No-psychosis contracts

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INTRODUCTION

One of the central features of any psychosis, such as schizophrenia, is a disturbance in the functioning of the Adult-ego state. That ego state ceases to function in an effective fashion and the Child and/or Parent become the means by which the individual deals with reality.

Any treatment style that is based on making contracts, which obviously transactional analysis is, assumes that the Adult ego state is at least functioning in a satisfactory manner. If it is not then the treatment style must be altered significantly. This paper looks at this problem and suggests one means by which the no-psychosis contract can be altered.

VIEWS ON SUCH CONTRACTS

Stated briefly a no-psychosis contract is a contract where the client makes an Adult decision not to go psychotic. That is to keep their Adult ego state functioning as the primary means of dealing with the reality of day to day life. Some views on such contracts are noted below.

Goulding and Goulding (1979) note that such contracts can be made with clients who have histories of brief acute psychotic episodes. They contract not to become psychotic in reaction to future stress. They contract to become aware of danger signals and then return to medication as a result. They do not suggest a global no go crazy contract.

Schiff (1975) notes that at least in the initial phases of treatment clients are not capable of making contracts such as no go crazy contracts. They can however at later times when they are more functional. So again there is a proviso on such contracts even by the Schiffs.

Boyd & Boyd (1980) suggest the idea of closing the "Going Crazy" escape hatch with the use a contract. They say if you do not use this contract you are giving the client a loophole to not take responsibility for their behaviour and feelings. "I am not responsible for my thoughts or actions, it is biochemical".

They are right, a client could use this as a 'loophole' should they choose. Indeed this certainly does happen, particularly in those who have become somewhat 'institutionalized'. However Boyd & Boyd (1980) have one problem--What if it is true. What if an individual's emotional state is biologically determined. What if their loss of reality testing has a biochemical basis.

There is a large body of research which suggests there is a genetic/biochemical basis to the psychoses. Equally there is a large body of evidence which suggests that early family dynamics and early decisions are the basis of schizophrenia.

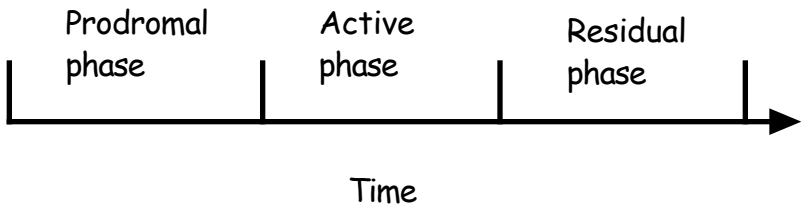
It is perhaps best to view each case individually. That is the amount of nature and nurture in schizophrenia varies from person to person, and time to time. Focus on what works and what the client wants. Indeed a pragmatic solution would seem appropriate.

PROBLEM

As mentioned before the problem with a no-psychosis contract is that making a contract is an Adult function and when one goes crazy they lose their Adult. It either diminishes in size and the Child increases thus leading to a state of confusion, or the Adult becomes seriously contaminated by the Parent and Child leading to delusions or hallucinations.

WHEN TO USE SUCH CONTRACTS

The Transactional Analyst in their practice can often come across an individual who is either in the prodromal or residual phase of a psychosis. In the florid or active phase one would only be dealing with such a person if they work in the hospital setting. The DSM suggests there are three phases in a psychosis: see the diagram below:

