following ways:

1. Data are limited to the material of sessions held at a public mental health centre.

2. The author of this study was the therapist in all sessions used as data.

3. The number of sessions is limited to 12, and the number of cases is limited to three with four sessions per case. (A fourth case had been planned and was included in the proposal for this study, however, the parental consent for publication was eventually not granted.)

4. The cases involve uneven representation of gender - two boys and one girl and uneven representation of age - 5, 6, and 11.

5. The sessions selected for analysis in this study from a pool of more than 40 sessions, are those sessions that were transcribed in their entirety and that contain the clearest and richest derivative material.
6. The analysis of data is limited to the most critical components of unconscious messages (determination of triggers, perceptions, polarity of images and themes, models of rectification and resistances).

7. The study applied incomplete method of analysis of the effects of frame deviations on the client in all but three instances. According to Langs (1975, 1976, 1976a, 1978, 1979, 1980), the ideal and complete method for the analysis of frame deviations can only be applied if available material includes frame-securing interventions by the therapist. Such complete analysis includes: (a) the analysis of client's material in the light of the specific frame break and - following the restoration of the secure frame by the therapist complying with the client's model of rectification, and (b) analysis of the client's unconscious comment about such securing of the frame which follows the therapist's securing of the frame.

In this way, the analysis of data yields not only the information about the effects on the client of a break in the frame, and about efforts by the client to do something about the break, but also the important information of the effect on the client after the frame has been restored. Complete analysis provides clear and convincing evidence for the following: the specific break in the frame, which was defined as the independent variable in the initial
hypothesis, is in fact the same break in frame which the client is reacting to. The empirical proof then lies in the evidence provided by the reaction of the client which follows the rectification of that same break in the frame. If the client were reacting to some other than hypothesized break in the frame (and several breaks were indeed contemporary in all sessions in this study), then the rectification of the hypothesized break would not generate unconscious validation by the client and the client would continue to react adversely to the critical and unrectified break. The same empirical evidence provided by complete analysis also provides the proof for Langsian hypothesis that the client was not reacting to some other type of stimulus which is not a break in the frame.

Only with complete analysis can the constructive effects of the securing of the frame be fully empirically validated and only in this way can the rules for secure frame therapy of children be empirically derived.

The present study used data that were collected in a clinic setting, replete with various breaks in the frame. The data were recorded from therapy sessions by a therapist who rarely secured the frame. The understanding of the effects of the breaks in the frame, as presented in this study, is therefore a limited understanding and the final definition of the complete set of rules of the frame
of child psychotherapy is therefore not possible in this study.

Procedures

According to Robert Yin (Yin, 1984), an experimental psychologist, the core of the scientific method is not experimentation per se, but the useful employment of plausible rival hypotheses. Stephen Hawking, a theoretical physicist, defined the task of science to be "the discovery of laws that will enable us to predict events" (Hawking, 1988, p.173). The present study, a limited replication study, follows the basic precepts of the methodology established by Robert Langs in his clinical supervision studies.

Langs employed the technique of rival hypotheses (Langs, 1976, 1978, 1979, 1980, 1981) by discussing and testing the specific propositions offered by supervised therapists: testing hypotheses against sequential material from clients and employing unconscious validation yielded the formulation of patterns that crystallized into the rules that comprise the frame. The frame, unconsciously requested by all clients, involved rectification of harmful actions by therapists. The rules that comprise the secure frame and the findings that describe the effects of the modified frame thus enable to predict universally the unconscious reactions of clients to specific modifications in the frame.
I have omitted the evaluation of rival hypotheses for two reasons. First, a formulation of rival hypotheses, which would represent propositions derived from various established theoretical orientations, would require detailed research into these orientations to insure that such rival hypotheses would indeed represent the correct viewpoint. Such study would require a volume of work that would be out of the scope of this study.

Second, the goal of this study is to compare the ground rules of psychotherapeutic relationship, developed from the work with adults and adolescents by Robert Langs, with those of children, the achievement of which does not require the introduction of rival hypotheses. It would seem logical, however, that any discrepancies in the ground rules between the two populations which may emerge from a study would indeed represent a rival hypothesis and a starting point for future studies.

The discussion of results does include a test by inference of one critical rival hypothesis which states that the reaction of the client, following the same break in the frame, will be opposite to that stated by the Langsian hypothesis. I consider that this test provides the necessary inferential proof and that it is a critical and acceptable argument in the research of phenomena which are open to detailed empirical observation but are not open to strictly controlled experimental manipulations.
(e.g., Jaynes, 1957).

The study is a multiple case study of three children, two boys (ages 5 and 11) and one girl (age 6). Transcripts of their sessions (four sessions per child) of individual psychotherapy at a public mental health centre were analyzed with respect to the critical ingredients of their narratives and behaviours that comprise unconscious responses of clients in psychotherapy. Langs' theories were applied to data analyses by using predictions for a client's reaction to each specific modification in the frame as a hypothesis for each session.

In this way the present multiple case study answered some of the "how" and the why" questions as proposed by Yin (Yin, 1984), albeit in a limited way. Since this study attempted to search for the same universal principles involved in the reaction of human beings to modifications of ground rules, as proposed by Langs' theories, the statistically meaningful number of subjects is irrelevant. According to the theory employed, and according to the basic requirement of science, every case must eventually show obedience to a universal principle, in this case the universal principle of human unconscious reactions to the modifications in the ground rules of psychotherapy. It is true, however, that a larger number of children, especially a greater variety of ages for both genders, would add strength to this study, just as any one
discrepancy would put the theory into question. As Robert Yin writes:

"...the case study, like the experiment, does not represent a 'sample', and the investigator's goal is to expand and generalize theories (analytic generalization) and not to enumerate frequencies (statistical generalization)" (Yin, 1984, p.21).

The most important reason for not making use of conventional statistical methods to evaluate data in this study is the fact that such methods can be applied only to phenomena of which the order of the events is irrelevant and can be changed at random. In contrast, the phenomenon of the psychotherapeutic interaction is a process comprised of a definite sequence of events and there is a causal relationship between them. Sequential occurrence of events in psychotherapy follows the second law of thermodynamics which states, among other things, that time is unidirectional for all known universe and that processes are irreversible.

The study involved explanation of causal links in sessions on the basis of Langs' theories. The subject of study are not individual clients, but their communications, conscious and unconscious, during therapy sessions. Evidence was sought in the transcript data. Where available, the unconscious validation of clients as defined by Langs (1976) was considered.
Confidentiality of the clients is maintained by having deleted all personally identifiable information before transcripts of sessions were recorded. It is my opinion that such procedure does not limit this study because the theory, on which hypotheses are based, is concerned with universal reactions of all humans, that is, clients of all ages and both genders which have been found by Langs' research not to be affected by cultural, socio-economic, and other extraneous variables.

Collection of Data

Data are: (a) verbatim transcripts of verbalizations and behaviours of the client and therapist that occur during the session, written from memory after each session, within three hours after the sessions, and (b) the information concerning any person or action related to the therapy that occurs between sessions or that exists before the starting of treatment, which determines the state of the frame. Effort was made to include all verbal material from a session.

The writing of such transcripts from memory involves practice and it is subject of failure of subjective recall to some degree, however, the transcripts have been found sufficiently reliable in two ways. One session was audio-recorded and transcribed from memory; the resulting two transcripts were then compared and were found almost identical. Omissions were found to be minor: they were
details of themes and images, peripheral to the core meanings communicated by the client. The second way involved the investigation of the logical sequence of the respective narratives as it is done in the process of transcribing of sessions as well as during the actual data analysis; in both instances, discrepancies in responses became obvious and recall of details followed.

Some failure in total recall of sessions involved in transcription from memory is no doubt inevitable and does limit the available data. It is my opinion and experience that such failures are more likely to be omissions of details than distortions of conveyed meaning. Thus, present data may be considered incomplete rather than distorted and invalid.

Sessions were not audio or video recorded (with the exception of session 14 of the case number 4) for therapeutic reasons. Recording has been found disruptive to the therapeutic process (e.g., Langs, 1982) and was not done on ethical grounds. Recording would also disrupt the clarity of the effects of other modifications in the frame on the client's unconscious communications (confounding variables) for research purposes by adding yet another trigger. Good transcripts from memory have been found a rich source of data for many clinical researchers. Such transcripts have represented an adequate source of data for Robert Langs (Langs, 1976, 1976a, 1978, 1979, 1980,
who was able to use them to the extent that they yielded predictable results which are the goal of every scientific endeavour.

Before actual analysis of transcripts, but after the termination of treatment of all children, parental consent was obtained by way of a letter explaining the goals of the study (see Appendix I) and by requesting the parent to sign a consent form (see Appendix II).
CHAPTER TWO

ANALYSIS OF DATA

Case One, Session One

The First Session - Establishment of the Ground Rules

Background information on the client.

The client is a five year old caucasian boy, living with his divorced mother and older sister. His father has had only sporadic contact with the client. The client has been referred to the mental health centre one and a half years ago by his mother for the following reasons: the client was difficult to control, he was overdependent on her, could not get along with his sister, showed paranoid anxiety, masturbated in day care, grabbed other children by their genitals and had nightmares.

His teachers in the daycare centre complained that they could no longer manage the child. He came to the mental health centre day programme four times a week for three hours where he played with other four and five year old children with a similar degree of emotional difficulties. He also receives individual speech therapy by a registered speech therapist for unclear pronunciation.

The client was driven by taxi from his day care centre to the mental health centre. His mother was
contacted by his day programme teacher and offered a once weekly individual psychotherapy with the author of this study. His mother accepted and the client has been driven to the sessions by taxi and missing half an hour of his day programme once a week. The therapist agreed to meet the client at the entrance of the day programme, to walk him to the consultation room, to have a 35 minute sessions in a consultation room and to walk him back to the day programme room after the session. the author walked the client back to the day programme room. The author never had personal contact with his parents or sibling.

State of the Frame

The First Session. This is the client's first session. He has never seen his therapist before. He was told by his day programme teacher that he will "come to play alone with a woman therapist in a play-room before school". The therapist meets the client in front of his preschool and is witness to a dialogue between the client and his teacher about his moving into a new house. The therapist introduces herself and the client follows her to the consultation room. The therapist had no contact with the client's family and did not participate in the conversation with his teachers. The fact that the therapist works at the centre where the client goes to pre-school is a break in the frame, it represents the presence of third parties to treatment.
Hypothesis

According to Langs' theory, the client's material will reflect the moment-to-moment interaction and will therefore organise around the triggers of the current relationship, that is, the relationship with the therapist. The hypothesised triggers to which the client will be trying to adapt in the session will be related to the ground rules of his therapy.

According to Langs' theory, the goal of the first session is (a) to establish the nature of the client's emotional difficulties (a silent evaluation), (b) to convey to the client that the therapist can help the client (verbal), (c) to handle resistances (to explain to the client how frame issues influence the ability to communicate), (d) to handle any initial breaks in the therapeutic frame (to secure the frame), (e) to establish the therapeutic contract, and (f) to obtain a sense of the client's communicative style (Langs, 1982). The establishment of the therapeutic contract, that is, explaining to the client the explicit ground rules of therapy, is clearly the most important task of the therapist in their first session.

Until the therapist specifies the ground rules of the therapy (the frame), the client will experience uncertainty about his relationship with the therapist and his material will reflect this uncertainty (Langs, 1985b)
in the following way: (a) the emergence of negative hurtful images, possibly accompanied with (b) a manifest or disguised representation of the beginning of therapy, (c) a derivative model of rectification, and (d) communicative resistance.

Conversely, Langs' theory predicts that any rectification of the uncertainty, that is a securing of the frame, will be reflected in the client's material directly following such rectification in the form of unconscious validation of the therapist's intervention: (a) interpersonal validation in the form of the emergence of a positive and constructive image (i.e., introjection by the client of the well functioning therapist), and (b) cognitive validation in the form of the emergence of new, unanticipated meaning in symbolic, therefore unconscious, form (Langs, 1985).

The establishment, or lack of, the ground rules of therapy is a trigger that will take precedence over the background trigger of third party contact especially since this contact is by implication rather than direct. It is therefore predicted that the client will react mainly to the on-going development of the frame. The therapist failure to explicitly state the ground rules of therapy at the beginning of the session is predicted to result in behavioral and communicative resistance while her explicit establishment of the frame will result in reducing such
resistance.

Walking with the client outside the consultation room is a deviation of the privacy of treatment as the therapist has contact with the client outside of the consultation room. It is predicted that this first contact will not be experienced as overly negative because the client did not know the way to the consultation room and because his teacher is not regularly there to take him to his session.

Data

Upon entering, the client goes to the first thing in front of him and, without looking around, starts taking out military vehicles and soldiers and placing them facing each other. Soldiers and tanks shoot at one another. Then he takes out a truck and a train, piles small cars on them and moves them back and forth several times. While playing, he does not look at the therapist.

First Intervention. Fifteen minutes into the session, the therapist intervenes, "I see you are playing something. Your play has meaning. It would be helpful to you if you would tell me about your play - if you would tell me what is going on in your play." The client answers, "It's war" and continues to play in the same vein.

Second Intervention. Twenty minutes into the session, the therapist intervenes by saying, "Today,
downstairs, you told your teacher that a big truck was taking and moving your stuff to your new house. In your play, you also have a big truck and a train moving many cars from place to place. Perhaps seeing me for the first time and your coming here instead of to your preschool downstairs was like a big move for you. In your play, there is war, there is danger. Perhaps you also feel like being in a war, perhaps you feel it is dangerous for you in here." The client takes the space shuttle, lands it in the war area, then flies it out. Then he asks, "Can I use the sandbox?"

Third Intervention. The therapist answers, "Yes, you can play with any toys in this room." The client then takes out a circular fence, locks its gate and puts up soldiers in it. The therapist asks, "What is happening in your play?" and the client answers, "This is no-war place." Soon, he takes them out of the sand tray again and starts to bury all cars and soldiers in the sand. The therapist asks, "What is happening?" The client answers, "Everyone is hiding. The bad guys and the good guys are hiding."

Fourth Intervention. The therapist intervenes, saying, "Today, downstairs, you asked your teacher how did she know about your moving, you were wondering who told her. Also, you didn't know what will be happening to you here, with me, people in the preschool did not tell you."
Not knowing makes you feel afraid and makes you want to hide, you feel like in a war. You don't know me, you don't know if I am a bad person or a good person." The client suddenly finds a small piece of straw, puts it in the sand over the buried cars and soldiers and says, "This is for breathing, so they can breathe." The client then takes all cars out of the sand. For the first time, he looks the therapist straight in the eyes and asks, "How long will I be here?"

Fifth intervention. The therapist answers, "You will be here for a little more than half an hour. Then, I will take you back to your preschool. You will come here once a week, every Wednesday, for a little more than half an hour." The client starts looking for other toys: takes out two winding toys and winds them, watches them as they turn, then puts them back. Five minutes before end of the session, he goes to the window, says, "Puppets!" and picks up a spiderman and a lady bug. He makes an eating sound and says, "The lady bug is eating his head" and puts them back.

The therapist tells the client that the time is up, "It is time to go back to your preschool". The client looks at the therapist with wide eyes, goes to the sandbox, starts cleaning up the cars and soldiers. The therapist says, "Our time is up, you don't have to clean up." The client goes to the door, opens it, hesitates for
a moment then turns the right way and leads the way. The therapist walks with him letting him open all the doors. When he reaches the preschool door he enters.

Data Analysis

The most important trigger for this first session is the beginning of therapy, that is, the first session. This trigger is represented in remote derivative form: moving of truck and train is an image of going places. The same image is also a close derivative representation of the fact that the therapist brought the client to the consultation room via long and winding corridors as represented in the play by moving vehicles back and forth.

Resistance was in evidence since the client said but two words before the therapist's first intervention and he did not look around the room or explore its contents until after the fifth intervention. This intervention defines the time, place and frequency of sessions and therefore represents a securing of the frame.

The meaning of the therapist's failure to establish the frame at the beginning of the session is expressed symbolically (unconsciously) by the client in the negative theme of his play, that is in the war (It's war.) and in the confusion and violence (observable in the manner of play). The universal meaning of war is represented by the themes of struggle, danger, violence, and confusion. This theme is shared by the implication of the dangers of
therapy for the client in the absence of rules of conduct for the therapist and the client. The client's unconscious perception of the current state of his therapy and of his therapist actions (failure to define the frame) is therefore a valid perception.

The trigger of the therapist walking with the client along several corridors to the consultation room was represented in disguise in the image of the moving of the truck and the train which is a close representation of this trigger. The same image also represented the beginning of therapy, that is, moving to a new place, which is a remote representation of this trigger. There was no model of rectification in the client's material. Other triggers are, as always, interventions of the therapist of which the most important are those that concern frame issues, whether frame deviations or frame securing (Langs, 1976). In this session, there are two triggers (interventions) that represent securing two aspects of the frame.

