

## THE CONTACT CONTRACT

### INTRODUCTION

The previous paper by White(1998), examined the importance of the Free Child ego state (FC) in the curative powers of the transference and how it was difficult to obtain real FC, intimacy or genuineness in any human interactions including psychotherapy. Also he addressed the problem of the battle between becoming a trained effective therapist and remaining human who can relate to a client with FC to FC intimacy. This paper continues and expands that examination and thus unfortunately the battle will remain and may even intensify. As new ideas develop, new terms are coined to explain new concepts, the risk of losing 'genuineness' in the Rogerian sense is raised. To become like the Gestalt tradition where the person has become another technique. This paper will endeavour, as much as possible, to avoid that ever present pull for the human to become a subset of the therapist. (An interesting case example of this battle between therapist and human is shown in White (1999))

### GENUINENESS AND INTIMACY

To elaborate this point I will differentiate between 'genuine FC' and 'learned FC' in the psychotherapy setting. Obviously the psychotherapist has an FC ego state and at times it will become active. What does the psychotherapist do then?. The FC is unsocialized, untrained and at times quite uncaring and non-empathetic. Is it productive or healthy to let such an aspect of a psychotherapist out in counselling?. Whilst it can lead to such interactions as intimacy it may also cause damage to a client if the aggressive qualities emerge. This is the nature of the 'genuine FC'. What most psychotherapists do is learn how to use their FC to the advantage of the client. However this then becomes 'learned FC'. It is contended that in most, but not all instances, a crucial part of the FC is then lost in that learning procedure. In fact it is lost in most human interactions, and that loss is a consequence of normal human development.

Young children can express love, anger, embarrassment, shyness, boredom and so on in a seemingly easy and simple fashion. As a consequence they can be very truthful, socially very embarrassing and inept at times. They say and do things that are not 'proper'. The school yard can be a terrible place at time because of young children's inability to be caring and empathetic and to put their needs aside for a time.

With the normal development of our Adult and Parent ego states we understand more about our effect on others. We can put ourselves in others shoes, that is have empathy or at least sympathy. It is contended that as a result of this, the truly untrained, unsocialized and spontaneous FC is usually lost in the average individual at least to a significant extent. They develop a 'learned FC' and loose their 'genuine FC'. This is not a new concept. As noted by White(1998) Rogers has discussed the same at length - Kahn(1991) & Rogers and Stevens(1967).

Also as noted by Rogers this is a difficult concept to explain in words so further attention is merited. The clearest 'literary' or fictional example that I have seen comes from the movie 'Hook'. The actor Robin Williams is Peter Pan who has lost his 'Peter Pan-ness' and become a staid lawyer. In one part of the movie he seeks to regain the original Peter Pan part of himself and has a tremendous struggle to do so. He has to struggle between learning to be Peter Pan which does not work, and actually 'being' Peter Pan. To become so without learning to become so.

Some sections of the community have no trouble being a genuine Peter Pan. They are the unsocialized members of our community. Take the case of Josh. He had a long history of crime and poly drug use since he was 15. When I saw him his current charge was stealing. He had stolen an expensive pair of pants from a shop. He explained it to me.

"I went into the shop and bought a shirt, a jacket and some shoes. I must have spent over \$300.00. So on the way out I picked out these pants went into the change rooms and put them on and then put my jeans on over the top. I thought that as I had spent all that money in their shop they wouldn't mind me taking the pants".

He understood the problem in his Adult, but at a feeling, FC level he really did not understand it. He had a highly unsocialized FC - "I want that, so I will take it". Whilst this is not an example of productive FC most people will not understand how his FC thinks, feels or works let alone behave in such a way. How one could actually feel that and then behave on that feeling. Some of the antisocial and narcissistic individuals of our community can feel and act in this way because for some reason they have not been socialized enough in their developmental years.

Whilst certainly not advocating such behaviour it is used as an example of what is learned FC and genuine FC. If one can really understand the feeling of Josh then they can understand genuine FC to some extent. I contend this is rare. As mentioned before this is not a new concept. As was

mentioned by White(1998), Berne saw the attainment of true intimacy and Rogers the attainment of true genuineness as both difficult and rare. I am contending the same here and seek to clarify this notion that both Berne and Rogers sought to describe. To do this I use the concept of learned FC and genuine FC. Many adults understand learned FC but few understand genuine FC. In other terms many will understand learned intimacy or genuineness but few will understand genuine intimacy or genuineness!

