

The Contract for Change: An Original Model

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Abstract

This article describes a model called "the contract for change," the goal of which is the restructuring of the client's ego states using redecision. This model facilitates the establishment of an alliance with the client's Child ego state and awareness of the script suffering underlying the client's presenting complaint. The process takes into account repairing the most archaic of the client's inhibited needs (often the need for security first, then trust). The contract for change includes four interdependent factors: objective of change, known script process, ways to help myself, and what I change. The model is illustrated with a case study.

The concept of contract, one of Berne's major contributions to the field of psychotherapy, brought about an important change in the client-therapist relationship in the sense that he considered this relationship to be an Adult-to-Adult partnership aimed at a contract for cure rather than a contract for progress (Berne, 1972, p. 377). As a physician, he was in search of efficient and rapid healing of his clients. In his writings, he insisted on the essential role of the Adult ego state and, accordingly, on its decontamination to achieve that healing. As he wrote, "In transactional analysis, the Adult is enlisted as an ally as soon as possible and proves its worth" (p. 378). Further, "the Adult is the only force which can effectively intervene between the Parent and the Child, and all therapeutic interventions must take account of that" (p. 373).

From this perspective, I developed "the contract for change" that I use with my clients. This contract is determined in collaboration with each client in an atmosphere of dynamic

growth and change supported by the understanding and positive use of his or her script. The aim is to help the client establish an alliance between his or her ego states, regardless of what he or she experiences internally or what is going on externally.

The Link between the Presenting Complaint and Script

The client's presenting complaint contains information that can be used to diagnose his or her script. The kind of suffering the person experiences—feeling blocked, not being able to think clearly, not feeling or acting as the person wants to, and so on—suggests the existence of an impasse. The repetitive quality of the complaint confirms the script-bound manifestation of an intrapsychic conflict. According to Goulding and Goulding (1979, pp. 44-49), in an impasse, two ego states are invested with an equal quantity of energy and are in opposition to each other. An impasse occurs when a need is not fulfilled in an appropriate way given the child's age and developmental stage. The child enters a state of tension and suffering that he or she comes out of by repressing the need while putting into place a process of script adaptation between either C/P_0 , C/P_1 , or C/P_2 . The parental message is integrated into the Parent ego state at the same time as the associated response from the Child ego state.

The fixation of this impasse stops the possible development as well as the integration of a Parent ego state that is able to respond in an appropriate way to this need in the Child. This fixation gives rise to the latent conflict that is reactivated in stressful situations, with the same type of stimulus bringing out the same type of psychosomatic response each time.

When in the here and now the fixation reactivates the situation of the impasse, the person experiences what I call a "temporary breakdown of the good Parent," that is, the reproduction of the state of noncommunication between the Parent and the Child. The Child's need, which was repressed when the script impasse

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first occurred, is more or less inaccessible. The Parent is not effective because it has not integrated the nurturing and protective elements that permit identification of the Child's specific need and an appropriate response to that need.

The contract for change aims to repair the dysfunction in the dynamics of the intrapsychic communication. My goal is to help the client heal by reestablishing the internal alliance between his or her Parent and Child ego states with the active collaboration of the Adult. During this work, the Parent ego state develops the capacity to recognize the Child, identify the Child's needs, and satisfy those needs in order to fulfill the function that Winnicott (1971) referred to as the "good enough mothering" (p. 10). The restoration of this function will permit the Child to manifest itself and grow in safety and trust. The change comes with the liberation of the psychic energy invested in the impasse and the resolution of the script conflict.

The Therapeutic Frame

The first phase of the work involves putting into place a protective structure, a necessary condition for the work to take place (Berne, 1972, pp. 374-375). The therapeutic frame needs to recreate the conditions of fundamental safety necessary for healthy development and to provide what Winnicott (1987/1992) calls "holding" (p. 4). This frame includes a supportive therapeutic alliance and establishes a secure base the client can rely on during treatment.