The second intervention. It defines the objects in the consultation room that the client can touch (i.e., all toys) thus defining some boundaries of treatment. This frame securing intervention is immediately followed by the client's positive theme of definite boundaries represented by the soldiers being safe behind a fence (no-war place) delineating the space where danger and confusion are kept
out. The theme of the good and the bad being hidden is mainly a negative image and represents well the experience by the client of his not knowing what the therapist is hiding, of his uncertainty regarding the relationship with the therapist because the ground rules have not yet been established while one of the rules (privacy), had already been modified.

Third intervention The emergence of the brief positive image (good guys) is a reaction of the client to the therapist's third intervention which states one ground rule.

Fourth intervention. Only after the therapist explains the client's fear of uncertainty regarding his therapy, does the strong positive image of the straw that enables the buried soldiers to breathe emerge. The client is communicating that he is now feeling free and is able to ask a direct question about the duration of his session, which represents a ground rule issue for his therapy. It also shows that the client indeed had the issue of the ground rules of therapy on his mind, rather than issues related to his life outside therapy.

Fifth intervention. After the therapist defines the time, duration, and location of his therapy there is the fleeting image of toys that work (the client winds and watches two winding toys turn) which represents a weak interpersonal validation by the client of the therapist.
intervention. This positive image is immediately followed by the hurtful image of someone biting someone's head off and then by another helpful and positive theme of the client volunteering to help and clean up after his play. According to Langs' theory, the therapist should not command the client to come to session, which is what the therapist had done by saying, "you will come". The image of the biting of the head represents the therapist who has harmed the client by implying the use of force. Also, the purpose and manner of his therapy, that is helping the client with his difficulties by talking about his play, was not explained properly, as it should have been done at the very beginning of the first session.

The client's behavioral resistance is reflected in his relative silence. His communicative resistance is moderately strong as he does represent the major trigger and does communicate the unconscious meaning in powerful images. The communicative resistance also shows in his silent play as he obviously has a story to tell but does not communicate it to the therapist.

Discussion

The most important aspect of the Langsian prediction regarding the hurtful effect on the client by the uncertainty about the establishment of the ground rules of therapy in the first session was correct as the trigger was represented in derivative form and powerful negative
images did emerge in the client's material, especially early in the session. Decoding the client's material in light of the two immediate triggers as well as client's conscious questions show that the client was working over, unconsciously and consciously, these major triggers for the session.

The verbal material from the client was scarce which is a sign of communicative resistance in the presence of insecure frame as predicted by the theory. Frame triggers were represented in derivative form and there were two instances of interpersonal unconscious validation by the client of therapist's interventions.

Case One, Session Two
Change of Rooms and Therapist's Contact with the Client outside of the Consultation Room

The State of The Frame

Change of rooms. Before this second session, the therapist was informed that the consultation room that she had used for the first session with the client will no longer be available to her. This second session will take place in another room containing almost identical toys, an observation mirror, and a microphone on the wall. The change of rooms represents, according to Langs' theory, a modification in the ground rule regarding the set location for all sessions.

Contact outside consultation room. The therapist was
asked by the client's teachers in day programme to bring the client to the swimming pool after the session. Contact with the teachers and with the client outside the consultation room also represents a deviation in the ground rule that limits contact between therapist and client to the consultation room alone. Also, the therapist explained to the client the change in consultation rooms on the way to the session which is another contact outside the privacy of the room.

Hypotheses

According to Langs' theory the two deviations in the ground rules will represent two most important triggers for the client's unconscious reactions. The client will be working over the unconscious implications of these two triggers and will represent them either manifestly or else in a disguised manner in his material. Deviations in the frame are considered traumatic for the client and the emerging images following the two triggers will be negative and hurtful. The theory also predicts that a model of rectification may emerge in the material. Communicative resistance is expected.

Data

The client arrives by taxi, the therapist greets him and walks with him to the consultation room which is on the next floor. Passing by the door of the room where the first session was held, the therapist explains that they
can no longer use this room because someone else will be using it. The therapist then takes the client to another consultation room. Inside the room, the client does not look around, goes straight to the sand tray and puts several buildings into it. He then adds two bridges, two tunnels and a truck. He runs the truck up a ramp on the top of a building.

First intervention. The therapist says, "I would like to explain what we are doing here. We are doing what is called therapy. Therapy helps you with your problems. Your teacher told me that you have bad dreams sometimes, that you are sometimes afraid of things, that you don't feel well sometimes. It would be helpful to you if you would tell me stories about your play and this is how we will work." While the therapist is talking, the client stops playing and he listens intently. He then takes out more cars and buildings.

The therapist says, "You are playing. Can you tell me a story about your play." The client answers immediately, "This house is on top of another house and this truck is backing up to deliver furniture. They are moving into a new house. The client plays some more, the therapist asks about the story and the client says, "this car broke the bridge and it fell and this car is going into the garage because it is going to rain outside and this truck is just going into the tunnel."
Second intervention. At this point the therapist intervenes, saying, "You are telling me about people moving to a new place, about things being broken and falling and about cars going into shelter before rain. Today, we moved into another room because the other one was busy. Perhaps you feel like something in your therapy was broken because of this move and perhaps you feel you need shelter." The client then starts to whistle as he plays with more cars. Buildings are turned over and then put back straight. The therapist asks about what is happening in his play, and the client says, "Everybody is moving, they have to build new houses for everybody."

Third intervention. The therapist says, "You are telling me about moving and about new places which must be built. We are in a new playroom today, we are starting something new in this new room. We will stay here - we will not have to move again. We will come here every Wednesday and you will have therapy with me for 35 minutes each time and then I will take you to the swimming pool so you can swim with your class."

The client takes away a few cars and starts putting busses into the sand tray. The therapist asks what is happening and the client says, "The bus is coming into the people's place. This is a people's place now, it is another place." He then takes away the buildings and plays with a boat and a car. The therapist asks what is
happening, and the client says, "This guy," pointing to the boat, "is looking for him, is going after him", pointing to the car. Then he flies a helicopter and crashes it, then he crashes a boat. When asked about what was happening, the client says, "They are fighting, everyone is fighting." He starts to pour sand over the scene and says that "Rain is falling." Moving the buses he says, "These are stuck and the traffic helicopter is telling them that they cannot go because they have flat tires, they are not allowed to go."

Fourth intervention. The therapist intervenes, saying, "I told you that you and I will be staying in this room and you felt that we were in another place, the people's place, and you were telling me about cars crashing and rain falling, about buses who were not allowed to go because they had flat tires. Perhaps you feel I am not allowed to do something because I am helpless, like a bus with flat tires." The client pours more sand over the scene and asks, "How long will I stay here?" The therapist replies that he will stay fifteen more minutes, then he will go swimming. The client starts to overturn buildings and to crash cars in a slow and controlled way. He says, "Rain is flooding everybody and cars are crashing and the war boss is telling them to stop fighting." He slowly destroys the town and asks, "How long until I go swimming?" The therapist replies that it seven
more minutes. The client drops sand over the town saying, "This is cement, the giant is making very hard cement, he is crushing it and dropping it. Everyone is dead."

Fifth intervention. The therapist intervenes, "I told you about staying here for 35 minutes and them going swimming and there is something that made you very angry with me." The client asks, "How long now?" The therapist responds by saying that she will tell him when the time is up. The client then plays with the sand until the end. The therapist tells the client that the time is up. He looks at his sandy hands and asks, "Can I wash my hands?" The therapist replies that she will show him the sink outside. The client looked shocked and said slowly, "Outside?" The therapist then takes the client to the sink first, then to the swimming pool.

Data Analysis

The first trigger, the moving into another consultation room which exists before the session begins, is represented by a thinly disguised image of "they are moving into a new house". The second trigger, therapist's contact outside the consultation room, occurs during the session when the therapist mentions taking the client to his swimming class. The client reacts immediately to this trigger and represents it by the more heavily disguised image of the bus going into another, people's, place.

The representation of the first trigger is followed
by the negative image of breaking falling as well as by the brief positive of seeking shelter in a garage and in a tunnel mixed with negative images of threat (rain outside). The images of breaking and falling is a validly perceived meaning of the therapy for the client, which has been broken in continuity and experienced as a fall because of the change in rooms.

Model of rectification is expressed in the condensed image of seeking shelter from outside threat which implies the client's wish that this new room provides him with shelter. After the second intervention, which was basically correct, the client reacted with the positive images of people constructing something new as well as with evidence of positive affect (whistling) which is in agreement with Langs' theory.

Third intervention. this intervention is informative and is considered correct except for the last part where the therapist tells the client that she will take him to the swimming pool after the session. It represents, according to Langs' theory, an anticipation of a break in the frame, that is of contact with third parties (his class at swimming). The therapist not only announces that she will have outside contact with the client and likely also with his teachers and classmates, this topic is introduced unilaterally be the therapist. According to Langs' theory such unilateral introduction of a subject by
a therapist reflect the therapist's fear of a secure frame (adherence to the ideal frame). The mention of going swimming has the function to break the contact with the immediate discussion, as initiated by the client, to the outside of the room. This last part of the intervention was therefore expected to trigger in the client negative images of force and violence.

The evidence for a disguised representation of the trigger of the therapist intrusion into the client's private world (his preschool class at swimming) is in the image of a bus coming into another, people's place. The client's unconsciously perceives the therapist as "looking for him" and "following him" which ends in the negative images of fighting and of dangerous rain. There is a model of rectification present in the material in the form of someone in authority (traffic helicopter) "is telling" someone of not being "allowed to go" somewhere because there is something wrong with it (flat tires) which carries the raw massage of the client that the therapist should not be allowed to go with him to the swimming pool because it is wrong.

Fourth intervention. this intervention is incorrect because it does not identify the trigger (going to the swimming pool). As the therapist does not follow the client's model to rectify the anticipated act the client expects that the therapist will go through with her
promise and he feels that the therapist is dangerous. The material that follows the fourth intervention does indeed show that the client immediately reacts with anxiety regarding his stay in therapy. He asks a question about the length of his stay which is related to the therapist taking him swimming. As the therapist still does not recognise the unconscious meaning of this client's question and answers it on a manifest level (in a non-interpretative way that does not explain the client's anxiety) the client responds with negative themes of violence (war), destruction (crashes) and loss of control (flood).

The client then communicates a model of rectification with the image of the "war boos who tells people to stop fighting". The narrative is followed by a manifest trigger in the question which mentioned swimming directly. According to Langs' theory, the client does indeed keep on trying to alert the therapist to the impending deviation in the frame.

Evidence that the client is communicating derivatively and is not concerned with the literal issue of the time left until he goes swimming can also be seen in the fact that the response by the therapist to the question's manifest meaning (how long) does not satisfy the client, he asks again and again while his narrative contains more negative themes of destruction followed by
the death of everyone. In fact, after the session, the client was in no hurry to get to the swimming pool and he dragged his feet going there.

**Fifth intervention.** The therapist's response is in the same vein as the previous intervention and the session ends without any insight into the immediate trigger by either the client or the therapist.

**Discussion**

The hypotheses regarding the effect of the deviations if the frame on the client's subsequent material were correct in the three important areas: (a) the emergence of negative images, (b) the presence of derivative and manifest representation of the triggers, and (c) derivative models of rectification. There are no positive images in evidence in the client's material after the third intervention which is considered a basically correct explanation by Langs' theory and which is briefly followed by a positive image of building something new. When pleas for rectification of the frame by the client go unanswered by the therapist the client either stops communicating or else persists with his message. Also, according to Langs' theory, a correct interpretation by the therapist (second intervention) was followed by the positive images and positive affect. Overall, the predictions formed on the basis of Langs' theory were found correct for this session.
Case One - Session Three

Client's Lateness, Contact with Third Parties, and Extension of the Session

State of the Frame

Client's lateness. The client is brought ten minutes late by the taxi driver. The therapist takes the client straight to the consultation room.

Contact with third parties. On the way they pass several groups of people, adult out-patients who talk loudly in the corridor and the client and therapist almost trip over their feet several times. This is the client's second time going to the same consultation room and he remembers all the turns of the corridors. In front of the consultation room, the therapist reads to him the sign on the door and explains, "Occupied means we will be using the room."

Extension of the session. The therapist extends the session ten minutes past the appointed time on the grounds that the client was not responsible for his lateness due to his young age (five) and because he had no control over the taxi driver.

Hypotheses

According to Langs' theory, the three breaks in the frame will affect the client in a negative way. It is predicted that he will represent all triggers in either derivative or manifest form and that he will communicate
symbolically the meaning these triggers have for him. It is also predicted that the client will show resistance because of the frame breaks and that he might present a derivative model of rectification for the breaks in the frame of his therapy.

Since two breaks in the frame occurred before the session, it is predicted that the client will start the session with his unconscious communication related to these two triggers and will work over the implications of the third trigger (extension of the session) subsequent to its occurrence. According to the basic precept of Langs' theory, the themes and images of the implications of the triggers will match the universal themes and images of such actions.

Data

The client goes straight to the sand box and does not take off his jacket. He looks calm and uses slow and controlled movements, which is different from his last session. He goes to the sand tray and puts in a building, three buses, a bridge, a "pet store", and a helicopter on the roof of the pet store. The therapist asks the client to tell her a story about his play. The client looks at the therapist and answers immediately, "The buses are making tracks, so they can go through this bus stop. This is a bus stop (the building). The man is waiting for the bus because it takes so long." The client plays by moving
the buses slowly. The therapist asks about what is happening in the play now. The client answers immediately, "This is a passage way for buses and this is another passageway for cars." He is making a sand wall dividing the two paths, and running the bus and the car parallel to each other. He then drives one bus over the bridge and starts putting soldiers, aiming pistols at one another in the sandbox, next to the bus station. Then, a bulldozer digs a "hole in the ground". The therapist asks what is happening in the story. The client answers immediately, "They are fighting. He has put the soldiers in, but is not moving any and none fall. The client continues, "Sometimes they come to this part of town, and they fight. Sometimes they come, and sometimes they don't come."

First intervention. Fifteen minutes into the session, the therapist says, "Today you were brought in to the session ten minutes late by the taxi driver. In your play, there was a man waiting for the bus which took too long, just like you were waiting for the taxi. Then, I was taking you along the corridors to get to this room and we passed many people, it was like a bus load of people. Being brought late to the session and passing so many people in the corridor is like fighting to you. I was making you feel badly inside, like you were in a fight. You made two separate passageways for the bus and for the
car: you would like me to find a way, a passageway to this room, so that you would not have to go past so many people."

The client immediately takes out a bulldozer and starts meticulously to pat the sand smooth. While doing this, he starts to whistle and continues to whistle on and off through the remaining of the session. The therapist asks the client about what is happening now. The client says, "It is patting down the ground. It is making the ground smooth." The same bulldozer made a hole in the ground in the beginning of the session, so it is safe to assume that the bulldozer is repairing the hole now. The client makes another separating sand wall and runs buses and cars parallel to one another.

Second intervention. The therapist says, "Next time you come here, I will take you another way to this room, so that you will not have to pass so many people. Also, if the taxi driver is late for your session again, you will have your session just as long, it will not be shorter because the driver is late. Today, you were ten minutes late, so you will stay here the same 35 minutes as before. We will end the session ten minutes later than usual."

At about twenty-five minutes into the session, the client takes a bus and runs it slowly, then stops it. In front of it goes slowly an ambulance. The therapist asks
what is happening in his play. The client answers, "The bus stopped because it was the bus stop. The ambulance went in front of the bus." He then goes to the shelves and gets small plastic balls. Starts dropping them, one by one, very evenly all over the sandbox. He says, "The bombs are falling all over the place." Then he goes to the shelves and takes out a nurse, a worker with a shovel, then sits down on the floor, and starts playing with the hospital figures. A little later, he gets up, takes out two hospital beds, more nurses, a wheel chair, puts them all in the sand box between the standing soldiers. The therapist ask about the story and the client replies, "He (the soldier) gets shot, so he must go to the bed (puts the soldier on another bed), this one also gets shot and he must go on a wheel chair (the client puts him there, then drives the beds and the wheelchair slowly to the side of the box.

Third intervention. Today, I told you about your session being always the same length of time and about the new way I will take you to this room. What I told you made you feel good, just like the bulldozer which made the ground smooth, but it also made you feel bad, like the soldiers being shot and then taken to be helped by the nurses.

The client takes some of the soldiers out of the sand tray. Then, he goes to the shelves and looks for
something for a long time. Finally, he brings out road signs, water hydrants, telephone poles and positions the bulldozer with the rest of the toys. The therapist asks what is happening in his play. The client answers, "The workers are fixing up the city." He continues to put signs all over the city, the telephone poles on each side of the bridge, whistling while playing. The therapist tells the client that their time is up and she gets up. The client looks a bit surprised and asks, "Am I going swimming now?" The therapist answers, "Yes, I am taking you there." The client starts going towards the door, shaking sand from his hands. Outside the consultation room, he goes the right way and walks ahead of the therapist. Near the swimming pool, he takes off his jacket, puts it on his head and makes a funny face, smiling at the therapist. The therapist says, "Let's go." He goes, but stops at the next pole and swings around it, smiling. The therapist says, "Let's go". When the client's teacher can be seen, the therapist says good bye to the client and he runs to his teacher.

After the session, two teachers from the client's day programme told the therapist that the client "seemed a different child after the third session: he was much calmer and they had no trouble with him".

