
RETHINKING CONTRACTS

*Anna Rotondo**

Abstract

This article explores the philosophical context of the origins of Eric Berne's bilateral contract in Transactional Analysis, as well as the related intersubjective aspects. It explains the coexistence of Bernian psychoanalytic roots with the phenomenological aspects that underlie contracts. The Bernian contract is analysed and discussed-bilaterality, multi-cornered contracts, maintenance, and development of the contract-with the centrality and the ethics of a contractual attitude emerging in the processes of care and counselling.

Introduction

In developing Transactional Analysis, Eric Berne had more than one fruitful intuition. For Berne intuition is a necessary working tool, and he dedicated some of his most noteworthy work to intuition and to the processes that make it possible (Berne, 1992). Intuition accompanies Berne throughout the process of constructing his theory starting from its nascent steps and renders Transactional Analysis full of stimuli, creativity, and ideas to be developed: a powerful legacy for transactional analysts.

A successful intuition of Berne's – also considering the historical period in which it took place – concerns the definition of Trans-

* Anna Rotondo, psychotherapist, Transactional Analyst, TSTA-P
She works in Milano, Italy at Centro di Psicologia e Analisi Transazionale and at Terrenuove.
(e-mail: anna.rotondo@centropsi.it)

actional Analysis as therapy based on a “bilateral contract”. The bernian contract – a specific, two-sided contract – is a conceptual and technical tool, is unique to transactional analysts’ work, and is one of its key strengths. Unlike other types of contracts (unilateral), Berne speaks of the contract as a “bilateral” gesture – an action or process that concerns two or more parties engaged in a relationship. He writes:

Since contractual treatment is bilateral rather than unilateral, the next step is for the therapist to say something like: “Well, why don’t you come a few times and that will give you a chance to look me over and you can see what I have to offer” [...]. The patient may feel that what the therapist has to offer is not what he has been looking for, and they can part amicably, both of them having saved perhaps a year or two not spent to the best advantage of either of them. On the other hand, the patient’s response may be more favorable; he might feel that what the therapist has to offer is interesting and might help him (Berne, 1966, p. 88).

From the beginning, Berne speaks of the contract as an object shared between the therapist and the patient, with a specific relational quality of reciprocity. He says that just as the therapist analyses the patient, it is appropriate for the patient to analyse the therapist and ask him or herself what the therapist can offer. This helps us to understand the innovative scope of the bilateral contract as a relational tool for the therapist and patient. The diagnosis – the etymology of which is to literally “know thoroughly” – is a tool for the doctor or for the expert. But for Berne, a diagnosis is a two-person process, and if the therapist has a way to diagnose, the patient too, can have his own way. The analytical process is a two-way process between two people – an “I” and a “you” – just like any kind of relationship or, as Petruska Clarkson would say: *between person and person* (Clarkson, 1995 p. 13). Berne’s bilateral contract, two-way diagnoses, and seeing a relationship as being between two individuals is not unintentional, but rather is linked to his concept of contracts. All of Berne’s work emphasises the centrality of the patient, as a subject, and his or her competence. One of Berne’s fundamental aims was to bring certain abstract, psychological

concepts into everyday, transversal life. Examples of this are the concept of ego states; the use of written and spoken words clearly and simply for access by anyone and not only a world of experts; and paying attention to the presence of the “other” in the relationship, in a “here-and-now”, no-frills context that underscores the intimacy between the two subjects involved in the interaction. Berne’s theoretical and technical tools are based on the abstract constructs of psychoanalysis but incorporate the irreplaceable and unique world of experience, of participating in a relationship, of being present in the world, and of social being. These aspects place Berne and his Transactional Analysis in an innovative position in the human sciences, in a precise historical moment whose legacy we are still experiencing today as transactional analysts. This is the passage from a positivist view of the medical (and human) sciences towards a phenomenological approach, which initially took place in Europe and in certain areas of the United States in the first half of the 1900 –with Husserl, then Heidegger and then Binswanger, Jaspers, Rollo May and many others. It is this breeding ground of thought upon which phenomenology developed into *Daseinanalyse*, making Eric Berne’s Transactional Analysis a specific reference point in terms of conceptual and technical tools, giving it a “contemporary” and essential outlook.