To facilitate this alliance, I involve the client's Adult as soon as possible and attempt to establish a dynamic collaboration. The contract for change that I propose is framed in such a way as to provide protection that helps the client to do the work of repairing the alliance between Child, Adult, and Parent. This contract is efficient in that it allows the client to take into account the script elements manifested in his or her complaint and to identify the underlying needs, to respond to those needs, and to express present needs. Change then occurs progressively, which contributes to the evolution of the client's frame of reference. As a child, he or she built his or her frame of reference within the primary symbiotic process (Schiff & Schiff, 1975). Today he or she can change this

frame of reference and be aware of his or her script mechanism, needs, and personal capacity to respond to those needs.

Structure of the Contract for Change

The contract for change is set up to facilitate the following:

- The identification and comprehension of the meaning of the script process put into place in the past and reactivated today in stressful situations and the manifestation of the Child disclosed in the client's complaint
- The identification of present needs and the mobilization of the Adult and Child
- Taking into account this need and the search for an adequate response and mobilization of Adult, Child, and Parent

The therapy contract comprises four points for the client:

1. Objective of change
2. Known script process
3. Ways to help myself
4. What I change

Putting into Place the Contract for Change

This work may be carried out during any stage of treatment and in one or more individual or group sessions based on the client's needs and rhythm. Each element of the contract may then be completed gradually in accordance with the client's awareness.

As soon as possible I work on closing escape hatches (Boyd & Cowles-Boyd, 1980; Goulding & Goulding, 1979; Mellor, 1979). The engagement of the client at that point then contributes to the protectiveness of the environment. It is reassuring for the Child and helps to calm the client's latent conscious or unconscious anguish (Golse, 1991, p. 216; Winnicott, 1975) when he or she later questions his or her adaptive script process and his or her frame of reference.

1. *Objective of Change.* This may be the first phase of the work when the client is clear about the goal he or she wishes to reach with the help of therapy. If the client is not clear, I begin by clarifying "Known script process" and "Ways to help myself." This leads the client to a greater awareness of himself or herself and of his or her script reality and profound needs.

The objective of therapy will then become clearer. I refer to the principles promoted by Gouling and Gouling (1979) and the rededication model for the formulation of the objective. The wording is simple, positive, and expressed by the Free Child.

Case example: Pierre is in his sixth therapy session. He came for treatment because of repetitive inhibition problems from which he suffers, particularly in his work as a manager. During the session in question, Pierre begins elaborating his first contract for change. His apparent problem is a lack of self-confidence, and he first words his objective as "I will trust myself." Then the identification of his script process helps him to become aware that his lack of confidence is intimately linked to the fragility of his internal sense of security, which was developed in his primary relationship as a child (Winnicott, 1987/1992). He then chooses a new objective that seems closer to his immediate need and a first step toward trusting himself: "I will feel safe."

2. Known Script Process. My objective during this phase is to facilitate the decontamination of the Child-contaminated Adult. I aim to foster in the client the positive dynamics of recognizing and accepting himself or herself and his or her script with all the ingenuity the person has been able to provide to find a way out of difficult experiences by adapting himself or herself. This helps the client become aware that what he or she may consider to be a flaw or weakness is, in fact, a here-and-now manifestation of an aspect of the child in the distress he or she was in at one time. By describing how he or she thinks, feels, and acts when in this kind of distress, the client discovers the link between his or her complaint and script problems. He or she will then see that part of his or her present pain corresponds to displacement into the present of unresolved feelings of pain from childhood. The more the client enters into an overture toward an alliance with himself or herself as well as a relationship of trust and alliance with the therapist and group members, the more the person will be able to identify and uncover new script processes and even to name and write them down during the session.

Case example: Pierre describes how, during work meetings, he sometimes "loses control of

the situation, paralyzes himself, and feels confused, having only one desire: to flee, to become small and hide in a corner." At first he thinks that he, as a grown-up, has this behavior, but quickly he identifies that this description corresponds to the attitude of a child (Berne, 1961, pp. 68-80). He becomes aware that this state resembles what he went through as a small boy, a state he tries to hide because he is ashamed of it. Identifying and describing these script processes helps him to relinquish his emotional denial and begin to recognize the child in distress that he ignored or pushed away. He then writes, "I'm afraid. I paralyze myself. I stay in my corner and don't look at the others. I tell myself they are bad and they won't understand me. I reject them."