Data Analysis

The three current triggers for this session are
represented in derivative form. The trigger of coming for the session late because the taxi was late picking the client up from his daycare centre, was represented by the close derivative of the man who "is waiting for bus who is taking so long".

The trigger of the therapist taking the client along the corridors where the out-patients were waiting and restricting the passage on the way to the session was represented in close derivative form by the image of the buses which "are making tracks so they can go through this bus stop"; the out-patients were in fact delivered to the centre by special buses which were parked in front of the Centre and the client must have seen them before. The making of the tracks "so they can go through the bus stop" is reaction by the client to the walk past the crowd of patients and is also a valid perception of the therapist as having difficulty to bring the client to the session.

The trigger of the extension of the session was represented by a distant derivative which a sign of greater communicative resistance in the client. The image of "the bus had to stop because it was the bus stop" and "the ambulance went in front of the bus" represents two aspects of the extension. The trigger representation of the extension in the image of an ambulance which "went in front of the bus" is a derivative representation. The theme of "the bus had to stop because it was the bus stop"
is a model of rectification saying that the therapist must stop the session at the agreed time (bus stop). The image of the ambulance which tells of someone sick and needy which is a valid perception of the therapist who is perceived as needing this extension for sick reasons. The representation of this trigger did appear right after the therapist announced that his current session will be extended by ten minutes.

The representation of the first two triggers as close derivatives represents little communicative resistance on the part of the client which is explained by Langs' theory by the fact that neither the lateness of the taxi driver nor the presence of the waiting crowds in the corridors were actions taken by the therapist although the therapist is responsible for what happens to the client while she is with him. Both representations emerged in the client's material right at the beginning of the session, as predicted.

The third trigger was represented with considerable disguise which is a sign, according to Langs' theory, that the action by the therapist (extension) was more traumatic for the client. The self-serving function of the extension by the therapist is especially traumatic to the clients and it is usually heavily disguised because the clients feel hopeless in the face of such actions (Langs, 1982). The therapist acknowledged, after some
introspection following the session, that she feared that a 25 minute session would not cover enough material to be used for the purpose of her study of the session. The client's perception of the needy therapist was therefore valid. The fact that s therapist would do something to the client to satisfy her own needs is in fact sick, again a valid perception by the client.

Langsian prediction regarding the emergence of negative images in the presence of the breaks in the frame was correct: the negative themes of the soldiers fighting and the bulldozer digging a hole in the ground emerged right at the beginning of the session. The themes show that the two triggers represented dangers in his therapy and that the therapist was dangerous to the client.

First intervention. It explained to the client the meaning of his unconscious communication to the therapist in a basically correct manner and it was immediately followed by the positive and constructive image of a repair, the "machine making the ground smooth" where the hole was before. The client's affect also changed from the expression of worry (in the fighting scene) to cheerfulness (whistling). This client's message is only the interpersonal validation of the intervention (introjection of the well functioning therapist) and it lacks the cognitive validation which can be explained by the fact that the therapist did not propose any
rectification of the breaks.

The client represents his model of rectification of the dangerous aspect of the way he was brought to the session by building two separate passageways for the buses and for the cars (for the client and therapist separate from for the out-patients). He repeated the same model in the material immediately following the first intervention which mentions the need for a safer path to the session but does not propose an actual rectification.

According to Langs' theory, a model of rectification in the client's material must be followed by a rectification by the therapist in actuality, it cannot be interpreted "away" because the cause of the client's emotional disturbance (i.e., the experience analogous to being in a fight and to being dug into) is "an external danger situation to which the therapist has significantly contributed" (Langs, 1982, p. 38) and therefore the response by the therapist "must include both the cessation of this contribution to the patient's suffering and an interpretation of the nature of the symptom " (Langs, 1982, p.38).

Second intervention. It rectifies the break in the frame related to the passing of the out-patients by promising a different route. However, the intervention also announces a new break in the frame: the extension of the session beyond the appointed time by ten minutes. The
intervention is immediately followed by the destructive image of the bombs are "falling all over the place" and the images of sickness (shot soldier, hospital beds and wheels chairs). The emergence of some positive images of helping figures (nurses, doctors and worker with a tool) is explained by the correctness of the first part of the second intervention, the promise to rectify one break in the frame. The worker with the shovel is especially poignant because the shovel is a tool used to repair ground and shows that the client is using the same theme of dangerous ground with which the client expressed the same trigger, the dangers of walking along those corridors, which he is working over unconsciously.

Third intervention. It mostly misses the client's unconscious message, although there is acknowledgement of the hurtful effects on the client of the extension of the session. The intervention does not include the necessary rectification of the break in the frame (i.e., ending the session at the appointed time) and is predictably followed by a model of rectification.

The client introduces the images of rules that must be followed by common convention (road signs), provisions for stopping the spread of destruction (water hydrant) and new lines of communication (telephone poles). His verbal explanation of his play scene gives a clear model of rectification telling that "the workers are fixing up the
city". The client's play scene, which tells that something that was destroyed needs to be fixed, is also a clear albeit non-verbal model of rectification.

Discussion

The hypothesis regarding the effects of the breaks in the frame were found correct. According to Langs' theory, the three breaks in the frame were indeed followed by (a) the emergence of negative images, (b) the presence of derivative representation of triggers, and (c) derivative models of rectification. Positive and constructive images in the client's material (interpersonal unconscious validation) did follow the correct aspects of the first and third interventions.

Langsian theory is based on extensive empirical studies which have shown the exquisitely sensitive unconscious valid perceptions of adults and adolescents. In this session, in addition to valid perception of this old client of the breaks in the frame, there is one particularly amazing perception: almost exactly at the moment of the appointed time the session should have ended, the five year old child says, "the bus had to stop because it was the bus stop" after the therapist had explained to him that this particular session will be extended past the appointed time. Over all, Langsian hypotheses were found correct.
Case One - Session Six

Client's Lateness, Missed Session, and Forced Termination of Treatment

State of the Frame

Client's lateness. According to Langs' theory, lateness of either client or therapist is a break in the ground rule that states that the session must start at the appointed time. The client was brought to the session 20 minutes late by the taxi driver. Since the transportation by taxi was arranged through the client's day programme at the Centre, there is some implied responsibility the therapist has in this matter although she was not directly involved in the arrangement.

Missed session. Last week's session was cancelled by the client's mother because they were away on holiday. Two weeks ago, the therapist had told the client that she will be there for his session even though his school will be closed for the holiday. According to theory, the client's absence from the previous session at a time when the therapist was present is a break in the ground rule which states that the client is responsible for all sessions for which the therapist is present.

Forced termination of treatment. This session is the one before last for the client because the therapist is leaving the Centre. The approaching forced termination of the client's treatment is a break in the ground rule
stating that the therapist is responsible for treating the client for as long as the client needs the treatment. Such terminations are a common occurrence in the clinical setting and one of the more traumatic breaks in the frame for the client (Langs, 1976, 1982).

Overall, there is one current (lateness) and two powerful background breaks in the frame.

Hypotheses

All three breaks in the frame are strong of which the forced termination of treatment is the most traumatic for the client. It is therefore predicted that the most traumatic break in the frame will be the most powerful organiser of the client's material in this session. It is predicted that forced termination will be represented as well as worked over symbolically and that negative, destructive images and themes will be predominant in the session. Since the major trigger for this session is termination it is predicted that the images will reflect this very theme of destructive ending. A model of rectification may emerge and resistance is predicted.

Data

As the client is brought in 20 minutes late, the therapist learns that there was a confusion at the station and several other children are late for school. The client entered with his jacket over his head. He did not notice the therapist until she said "Hello" twice. The
client kept his head covered but found his way to the consultation room. Inside the room, he lets his jacket off his head, but does not take it off. He goes straight to the sand tray and starts to play. His face is painted in black so that he looks like a cat or a dog. He is driving a bus over a bridge, then it stops and he then lines up about twenty cars in a row. The therapist asks about the story of his play and the client says, "The buses are lining up in a long line-up and the people are getting off the bus. Lots of buses are lining up". he then makes the line up of cars even longer.

The client then takes an ambulance, makes the sound of the siren, and drives it. He takes out a hospital bed, puts a person on it, puts both on the ambulance and drives it with the sound of the siren. The therapist again asks about the story of his play and the client answers immediately, "The ambulance is going to the hospital. The man is already dead and he is going to the hospital". He takes out another person, puts it next to a building, drives the hospital bed to the building and buries the man in the hospital bed. The therapist asks about his story, and the clients says, "The ambulance is going to the sheriff. The sheriff buries the man because he was dead".

First intervention. Today, in your play, you made a very long line up of cars and there were people getting off a bus. Today, the taxi driver brought you here very
late. For you it was like waiting in a line up for the taxi. Also, last week you did not come here, it was Easter holiday. In your play, there was a dead person and the ambulance brought him to the hospital - perhaps your being brought here late and your missing a session last week made you feel like dead. Also, the sheriff buried the dead person in your play, and you were burying you face, until we came in here. Perhaps you felt like you needed to hide, to be buried, because you felt like dead.

The client thinks for a while, then takes out a roller and makes a road over the bridge, where the first bus had gone before. He works on the road and builds it all around the place. While he is playing, he is singing a song with the words, "where to find" something". The therapist asks about his story and the client says, "People are making the road flat and smooth". The he takes out a block and puts it next to the road, takes out road signs, puts them besides the road and takes out an indian totem pole.

The therapist asks about his story and the client says, "This is the gas station (pointing to the block) for the cars to have gas and this is the road signs. He then takes out the trailer parts of several combined vehicles with the engine parts are missing and puts several small cars on the trailers. The therapist asks about his play and the client says, "They would like to go with the
trailers, but they cannot. (Pause.) Do you know where is the other part of this?" The client then takes another trailer part without the engine. He puts a person on the trailer and puts both into the sandbox.

Second intervention. The therapist says, "Last session, I reminded you that next week is your last session here with me and then you took out many trailers but they were all missing the engines. The road was there and the gas station was there, but there was no engines to drive the trailers. You asked me if I knew where is the front part. Also, you sang something about where to find something. Perhaps you are thinking about your last session, my not coming here any more. I make you feel like a trailer who cannot go anywhere. I make you feel like I don't give you the energy to move".

The client takes out a bulldozer, a worker with a hard-hat, and puts another road sign next to the road. The bulldozer works on the road. The therapist asks about his play and the client says, "The tractor is fixing the road and the worker is putting up a sing".

Third intervention. It is now the end of session and the therapist asks the client's permission to speak to his mother to remind her about the therapist's leaving the Centre and to inform her that the therapist would be willing to continue with the client's therapy in her private office. The therapist briefly mentions to the
client that he showed anxiety through the communication of themes related to the termination of his treatment. The client agrees and the therapist announces the end of the session. The client leaves right away, again putting his coat over his head until he reaches his day programme room.

**Data Analysis**

The client's unconscious communication starts with the client covering his head and walking right past the therapist. Although not a verbal communication it is a clear **negative image** of someone (the therapist) not there (for the client). This is a very remote **representation of the trigger** of termination of therapy reflecting the theme of disappearing, of not being there any more, therefore of ending. The remoteness of representation as well as the fact that the communication was not verbal was predicted as resistance in view of the power of the traumatic trigger. The resistance was more behavioral (silence) than communicative (there was meaning in his behaviour).

The fact that the client intended to not see the therapist, who waited for him, speaks for a gross behavioral resistance by the client, who didn't want to come to the session. The client's being brought late to the session is represented in the image of "the busses are lining up in a long line up" which is a **close trigger representation**. The therapist learned that several other
children were brought late by other taxi drivers and the cars were indeed lining up to pick up and to deliver the children. As the therapist involvement was only minimal in causing the client's lateness (it was only implied as far as the therapist worked at the Centre which had made the transportation arrangements for the client), the trigger was not as traumatic for the client and the communicative resistance was minimal.

The misses previous session has no trigger representation in the verbal material. Langsian ground rules were derived empirically from unconscious communications of adult patients. In the case of a missed session for which the therapist was present the patients universally expressed the need to be responsible (to pay) for such sessions or else their mature independent functioning would be jeopardised. In the case of a child who cannot earn money to pay for his sessions, such responsibility obviously rests with the parent. It is my opinion that this matter cannot be studied profitably in a clinical setting where several powerful breaks in the frame exist in almost every session and thus obscure any images and themes related to this currently less traumatic trigger. A clear study of this break in the frame could be better examined in the secure frame environment of private practice.

The very first images that emerge in the material are
the extreme negative images of the ultimate destruction (death). The compelling negative theme of someone who is offered help (put on a hospital bed and driven to the hospital in an ambulance with the siren) but the help came too late (the person is already dead and is being buried) is a moving expression by the client of his experience of the pending forced termination of his treatment. The client is expressing his valid perception of his therapy where he is for the moment offered help but it is already too late (termination will happen).

The same theme is also a valid unconscious perception by the client of the therapist, who is given the chance of being helpful (ambulance) but who is already dead for the client (will not come back). According to Langs' theory, clients express particularly compelling themes and images in the presence of very traumatic breaks in the frame, of which forced termination is one example, and such images have been found to be valid perception, rather than distorted fantasies, of the therapist's actions (Langs, 1976, 1982, 1985,...).

The first intervention. The explanation is basically incorrect because the therapist does not explain the highly destructive images in the light of the major trigger (forced termination) and therefore neither admits her traumatic action which is causing suffering for the client, nor does she offer a rectification of the matter
According to prediction, there is a model of rectification present in the material following the first intervention: the cars can have gas, but still cannot go because the connections to the engines are missing. There is also a more disguised image, having the function of a model of rectification, of the road signs which implies an appeal to rules. The message in the model can be abstracted as "what good is the therapy (fuel for cars) if there is no connection to the therapist (missing linkage of trailers to the engine parts) and it all has something to do with rules (road signs) which say that therapy can stop when the client is healed and must not be forced. The model of rectification was called to the therapist's attention by the direct question by the client, "do you know where is the other part of this?" implying that it is the therapist's job to find the solution.

The second intervention. The explanation given to the client was somewhat correct as it did relate the material to the forced termination of treatment and it did imply some responsibility of the therapist for the termination. However, the intervention misses the important message embedded in the client's model of rectification and it does not relate the now recognised trigger of termination to the previously communicated highly destructive themes in the material of the client.
According to Langs' theory, such intervention will be followed by partial validation in the form of some positive image.

This intervention was indeed followed by the constructive image of the tractor that is fixing the road and the worker that is putting up a sign which represents interpersonal validation and is an introjection of a positive act of the therapist. There was no cognitive validation, however, as the client was not given complete explanation of his unconscious experience of termination of his treatment.

Discussion

The above Langsian hypotheses were found correct. The material involved extremely traumatic theme of death, the hopeless theme of help coming too late, and an appeal to rules, and for connection with the therapist. Also according to prediction, the communicative resistance was strong, reflecting the danger the client perceived in this therapy. There was only one positive theme in the session ("the tractor is fixing the road") following the partially correct interpretation included in the second intervention.
Case Two, Session One:
Family Meeting, Presence of Staff Member,
and Observation Mirror

Background Information on the Client

The client is a six years old Chinese girl living with her natural parents and a younger sibling. She was referred to the Centre by her mother who was concerned about her not speaking with anybody other than the immediate family and grandparents since she began to speak at the age of one. The only exception was a Chinese girl friend with whom the client began to speak after two years of silent play.

The client's mother had taken her to several mental health professionals within the past three years, however the treatment received was not long-term and the symptom of elective mutism persisted. A minor complaint was also the client's reluctance to eat. The mother reported that she had force fed the client including slapping her since she was one. The client was raised mainly by her maternal grand-mother since the age of one. The parents emphasized that the grandparents greatly favoured the client's younger brother.

The main family concern was the client's silence at school where she showed above average ability and skill in all subjects where she could communicate in writing.
State of the Frame

Family Meeting. Any contact with third party is considered a powerful break in the frame since total confidentiality, total privacy, and one-to-one contact in treatment are modified. The above information about the client was obtained during the first contact of the therapist with the client at a meeting with the complete family and a staff therapist present. The meeting was conducted by the staff therapist while the present therapist remained totally silent (except for the initial and parting greetings). The client did not speak and did not make any eye contact with either therapists.

Presence of staff member. In addition to break in the frame, the presence of another therapist can be confusing to the client who will not be certain of the therapeutic role of her therapist.

Observation mirror. The possibility of being observed by someone who cannot be seen or heard constitutes a powerful break in the frame with alterations in confidentiality privacy, and one-to-one relationship in treatment. The fact that the client (and, in this case, the therapist) can never know who is observing and whether the observation is taking place adds an uncertain and confusing element to treatment.
**Hypotheses**

**Family meeting.** In the presence of such powerful break in the frame, it is predicted that the client will react to this trigger with negative images of mistrust of the therapist, of not being held well in therapy, and of danger. The fact that the therapist was silent during the family interview may have a somewhat modifying effect on the client, thus lessening her mistrust of the therapist because the therapist did not actively sought or give information concerning the client in the presence of others.

**Presence of staff member.** On the basis of the theory, it is predicted that the same type of powerful reactions by the client as were predicted in relation to the family meeting will be observed. An added factor is predicted however, since the client will be confused about the role and purpose of a member of the staff and consequently about the role and purpose of her therapist. Negative themes and images related to danger, mistrust, poor holding, and uncertain identity.