Philosophical Context

The advent of Eric Berne’s Transactional Analysis came at a time when the subject-object relationship paradigm in the medical sciences began to be questioned. The query was whether it was possible for relationships to be based on equal footing that would give equal dignity to both parties in the relationship. In Europe, it was first Husserl’s phenomenology and then the existential phase of phenomenology with Heidegger that underscored the need to rebalance a type of relationship that, in the medical and psychoanalytic sciences of the time, was based on a subject-object approach. In this type of unbalanced relationship, only one of the two partner’s had capacity and competence of action and thought, leaving the other in the shadows, as a receiving object, to passively accept

interpretations and treatment. Phenomenology, and particularly existentialism, bring to the table the subjective experience: “being-there” and especially “being-in-the-world”. The process of experience is a subjective process and the possibility of being the subject of one’s own experience in the world guarantees the active and responsible presence of all those connected to the evolution of its history. Rollo May speaks of this historical movement as a sort of “revolution”, in his article *The existential Approach* published in the *American Handbook of psychiatry*, of Silvano Arieti (vol. 3, 1959).

In speaking of *Daseinsanalyse* in his article, May affirms that it attacks the concept of man that Binswanger defines as “the cancer of all psychology and psychiatry up to now... the theory of a dichotomy of world into subject and object” and calls for a “copernican revolution”, or the transition to a subject-subject relationship. He attributes to Husserl’s phenomenology the first steps of this evolution at the beginning of 1900 until it gradually expanded to include the existential phase of Martin Heidegger with the publication of *Sein Und Zeit* (1927).

The phenomenological movement and *Daseinsanalyse* spread through Europe and America, giving rise to a concept of man and a culture of the relationship between human beings that led to going beyond the Cartesian subject-object dichotomy and opened the door to the typical intersubjective vision of most humanistic psychotherapies, including Transactional Analysis.

This was an immense shift in thinking that partly transformed the theoretical framework and methods of intervention, starting from the specificity of the relationship between subjects, until the “neutral” figure of the therapist was transcended.

Eric Berne’s Transactional Analysis fits well into this philosophical perspective, a significant development in the vision of the care relationship. We find traces – a concept, a phrase, an image – of this evolution in almost all of Berne’s work. An example is how he concludes one of his articles, *Away from a theory of the impact of interpersonal interaction on non-verbal participation* (Berne, 1971) written in his typical ironic and provocative style:

So the real psychotherapist's problem is "What do I do when I am in a room with a person who is called a patient and I am called a therapist?" There are absolutely no gadgets; no note papers, no tape recorders, no music, nothing. So that's how you learn to do psychotherapy (Berne, 1971, pp. 6-13).

It is as if Berne says: psychotherapy is being in front of each other, "being-with-the-other", in a relationship of intense, no-gimmicks emotional intimacy. In the introduction to *What Do You Say After You Say Hello?* (1972), Berne says that saying hello "rightly is to see the other person, to be aware of him as a phenomenon, to happen to him, and to be ready for him to happen to you. This is "person to person", the strength of "being there" and of being present. At the beginning of his discussion regarding contracts, Berne speaks of a "Martian attitude" as a suspension of judgment:

Contractual group treatment is a simpler approach which attempts as far as possible to be free of unstated or unwarranted assumptions and institutionalized aims, attitudes, roles, and support. In order to accomplish this, both therapist and patient start off, insofar as they are able, with the unprejudiced attitude of a man from Mars, and try to evolve out of the actual realities of the situation a contract which is acceptable to both sides (Berne, 1966, p. 87).

Berne emphasises the therapist's "being-there" and being present in the relationship, tolerating the possible unease that this intimate relationship can cause, without frills and renouncing prejudices. His invitation is one to train oneself in "Martian" thinking, without imposing, suggesting or pointing out to the "right" direction to the person in front of us. This way of thinking is phenomenological and refers to the necessity of being present and "being-with".

A fundamental assumption that allows therapists this kind of presence in relationships with patients is knowing that a comprehensible language can be used, and that dialogue between the two individuals is possible because it uses terms that are tied to the transversal experience of human beings. All of Berne's work

is infused with a search of a language that is not of experts but of human beings, and the theoretical structure of Transactional Analysis bears witness to this search. It is a language connected to the experience of everyone, as Parent, Adult or Child, as a game and script and so on. It is a lively language, evocative of emotions and of behaviours that can be traced back to everyday life, of memories that have shaped us and that we have recorded “inwardly”.

