

D7 to deconst intrude

T: So, I would like to bring in something else, which is a request that the messages that you are leaving on my answering machine...can they be a little bit less long?

It is sometimes necessary to contain patient neediness before it destroys the therapeutic alliance. Containment is a typical Stage I issue, where therapists seek to find an optimal balance between poorly integrated safety concerns regarding dependency, autonomy, and containment.

Pt: Okay...

T: Because they are really long and it makes me feel a little bit used, kind of like a garbage can. Because I can't give you any answer; I can't be really helpful in any way. It feels just like you're dumping all this without me being able to respond in any way.

Pt: Okay...I know that you had said two messages a week, I just kind of got...

The patient is responding poorly to the limit-setting and appears to have become very ashamed.

T: I mean, it's not the frequency, not the frequency that's the issue, just the length of the phone message in particular that makes me feel...

It would have been better for the therapist to ask what the patient was feeling right now.

Pt: Well, I guess...I guess I got so used to it at my old clinic, that 24-hour thing where someone...you could just call and someone would be like, "Oh hello...what's your problem?" And I didn't even call them. I think I've been very restrained on that. So if you're going to say, "Not a long message," would it be okay to maybe type some of these things out, instead?

T: Yeah, yeah actually I think it's great if you write down your feelings at the moment. And then if you want to bring them in to discuss them further, I think that's very good. Because it might help you clarify your thoughts by writing or even drawing them out at the moment too. It kind of helps bring some perspective and distance so that you can look at them more objectively.

Pt: I mean it doesn't even help with that friend there that I know, which is the other thing I've been dealing with. It's like I used to be this guy's roommate before I moved into my apartment down here. And I try to tell him things as a friend, and he's just like, "I don't want to hear it! I've got my own problems to deal with." And I'm just like "Well, okay..."

The rejection that the patient experienced with his friend clearly pertains to the patient-therapist relationship as well.

T: How did that make you feel?

Pt: I'm like "Okay, I guess" It made me feel a little bit like [points downward].

The therapist should bring the discussion back to the transference at this point, i.e. "Did you feel the same way when I asked you not to call so much?"

T: Mmm.