**Observation mirror.** It is predicted that this powerful break in the frame will exert the same type of strong reactions in the client as the two breaks in the frame above with the added effect on the client of the hidden, unseen danger as represented by the possible hidden observer behind the observation mirror. Since the
therapist had no control over who could enter the adjacent observation room, the present prediction considers the effect on the client of the possibility of being observed.

In all, the background triggers of the family meeting, the presence of the staff therapist, and the current trigger of the observation mirror are expected to exert a strong influence on the client. It is predicted that the effect of these triggers will result in efforts by the client to alert the therapist to the gravity of their implications and to offer to the therapist models of rectification. In the presence of major breaks in the frame, sings of resistance are predicted.

Data

The client enters the consultation room and goes straight to a doll house. She picks up several figures in the house, looks at them and puts them back in silence.

First intervention. Ten minutes into the session, the therapist starts commenting about her play by verbalizing what the client did, for example, "I see that you are holding a baby doll". The client gathers a family of four and places them sitting around the kitchen table. Fifteen minutes into the session, the therapist makes another observation, "I see that you are holding a superhero that looks like Superman". The client looks at the therapist, and says, "It's Batman." She holds the figure up for the therapist to see and says, "My brother has a
Batman. I have Barbies.

A little later, the client says, "I have many clothes for them". She then plays with the dolls putting them "in their right places" in the doll house, each in their own room. Then, she says that "grandpa is taking the baby out for a walk in the stroller" and the baby "must find his own way from the kitchen into the bedroom" and the baby "goes to sleep". She puts the baby in bed alone in his bedroom. The therapist occasionally echoes her words, like "must find his own way". The client's play looks like a quiet exploration of the doll house.

Twenty minutes into the session, the client goes to the sand-tray and smiles at the sight of the dinosaurs on the shelves. In the sand, she makes a "mountain with one door and two windows". As she takes out the dinosaurs, she tells the therapist that she has seen the film "Land Before Time" and she gives the dinosaurs names from the film. She takes Sharptooth (a dangerous and violent tyrannosaurs in the film) and explains that he "crashed through the window and into the mountain and hides his head". She leaves Sharptooth inside the mountain. She then calls a "whale helpful" as it helps Little Foot. There is "an ocean, but the Little Foot is still thirsty because he cannot drink the water". She places "the mother of Little Foot" on her side next to the mountain and pronounces her "dead" (in the film, the mother dies
due to fatal injuries inflicted by Sharptooth).
Occasionally the therapist asks about "what is happening in the story now".

The client then looks for Spike for a while (in the film, he cannot talk because he is just a baby), but she "cannot find it". She says, "There is no Spike!" The client does not take any of the available small dinosaurs to stand for Spike. Then, a car makes a road but falls into the ocean. The Big Fish, however, helps him out. She then takes "Sara and her friend" who are going to "the valley" and places them at the opposite side of the sand-tray, away from Little Foot. She says, "Little Foot also must go to the valley but it is a long, long, long way to the valley" and she does not move Little Foot, who "is all alone".

She then takes "a careless car" that runs quickly from the Little Foot towards the valley and "crashes into others" several times along the way. Then, the therapist announces the end of the session. Departing, the therapist notices that there was someone in the observation room adjacent to the consultation room.

Data Analysis

The therapist did not let the client initiate the session, but started to speak first, ten minutes into the session. The main reason for speaking first was that the therapist did not at all expect the client to speak,
especially not in the first session. The therapist's verbalized observations of the client's play, after the initial ten minutes of silence, were neutral enough to not shift the client's free play substantially and cannot be considered a critical trigger for the client's subsequent expressions. It is of course a matter of speculation whether the client would have started to speak on her own had the therapist not intervened.

Regarding first sessions, Langs' theory requires the therapist to define the terms of treatment for the client. This had been done during the family meeting by the staff therapist but not directly by the present therapist in the privacy of the first individual session.

First intervention. The therapist's intervention was non-interpretative and therefore not appropriate, however, it did not carry any negative meaning and it did imply that the therapist was both interested in the client's play and that she expected the client to talk about her play. The fact that the client actually started to speak in the session, even though the therapist did not explicitly ask for a story, is a sign of rapid alleviation of her symptom of elective mutism within the therapeutic situation. It is not within the scope of this text to discuss the reasons behind this improvement as proposed by Langs' theory. The fact that the client started to speak is a sign of a reduced behavioral resistance to treatment.
and an expression of some measure of trust in the therapist. As predicted, the therapist was probably not held wholly responsible by the client for the breaks in the frame.

The client mentions one trigger manifestly, her brother, and another trigger representation, the family of four sitting around the kitchen table. Both refer to the presence of her family during the client's first contact with her therapist. The fact that the brother is greatly favoured by the client's grand-parents may have something to do with the client's emphasis and therefore her great sensitivity to his presence at the family meeting. In the light of this trigger, the client gives a clear message in the form of a model of rectification saying that her brother should be taken out of her therapy as the baby was taken out of the house by his grand-father. Another model of rectification is represented in the client's very first words about the separate toys for her brother (Batman) and for her (Barbies). This choice of the image of toys as representing the client's therapy is connected to the term "play-therapy" used at the family meeting and to the statement given to the client's parents during that meeting by the staff therapist that the client will be going with the present therapist "into a room with lots of toys". The client unconsciously tells the therapist that as far as her psychotherapy is concerned, she and her
brother should be separate.

The image of the "grandfather who takes the baby out" is a disguised trigger representing the presence of the staff psychologist at the family meeting who was in his sixties and had grey hair. When the client places all dolls in "their right places" in the doll house, she expresses yet another model of rectification by saying that people should have separate therapies as dolls must have their separate rooms in the house. Another model of rectification is in the image of the baby resting alone in his bedroom, expressing the client's wish to have a restful place in her therapy, separate from her family.

Another disguised model of rectification lies in the image of the baby who must find his own way to get rest which speaks for the need to be independent and to be away from the family to achieve rest in spite of the fact that the client is a young child (baby). According to the theory, the client's comment applies to both, the therapist and the client and is therefore considered a valid perception of the therapist. In retrospect, the therapist indeed became aware of her own strong need for an environment that would leave her independent of both the family and the staff and provide her with a private space in which to treat the client.

It is extremely interesting that this client starts her first individual session with an abundance of models
of rectification and not with encoded perceptions or with reactions to these perceptions (which follow later in the session). The fact that her major symptom is pervasive elective mutism may have something to do with this unusual reversal of sequence as it expresses a strong initial communicative resistance to expressing her perceptions. However, further elaboration of this phenomenon lies outside the scope of this study and will not be discussed further.

When the client moves to the sand-tray, the first thing she does is a "mountain with a door and two windows", which is a representation of the trigger of the setting of the consultation room which included one window and one observation mirror. The observation mirror was in fact built like a window including a window sill. The dinosaur crashing through the window of the mountain and hiding there is a very compelling and condensed negative image implying violent intrusion into someone's space with the purpose to hide something. It is both a valid perception by the client of the dangerous space and of the violent aspect of the therapist using a room with the observation mirror as well as a valid perception of the therapist as hiding something from the client (the possibility of the presence of a person behind the observation mirror) which is again perceived by the client as a dangerous and violent act.
The client continues with a brief **positive image** of a helpful whale which can be explained as a **valid perception** of the therapist as not altogether destructive for the moment, which may be an unconscious understanding on the part of the client that the therapist is nevertheless trying to help the client and is not entirely responsible for the breaks in the frame. The client goes on to the compelling **negative image** of someone small who remains thirsty in spite of the abundance of water (Little Foot remains thirsty because he cannot drink) which is another **valid perception** of the therapist who is offering help (helpful whale) to the client but the client cannot make use of this help. The reaction of the client to the non-helpful and dangerous therapist is that the client cannot receive the help (remains thirsty) in spite of available therapy (water).

The client then continues with the extreme of **negative images**. The dead mother expresses her **valid perception** of the therapist who is like dead for her in her function as a therapist because she is not an effective nurturing figure in providing help in therapy which she had promised in the same ways that mothers implicitly promise nurturing to their children. The client then searches for a character (Spike) who cannot speak and thus the client connects her major symptom of elective mutism to the functionally absent therapist (the
dead mother) in the presence of the observation mirror and due to contacts with third parties. The role of the client's own unavailable and violent mother in the genesis of elective mutism, as it relates to the current repetition of the childhood trauma inflicted on the client by the present therapist, will not be discussed here because it lies outside the scope of this study.

The **negative theme** of not being able to find herself (cannot find Spike, who is the character who cannot speak) is a very compelling theme that reflects an impaired sense of the self and of her identity and speaks for regression. This theme also contains an **unconscious interpretation** to the therapist expressing that the therapist has to recover her identity (find herself) as a functional therapist to be able to help her client. Next comes the **negative image** of someone falling (the car) which indicates that her therapy is in jeopardy and that the therapist is dangerous, followed by the brief **positive image** of someone coming to the rescue (the big fish). This can be explained as a **model of rectification** where the person in danger (the car) cannot save herself, but can be saved by a strong therapist (the big fish).

The session continues and the therapist still does not explain to the client her unconscious messages and her compelling pleas for rectification. The client then continues with the despairing **negative theme** of someone
who is left "all alone" while her friends depart towards a desirable place which is perceived as out of reach (long, long, long way to the valley) which signals depressive symptoms in the client. The negative image of someone reckless causing damage to everything (crashing into everything along the way) is a valid perception of the therapist causing damage to the client in all respects because she is recklessly allowing the observation to continue and because she had allowed the initial contact with the client's family and the staff therapist.

The mixture of the strongly negative images with the few and brief positive images of helpful figures (the whale and the big fish) may be in itself a negative theme that reflects the client's confusion regarding the role of the therapist and which is a reaction of the client to the perceptions of the therapist as both dangerous and helpful.

The client's unconscious perceptions of someone observing the session were confirmed as valid after the session: there was someone in the adjacent room and the curtains covering the observation mirror were not fully drawn in that room.

Discussion

On the whole, all Langsian hypotheses for this session were found correct. The principal organisers of the sessions were the two predicted triggers, both major
breaks in the frame: the family meeting with the staff psychologist and the observation mirror. The session was replete with predicted negative images, including the extreme: the image of a dead mother. The images and themes corresponded to the predicted ones of poor holding (dead mother, the mountain that cannot withstand attack), intrusion (Sharptooth crashes into the mountain), confusion regarding roles and identity (no Spike), violence (violent crash, destructive car, and death), and danger (presence of the violent Sharptooth). The predicted mistrust of the therapist shows itself in the extreme form of total nurturing failure in the image of the dead mother, which stands for the therapist who can give nothing good to the client. This image of the therapist is somewhat modified by the brief positive images of someone helpful, as predicted. The client's desire and hope for improvement is reflected in the great number of models of rectification expressed in this session.

The positive image of the helpful therapist was a valid perception because the therapist had tried, albeit in vain, to have the observation mirror covered and the adjacent room locked during her sessions. Also, the therapist did decide, on her own, not to participate verbally in the family meeting and was thus able to reduce exposing and betraying the client. The prediction that
the mistrust of the therapist will be modified by the therapist's good intentions was correct. The predicted confusion of the client regarding the therapist's intentions can also be considered correct, although its expression was disguised.

As predicted, there were signs of behavioral resistance. Communicative resistance was minimal as reflected in the richly coalescing network of the client's verbal expressions. The communicative resistance was mainly evident in the more heavy disguise of some images and in the high degree of condensation of the material. Overall, the hypotheses that were formed on the basis of the universal implications of the two powerful triggers, as they apply to adults, were found correct.

Case Two - Session Two

Background Triggers, Observation Mirror, and Interruption of the Session

State of the Frame

Background triggers. The background triggers are those breaks in the frame that have not been rectified and that continue to be active. For this session, such triggers are the contact with third parties and the observation mirror. The client's mother brings the client to the waiting room where she and the client's brother wait for the session to end. While the three of them wait for the therapist to come and escort the client to the
consultation room, several members of the staff as well as other clients and their parents usually talk to one another. The observation mirror is still not covered and the adjacent observation room is left unlocked.

**Interruption of the session.** About 15 minutes into the session, someone unlocked the door of the consultation room and proceeded to open it when the therapist got hold of the door. The client did not see the person but heard the turning of the key and the short apology. Such interruption by a third party is a break in the frame and therefore a current trigger.

The specifics of extra-sessional contacts of the client with staff and other clients were not known to the therapist, however, such contacts were unavoidable and beyond the therapist's control. In addition to potential break in confidentiality and privacy of treatment at the time of the interruption of a session, such interruption is universally perceived as a violent act directed towards the client (Langs, 1985a).

**Hypotheses**

*Contact with third parties.* Universal unconscious implications of the therapist's contact with third parties to treatment, either directly (as in the family meeting and in greeting and listening to the mother and brother before each session), or else indirectly through the therapist's connection with the staff and other clients
of the centre, involve a dangerous quality to the therapist and the therapeutic experience, mistrust of the therapist, and a sense of betrayal.

Since this is a background trigger that has not been rectified for three weeks, and because there was no explanation given to the client of her compelling unconscious messages regarding contact with third parties during the previous session, it is predicted that the client will show her mistrust of the therapist by increasing her resistance to treatment by showing behavioral resistance (silence) and may show signs of giving up trying to communicate to the therapist her concerns by increasing her communicative resistance (verbalizations that do not carry unconscious meaning). The client may react to the fact that her numerous models of rectification of the broken frame were not heard by giving up her efforts Langs, 1976).

**Interruption of the session.** This is a current trigger as it occurs during the session. Since the person intruding did not actually enter the consultation room, because the client did not see the intruder, and since the therapist immediately put a stop to the opening of the door, it is predicted that the perceived violence of such interruption of a session will be modified and perceived by the client as a moderately dangerous and moderately violent act. The fear of the client that such an act
could be repeated in the future is predicted especially since the therapist did not promise to the client any actions that would ensure the prevention of future attempts to enter her session. Since this is the first such intrusion, it is predicted that the client will react to it unconsciously and that her communicative resistance for communicating her expressions regarding this trigger will be minimal.

Data

On the way to the session, the client takes out of her pocket a chestnut and shows it to the therapist. As soon as she enters the consultation room, the client says that she had found it in front of her house. She then looks for some time at the paints, but does not touch them. She goes to the doll house, which is in disarray and says that it is "a mess". She then goes to the sand box but does not play there. She seems at a loss. She then goes back to the paints and starts pointing to ordinary objects (scissors, tape, paints, paper) while asking the therapist questions like "What is this?". The client then starts painting. At this moment, about 20 minutes into the session, someone starts to unlock the door of the consultation room and the therapist quickly gets up and prevents the person from opening the door more that a few inches. The client cannot see the person but she can hear the key and a word of apology. The client
stops painting, looks at the therapist and says, "My brother was mean to the baby."

First intervention. The therapist says, "Can you tell me more?" The client continues, "He took the ruler in his hand and wanted to hit the baby but didn't hit the baby, just pretended. (Pause) My grandfather was very mad."

Second intervention. The therapist says, "When that person wanted to open the door you felt frightened. It was like your brother who wanted to hit the baby, you felt like that person wanted to come in and hit you. You feel angry with me." The client continues to paint in silence and does not look at the therapist. Then, she says, "I will paint a picture for you." When she is finished, she explains her painting, "This is me, this is you and this is the doll house, and this is the window of the doll house." She then gets up and observes what the therapist is wearing, but then uses the colours the therapist was wearing at the time of the previous session.

The client makes a second painting by dipping her chestnut in paint and then rolling it on the paper in all directions and without commentary. The therapist announces the end of the session and tells the client that she will keep her paintings in the consultation room. The client says "O.K.", smiles and leaves.
Data Analysis

The client starts to communicate nonverbally with the therapist outside the consultation room (showing the chestnut) which is an extra-sessional contact with the therapist likely to be seen by third parties. Inside, the client starts the session by mentioning one disguised representation of a trigger: something that was related to her home (chestnut) was brought into her session. This is a representation of third party contact (family) and of the extra-sessional contact (she shows the chestnut outside the room).

The client then neither plays nor does she communicate verbally with the therapist. She seems at a loss for what to do or say. Her behavioral resistance (silence) lasts for almost 20 minutes while her verbalizations are in the form of questions that do not carry images or themes (communicative resistance). Her comment that the doll house is a mess is an unconscious comment to the therapist that her therapy and her therapist are a mess because of the contact with third parties and represents a negative image.

This statement is followed by trivial questions which can be explained as an unconscious perception, a negative image, of the therapist who knows nothing, who is trivial and by implication avoids the important issues.

First intervention. Right after the interruption of
the session, the client tells a story that contains a negative image of the threat of an unprovoked attack on someone defenceless (brother wanted to hit the baby) by a nasty person (brother was mean), which made the client and the therapist angry (grand-father was mad), a representation of the trigger of the unlocking of the door with a key (the ruler in the brother's hand), and the outcome of the unlocking of the door (brother just pretended to hit the baby).