This is like saying: a bilateral contract is possible if we understand each other, talking to each other, and if we can express, say and explain things until we find a common reference point, building a shared focus of work that is “acceptable to both sides”.

Berne paid a high price for his choice. His initial publications (and perhaps not only the first) appear as simplifications of and impoverish Transactional Analysis. Perhaps because there was a lack of understanding regarding the experiential scope of and intent at the heart of this choice. Early followers and writers on Transactional Analysis had difficulty appreciating the scope, not only practical, of the theory and of Berne’s choice to use of a language not for specialists but for everyone. In the decades to come, Berne’s works were rarely cited in academic circles and their theoretical depth was in a certain sense devalued. Beyond this, however, Transactional Analysis has encountered much interest and has spread among even the most diverse areas and social and cultural contexts around the world.

Psychoanalysis and Phenomenology

The above is a testimony of the research that led Berne to grasp the value of individuals in their being-there and in their social being, and to be attentive to the existential experience and to the quality of interaction that can develop reciprocity and intimacy. This a phenomenological vision that appears to gradually grows in his mind. What I find fascinating is how Berne manages to integrate his psychoanalytic roots with a phenomenological vision that, for him, gradually becomes a way of seeing the relationship and of

giving value to the person as a subject. Throughout this process, Berne remains faithful to his psychoanalytic roots from the first to the last of his works.

For Berne, the therapeutic relationship is characterised by the transference qualities discussed in psychoanalysis (certain papers in *Intuition and Ego States* come to mind, but also transactions; the meticulous psychoanalysis of games; and the excellent definition of script in *Ego States and Psychotherapy*: a whole “transferential drama”). Berne does not renounce, in my opinion, a profound belonging to the rationale of the psychoanalytic world. Rather, he modulates the depth of psychoanalytic thinking with the need to be closer and more attentive to his patients and to be able to speak with them in a comprehensible and reciprocal manner, searching for a less elitist and perhaps less expensive method of treatment than the psychoanalysis of his days.

Among the various humanistic psychotherapies, I believe Transactional Analysis creates process that integrates psychoanalytic vision and an interpersonal view of the relationship. This makes “democracy” in care possible, in which both partners in the relationship having their own space and influence and being “resources” in the treatment process. This integrative attitude of “keeping together” two ways of thinking and care that are historically distant is part of the Bernian approach. In *What Do You Say After You Say Hello?* (1972), Berne refers to contrast as an *aut-aut* (either-or) attitude, a behaviour that belongs to the script aspects. He develops an integrative type of thinking and treatment – *et-et* (and-and) – in many areas of his work. In reading certain of his texts, we see this process of “keeping together”, of including, and of integrating theories and reflections (I think of his colleagues at the San Francisco seminars and of the many stimuli, among that first group of transactional analysts, that Berne recognised and used). This tendency to integrate rather than exclude and to add and recognise allows, in practice, for a vision of inclusion and intersubjectivity that distances itself from a dualistic way of thinking. Berne writes with “brushstrokes”, always ready to add

more to his intuitions. Some examples are the roles of the Karpman drama triangle (1968), based on which Berne changes the formula of games in progress; the Steiner script matrix, which Berne recognises as an operative tool in the notes of *What Do You Say After You Say Hello?* (1972) and Fanita English's three-cornered contract and much more. The message that reaches Berne's readers is that theory is a perfectible tool and as such can always be perfected. Experience and theory are dynamically interconnected and generate a continuous attitude of research. In short, from the beginning, Berne's world of Transactional Analysis is not divided into the classic dualism of orthodoxy-heresy, well-known in the psychoanalytic world into which Transactional Analysis was born. Rather, it solicits a process of constant research in a group setting (e.g., the San Francisco seminars), whereby theory meets experience and experience in turn enriches and completes theory. This ability to integrate and mediate in looking for answers is, in my opinion, the profound message of Berne's work in many aspects – it is a message of contemporaneity.