This paper seeks to provide some avenues to regain that part of ourselves that appears to be lost as a result of normal human development, and provide ways of using it in psychotherapy to the advantage of the client. The danger is that this may lead not to 'genuine FC' but to 'learned genuine FC'.

### CONTACT CONTRACT

The goal it seems is a techniqueless therapy where we end up with the therapist and client being 'real', FC or genuine with each other. How can this be put into the therapy setting. The first step is the contact contract of which there are three components.

1. Client asks for or agrees to a contact contract. The client asks the therapist to tell them his Free Child reactions to the client. His likes and dislikes, what he feels and thinks about the client. How he reacts to what the client says, does and feels. i.e. sad, scared, angry, disapproving, embarrassed, despairing and so on. Some will be pleasant to hear and some will be unpleasant to hear. It will involve positive unconditional and conditional strokes and negative conditional strokes. Research to date in both individual and group settings have shown that about 80% to 90% of people are agreeable to this. The other 10% find it too fearsome and choose not to hear such comments from the therapist.

2. The second part of the contract is that the client does the same back to the therapist. Which can at times be most sobering for the therapist. Usually clients need to be encouraged to do this. This can be achieved by asking specifically of the client, "What do you dislike about me?". Often the answer is along the lines that there is nothing. This can be pursued by providing such information that in every relationship there are bits that both parties like and dislike. So the therapist can then ask "what has annoyed you, got up your nose, caused you angst, mild irritation and so forth". In reaction to this sometimes you get back a comment like, "I dislike the way you pick up things about me that confront me and help me develop". This is more of a compliment than dislike. Clients often need help with this

part of the contact contract. However with a bit of help they get the idea of it and at times it can be quite confrontative for the therapist as some statements can be most incisive and to the point.

3. Thirdly, even if the client does not agree to the contact contract it is important for the therapist to be aware of his/her feelings and thoughts as were mentioned above. They control a lot of the transactions that will occur. The human part will determine what is going on between client and therapist, that is the unconscious, ulterior motivations and transactions.

From this it is proposed two contact contracts or more correctly two sections of the one contract.

Contact contract type 1. FC positive strokes. This includes positive conditional and unconditional strokes. In many therapies this contract is implied automatically. Most therapies are encouraging, empathetic, and positive for the client. Berne in his discussion of true intimacy and Rogers in his discussion of genuineness have covered this in detail. Suffice to say, normal human development results in the genuine FC affectionate feelings for the client being lost in most cases. They become learned FC affectionate feelings. The second type of contact contract will be discussed in more detail as historically it has tended to be addressed much less frequently.

Contact contract type 2. FC negative strokes. This includes negative conditional strokes. Most therapies do not include these, at least in a consistent manner. For example in most therapy sessions this negative conditional regard is relevant at least once. It is this type of contact contract that is contentious and is essentially problematic. However it is proposed that it is crucial for a therapist and client to be real with each other and thus draws on the curative power of the transference. This is the part that Carl Rogers missed in his approach. The need for negative conditional regard.

When one first starts relating in a way like the contact contract they will be more able to do the genuine FC because they are not used to it. As one becomes more used to it there will be a tendency to move from genuine FC to learned FC. The reasons for this are explained in four points by White(1998) when he discusses why the human part tends to become a subset of the therapist.

How one can avoid shifting from genuine FC to learned FC is a difficult subject. It even begs the question of, can it be avoided? Assuming it can to

some degree, then there are a further three steps which can assist. These were also previously mentioned by White(1998).

### CONTACT MENUS

The first step is awareness. Being aware of your FC reactions to a client. For this at our training institute we have constructed menus which seem to assist in understanding what the FC may be thinking. Consider the two examples below.

A client stated to trainee after she did a bit of board work giving options. "That was a lot of use wasn't it"(angry sarcasm). This led to the construction of the following contact contract menu. The trainee originally responded with number three.