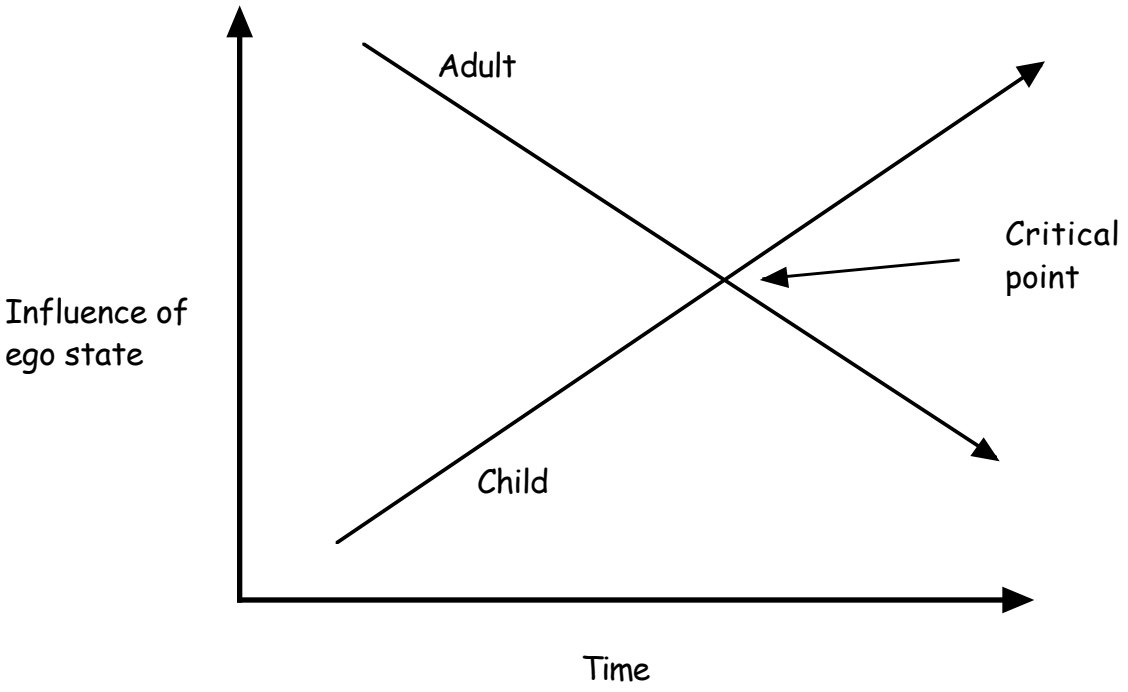


The average duration of time before a psychosis is diagnosed and treated is around 12 months. That is, the prodromal phase is not recognized as being such. This is seen as a 'critical period', as the earlier the interventions commence the less likelihood of chronicity of the illness, less exacerbation of the illness, reduction in hospital stays, the better the prognosis and even at times prevention of the florid phase altogether.

It should be noted however that the valid and reliable identification of symptoms of the prodromal phase is questionable. Even when they are identified, the ability to predict that the illness will progress onto an active phase is quite unreliable. So when dealing with a client who has prodromal phase symptoms one needs to be very careful in diagnosing a psychotic disorder. This is particularly so if the client has never previously had a florid phase. That is, it is possibly their first episode of a psychosis.

If there has been a prior psychotic episode then the reappearance of prodromal signs more strongly suggests the likelihood of movement onto the florid phase. 80% of those who have had a psychotic episode will have at least one more episode within the next five years. Even though the use of neuroleptic medication significantly reduces the risk of relapse, 30% of people will relapse in the next 2 years even while using these drugs.

Thus there seems to be a critical point. As a person becomes more out of touch with reality the Adult decreases and the crazy Child increases. When the cross over occurs the individual has reached the point of no return by themselves. Their Adult is not strong enough to regain executive control of the personality and thus the irrational Child gains more and more free rein.



This can explain the move from the prodromal phase of schizophrenia to the florid phase. The Adult loses its last grip and the Child is let go unrestrained. At that point they need some outside person or organization to provide an Adult and Parent so that the Child can come into check again. Usually some form of hospitalization and medication are required. After some of this the person's own Adult and Parent again become operational and can again manage the crazy Child part--the residual phase comes about. However the client usually continues to need a reference point from the therapist. So this can be discussed with the individual and contracts made about it.

USE OF NO-PSYCHOSIS CONTRACTS

So one needs to modify a contract which merely states that the individual will not go crazy. I suggest the wording below:

"I will not go crazy. Should I begin to lose a sense of strength in my Adult then I will do Plan B". Plan B is a course of action to take when the critical point is getting closer, such as hospitalization, medication, etc. Also most important in working with such individuals is to work on identifying the triggers such as the stressors and danger signals that one is losing their Adult.

OTHER NOTES

A] Such contracts are particularly useful with those who have a history of brief reactive psychoses.

B] Identification of the prodromal phase in particularly important as one can make such a contract at this time.

C] If one works in a residential treatment facility like the cathexis institute then more confrontative no go crazy contracts can be used.

D] If one sees clients on a weekly basis in an outpatient setting then such an approach of the straight 'no go crazy contracts', must be considered with great caution.

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