Today, we know that psychoanalysis and phenomenology are destined to meet in the mid – to long-term and seek common languages and visions. I think of certain concepts of psychoanalyst authors I admire, such as the search for the counter-transferential pole in the analyst-patient relationship (Pierantozzi in Searles, 1992) and the gradual, meaningful acceptance of the analyst's involvement in the psychoanalytic relationship (Racker, 1970). I think of the publication of psychoanalytic texts in which the intersubjective process is increasingly taken into consideration (Stolorow and Atwood); of Thomas Ogden and his psychoanalytic vision, attentive to experience and, particularly, of his *Creative Readings. Essays on seminal analytic works* (2012), in which the search for the intersubjective stimulus is extended to the written words. Phenomenology, the universe of experience and presence, of the subject's being-there and intentionality, constitute an ever more precise landscape of thought and meaning for us as clinicians.

Berne – an attentive scholar in his thinking, a creative clinician and curious about the world – in his *A Montreal Childhood* (2010), was ahead of his time and contributed, I believe, to building integrations *et-et* (and-and) rather than underscoring visions of opposites *aut-aut* (either-or): psychoanalysis and phenomenology are constituent parts of Berne's Transactional Analysis. From a philosophical point of view, this is akin to placing Transactional Analysis among the most advanced philosophical and psychological methodologies of the time. The choice is that of democracy, of a vision of the multiplicity and complexity of what is real. This response fits in well with the tormented years of the World War II and the post-war period, in which the world urgently needed to find wholeness and equality among different human beings by rising above race, religion and power. It was a time when the need to mend and encourage trust among individuals became preponderant, a time when it was necessary to rebuild a safe ground that could defend from the destruction of thinking, from a place where others could become objects or things that could be used and annihilated. These necessities, as well as trust in the *physis* and in each person's resources, in democracy, and a vision of the completeness of human beings as subjects are present in every page of Berne's work. Accepting this philosophical view of human beings as competent and of the deep intersubjectivity and co-responsibility of relationships between two or more individuals entails coherence between theoretical choices and methods of intervention, as we will explore further below.

The Contract

The contract was born in this context of dynamic, evolving thinking. Berne writes relatively little about contracts, discussing them in particular in *Principles of Group Treatment*, where he says that they are an "explicit bilateral commitment to a well-defined course of action" (1966): this is his most cited and well-known definition. But in the few pages where Berne does talk about contracts, the most important issues are raised. He says that first, bilaterality – the aspect dearest to him – concerns "the two interested parties",

namely physician and patient, with the potential opening to the third institutional party if therapy takes place in a public care setting. Berne alludes here to what will become the three-cornered contract and then multi-cornered contracts that in Transactional Analysis will be developed primarily by Fanita English (1975) and subsequently by other transactional analyst. Berne emphasizes how one of the cornerstones of his approach: the doctor-patient two-person relationship is inserted into a context that cannot be ignored and exists within a system of relationships that must be taken into account. Many years later, Nelly Micholt (1992), drawing on Fielder's concept of psychological distance, emphasised the risks involved in a lack of attention to equidistance, generating imbalance in a multi-cornered contractual relationship.

Berne also refers to the different quality of the types of contracts and, speaking of the professional contract he writes:

After the administrative aspects are settled, the next problem is the professional goal of the therapy, which will be stated in psychiatric terms such as "symptomatic cure", "personality reorganization", "social control", "reorientation", or "psychoanalysis". The local meaning of such terms should again be agreed even at the risks of appearing pedantic, for this is preferable to being vague at this point (Berne, 1966, p. 16).

This diversity of contracts was also expanded on by many fellow transactional analysts. I particularly appreciate an article by Holloway (1973) that clarifies the two main types of contract: autonomy contract and social change contract, relating to the script and the ego states. Berne also sees the length of the contract and its necessary flexibility as a qualitative component of the contract, writing:

Since the therapeutic contract is usually a long-term one, there need be no hurry in setting it up and ample time can be taken to explore its possibilities both in individual interviews and in the group, then on some auspicious occasion its terms can be agreed upon. In rare cases, however, the contract may have to be set up during the very first interview or the first group session, and then

care should be taken to leave plenty of leeway for amendments (Berne, 1966, p. 93).

The contract is therefore a dynamic tool that is continuously connected with the therapy process and the process of change, where it is possible to take time and verify that, for example, the contract does not reinforce the script aspects, and that from time to time, depending on what it happens in the relationship, it can be adjusted along the way as Berne would say.