- [1] You are fucking me off
- [2] Don't piss me off
- [3] I am irritated
- [4] I feel frustrated
- [5] You seem to be angry
- [6] What are you feeling
- [7] Say more about your feelings

All these say the same thing. Number 1 is very under socialized and number 7 is highly socialized. The higher the number the less the genuine FC, but this does not necessarily mean better therapy at that point. In addition the higher the number the more emotionally safer it is for the therapist. This begs the question of, 'is that the therapist's real motivation for saying it the more polite way rather than wanting to look after the client's well being who may benefit more from a lower number intervention'.

A second example:

Therapist finds a client's body odour offensive

- [1] Phew!!
- [2] Your body odour smells
- [3] I don't like it when you smell like this
- [4] Do you feel you need to use a deodorant
- [5] Do you think you have closeness issues and how might you show those.

The question at hand for each therapist is "can the therapist feel the lower numbers in reaction to a client"?. If they can then they are more capable of genuine FC. If not then their socialization has been too strong to permit the more 'primal' reactions to be in consciousness. If they can feel the lower numbers then they have the first step of awareness.

The second point is a self honesty. Nobody knows when you have a lower number response except self. At times it is much easier to say you do not feel a negative conditional stroke when you do. In the work life of a therapist, if one is not confronted daily with difficult times where they could have said a negative conditional stroke and did not then they are either unaware or not being honest with self.

Thirdly, and most importantly, is for the therapist to develop a split in self. This is a crucial ingredient. To develop the ability to have two levels of responses. The socialized one and the unsocialized one. If in ones daily life they do not feel themselves having unsocialized responses to people then they have lost that ability for genuine FC and have at best, learned FC. If one has the split then they have a reference point. They know when they are being socialized. If there is no reference point then one does not know and in Berne's terms would have lost the capacity for true intimacy.

#### HOW MANY CLIENTS CAN A THERAPIST LOVE

There is another problem with Carl Rogers approach that is related to the genuine FC of the therapist. Rogers and Stevens(1967) mention in their discussion of positive regard for a client that the therapist prizes a client with the same quality of feeling that a parent prizes his biological child. A love for the client similar to agape, which describes parental love for a child.

First I would contend that a therapist cannot [and should not] love a client in the same way that he loves his offspring. The dynamics and 'purpose' of the relationship does not allow the same kind of love. This is seen as an important distinction as many clients can come to a therapist seeking the love they never got from mother or father. Therapists need to be clear that they cannot [and should not] provide that for the client. If indeed they did, then I would contend that such a set of circumstances would indicate problematic counter transference issues on the therapists behalf.

If I see twenty different clients a week how can I love them like I love my two children. It is not possible as there is just not enough love to go around. Any parent or offspring of a large family will concur with this. However I can have a deep fondness, empathy and Nurturing Parent feeling for a client. My Child ego state can 'love' a client in this very real and important sense. I would also contend that I can not have this for any more than five or six clients at any one time. Using the contact contract and a techniqueless therapy as suggested can not be done on any more than 6

clients at one time. I have seen therapists who explicitly or implicitly tell their ten or twenty current clients that they 'love' them. I would suggest that such therapists are not being 'genuine' in Rogers sense or being genuine Free Child in the transactional analysis sense.

I can have empathy and positive regard for many clients who walk through my consulting room door. However let us be clear with ourselves and our clients. There is not a love as a parent loves a child. In addition there is not a 'love' for a new client that a therapist can have for a client they have known for several months. Some clients and therapists just fit at a Child to Child level and then 'love' in the therapy setting can develop to a deeper level. With other clients it simply will not and one must be honest with those clients.

Finally I do want to highlight that I can and do have empathy and positive regard for most of the clients whom I see. I do not want to discount this as being real and beneficial to the client. The type of genuineness and agape that Rogers mentions it is contended is only possible with half a dozen clients at any one time and even that 'love' is not the same as a parent's love for his children.

#### CONCLUSION

Using the contact contract and a techniqueless therapy is a 'blood and guts' type approach. It is emotionally difficult to do as one is giving their 'heart' to the interactions with the client. The possibility of burn out on the therapist's side is very real. If one begins to operate this way in their practice then it needs to be structured in carefully so that such burn out does not happen. Another important safe guard is the need for a non-therapy life. That is, contact with friends or relatives who know nothing about therapy and have little interest in it. With this approach the possibility for counter-transference issues is significantly heightened. The therapist can get a good deal of emotional contact from the client which is dangerous if they are not getting that from other sources as well.

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