Second intervention. The therapist gives a predominantly correct explanation of the client's unconscious message. It identifies the trigger (attempt to enter the session), the theme (the threat of violence), the outcome (violence was only pretended), and affect (anger). It unilaterally introduces another affect (fright) which the client does not mention while it does not mention the helplessness of the client and the therapist which is part of the image of a baby.

It is also very likely that the therapist intervened too soon and should have waited to get more of a story from the client to provide the therapist with more material on which to base her intervention. The client did not include any model of rectification in her message, however, it is possible that she would have done so had the therapist not interrupted.

The client continues with a self initiated offer to
do something for the therapist (a painting) which may be the client's response (introjection of the therapist) to the therapist's unilateral introduction of fright, something like, "If the therapist is afraid I will soothe her with a present", and "If the therapist can do things unilaterally, so can I". The client's offer is a heavily disguised image of a gift, a heavily disguised model of rectification that calls for the client and therapist to be alone in the room, it contains a thinly disguised background trigger in the image of the window of the house (observation mirror), as well as a disguised model of rectification in the image of only one window (the doll house had several windows, and the consultation room had one real window and an observation mirror built as a window).

The same painting also conveys another heavily disguised theme involving change in the therapist: the client looks but does not apply the colours of the current dress of the therapist, instead she uses the exact colours of dress the therapist was wearing before. The theme is so heavily disguised that it is highly speculative to analyze its meaning. What it can be said is that it deals with the therapist and with the client's needs to change something about her. As a negative theme it may convey that the therapist is still the same as last time and has not changed for the better in spite of her different
clothes. As a model of rectification it may call for a session that is not interrupted, as the previous session was not interrupted.

The presence of communicative resistance is very notable in the client's communications and is almost impenetrable when the client goes on and finger paints her chestnut and the paper. Here, the regression evident in her graphic expression and in her total silence is a sign of strong resistances.

Discussion

The client starts the session with a break in the frame (extra-sessional contact with the therapist) which is in itself a resistance to treatment. She did react to third party contact with communicative and behavioral resistances which implied her mistrust of the therapist as predicted. There were few strong negative images except for the characterisation of the state of her therapy as a mess and of the therapist herself as a mess. There were few and weak efforts at rectification on the part of the client, as predicted. Right after the immediate trigger (interruption) the client did present the trigger and the predicted implications of the trigger which is a sign of diminished resistance, as was predicted.

It was also predicted that the client will express her fear of future interruptions because the therapist did not propose any rectifications. This prediction was not
correct and the reasons may be several. One reason may be due to the fact that the therapist interrupted the client with her second intervention and the client was not given a chance to complete her message. Another reason may be that the therapist complicated the situation with her unilateral introduction of fright into the session which confused the client. The client did however stop communicating in derivatives which is a sign of increased resistance. These speculations could be tested in the subsequent session. From the theoretical and clinical points of view, this particular prediction has less weight that the above correct predictions as it does not conflict with the above predictions. Overall, the prediction based on Langs' theory were found correct for this session.

Case Two, Session Three

Contact with Parents, Change of Time, and Noise

State of the Frame

Contact with parents. A few days before this session, the client's mother called the therapist and asked for an earlier session because it would be more convenient for her as there was no school for the client that day. The therapist tried to retain the regular time but the mother insisted that she would not bring the client to session if the therapist would not change the time. The therapist agreed to make the time change. The client would obviously know about the contact between the
therapist and her mother.

Change of time. The therapist agreed to change the time for this session and thus broke the frame. Secure frame includes fixed time for all sessions. The unconscious implications of a change in the time include a sense of uncertainly and mistrust of the therapist in addition to the implications applicable to all breaks in the frame.

This particular change in time, requested by the client's mother and agreed upon after it was clear that the mother would not bring the client to the session if the therapist did not oblige, is an interesting example of a break in the frame that is not initiated by the client (as is the case in adults) and that was done in order to give the client a session at all that week which is part of secure frame. The implication of this kind of break in the frame for a young child, where the parent is solely responsible for the break, may be determined by the differential between the damage done to the client by the change of time and the benefit done to the client by giving her a session at all.

Noise. Shortly after the beginning of this session, there was loud talk and laughter heard from the adjacent room which is connected to the consultation room with therapist observation mirror. Both, talking to the client's mother on the telephone and the loud presence of
people in the adjacent room represent contact with third parties to treatment (if the client can hear the people, they too can hear the client) and a major break in the frame with implication for confidentiality and privacy of treatment.

Hypotheses

Contact with parents and change of time. This is yet another instance of the therapist's contact with the client's parents and it is therefore predicted that the client will either heavily disguise her communications regarding this issue of privacy and confidentiality or else give up and stop trying altogether which will be observable as a strong resistance, both behaviorally and communicatively and as well as regression.

Since some contact with the parents of small children is inevitable and since this particular contact was initiated by the parents and not the therapist, I propose that such breaks in the frame must be treated as complex and intertwined issues in each individual case and not as a clear issue as it is in the case of adults. With this mind, I propose that open unconscious communication regarding this issue (weak communicative resistance) would mean that the client benefits from this session more that she is damaged by the therapist's contact with the parent regarding the change of time. In case any positive images emerge in the material of the client in relation to giving
the client this session, even though that meant a change in time as well as contact with the parent, would indicate to me that the client did benefit from the session.

I propose that the determining factor for deciding whether such changes are to be made rather than cancelling the session altogether would depend on the client's model of rectification. Such models obviously come after the fact for a particular client, however, an abundance of evidence in this respect would dictate a general rule in such situations. Research of secure frame therapy would offer the best opportunity for the analysis of this phenomenon because major traumatic triggers, common in the clinic setting, would not interfere with the observation of the break in the frame under discussion.

Just before the session, the therapist tells the client's mother, in the presence of the client, that she would like her to bring the client every week at the originally agreed upon time. Setting of a fixed time is considered a securing of the frame. Before entering the consultation room, the therapist hangs an "occupied" sign on the door and explains it to the client. This action is intended to keep people away from the session and is therefore a securing of the frame. According to the theory, the securing of the frame will lead to the emergence of positive images.

Noise. It is predicted that the client will react to
this trigger because it is related to the basic issues of privacy and confidentiality. Since the noise came from the adjacent room with the observation mirror, the implication for the client may be important. This is the second threat to the session from people outside the consultation room in a row. It is predicted, following findings of clinical studies in adults (Langs, 1976), that the client may show signs of regression and depression as a result of giving up on the therapist who is not capable to provide the client with a safe therapeutic space. The therapist had secured the frame by putting the "occupied: sign on the door yet was unable to prevent people from disturbing the session. This may result in the client perceiving the therapist as helpless and ineffective and in the client herself feeling helpless and ineffective.

Data

In the consultation room, the client appears restless, she goes from place to place and does not begin to play with anything. After several minutes, she starts pointing to toys painting utensils and asking questions "What is this?" about items that she knew well.

Ten minutes into the session, loud talk and laughter of several people comes from the adjacent room. It is so loud that the therapist can no longer hear the client. The client asks, "Why are the people laughing?"

First intervention. The therapist answers, "I don't
know." The client walks around the room several times.

**Second intervention.** The therapist says, "The loud talking and laughing bothers me, I think it bothers you too." The client looks away and says softly and slowly, "It is very quiet here today."

**Third intervention.** The therapist (astonished) waits a little, then answers, "It seems to me that you feel that you and I are quiet here today because it is so noisy outside." The client stops, looks at the therapist and writes on the blackboard the names of her family, reads them to the therapist and then erases the writing. She then goes to the sand tray and talks while she plays, "This is a little mountain. And this is Spike (the client places the film character who cannot speak on top of the mountain)". Her movements are very slow and gentle. She puts trees all around Spike in a circle.

**Fourth intervention.** The therapist says, "There are trees around Spike. Spike is safe inside." The client instantly changes her pace and starts to move very quickly: she puts several cars, buses, trains, and buildings lined up in the tray.

**Fifth intervention.** The therapist says, "It is very busy around Spike with cars, buses, trains, and buildings. I see Spike is alone on the mountain behind the trees." The client looks at the therapist and says very quietly, "Spike is scared."
Sixth intervention. The therapist says, "Spike is scared of the people around him and so he hides behind the trees. Maybe you were scared, too, when you were in the room together with your family the very first time and maybe you are scared now because people are so loud outside this room. Maybe that is why you could not talk to me today and maybe that is why you felt that is was quiet in here today - we didn't talk." The stops and listens at the therapist, then she starts digging to make "a little swimming pool" at the other end of the sand tray.

Seventh intervention. The therapist says, "You made a little swimming pool but Spike is far away from the pool." The client looks at the therapist and says, very softly, "Yes. Very far away." Then, the therapist announces the end of the session.

Data Analysis

The client begins the session anxious and cannot play. This is a sign of behavioral resistance (silence) and strong communicative resistance that on some level appears to be fear of free association since it is possible to make some speculations upon observing silent play but one cannot make any meaning out of asking simple questions. As predicted, the client did react to parental contact with severe anxiety and defensiveness. The quality of her questions speaks for regression (trivial questions) and of the client's sense of uncertainty.
Right before the session, there were two instances of securing of the frame, namely the request for regular agreed upon time for the sessions and the sign on the consultation room door. All instances of securing of the frame also induce anxiety in the clients in the manner of claustrophobic anxieties (Langs, 1982). In this case, the client may have been reacting to both, the breaking and the securing of the frame. Since the therapist did not explain to the client her resistance in the light of these triggers it is not possible to judge the hypothesis since the unconscious validation of the client is missing. According to Langs' theory however, a break in the frame will be the major organiser of the client's material.

The client reacts to the noise from outside immediately with a question which is a reflection of communicative resistance, as was predicted. It is also a manifest mention of the current trigger, namely the noisy people in the adjacent room. The second intervention regarding the bothersome noise is followed by the astonishing response by the client that it was "quiet" which is a very vague message. It does, however, involve a disagreement with the therapist. Taken as a symbolic communication it says that the client and the are not communicating even though they may be saying words.

The third intervention is followed by the client's writing down the names of her family, which is another
manifest mention of the trigger of family contact as well as an encoded trigger representation of any third party contact. This is followed by a moving story of someone who cannot talk (Spike) who is like the elective mute client as well as like the client who has difficulty speaking to the therapist in this session. The emphasis is on things little (little mountain) and helpless (Spike is a baby) which represents the perceptions of helplessness in both the client and the therapist. As predicted, the therapist was seen by the client as helpless in establishing a private and confidential space for the client in spite of her putting up a sign.

The story is interrupted by the therapist several times and the interventions are premature. The sixth intervention is mainly correct and is followed by unconscious validation by the client: she makes a swimming pool for Spike (a positive image) and a cognitive validation (Spike cannot reach the pool) concerning the client's situation in therapy. The essence of the client's story is that there is good therapy available but the client cannot use it because she is scared by the therapist's contact with the parents and by the presence of people in the observation room.

The two compelling negative images are those of being afraid (and therefore in danger) and helpless and of something good that is out of reach. The one positive
Image is that of the presence of a pool. The positive image is, according to theory, an introjection of the client of the well functioning therapist who secured the frame.

There is no clear model of rectification in this session except for the very remote and nonverbal theme of separateness as is seen in the placement of trees in a circle around Spike which separates Spike from the busy trains, cars, busses, and buildings. Another such remote model of rectification is the act of writing the names of the family on the board and then erasing them; it speaks of removing her family from her therapy.

Discussion

There was little verbal material in this session, however all prediction regarding the material were correct. The scarcity of verbal material is in itself a sign of major resistance and regression, as predicted. There were no representations of the change in time of the session and no clear themes or images related to this trigger. It is therefore not possible to analyze or draw any conclusions regarding this issues. The delicate issue regarding parental questionable but adamant requests for a change in time for a session remains unanswered by the analysis of this session. As noted above, to find the ground rule for young children, research of material from secure frame therapy would be required to avoid
confounding of variables.

Case Two, Session Four

Therapy of Parents by Client's Therapist

State of the Frame

Therapy with parents. After the previous session, the therapist was asked, by the staff, to start weekly therapy with the client's parents together with another therapist. The therapist had one session with the parents before the present session. The present therapist therefore did not see the client before the session with her parents and did not inform the client about it. The couple's therapy was led by another therapist and the present therapist was mainly silent during the session. According to the theory any contact, and in particular therapy, with parents is a break in the frame of the client's therapy.

Hypotheses

Therapy with any member of the client's family has been found harmful to the client (Langs, 1982) since it represents ongoing and unavoidable breaks in confidentiality of treatment. It is therefore predicted that the client will react strongly to this break in the frame of her therapy. Since contact with her parents has been an ongoing problem (background trigger) for the client from the beginning of her therapy, and since she had tried in vain to alert the therapist to the harmful
effects of this contact by communicating numerous perceptions and models of rectification, it is predicted that the client will show strong communicative and behavioral resistance by heavily disguising her messages and by silences. Regression of the client is also predicted for the same reasons. If there is any verbal unconscious communication, it is predicted that it will centre around this trigger and that strong negative images will emerge.

Data

In the consultation room, the client goes straight to the blackboard and writes the names of her family, reading out loud as she goes along. Then, she erases the names. She then writes the name of her friend and says to the therapist, "She is my friend. She would like to come with me and play in here."

First intervention. The therapist says, "She is your friend and she would like to come here with you. The time you spend in here with me is only for you so that you and I can talk." The client looks at the therapist and says, "My brother also wants to come here. I told him he cannot come because he is too little."

Second intervention. The therapist says, "Yes, your brother also cannot come here because this therapy is only for you." The client does not answer. She takes out several paints and goes to the table. She starts to paint
blotches of colours on paper. She works very slowly and silently. The therapist asks about the pictures and the client tells only what is obvious like, "this is the sun" or "this is a cloud". After a while, about 30 minutes into the session, the client takes a fresh sheet of paper and paints on it with white paint. She says, "I want to try white to see if it shows. No. (Pause.) It looks like to eat but isn't."

Third intervention. The therapist says, "It looks like you know that paint isn't to eat." The client looks at the therapist and says, "I know because it's to paint. (Pause.) Paint is poison." The client then starts to draw, but soon ends up scribbling until the end of the session.

Data Analysis

The client starts her session with a manifest allusion to the trigger by writing the names of her parents. She erases the names which can be considered a heavily disguised model of rectification saying that her parents should be removed from her therapy. It has been found that adults and adolescents unconsciously feel that family members, with whom the therapist has contact, are somehow present in the client's therapy (Langs, 1982). The client then tells about someone who would like to come with her to her therapy session which is another, less disguised, trigger representation of the staff therapist,
who is viewed as "a friend" of the present therapist and generally represents the presence of someone known to the client in her therapy.

**First intervention.** The therapist intervenes and tells the client that her friend cannot come. The client continues to persist in her efforts to communicate the same message and tells of a member of her family (brother), who wants to come, but that she, the client, already told him that he cannot come (too little). She also tells that there is a reason for not being allowed to come. This encoded message is less disguised as it mentions directly a family member who wants to come to therapy. This message is therefore closer to the trigger of her parents being present in her therapy than the client's first message. The specific example of the reason which the client gives for a third party not being allowed to come to therapy does not apply literally, however as a remote derivative, the message is that a valid reason does exist. The message therefore includes a model of rectification which says that family members should not be allowed in therapy with the same therapist for a good reason.

**Second intervention.** The second intervention still does not explain in decoded form to the client what she is trying to communicate to her therapist and the therapist does not promise that she will no longer see her parents
in therapy. However, the therapist does say explicitly, that her friends and her brother cannot come and this is a certain degree of securing of the frame by the therapist even though the client did not request, in any specific terms, a break in the frame. In a sense, the therapist offers the client something (a promise not to allow her friend and her brother to come to therapy) other than what the client is asking for (her parents out of therapy).

The client stops talking for a while which is a sign of behavioral resistance. Later, she comments about the obvious in her paintings in a way that carried little encoded communication which is a sign of communicative resistance. The client then tells about wanting to try to distinguish two similar things (white paint on white paper). This encoded message is a heavily disguised perception of the therapist regarding her application of contradictory logic related to the contact with the family: the therapist does not allow the client's friend and brother to come to therapy but she does allow treatment of her parents. The client's decoded message (perception of the therapist) is that the therapist is making a distinction between two of the same things: therapy with a friend or a brother is the same thing as therapy with parents, just like white paper is of the same colour as white paint and one distinguish between the two. As noted, this message is heavily disguised and therefore
Heavily disguised and implied in this comment is also a model of rectification saying that the therapist should not continue to try making a distinction between two of the same things, that is, that the therapist should treat the issue of therapy with parents as she treats therapy with a friend or brother. The implied message may be stated as saying that the therapist must not treat her parents for the same reasons that she does not allow her friend and brother to come to therapy with the client.

The client then adds that something appears like something good, but is not, it is in fact poison which is a strong negative image of a deception and of the danger of being harmed or killed. The client is telling the therapist that her therapy has turned into poison for her, that it looks deceptively like nurturing (good to eat) but is in fact dangerous (poison) for the client. This is also a clear model of rectification saying that the therapist should not do what must not be done (paint is to paint, not to eat) and that to eat paint would be dangerous to health (paint is poison). The decoded message, as it relates to her therapy and her parents, tells that the therapist is harming the client with dangerous therapy because she is treating her parents.