Finally, Berne mentions the different ways to use contracts in different psychopathological situations and, in my opinion, this is an analysis that it would be opportune to explore and reflect on today.

In the following pages, I examine some of these reflections that I believe are the backbone of a contract: bilaterality, multi-cornered contracts, elaborating a contract, and maintenance of the contract.

The Bilateral Contract

Equal partners The concept of contract bilaterality was immediately supported by the group of transactional analysts who were close to Berne and attended the San Francisco seminars – namely, the first generation of transactional analysts.

Claude Steiner, in particular, at the beginning of his *Scripts People Live* (1974), supports Berne's interpersonal vision and underlines how he was determined to pursue relationships with his clients in a rapport between equal partners with equal responsibilities. According to Steiner, this point of view is based on the opinion that everyone, including the client, has his or her own Adult functioning that must be encouraged and cultivated. He places great importance on contracts and defines Transactional Analysis as group bilateral contract therapy – for Steiner, the contract is what makes all the difference for transactional analysts.

He compares the process of formulating the contract to a legal commitment whose constituent moments are mutual consent, valid consideration, competency, and lawful object. He emphasises the bilaterality of the contract and holds that a type of unilateral

therapy that “binds the client and not the therapist” is inherently contradictory to the principles of Transactional Analysis. He reiterates what Berne himself stated: that in contractual therapy such as Transactional Analysis, both partners in the relationship are involved in clarifying the mutual responsibilities surrounding what they do, each with different roles and competences. For Steiner, contractual psychotherapy understood in this way is only the extension of the basic concept of Transactional Analysis – namely OKness. It is precisely in the therapeutic relationship, in fact, that the conviction with which the therapist sets to work is manifested: “I am OK – You are OK”. The link between an operational tool like the contract and the theoretical approach of OKness – which makes it possible – appears explicitly here, an aspect that we will address later.

Woollams and Brown define the contract as “an agreement between the therapist and client which outlines the goals, stages, and conditions of therapy” (Woollams, Brown, 1978, p. 245). In examining the different implications of a contract, drawing upon Steiner, they assert:

Last and in many ways most important, TA emphasises a treatment approach which is based on the assumption I’m OK-You’re OK. This means that each person has a lovable part and is capable of change. The therapist does not consider the client to be inadequate, defective, or incapable of modification, no matter what the diagnosis. On the other hand, it does not mean that the therapist or the client should just smile benignly at whatever the client does. Transactional Analysis maintain the position of I’m OK-You’re OK even though they may feel and verbalize concern or dissatisfaction with their clients’ behaviors and suggest area for change. However, when the therapist does this she also assumes the responsibility to communicate that information in such a way that she does not “lay her trip” on her clients or imply that they are defective or not-OK (Woollams, Brown, 1978, p. 245).

The tone that, today, we would find perhaps a bit *naïve*, in my opinion renders the scope of this fundamental theoretical aspect of OKness and the consequent results, such as being “equal

partners” in forming the contract and in the psychotherapeutic path. Naturally, being “equal partners” has a precise meaning that refers to OKness and to an intersubjective vision between the two individuals involved in the relationship: both with their own competence, both worthy of respect and attention. This should not be thought of as an indistinguishable and perhaps not very useful way of being in a relationship, a sort of “night in which all cows are black” as Hegel (1807) would say. Muriel James insists on the bilaterality of contracts in *Techniques in Transactional Analysis for Psychotherapists and Counselors* (1977) and defines it as a bilateral agreement between therapist and client.

Qualities of the relationship

As I wrote in a contribution I did to the “2th Italian Convention of Transactional Analysis: *Borders in Transactional Analysis Techniques*”, held in Bologna in 1985:

It would seem that what we are talking about is much more than a simple organisational agreement or setting, and it is also more than establishing a goal for therapy: instead, it is similar to a vision of the therapeutic relationship, a sort of *Weltanschauung* in which the two partners in the therapeutic relationship – client and therapist – take on equality and parity (Rotondo, 1985, p. 80).