3. Ways to Help Myself. In the previous work, psychic energy (Dusay, 1972) was invested in Child and Adult, which allowed a momentary decathexis of the negative Parent content. The aim at this third stage of treatment is the reparation of the "temporary breakdown of the good Parent" by engaging the Parent to respond to the child in distress. As mentioned earlier, an essential element in realizing this objective is the establishment of a supportive therapeutic bond. The empathy and goodwill manifested by the therapist toward the client provide a model of healthy behavior toward the Child that the client can make his or her own and can integrate in his or her Parent ego state into modify its contents in a positive way.

The client often finds it difficult to mobilize his or her Parent at this stage, so I call on his or her capacity to stimulate it in relation to someone else. In fact, many people who do not succeed in mobilizing their Parent ego state for themselves know very well how to do it if someone else is concerned (e.g., in trouble). The Parent may not be blocked in the relationship to another person because the small child was encouraged to take care of others (dad, mum, brother, sister) (Schiff et al., 1975, pp. 5-22), and today he or she continues to give to others what he or she needs for himself or herself.

For this part of the work, I read out loud the script process as written down by the client and ask him or her what he or she needs when in this state. If the person finds it difficult to

answer, I propose that he or she imagine a small child (boy or girl, according to the client's gender) 3 to 4 years old—who manifests what the client described under “known script process.” I use the person's own terms and ask if there is something he or she wants to do to help that child. A positive response on the part of the client indicates that he or she has begun to activate his or her Parent ego state. My aim then is to help the person move this psychic energy toward his or her own Child ego state. I ask how he or she can act out toward himself or herself what was just described; if this is difficult, I offer encouragement and support, pointing out that his or her difficulty shows the fragility of the Child the moment he or she transgresses the parental prohibition and that my protective and powerful Parent is necessary to provide him or her with permission to change (Berne, 1966, p. 248; Crossman, 1966, pp. 152-154).

Next, I suggest experimenting with the ways the client discovered, encouraging him or her to begin by using those that correspond to his or her primary needs for love and protection in order to recreate the fundamental security that may have been lacking during earlier developmental stages. This is an important time in the work, a time when the person is able to put into effect his or her protective Nurturing Parent in relation to his or her Child in a safe therapeutic frame.

If the client succeeds, a healthy redistribution of psychic energy will occur that shows the momentary liberation of the energy that was blocked in the impasse. This change is accompanied by observable physical modifications that confirm the change of ego state: relaxing of the face, coloring of the skin, regular breathing, straightening of the body, and so on. Only after the diagnostic verification of the efficiency of the ways used (Berne, 1961) will the client write them down.

Example of this process with Pierre:

Therapist: When you are afraid, you paralyze yourself, stay in your corner, and don't look at others; what is it you need then?

Client: I don't know. When I am like that I tell myself I'm a fool, I'm incapable, and I feel like shaking myself (attitude of the Persecuting Parent to which the Child has adapted).

Th: Then you are persecuting yourself, and I imagine that you don't feel any better. Do you have another option?

P: No, I don't see how I can do it differently (impasse).

Th: Imagine you see next to you a small boy, 3 to 4 years old, who is afraid and freezes. Is there anything you want to do to help that child?

P: (thinks) Yes, I'll go toward him, reassure him, take him into my arms, and tell him I'm there to protect him and that I love him.

Th: Good! I see you know how to be nurturing and protecting with a child in distress. Would you like to do the same things for yourself: hold yourself, tell yourself you love yourself, and reassure yourself?

Pierre agrees and puts these to work. After communicating what he feels, he writes, “I take myself in my arms, I tell myself I love myself, I reassure myself, I tell myself I'm important and that I'm here to protect myself.”

What I Change. This point emphasizes the client's feelings by verbalizing them, thus allowing the person to become aware of changes, to validate and own them while anchoring the experience. He or she then writes out his or her observations as “what I change.”