By condensation, there might also be a very heavily disguised trigger of the observation mirror in the theme open to speculation.
of "wanting to try to see if it shows". However, it is so remote and vague that it will not be discussed further. There were no noises coming from the adjacent observation room that session and the therapist had no reason to suspect that there was anybody there.

Third intervention. The therapist still does not explain the client's encoded messages, she does not admit the destructive effects on the client of the therapy with the client's parents (poison) and she does not promise to end therapy with them (securing of the frame). The client's reaction is that of silence (resistance) and aimless action (scribbling). Since the client is capable of drawing well and of enjoying it, the silent scribbling can also be considered regression.

Discussion

The session contained scarce, condensed, and heavily disguised material. As predicted, the client did employ strong resistances, behavioral and communicative, and did centre her efforts on the central trigger of her parents' therapy by her therapist. The trigger was represented in encoded form (friend and brother wanting to come to therapy) as well as manifestly (writing of her parents names). The negative image of threat to health (poison) was strong and there were models of rectification directed towards the removal of parents from her therapy and towards the alerting the therapist to apply her own logic
to this issue. Overall, the hypotheses based on the Langs' theory were found correct.

Case Three, Session One:

Contact with Family, Insurance, and Observation Mirror

Background Information on the Client

The client is an eleven year old boy attending a public elementary school. He has three younger siblings. Presenting symptoms included: stealing, especially food, hoarding food, enuresis, occasional lying, sensitivity to criticism, being avoided by peers, setting fires and poor performance at a school.

Two years prior to referral, the client was tested at the Centre by the staff psychologist and was found above average in creativity and intelligence. He was also described as cooperative and eager to please. His sister and his parents had received services at the centre. These services as well as the client's treatment, were paid in total by the provincial government insurance plan.

State of the Frame

Contact with family, staff, and school. The first contact the therapist had with the client was at a family interview conducted at the Centre by a staff nurse who introduced the therapist and recommended to the parents that the client be treated in individual sessions for six months. The therapist was mostly silent during the family interview. Any contact of the therapist with persons
involved with the client is considered a break in the frame: the ideal ground rule for the first contact states that the client contacts the therapist directly. Third party contacts represent a violation of both privacy and confidentiality of treatment and are powerful breaks in the ideal frame.

**Insurance payment.** In the area where the client lives, all psychiatric and mental health centre services are free of charge in contrast to services provided by psychologists and counsellors in private practice. According to Langs' theory, insurance payments, especially the keeping of the client's records, violate both privacy and confidentiality of treatment and are therefore powerful breaks in the frame.

**Observation Mirror.** The consultation room was equipped with a very large and uncovered observation mirror. The mirror itself was of unusual proportions and shape and the function of the mirror (availability of observation of the client and therapist by unseen third parties) is a powerful break in the frame, violating both privacy and confidentiality of treatment. The observation mirror was complemented by a large microphone in full view. The therapist had in actuality no control over the use of either the observation mirror or the audio transmission.
Hypotheses

This first individual session is replete with powerful breaks in the frame. On the basis of Langs' theory, it is hypothesised that the client will react to these breaks with unconscious communication revealing destructive images of danger (a consequence of all breaks in the frame), with themes of betrayal and not trusting (contact with parents and staff, and insurance payment), and iatrogenic paranoia (observation mirror and microphone).

Since this client is eleven years old, and because he had been observing his parents and sister receiving services at the Centre without paying for them, it is hypothesised that the effect of this deviation on his unconscious communication will be the same as that found for adults. It is expected that the implications of free services may have powerful implications for the client in view of his important referring symptom, that is, stealing (taking for free).

The introduction of the frightening aspect of the possibility of being seen but not seeing (observation mirror) as well as of being heard but not hearing (microphone) is anticipated to effect iatrogenic paranoia in the client. Images indicative of paranoia (pursuit by dangerous forces) are predicted in the material. It is predicted that the client will disguise his messages
(remote derivatives) because the situation is very dangerous for him and because the client senses that therapist has little control over most breaks in the frame with little hope for actual rectification (the therapist had been introduced as a student).

Symbolic representations of the breaks in the frame are expected although it is likely that they will be disguised in view of the presence of the many dangers. Models or rectification may emerge. Since the client's symptoms seem to reflect a neurotic rather than borderline pathology, it is predicted that he will not feel overly hopeless in this first session, even in the face of so many powerful breaks in his first session, and will try to help rather than to harm the therapist (Langs, 1982, Searles, 1965).

There are other frame breaks present in this session (change of therapy rooms, break in the anonymity of therapist introduced as student, and the intention of writing down the session from memory for supervision purposes) however, it is predicted that the power of the above three major breaks will obscure the clarity of the unconscious messages related to these other breaks in the frame.

Data

The client came by himself to the waiting room and walked with the therapist to the consultation room. On
the way, he started to talk quickly about his friend, "Me and my friend found a typewriter in the park and then we went to some other place because people were watching." Upon entering the room he quickly glanced around and then started to play with train tracks. He was making and remaking the tracks, they always ended up open ended so that the trains he ran repeatedly fell off. He was talking very fast and looking straight at the therapist. He said, "My friend can change channels by pressing different numbers on the type writer." He then took a new-looking toy soldier out of his pocket and showed it to the therapist, "I found it in the park; he was just lying there and so I took it. (Pause.) Me and my friend are working on a bomb. If you connect two sides, electricity goes into capacitors and then you can make contact and it is a bomb!" (Pause.)

First intervention. The therapist asked, "What could you use the bomb for?" The client answered, "To blow up the school." (Pause.)

Second intervention. The therapist asked, "What could happen then, if there were no school?" The client answered, "I could play." (Pause.)

Third intervention. The therapist asked, "Where would you play?" The client answered, "In my fort. Me and my friend made a fort-house. It was really big and there was a soft, thick mattress for two people. The fort
was made of huge plywood and all was made of a bin." (His voice was full of admiration and pride.)

**Fourth intervention.** The therapist said, "It sounds like a wonderful fort-house." The client responded, "But the rain made it all soggy and it took a long, long time to dry. We cannot use it until it dries."

**Fifth intervention.** The therapist said, "You had made a beautiful fort where you can play with your friend but the rain spoiled it and you cannot use it now". The client responded, "I saw a movie, those guys, they had eight cars, they robbed a bank and the police in one slow car was after them, then the guys they blew up the car with a bomb, and POUFFE!, they took lots of money, they stacked all bags of money into one big bag. They had lots of money."

**Sixth intervention.** The therapist asked, "I wonder what the robbers would want to use the money for." The client answered, "I don't know. They would buy things."

**Seventh intervention.** The therapist said, "I wonder what other things the guys could have done to get money, besides robbing a bank." The client answered, "They could get a loan. But, that would be a big loan." (While talking, the client continues to connect train tracks into open-ended loops so that the train cars repeatedly run off the tracks and overturn.)

**Eight intervention.** The therapist said, "I see that
the train runs off the tracks again and again. I wonder if the train could use tracks in the shape of a circle, then it could keep on going." The client started to connect the tracks into a large circle while the therapist continued with the intervention, "Today, you told me about your friend and the type writer, about your fort and about the movie." At that point, the client completed the circle of tracks, but then quickly opened it up into a U-shape. He ran the train slowly on the tracks then suddenly, he let it derail and "flew" it about two feet away and through the window of a doll house where the train smashed into furniture and dolls inside. He said, "Oops" and smiled but did not set the overturned dolls straight. The client then spent several minutes looking at details of the doll house with an occasional comment, like, "Oh, a toilet, but no drain," or "Two sinks". The client then gives a baby-doll a milk bottle and places the mother facing away from the baby, looking out the window.

Ninth intervention. The therapist intervened, "I see that the mother is looking out the window and cannot see the baby." The client responded immediately, "The baby is asleep" then got up and declared that he had see "everything in the house". He put away the train tracks, got up and to the sand tray, "I want to play in the sand." He then took out his toy, the soldier he had found in the
park, and placed it face down in the sand, saying, "This is the desert". He then built a high circular fence around the soldier. Then, he smiled when he found trees and put many inside the fence.

**Tenth intervention.** The therapist said, "I cannot see the soldier, he is hidden by the trees." The client commented, "It's a sanctuary." The therapist continues, "It is a safe place for the soldier, nobody can come in and harm the soldier." The client responded very emphatically (as if correcting the therapist), "And, nobody can cut down the trees!" The therapist continued, "It is a sanctuary for the soldier and for the trees". The client continued, "The soldier wears camouflage, the people cannot see him".

The therapist continued, "Just like you" (the client wore a military type fatigue top). He responded in an eager voice and looking straight at the therapist, "Top is O.K., but they can see my pants. I have other pants with blotches and when I wear them people cannot see me in the bushes. It's camouflage. I can hide!"

**Eleventh intervention.** The therapist intervened, "You can be safe when people cannot see you." The client listened intently, then immediately took lions and placed then encircling the sanctuary. The he placed a "family of elephants" in the sand which were pursued by more lions and a rhinoceros. He moved the lions' legs and explained
that "they are going to attack the elephants". He placed a polar bear in the water, "two black panthers were attacking a sheep", and two snakes were "hidden" in the sand.

Twelfth intervention. The therapist said, "The jungle animals are ready to attack the elephants. The soldier is safe." The client's face became very tense and he moved the toys with more speed. He moved the lions closer to the elephants, then he took the elephants and placed them in the sanctuary and moved the black panthers to "eat the trees". The therapist continued, "Perhaps the lions will not attack the elephants and the sheep now". The client stopped to listen, then put a giraffe next to the sanctuary fence, "The giraffe is eating a tree (growing inside the sanctuary)".

At this point, the session ended on time and the client left.

Data Analysis

The client starts to communicate with the therapist before they enter the consultation room about finding a recording device in one place and then going to another place to avoid being watched. This communication can be explained as an unconscious communication of many layered meaning. As a representation of a trigger is a close derivative of the move from one place where people watched (i.e. the family interview in the previous session) to a
more private place (a play room alone with the therapist).

The same communication also serves as a representation of another trigger related to confidentiality issue, namely the presence of recording of personal information (at the family meeting, the interviewing nurse asked about school records to be sent to her by the client's parents while holding the client's file in plain view). On the way to the family interview, the client passes the staff secretary who was typing clients' files in plain view.

The initial communication from the client relates to the theme of changes and is considered heavily disguised. Next, the client communicates the negative theme of stealing ("it was just lying there and so I took it") of a toy in the park which is a remote derivative of what the therapist was doing, by implication of her connection with the Centre, namely, stealing and making use of the private information which belonged to the client as well as for her use as a student. This first communication is a clear negative image of the trigger and shares the theme of illegality and destructiveness of the action by the therapist. According to Langs' theory the therapist is held responsible for the totality of the treatment by the client which include all actions by the Centre as they relate to the treatment. The destructiveness of the trigger is emphasized by the negative theme of building a
bomb that can explode and blow up the school.

*First and second interventions.* These two intervention are not interpretive, however they seem to follow the client's line of thought. The client's response of being able to play after school has been blown up is considered a model of rectification by the client, with the meaning of getting rid of his school records ("blow up the school") in the possession of the Centre as a prerequisite for his play therapy ("play").

*Third and fourth interventions.* The interventions were again not interpretive and the therapist did not follow the client's model of rectification of getting rid of his personal records. It was predicted that the client may try harder to alert the therapist to this issue as well as show signs of giving up on the therapist or else try to harm the therapist. Data show, that the client made a more elaborate effort at communicating to the therapist with his model of rectification. The client tells of building a good fort-house with soft mattress for two people, which was ruined by rain and cannot be used before it dries. This model is a clear derivative appeal to the therapist to make his therapy private and confidential without the presence of third parties ("mattress for two people"). It is also shows the therapist that there cannot be any therapy for him until this is corrected ("we cannot use it before it dries").
Fifth intervention. This is yet another non-interprettive intervention by the therapist and the client responds to it by changing the topic. His negative theme is clearly a destructive and violent one ("blew up the car with a bomb") and an illegal one ("robbed a bank"). The topic shares the same theme with the trigger, namely the theme of taking personal records illegally without interference from the law (i.e., of robbers getting away with their plunder and getting rid of the law). There is no more efforts at rectification by the client, and the prevailing of crime over law shows that the client is currently giving up on the therapist's ability to rectify the break in the frame, as predicted by the theory.

This same negative image of stealing and getting away with it also serves at the representation of the trigger of insurance coverage. The client is, in effect, stealing money from a central fund of the government insurance plan ("the bank") and getting away with it (the police car chasing the robbers is destroyed).

Sixth and seventh interventions. Both are non-interpretive interventions which will discourage the client in his efforts to communicate meaningfully with the therapist. As predicted by the theory, the client is likely to give up his efforts and to shown signs of communicative resistance. Data show, that the client is no longer communicating spontaneously and richly, but is
trying to answer irrelevant questions. In his play, the client continuously shows signs of frustration with the therapist, by not succeeding to connect the train tracks and by repeatedly running the train off the tracks. This is a non-verbal (therefore non-conclusive) evidence for the client's introjection of the therapist inability to "connect" the client's themes to the triggers.

Eight intervention. Another non-interpretative intervention leads the client to follow the therapist's instruction (connect the tracks into a circle) but to end derailing the train again, and crashing it into a house full of dolls. There are no models of rectification in evidence. There are themes of destructiveness and violent intrusion (crash through the window). The communicative resistance is in evidence as the client no longer verbally communicates in rich stories with themes. There is one tentative positive image of the mother who gave the baby the bottle, but them turned away. This is explained by the theory with the fact that the therapist was helpful to the client on some level by conducting the session in privacy and by not introducing further breaks in the frame. The therapist is however seen as someone who turned away from the client, which is a negative image representing a valid perception of the therapist who did not understand and make use of the client's unconscious communications.

There is some reference to the window, for the second
time in this session (eight intervention), which may be a representation of the trigger of the observation mirror. The themes related to the window are negative in both cases.

Playing in the sand box, the client communicates a negative image of a soldier lying on his face in the desert. It is an image that represents the client's valid perception of his current relationship with his therapist, namely that the therapist is non-communicative (lying face down) as she does not talk about what the client is trying to convey and that his therapy is barren (desert).

Tenth intervention. The therapist makes yet another non-interpretative intervention. The function of the communication is not destructive for the client and the client changes topic and communicates again in rich derivatives a model of rectification. The client presents the therapist with a compelling theme of a sanctuary, where no harm can be done (nobody can cut down the trees) and where one is safe from being watched (the people cannot see him). The client eagerly accepts the therapist's connection of the play image to the client himself with another model of rectification with the image of himself being capable of hiding from being seen by the people.

The model is yet another appeal by the client to the therapist to provide a sanctuary for him where third
parties would be prevented from interfering with his therapy. It seems that the client has picked up the therapist's efforts to understand his unconscious communications because the client is now communicating again with rich images and his communicative resistance has diminished.

_Eleventh and twelfth interventions._ The therapist's intervention is a weak attempt at interpretation. It is correct in the sense that it addresses the client's need for privacy and confidentiality, but it remains general and promises no actual rectification by the therapist. Theory would predict partial validation by the client and more efforts by the client to reach the therapist communicatively. The client again changes topic and presents strongly _negative themes_ of powerful predators ready to attack weaker beings (lions and a rhinoceros ready to attack a family of elephants; panthers attacking a sheep; and lions encircling the sanctuary). These themes are clearly persecutory as they express imminent threat of violence for those exposed (sheep) as well as for those in a sanctuary (elephants and the soldier).

There is a _model of rectification_ in the theme of the black panther turning away from threatening the sheep and eating the trees instead. It suggests that the therapist should be satisfied with such gratifications that do not harm the client (sheep). Another _model of rectification_
is presented with the image of the elephants being placed into the sanctuary (where one is not seen) suggesting that the therapist should put a stop to the interferences of third parties and provide a private and confidential treatment (a sanctuary) instead.

The therapist's last intervention (Perhaps the lions will not attack the elephants and the sheep now) is not only non-interpretative, it is also has the function of a refutal of the validity of the client's perception of a threat to his therapy. The client's response is, as predicted by the theory, non-validating, it does not extend his deeper understanding of the issue, and it is in the form of a negative image of something that is used for protection (i.e., trees inside the sanctuary can hide the soldier from being seen from outside) being destroyed from outside (giraffe eating from outside of the fence).

The same image of watching over the fence can also serve as a distant representation of the trigger, that is of the observation mirror. The negative theme of destruction of the sheltering trees (giraffe eating away trees inside the sanctuary) is the client's response to this trigger: the observation mirror destroys the privacy of his treatment. The distant representation of the trigger is a sign of some communicative resistance.

Discussion

The overall predictions regarding the presence of
several major breaks in the frame was correct: the client did communicate destructive images and themes of danger. The predictions made on the basis of the knowledge of triggers that had existed before the session were all correct. The first two triggers, that is contact with third parties to treatment, were well represented in the client's material. The client's reactions to these triggers, in terms of themes and images, also followed theoretical predictions. Themes were negative and their meaning was shared with the universal meaning of such triggers. The specific prediction regarding the unconscious implications of insurance payments for his treatment and of the client's records in relation to the client's symptom of stealing was also correct; the client was strongly sensitive to this issue and communicated a vivid story of bank robbers getting away with the loot.