Among first-generation transactional analysts, Holloway, Marta and William emphasise clearly and profoundly how the contract changes the quality of the therapist-patient relationship. In an article rich in content, the Holloways outline a primary, fundamental “technique” to formulate the contract and the process to arrive at this formulation (which will be examined later on):

The process described identify that the client has major responsibility both for setting the goal for change and in attaining that change, thereby avoiding establishment of a dependency relationship which would tend to prolong, if not preclude, the attainment of change. When both client and clinician establish the mutually agreed contract, another important element is introduced, the clinician is no longer the caretaker of the client, rather she is now an

equal and mutual participant in the process of change (Holloway e Holloway, 1973, p. 36).

In this article, the Holloways see the contract as an element that defines the quality of the relationship between therapist and patient, delimits the therapist's possible "omnipotence" and contains the transference elements of the relationship, giving both partners specific potential and influencing capacity, each with their own responsibility in the process of change. A relationship is defined between the two parties, who work around a shared goal that is constructed together – the contract – and that concerns the goal for desired change that gradually is clarified and becomes possible. This goal unites the therapist and patient along their shared path, arises from the relationship, and gives meaning to it.

Consistency between theory and intervention

We can draw upon the primary implications of this relational goal of the contract, which is of such great importance for transactional analysts, and the bilaterality that has been underscored by both Berne and the San Francisco seminars group. Read between the lines, the contract – or more precisely the contractual vision – represents coherence between basic philosophy, theoretical thinking, and the technical process of intervention. The contractual process intertwines intersubjectivity, OKness and the resulting technical method.

In other words, the contract – and the contractual process – collects and integrates a philosophical vision and intersubjective thinking through a coherent method of intervention. What emerges is the importance for the clinician to be aware of how theory, validated by a philosophical view of reality, shapes and influences practice and vice versa. The "theory of technique" allows us to enrich and integrate theoretical tools through hands-on experiences. This awareness is connected to the effectiveness of therapeutic practice and reinforces it. Galimberti (1979) shows how each form of therapeutic practice is based on philosophical assumptions: a potential error is that of not being aware of this necessary consis-

tency between these aspects and their effectiveness. In this way, says Galimberti, there is a risk of making theoretical assumptions that are then contradicted in therapeutic practice, weakening the effectiveness of the intervention. The contract's significance and its practical application is an element of strength and a central and effective core for transactional analysts.

Multicornered Contracts

In *different fields*, the multicornered contract illustrates the attention Transactional Analysis places on context, which is a contemporary way of understanding psychotherapy, counselling, organisational intervention and others. The need to open the analysis room and take into account the context in which therapy takes place and the context in which the patient finds him or herself is a relatively recent awareness. William Doherty (1995) dedicates his book, *Soul Searching. The Psychotherapy Must Promote Responsibility*, to this responsibility of the therapist. Doherty is a systemic therapist, and for systemic the individual and his or her system and the family are in continuous interaction. Berne, who works in a psychiatric hospital, is aware that what he as a psychotherapist decides with his patient must be established within the precise rules of the institutional framework in which they interact; if unforeseen initiatives arise, they must be negotiated with the institution. Building a contractual process, whether with a person, a group in training, or a hospital ward and not considering other parties involved, as Berne says (1966), is putting the success of the intervention at risk. The context, the institution and the system give answers that, in their coactive repetition, can vanify the effectiveness of the intervention.

In a famous article, Fanita English (1975) embraces Berne's intuition and speaks of the three-cornered contract and its use in various fields. I find the entire article interesting in its creative way of resolving problems encountered in the absence of a three-cornered or multi-party contract. Particularly striking are the final few pages of the article that speak of the "corners" of the contract,

a *multi-cornered contract*, and of the ethical implications that can arise even in a well-formulated and respected contract. After Fanita English, the three-cornered contract was taken up again and again in TA literature and applied to the various fields of intervention.

A contribution that I consider important regarding contracts and context is an article by Julie Hay (2000) in which she writes, speaking of contracting:

English presented the idea of the three-cornered contract, using a triangle to show the relationships between the trainer/facilitator, the participants, and the organizations (“Big Powers”). I add to this the context within which the contract exists (see the shaded area in figure 1). This a fuzzy boundary to demonstrate that nothing takes place in isolation. The context contains the culture, or mix of cultures, within which the parties function. [...] His emphasizes that effective contracting requires that each party has a clear perception of the contracts between the other parties (as well as those parts of the contract in which they are directly involved, of course) (Hay, 2000, pp. 224-25).