Example of this process with Pierre:

Pierre: I feel moved, warm, relieved, calm, serene, and confident. I let go and look at the others.

Finally, the client rereads the entire contract to verify that it makes sense, suits him or her, and he or she is ready to follow it. I reaffirm my willingness to help the person and to accompany him or her on the journey toward realizing his or her changes. My strokes, as well as those given by group members, are important for reinforcing and anchoring this new experience. They are auditory, kinesthetic, and visual complements to the positives experiences the client had during his or her work.

To summarize in relation to our example of Pierre, his contract for change reads as follows:

Objective: I will feel safe.

Known script process: I'm afraid, I paralyze myself, I stay in my corner, I don't look at the others, I tell myself they are bad and cannot understand me, I reject them.

Ways to help myself: I hold myself in my arms, I tell myself I love myself, I reassure myself, and I tell myself that I'm important and that I'm here with myself to protect me.

What I change: I feel moved, warm, calm, relieved, serene, and confident; I let go and look at the others.

Remarks

After the contract for change process is complete, the psychosomatic imprint of this non-script experience needs to be reinforced to replace the scripty psychosomatic experience. I recommend to my clients that they systematically read their contract between sessions and put into practice the "ways to help myself." This allows them to mobilize the ego states invested in the work and to reactivate the associated positive stimulation. In this way, they learn to respond in a healthy manner to their need for stimulation, recognition, and structure while slowly giving up stimulations provided by their script games (Berne, 1964, p. 13-20).

I also ask them not to modify any part of the contract without previously talking about it during a session. This allows me to verify with the client that what he or she wants to add is consistent with the change he or she wants to make and not something that will reinforce his or her script. As a matter of fact, the change he or she seeks, even if it is positive, can easily bring about destabilization provoked by questioning his or her script frame of reference. To avoid discomfort, the person may unconsciously try to reestablish equilibrium inside this frame by putting into place his or her adaptive script process.

I am careful about avoiding these pitfalls while continuing to provide a protective frame and reinforcing the therapeutic alliance. This is important throughout treatment to allow the client time to reinforce the alliance between his or her ego states, to reach his or her objectives, and to allow the desired changes to be solidified.

Conclusion

Over the last several years, feedback from my clients and other therapists who have used this method has verified its effectiveness. Two

elements have proved to be essential: (1) permission to recognize the suffering child who manifests himself or herself in the "known script process" and (2) the importance given to this child by responding to his or her needs, particularly primary needs for love and protection. These two permissions integrate the permission to be a child and to exist that way and the permission to develop and grow up while learning to take into account the person's own needs in a context of constructive individual and social communication.

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December 1 is the deadline for nominations for the Eric Berne Memorial Award. The following information and materials must be submitted to the EBMA Committee in care of the ITAA office no later than that date:

1. *Name(s) of author(s) nominated.*
2. *Publication citation:* Full reference for journal article, book, or publication in which the contribution being nominated has been published.
3. *A brief title for the contribution:* For example, the concept in theory, a descriptive title for the research project, the specific practice application, or a title for some other relevant area.
4. *A detailed statement* supporting the nomination as an original and highly significant contribution to transactional analysis in the designated area. This statement must include discussions of the following:
 - (a) The originality and innovation of the contribution within transactional analysis
 - (b) The relationship to previous work in transactional analysis and related theories or fields of application, including research where applicable
 - (c) Evidence of the impact the contribution has had on the development of the field of transactional analysis
 - (d) Any other statements about the contribution that need to be considered by the committee in the opinion of the person(s) making the nomination
5. *Individual, group, or organization making the nomination:* Please supply the name, address, and telephone numbers, fax numbers, or email addresses of the person(s) the EBMA committee may contact if additional information or material is required to fully consider the nomination.
6. *Copies of the publication(s):* At least one copy of the article or book in which the contribution being nominated appears must accompany this written material. If the article or book was written in a language other than English, then either a translation into English must be included along with a copy of the publication(s) in the original language or a summary or abstract of the major ideas presented in the publication(s) must be submitted in English.
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