The representation of the third trigger, the presence of the observation mirror in the consultation room, is moderately disguised, yet the implications of the dangers of being watched were vividly portrayed. As predicted, there are several compelling models of rectification present in the client's material. The vicissitudes of the client's communicative resistances followed the moment-to-moment interaction between the client and the therapist by diminishing when the therapist understood his unconscious communication and increased when she did not understand.
Case Three, Session Two

Observation Mirror, Touching Toys

and Background Triggers

State of the Frame

Observation mirror. The client is still being seen by the therapist in the consultation room with the large observation mirror. According to theory, the client's privacy and confidentiality are modified which constitutes a serious break in the frame.

Touching toys. The ideal frame allows no physical contact with either the client or the client's possessions. Both are considered a violation of the implicit ground rules and boundaries of therapy because they violate the client's private space.

Contact with third parties and insurance payments. The background triggers which had occurred before the first session (contact with third parties and free treatment) have not been corrected although there were no further modifications of the frame in these areas.

Hypotheses

The observation mirror without covers represents a constant threat that the client will be seen by unseen parties which is a powerful trigger with unconscious implications of danger of being exposed, and of betrayal by the therapist. To be seen but not to see the observer is considered a situation which can trigger iatrogenic
paranoia in the client (Langs, 1976).

The therapist's *touching of the client's possessions* is considered a powerful trigger according to the theory (Langs, 1976). It is predicted that the client will unconsciously communicate to the therapist that such touching is wrong and that it is harmful to the client. Since the therapist had not noticed that the client forgot his own toy in the consultation room at the end of the previous session, the therapist has kept the toy for a week (until the session under discussion) in addition to her touching his toy. It is predicted that such keeping of his toy will have an adverse impact on the client and that this impact will be communicated symbolically to the therapist.

According to theory, these triggers will exert their influence on the client's unconscious communications, however, the currently present trigger (observation mirror) is considered the most powerful. It is therefore predicted that the client's unconscious material will be organised around the observation mirror. Since the therapist has not rectified this break in the frame (the mirror is still not covered), the client is likely to show communicative resistance and mistrust towards the therapist.

**Data**

The client comes five minutes late and tells the
therapist, in the hall, that he "almost forgot about the session" because he was writing something on the computer. In the consultation room, the client goes to the observation mirror, puts his face right next to the glass and says: "I can see curtains on the other side!" Then, he takes off his wrist watch and puts it in his pocket.

First intervention. The therapist gives back to the client the toy soldier he had forgotten last time. The client takes the soldier and drops it, face down, in the sand tray. The client says, "Thanks. My friend left his knapsack on the ground at school and his teacher stumbled over it and took it away from my friend and she said that he can walk home without it. So, he walked 15 minutes to X Street, then he turned around and had to walk all the way back to school."

Second intervention. The therapist said, "I wonder if what happened to your friend is like what happened to you when I took your soldier and kept it and brought it back to you today." The client makes no direct response and starts to play with dolls representing doctors, nurses and patients. His play shows no clear theme. He takes dolls out of a box, one by one, and right away throws them back into the box. He then abandons the dolls and turns to LEGO blocks. He takes out a plan and starts to build something. He looks defiant and does not look at the therapist.
Third intervention. 20 minutes into the session, the therapist says, "It seems that you have trouble talking to me today. I wonder if something happened in here that makes it difficult for you to talk." The client answers immediately, "I don't know. Nothing that I know of."

Fourth intervention. The therapist said, "Today, the first thing you did was to go to the observation mirror and you told me that you can see curtains on the other side. Then, you had trouble talking to me. I wonder if you are afraid that someone might be watching you from the other side of the mirror." The client lowers his head and smiles. He then starts to build something out of LEGO very quickly.

It turns out to be a house with a door and two special windows: the glass panes have shutters on both sides: the inside and the outside. The client opens and closes the shutters several times. As he is completing the roof of the house, the sessions ends. The client puts on his wrist watch, takes his toy soldier, and leaves.

Data Analysis

The client's lateness and the fact that he almost forgot about the session is a sign of behavioral resistance which is considered interactional by the theory and occurs when there are major breaks in the frame (Langs, 1976). The observation mirror is represented manifestly (I can see the curtains on the other side).
Since the therapist makes her first intervention right after the client's first communication in the session, his derivative reaction will apply to the first intervention.

First intervention. The client comments, in symbolic form, on the therapist's taking, keeping and returning of his toy soldier. The negative theme of his story about the school friend and his knapsack is that of being punished (by the teacher) for a mistake and of the confusion that such punishment brings (his friend walked for 15 minutes to a street and then turned around and walked back to school). The theme is not fully developed and there are signs of communicative resistance as the client stops talking and has no clear theme in his play.

Second intervention. The therapist's intervention is an attempt at interpretation, however, there is no clear admission by the therapist that her action was not appropriate and no admission that her action caused the client to feel confused. The client's indicator (his lateness because he almost forgot about his session) is not explained in the light of the therapist's action and the intervention was not validated by the client.

Only a very vague negative theme can be identified in the non-verbal play that follows the intervention. The client (the doll-patient) finds the interaction with the helping professionals (dolls representing doctors and nurses) useless (for his play) and abandons his effort at
communicating a story (drops the dolls back into the box). His unorganised play with the dolls representing help professionals is also a reflection of the client's confusion, which is a consequence of his introjection of the confusing function of the therapist action of taking and keeping his toy and is therefore a non-verbal and vague valid perception of the therapist. The client continues to show resistance and the change of toys (LEGO) still does not bring a verbal story with a clear theme.

**Third intervention.** This is an attempt at connecting the client's resistance with the therapy, but it is not a sufficient explanation (interpretation) to the client of what the therapist did. The client does, however, react verbally and it seems that his main message is that it is the therapist who has the responsibility to know what is going on in his sessions.

**Fourth intervention.** This is a sufficiently correct interpretation as it connects the trigger (observation mirror) with the client's indicator (trouble communicating with the therapist) and explains the unconscious meaning of the trigger to the client (his fear of being watched). According to theory, this intervention would receive a validation from the client if it is followed by a rectification in actuality by the therapist (Langs, 1982). Since the therapist did not right away cover the mirror the client's fear cannot be diminished.
The client did smile which shows some degree of interpersonal validation (introjection of well functioning therapist), however his resistance continued. His non-verbal communication (building the windows with shutters on both sides of the panes) is quite eloquent, however, and it does show that the client is indeed working over the unconscious meaning of the observation mirror. His play theme is a clear non-verbal model of rectification. The client is telling the therapist to cover the observation mirror also from the inside of the consultation room so that nobody can watch him. Since he played in silence, his implicit message is that he cannot talk before this is rectified.

The fact that the client did not forget to take back his toy and that he put his wrist watch back on is another non-verbal form of interpersonal validation of the therapist's last intervention. The client shows that he is, at the moment, functioning well as a consequence of introjecting a therapist who gave a partially correct interpretation. There was no cognitive validation which is explained by the fact that the therapist did not rectify the break in the frame.

Discussion

As predicted, the client's symbolic material did centre around the presence of the observation mirror as the major trigger for this session. Its implications were
negative and were mainly reflected in the client's resistance, both communicative and behavioral. The client's negative reaction to the therapist's taking of his toy was also as predicted.

The impact of the background triggers was not clear in this session. The client mentioned these triggers neither manifestly nor in derivative form. The implications of these triggers were mainly reflected in the client's resistance to therapy. It can be tentatively proposed that his model of rectification (double shutters for the windows) may also apply to keeping all third parties out of his therapy.

Case Three, Session Three:

Change of Consultation Room, Elimination of the Observation Mirror, and Occupied Sign

State of the Frame

After the last session, in which the client gave the therapist a clear model of rectification to cover the observation mirror, the therapist was able to arrange for another consultation room without an observation mirror. The change in the rooms is considered a break in the frame while the elimination of the observation mirror is an act of securing the frame. The therapist placed an "occupied" sign on the door of the new room in the presence of the client. This is an act of securing the frame (privacy), however, the implication of the need for such a sign is
the acknowledgement that there is danger from the outside of the room.

Hypotheses

The change of rooms. Any change in the physical environment is considered by the theory an impingement on the frame (Langs, 1982). The change of rooms is a break in the frame and some adverse reaction is predicted. Since this change was carried out with the purpose to correct another deviation (to eliminate the observation mirror) and therefore to secure the frame, it is predicted that the impact of this trigger on the client will be less powerful than that of the securing of the frame.

Elimination of the observation mirror. The elimination of the observation mirror was proposed by the client himself in his unconscious model of rectification in the previous session. Since the therapist acted in accordance with the client's unconscious plea, the therapist has in effect secured the frame of the client's therapy. It is therefore predicted that the new consultation room will have a beneficial effect on the client and it is expected that the client will react with positive images and themes which will express a sense of safety. The complicating factor is the fact that the therapist did not explain to the client, by decoding his own model of rectification, that he was harmed by the observation mirror.
Occupied sign. This sign gives a double message to the client. It alerts him to the presence of danger from the outside and it offers protection of the privacy of his treatment. It is predicted that the client will react to this sign with both positive and negative images related to safety.

Data

On the way to the session, the therapist stops in front of the consultation room door and says, "We will be in another room today, without the mirror." She puts an "occupied" sign on the door. Upon entering, the client walks around the room picking up various toys, one by one, and placing them back in place. He says, "Holly!" and "Wow!" several times and looks pleased. The client places several toys in water and seems to enjoys watching them swim. The client rubs his thigh and says, "My leg hurts a little. This girl at school hit me like this (shows how) and it still hurts a little." He then goes back to the toy shelves.

First intervention. The therapist says, "We are in a new room today. You looked pleased, but perhaps our moving here also hurts you a little." The client shrugs, then goes quickly to a toy box and starts selecting animal figures. He then places them in the sand tray. As he plays, the therapist asks about the story in his play and the client explains as he goes along. He places "the big
elephant and the small elephant inside" a round fence with a gate. There is "another small elephant with one ear missing" just outside the fence. The client then places several winged creatures on the outside around the fence as well as several "adult lions playing with child lions" inside their own fenced place.

Second intervention. The therapist says, "I see that in your play today you are using some of the same animals that you have used in your previous session. The story in your play is very different, though. Today, the elephants are not out in the open any more and are not in danger of being attacked. They are inside their own fenced place and so are the lions. The lions are no longer dangerous, they are playing with their children. Can you tell me more about your story." While the therapist speaks, the client is nodding.

The client says, "These (the winged creatures) are guardians." He then places one guardian inside the elephant place and says, "This guardian is guarding the door so that the mother elephant does not open the gate with her long trunk so that the baby elephant doesn't go out of the fence."

Third intervention. About five minutes before the end of the session, the therapist says, "Today, we are in this new room, and I put a sign on the door to keep people from coming in here. It seems to me that your story tells
me that you feel well guarded in here and that you feel safe being here just like the baby elephant feels safe with his mother. It seems that you feel that there is no more danger from outside, in your play, even the lions are now playing behind their own fence. Perhaps you feel safe also because there is no mirror in this room." The client looks at the therapist for a long time, then he puts into the sand tray three large figures, saying, "And these are the leaders of the guardians. So the elephants are safe."

The therapist announces the end of the session and the client leaves on time.

Data Analysis

The therapist intervened before the client and she entered the consultation room by announcing the change in rooms. The client's response is therefore considered to be a response to her intervention and to the fact that the client found himself in a new room. The fact that the client explored the room, looking and sounding pleased gives tentative proof to the hypothesis that the absence of the observation mirror will have a beneficial effect on the client. The client's first verbal response is about being hurt "a little" by someone. This message can be explained in the light of the trigger of change of rooms which had just occurred.

First intervention. The intervention is mostly correct as it does relate the trigger (change of rooms) to
the hurt of the client. It is however not complete as it does not place the responsibility for the change on the therapist. The client responds to this intervention with a shrug (undecided opinion) and with a negative image of something missing ("the small elephant with one ear missing"). Verbally, the client responds with a mixed theme of a couple (big and small elephant) inside their own protected place (fenced place), representing the positive image, of an outside danger kept at bay (lions in their own fenced place), and with a positive image of something made innocuous ("adult lions playing with child lions"). This last, positive image is a powerful expression of the client's feelings of being free (lions playing) and of being protected (elephants inside their own fence, apart from the elephants).

Second intervention. The intervention is non-interpretative and does not further the client's understanding. However, it does seem to further the client's story telling. There is a representation of the trigger of the sign on the door in derivative form in the image of the "guardian guarding the door". The theme of his story is that of the necessity for protection (guardian inside) of the child (baby elephant) from his own caretaker's (mother elephant) careless inclination ("to open the gate with her long trunk") to expose the child to outside danger ("so the baby elephant does not go
The theme can be interpreted as the carrier of messages on two levels. One is that of the client's unconscious perception of the function of the "occupied" sign on the door as a guardian protecting the baby (client) against the outside danger (people passing by, perhaps wanting to watch the client through the observation mirror) as much as from his own mother (therapist), who had exposed the client to danger before (observation mirror in the first two sessions).

The other level of meaning is that of a model of rectification offered by the client to the therapist with the plea to provide for a safe place for him where the entrance to the consultation room would be secured and danger from the outside eliminated. Both levels of communications involve images of the need for protection and safety.

Third intervention. This intervention is partly correct. It does connect the client's story to the immediate reality of his therapy (the sign on the door and the elimination of observation mirror), however, it does not explain the client's unconscious perception of the therapist as dangerous (the dangerous mother elephant). The therapist does not accept and interpret to the client her responsibility to make his therapy safe for him. Also, the intervention does not touch upon the secure
frame issues related to the client's anxiety in the currently secure therapeutic frame. This intervention did receive unconscious interpersonal validation from the client ("elephants are safe" and the presence of "the leaders"), but not unconscious cognitive validation. Such response by the client is in accordance with the theory.

Discussion

The identified triggers for the session were the two breaks in the frame and one securing of the frame. All three triggers were being worked over by the client as is evident by the representation of one trigger, by the themes related to safety versus danger and by the model of rectification present in the client's material.

According to theory, the currently present trigger, which is witnessed by both parties to treatment needs not be represented in the client's material to consider it as the active trigger for the client's material (Langs, 1985). Interpretations related to such triggers have consistently resulted in validated responses by adult clients. Such validation is also evident in the current material in the form of the interpersonal validation by the client in this session. Overall, the hypotheses were correct.
Case Three, Session Fourteen
Audio recording, Family Meeting, and Change
in the Consultation Room

State of The Frame

Audio recording. The therapist recorded the session with a tape recorder with the purpose to use the recording for self learning. Such recording is considered a major break in the frame involving confidentiality and privacy of treatment as well as self-revelation by the therapist who needs to learn and therefore feels inadequate.

Family meeting. The staff nurse arranged to meet with the client's family to inform them about how the client was doing in therapy and to inquire about the client's current level of functioning at home and at school. The therapist was absent from the meeting due to illness. Such meeting represents contact with third party to treatment. It is another major break in the frame involving confidentiality and privacy. Even though she was not present at the meeting, the therapist works at the centre and is by implication also involved. The therapist is wholly responsible for the client's treatment and therefore also for this break in the frame.

Change in the consultation room. The walls of the consultation room had been painted after the last session and the smell of paint was still strong. Any change in the physical environment is considered a break in the
frame and therefore has an adverse effect on the client. However, such changes have been found to exert a less powerful influence on the client than breaks in the frame related to confidentiality and privacy of treatment (Langs, 1982).

Hypotheses

**Audio recording.** Since this break in the frame involves confidentiality and privacy of treatment and because it is a currently active trigger it is predicted that this will be the major organiser of the client's material (Langs, 1985a). It is hypothesized, according to the theory, that all such breaks by the therapist stir up themes of destructiveness, of unsafe environment, and of dangerous therapist. It is also predicted that resistances will be present because treatment has become dangerous for the client (Langs, 1982).

**Family meeting.** Although the therapist was not present at the meeting, the predicted effect on the client is the same as for all violations of confidentiality and privacy of treatment. It is predicted, however, that this meeting will have a less powerful effect on the client than the audio-recording of session because it is not a current trigger and because the therapist was not directly involved. Since the family meeting was requested by the staff of the Centre, it is implicitly seen as self-serving, and such triggers usually trigger strong defences
and resistances in the clients (Langs, 1967).

**Change in the consulting room.** Such triggers, that do not involve the fixed frame issues, are second order organizers of the client's material as they are less damaging to the therapy (Langs, 1982). It is hypothesized that the above two triggers will exert a much greater influence on the client than painting of the walls.

**Data**

As soon as the client enters the rooms, he sniffs, grimaces and looks around, then at the therapist.

**First intervention.** The therapist says, "The smell is from the newly painted walls." The client answers, "I know. I saw all the toys piled up out in the hall when I was here last Friday."