In line with this affirmation, Hay draws upon the three levels of contract identified by Berne (1966) – the administrative or procedural level, the professional level and the psychological level – and adds two further levels: the perceived level and the political level. The perceived level includes the different points of view concerning the intervention – that of the facilitator, the participants and the organisation, while:

... the political level: this refers to the impact of the context. We cannot avoid being within a socio-political framework. We need to take into account factors such as the ways in which power operates. For instance, are we working to acculturate minority groups into the dominant culture (knowingly or unknowingly), to create a mixed culture, or to maintain separate, coexisting cultures? (Hay, 2000, p. 225).

Julie Hay’s emphasis regarding context and cultural contexts confirms the complexity of setting up a contract. The many vari-

ables involved, and especially the ties of the contract with the individual's script aspects— in a patient/therapist relationship – and with different organisational cultures – in interventions within organisations – help to understand Berne's suggestion when he says that setting up a contract takes time. It takes time to construct an intervention process that makes it possible to share a goal for change, created by the parties involved with the focus on renegotiating the various adjustments along the way and rendering them explicit within the care and counselling systems.

Feedback or "feeding back"

We can therefore perceive the contract as a goal for change between two or more parties in a dynamic negotiating process. The dynamic contract process includes adjustments along the way, as all goals of change can encounter stumbling blocks along the way (an unforeseen boycott) or manifest an implicit aspect that requires an extension of the contract or the limiting of an overly-ambitious scope of change. The possibility of adjusting and renegotiating the contract is precisely what makes it dynamic. In certain situations, we can say that the history of the treatment or counselling process is contained and narrated by contractual "steps". In a dynamic contracting process, once the initial goal for change is shared, it is useful to keep in mind that communication is circular: any kind of adjustment along the way becomes information for the whole system and must be explicit, and if necessary the initial contract must be re-adjusted amongst all the actors playing in the system.

An example is therapy with adolescents or children in which the family is involved. The family is involved at the beginning and a setting agreement is established with the family – for example a certain number of meetings all together –with the aim of exchanging feedback regarding the therapy path at the beginning, at the halfway point, and at the end. The initial contract with the adolescent can be modified, and if it is, this must be communicated to the family in specific feedback meetings. These meetings offer the family system an understanding of the therapeutic process

unfolding between the adolescent and therapist, but without being involved in the actual contents of that process. This also allows the family to adjust its expectations and, above all, to become an ally in the process of the adolescent's change, which is also a change in the family system.

Working in networks is also an example of multiple ongoing contracts, for example with the institutions that send minors, families or refugees to Terrenuove cooperative. The starting point is a shared project of intervention to which each person makes a contribution and that is "adjusted" along the way. During the network meetings, expectations are renegotiated by the parties, goals that are met are tracked and future ones are planned. At the end of the path, together, the changes achieved are consolidated. Maintaining open communicative feedback within a working system and updating the contract is tantamount to motivating the participation and awareness of those involved in the process of change and allows for democracy – necessary to allow different levels of involvement in the ongoing process. In this way, there is attentiveness not only to the goals to be met but to the wellbeing of the individuals involved, each involved as a whole subject. It is the responsibility of the individual who is leading the process – the therapist or counsellor – to see that communication is circular and that information received and given can be shared. This attention makes the processes transparent and activates adult thinking, motivating change and helping maintain equidistance between the different parties.

The Contractual Process – Contract "Maintenance"

Precisely because of its position of being "between", the contract is a relational tool: it is between a therapist and patient; between a counsellor, client and reference institution; between a counsellor and participants and "great powers", and so on. The contract is a working-object, a tool born within a relationship between two or more parties, legitimising and qualifying the existing relationship. Setting up a contract requires a period of time to process the initial request and activate the network, with the success of a

contract often being linked to its proper maintenance. In short, it is important to monitor the process – a strictly Adult role that lies with the individual who is leading the ongoing change (therapist or counsellor). Keeping the contract alive with attention to the process makes participation possible and rebuilds motivation, cleansing the boundaries of the system (both external and internal boundaries). It is a true process of decontamination and allows the parties involved to participate in the change and feel good doing so, by activating care-alliances.