**Second intervention.** The therapist says, "I would like to ask you something. I have brought a tape recorder. Would it be all right with you if I taped your session. I would like to understand you better. I would take the tape home and hear the session again. I would be the only person to listen to the tape." The client answers "What shall I say?". The therapist responds, "Anything you like. I could understand you better and I could help you with your problems better if you could tell me about what you are playing." The client says, "O.K."

**Third intervention.** The therapist says, "I will show you the recorder", she plugs the tape recorder into the
wall, and she places it about two meters away from both of them. The client says, "I have a recorder just like this, only bigger, it has a little thing on the right." The client then describes his recording device and looks nervous. He then unfolds a mat with a picture of roads and fields and starts building a town and driving cars on the road.

The client coughs, looks at the therapist and says, "I have a cold". As he continues to play, he says, "This is a farm with cattle and the farmer has a dog, so the cattle won't go on the road or into the river." The client then places a "junky car" in front of a "rich man's enormous house" and a "trailer pulled by a truck" in front of another house. Then he makes a truck crash into the wall. The therapist asks what happened and he answers, "A drunk driver crashed into the wall and then the police car took the driver away". The client then crashes the same car again, and "the police puts the car away into the junk yard". The client then takes away the house and the trailer. The therapist asks about his play and the client answers, "The police have taken his property away because he did something wrong, you know, so that he will not do it again".

**Fourth intervention.** The therapist asks, "To prevent him from doing more damage?" The client inspects licence plates on the cars: "This one cannot drive because he does
not have the licence plate. This (the client points to a building) is the jail, it's next to the fence so that they cannot go out, but the cars can go into parking through the gate". Then he places a clock on the road "just so that they can see the time from here and here and here" (the client points to three directions).

The client starts to build bridges and run cars under them, but abandons the play and takes the bridges away.

Fifth intervention. The therapist says, "I brought a tape recorder here today. In your play you talked about a drunk driver crashing into a wall and police taking him and his property to the junk yard. It is like this for you here. I am like a drunk driver, irresponsible and causing a crash for both of us. And it is dangerous for you here, like the cattle that needs to be guarded not to go in to the road".

The client looks down, picks up a block and says, "Weird". He then starts to build tall and precarious towers with blocks. When he builds the first one, he looks at the therapist, hesitates, then pushes it to topple over in the direction of the therapist. The client says, "I let it fall so that it didn't damage here and here, it fell only here" and he points to the road where the car crashed. Then, he builds another, taller tower, measures its height and the distance of falling, then lets it fall. A few blocks land on the therapist's
feet. The client says, "I measured the distance so that the tower will fall exactly here".

He then takes four cars, makes them "stuck in a traffic jam" in the same spot on the road where the crash occurred. He makes another, yet taller tower, makes it dense and strong in the middle, lets in fall, saying, "the middle fell exactly on the traffic jam" and again a few blocks land on the therapist's feet. **Sixth intervention.** The therapist says, "You measured that the tower would fall exactly on the traffic jam, and it did, and three blocks landed on my feet". The client takes three cars, and inspects their licence plates, saying, "This one does not have the licence plate". The client shows the therapist the blank license plate, saying, "and this one also, only this one has a licence plate."

**Seventh intervention.** The therapist says, "Some cars don't have any licence plates so, they are not allowed to drive". The client doesn't say anything but looks pensive. The therapist announces the end of the session. **Data Analysis**

**First intervention.** the therapist intervenes before the client is allowed the opportunity to say anything which makes the intervention a non-interpretive one, a unilateral introduction of a topic by the therapist. The intervention contains unconscious implications of a poorly functioning therapist who has trouble with tension.
control, who needs help and who projectively identifies into the client (Langs, 1985a). The client responds with shifting the emphasis, introduced by the therapist, from "the painted walls" to "last Friday" and "toys in the hall". In light of the one major trigger which existed before the session, the client's message tells the therapist that the client is working over something that happened last Friday and that something about last Friday was wrong (toys from the consultation room must not be in the hall).

The client's response contains an allusion to manifest trigger (family meeting last Friday), a negative emotion of disgust (the client grimaces) of something that is outside (toys piled up outside) of where it belongs (toys belong in the consultation room). In light of the trigger of the family meeting, the client's message is a valid perception of the meeting as well as a heavily disguised model of rectification expressing the opinion that his therapy does not belong in another room (in the hall) and with other people (toys piled up).

Second intervention. The client is interrupted again by the therapist and therefore not allowed the opportunity to enlarge on his reaction with unconscious communication regarding the trigger of the family meeting. The second intervention by the therapist is a request for permission to tape the session. The client answers with another
question ("What shall I say?") which shows his confusion regarding the request as well as a lack of a clear approval. After the therapist's explanation of her (manifest) reasons for taping, the client agrees (on a manifest level) to co-operate ("O.K.").

Third intervention. After the therapist shows the client the recording device, he responds with a manifest trigger (mentions his tape recording device) and symptomatically with anxiety. His mention of "a cold" is also a derivative negative image of sickness therefore telling the therapist that the immediate trigger (recording of his session) is making him crazy. Next, the client gives the model of rectification in the image of a safeguard from wandering into dangerous places (the dog guarding the cattle). The therapist does not respond to these short but compelling unconscious messages: she neither interprets nor does she rectify the break in the frame by stopping the recording.

In light of the trigger of the family meeting, the "cattle wandering" can represent a valid perception of the family meeting as a place where family and staff was behaving as mindless cattle in need of a "guard dog" (a forceful safeguard) to keep them in cheque to prevent injury and drowning (the busy road and the river), which is a model of rectification. The image of the mindless cattle is a negative image as is the image of the
dangerous road and the implied image of drowning in the river.

The client responds with an elaborate negative theme involving negative images of junk and junk-yard, a drunk driver and a car crash. The client's valid perception of the therapist is of someone crazy, self destructive, and out of control (drunk driver) who destroyed something in his therapy (crashed the car). The client's model of rectification is in his message: the therapist (police) must "take away" the tape recorder (the drunk driver's property) to prevent the continuation of the recording of recording ("so that he will not do it again"), which is turning his therapy into a worthless process ("junk"). It is interesting that another valid perception of the therapist as a "rich man" so well represents the current misuse of the inequality of social positions of the client versus the therapist (the client never clearly agrees to the use of the tape recorder on a manifest level, yet the therapist pays no attention) as well as implying the therapist's possession of material goods (tape recorder) rather than intellectual ability (proper therapy through psychological means).

Fourth intervention. Following the client's compelling model of rectification, the therapist still does not stop recording and instead asks a question which the client does not answer. Instead, the client's
communication becomes more disguised (the messages become less clear) which is a sign of communicative resistance in the presence of danger (Langs, 1982). However, it is possible to discern two heavily disguised models of rectification involving the prohibition of an illegal act ("cannot drive" without a licence) and the presence of safeguards (the presence of a jail and a fence so "they cannot go out"). The client is telling the therapist that recording is illegal and should be eliminated by force since she is not stopping it voluntarily. The mention of the clock is even more obscure.

**Fifth intervention.** The therapist intervenes correctly, although the interpretation is not complete. The critical omission is the fact that the therapist does not follow the client's pleas for rectification and does not stop recording of the session. Such intervening is seen by clients as a crazy act and the therapist is experienced as split and not to be trusted (Langs, 1985a). Since the therapist has total control over the use of the recording and yet is not stopping to act destructively, the therapist's current destructive acting out (using the tape recorder in place of psychological means of treatment) will be introjected by the client, who has given up helping the therapist and the client might try to harm the therapist (Langs, 1985a).

In response, the client stops communicating clearly
and uses acting out (pushing the tower to fall on the site of the crash) and surface communication that does not carry derivative meaning (themes and images) in place of the rich derivative communication which he used up to this point in the session. His brief comment, "weird" is a brief derivative expression of his perception of the therapist as crazy and of the client's reaction (feeling crazy) to the therapist in this situation. Both are destructive images.

The client pushes more towers to fall towards the therapist and on the therapist's foot which are more signs of acting out and efforts to harm the therapist. Taken as a derivative, the client's comment that he "measured the distance so that the tower will fall exactly here" (meaning on the therapist) is the client's valid perception of the therapist as someone who continues to harm the client on purpose which is a destructive image. The negative image of a traffic jam is used in isolation and cannot be interpreted other that as being a perception of something negative.

Sixth intervention. The therapist points out to the client indirectly that he is trying to harm the therapist. This intervention is incomplete, it does not point to the responsibility of the therapist for her destructiveness, and again is not followed by rectification (stopping the recording). The client responds with thin derivatives
calling attention again to the illegality of recording (no licence plates), which is a negative image.

Seventh intervention. The intervention is non-interpretive and brings nothing new to the client's understanding. The client responds with silence which can be explained, among other things, as an introjection of the therapist who is "silent" about the traumatic trigger and does nothing to stop harming the client.

On the whole, the hypotheses for this session were all correct. The principle organizer of the client's material was indeed the audio-recording of the session. The themes and images were all negative and corresponded to universal implications of such breaks in the frame. The client's perceptions of the therapist were valid in the light of the implications of the trigger. There were several compelling models of rectification and increasing signs of resistance by the client.

The client reacted to the trigger of the family meeting only briefly and with considerable disguise. The disguised reaction was correctly predicted and the sparsity of derivative material concerning this trigger, as opposed to the predicted more powerful reaction by the client, can be explained by the fact that the therapist not only interrupted the client's verbalizations with her question regarding the permission to record, but she also started to actually audio-record the session thus
introducing another powerful trigger. The powerful destructive images in this session were correctly predicted and in accordance with the universal implications of the two powerful triggers.
CHAPTER THREE

DISCUSSION OF RESULTS

Discussions of individual sessions yielded the overall and general conclusion that the individual hypotheses, as formulated for each session on the basis of the state of the frame and following Langs' communicative theories, were correct. There are some examples of partial discrepancies between a formulated hypothesis and the result (data) which were discussed specifically for each session. These examples are considered the consequence of the incomplete quality of the available verbal material and are not departures from the theories.

Insufficient volume of the verbal material was in some instances very likely a consequence of the therapist's premature interventions with which she cut off the client's flow of material. Discrepancies were also manifested in examples where too many triggers had the effect of resulting in material of which the meaning was confusing: such material did not coalesce clearly and was difficult to make intelligible, which is in accordance with Langs' theories. Coalescing meaning makes possible, and is indispensable for, a clear analysis of the trigger under investigation (e.g., Langs, 1982). In other
examples the discrepancies between the formulated hypotheses and the data were due to a lack of unconscious meaning (lack of derivatives) as the client expressed himself or herself in terms of flat material (e.g., trivial questions). In such cases, resistances were predominant in the client and the parallel hypotheses that predicted interactional resistances were indeed found correct.

Testing a critical rival hypothesis. Nowhere in the material of all sessions were there indications of findings contradictory to Langs' theories regarding the ground rules and boundaries of the psychotherapeutic relationship - the frame. In this study, an important rival hypothesis is proposed by the introduction of the following hypothetical situation: the emergence, in the client's material, of meaning that would be diametrically opposite to what is predicted by the affirmative, that is Langsian, hypothesis.

One example of such a rival hypothesis would be the hypothetical situation in which strong positive and helpful images and themes of trust and good holding would emerge in a sessions where a break in the frame was active. There was no such finding in this study.

Another example of a basic contradiction with Langs' theories would be the hypothetical situation in which an act of securing of the frame by the therapist, which
complied with a corresponding model of rectification by the client, would be followed by material of the client containing exclusively strong negative and destructive images and themes indicative of mistrust and poor holding. There was no such finding in this study.

Yet another example of a critical rival hypothesis would be the hypothetical situation in which the client's material that follows a breaking of the frame would contain a commentary that would call for the continuation of the break in the frame. There was no evidence of such a finding from the data.

To simplify the logic behind the above arguments regarding the most important rival hypothesis, let \( B \) represent a break in the frame, let \( R \) represent the reaction of the child to \( B \) as predicted by Langs' theories, and let \( -R \) represent the rival hypothesis in light of \( B \), having the characteristics to predict the opposite of \( R \). This study showed that all variables of \( B \) (as represented in the data) led to \( R \) and that none of \( B \) led to \( -R \).

Following the same notation: any other rival hypothesis (\( O \), originating in another theoretical orientation, would need to show a parallel result: all variables of \( B \) would need to lead to \( O \) and no variables of \( B \) must lead to \( -O \). This would be one adequate way of conducting a study that would intend to show that there
exists another theory comprising a set of rival hypotheses which can satisfy the evidence found in these, or any other, clinical data.

In the predominant number of sessions, models of rectification were correctly predicted. In the few cases where no such models emerged in the client's material, the complementary aspects of the hypotheses, that is, the predictions of signs of resistances and of the client's giving up his or her efforts to communicate to the therapist models of rectification, were found correct. This phenomenon is most clearly observed by looking at the sessions in sequence: the first sessions were replete with negative images and themes and contained clear models of rectification: the material contained predicted components of a client's reaction to a frame break and resistances were minimal. In later sessions however, that is, in the presence of persistent (unrectified) breaks in the frame, there was evidence that the client was, gradually and increasingly, giving up his or her efforts to alert the therapist to the meaning of the break, which was correctly predicted by Langs' theories.

According to Langs' theory, a current break in the frame will always be the central organiser of the client's material (the material will coalesce around this trigger) which was indeed the finding in this study for all sessions. Evidence for this was sought, and found, in the
client's material in (a) the presence of the manifest or represented trigger, in (b) the presence of negative images and themes, in (c) the emergence of models of rectification, and in (d) the presence of themes that represent valid perceptions of the therapist's act (the specific break in the frame).

As discussed in "Limitations of the Study" in Chapter One, the complete understanding of the effects of frame deviations can only be achieved if available clinical material includes frame-securing interventions by the therapist. As noted, this study involved therapy under conditions of persistent breaks in the frame and the therapist secured the frame only in three instances (case one, session three; case two, session three; and case four, session three).

Overall, this study was thus able to yield only the results of the first part of a complete analysis, that is, the analysis of the client's reaction in the light of the specific break in the frame. The second part, that is, the analysis of the client's reaction which follows the act of securing of the frame by the therapist in the way that was expressed by the client in his or her model of rectification, was possible only in the three instances of securing of the frame. Each of the three instances represents conclusive evidence of the predictive value of Langs' theories with respect to children and therefore
conclusive evidence of three aspects of the basic thesis of this study.

The final proof of the correctness and universality of the child therapeutic frame, as proposed by Langs' theories, would be found in identifying a large number of models of rectification, expressed by the clients, which would be followed by securing of the frame and which would, in turn, be followed by unconscious validation by the clients. Interpersonal validation (the emergence of positive images and themes) would show evidence of the beneficial effects on the client of the securing of the frame: images of restored trust - a reversal from the previously expressed mistrust, as well as of clear interpersonal boundaries - a reversal from violated and blurred boundaries, would emerge.

Cognitive validation would reflect not only the therapeutic quality of the process for the child (symptomatic improvement), but would also show further evidence that the child had indeed been reacting to the identified break in the frame and that its meaning for children is the same as the one predicted by Langs' theories.

As noted, the study contains three examples of such complete analysis. They provide three instances of conclusive proof for the correctness of the basic proposition of this thesis, namely, that the frame for
children in psychotherapy is the same as the frame defined by Langs for adult and adolescent clients. An empirically derived, complete set of rules of the child frame can only be determined on the basis of complete analysis of data obtained from secure frame psychotherapy and this study yielded rigorous proof for three types of breaks in the frame: contact with third parties, observation mirror, and changing the time for sessions adversely influence the process of child psychotherapy by providing evidence of the constructive effects of the rectification of these breaks.

Further studies of secure frame psychotherapy are needed to complete the set of ground rules and boundaries of child psychotherapy by empirical means.
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Dear Parent or Guardian,

I am a candidate for M.A. in Counselling Psychology at U.B.C. doing a study under the professional supervision of Dr. Larry Cochran, of Counselling Psychology at U.B.C.

I had been working with your child at the Mental Health Centre under the professional supervision of Dr. John Allan of U.B.C. Department of Counselling Psychology. Part of my work would also be part of my magistral research study on the symbolic expressions of children in play therapy. The study is entitled: "Extra-Conscious Communication of Children in Playtherapy - Analysis of Variables Pertaining to the Ground Rules of the Therapeutic Relationship".

The study is the result of my interest in how children express meaning in symbolic form in their play and how children can portray and reflect in their play the moment-to-moment relationship with the therapist.

This study will be based on the analysis of transcripts of the sessions of your children which will describe the
APPENDIX II

THE UNIVERSITY OF BRITISH COLUMBIA
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Faculty Advisor: Dr. Larry Cochran, Tel.: 822-6139

PARENTAL CONSENT FORM

April 1991

I do / do not consent for my child_________________ to have transcripts of his or her play therapy sessions available for analysis by Vesna Bonac, master's candidate in Counselling Psychology, U.B.C., in the research study on symbolic expressions of children in play-therapy, and I acknowledge the receipt of this form.

I understand that my child's confidentiality and anonymity are insured in all phases of the study and in the resulting report. I understand that ALL personal information will be removed from transcripts BEFORE the study begins.

I understand that the study will yield thematic descriptions of children's play and play talk without identifying the child.