This path can have its dysfunctionalities, such as when a contract is formulated but is “locked away”, with a consequent lack of circulation of information between the various parties and loss of the necessary psychological equidistance between the involved parties.

Leaving the contract to lie in a drawer Making a contract and then “leaving it to lie in a drawer” is a waste of motivation and energy and can lead to confusion regarding what is being done. In an enlightening article by Gellert and Wilson, the authors discuss the contract from the experimental psychology point of view, referencing Kurt Lewin:

When a client establishes a therapy contract he is stating an intention, or in other words, setting a goal for himself. Kurt Lewin (1935) theorized that Need or Want in a person created a system of psychological tension that would be discharged when the Need or Want was met. The setting of a goal, therefore, establishes tension which will be discharged when the goal is achieved. From this theory a series of hypotheses were drawn by Lewin’s students, and subject to critical tests. The research findings and their implications for therapy follow (Gellert e Wilson, 1978, p. 11).

This is the birth of what will be called the “Zeigarnik effect”. Bluma Zeigarnik and two other researchers – Maria Ovsiankina and Gita Birenbaum – show that uncompleted tasks are remembered better than those that are finished. People who are interrupted during a task spontaneously complete the interrupted task, and intentions linked to a central need are not easily forgotten.

When discussing contracts with my students, I emphasise that processing a goal for change with a patient or in counselling opens the way to “*moving towards*”. Accessing an individual’s motivational system involves activating a system of psychological associations and tensions for which the person will tend to complete the process even unintentionally and outside the therapy session. Leaving the contract to lie in a drawer after having set it up and shared it will create the sensation of helping a certain need of the person to emerge, with the related associations, and then leaving it all unused, sown but not reaped.

Neglecting to circulate information As I said before, in a multi-cornered contract, when there is a renegotiation of the contract and it is “adjusted” *in itinere* (along the way), the weight that this adjustment has on the system of parties involved should be considered. Systemics teaches us how important it is for the vitality of the system to update its communication circuits. Therefore, we must actively involve the parties and inform them of changes made along the way. Feedback is nourishment, as if say that a system must be updated to be kept alive. This aspect of the circularity of communication in the system at times eludes us. For example, it seems sufficient, if necessary, to adjust the classroom contract with participants during a training day. In reality, if we modify the classroom contract, this change inevitably changes the psychological distances between the three parties to the relationship (the “great powers”, the participants and the trainer), removing nourishment from one of the parties involved and destabilising the system.

Loss of psychological equidistance Nelly Micholt sheds an important light on the contractual aspects and the parties involved, writing:

English (1975) noted that in an organizational setting it is important to clarify agreement with the organizers (Great Powers) as well as to focus on the contract between the overt parties (group facilitator and participants) [...] This type of contracting applies to a large number of situations encountered by TA practitioners. Psychological distance is defined here as the perceived closeness (or

distance) and clarity in the relationship between the three parties (Micholt, 1992, p. 228).

Psychological distance can be represented by an equilateral triangle, when between the three involved parties – the great powers, the facilitator, and the participants – there is a clear three-cornered contract and a perceived relational balance. In other situations, there can be an imbalance between the parties involved, which is represented by, for example, an isosceles triangle that has only two sides of equal length. In her article, Micholt applies this criterion of psychological distance to different TA concepts (existential positions, discount matrix, group imago, group structure, position in the drama triangle), examining conflicting situations that can occur in a three-cornered contract in which psychological distance is not maintained.

Elaborating a Contract

When setting up a contract, I keep in account three fundamental aspects involved/involving myself. Along with my own experience, I keep in mind the articles by Holloway (1973). Below are the three areas of investigation and exploration that I usually go through with patients.

The object of desired change This first area starts with the patient's explicit request (or that of the client in counselling) that is re-elaborated until it becomes a shared object between the two. The work of processing the object involving changes has as its fundamental goal to bring both the therapist and patient to understand what they are talking about and to start to see their respective roles in this process – that is, to have a shared and comprehensible definition of the goal itself. It is a process of decontamination and clarification in which the Bernean operations and the Metamodel are used, and the focus is on reciprocity and accuracy of communication. The tensions towards change are activated (Zeigarnik effect) – namely, the motivation to reach the goal towards which both are working.

To desire and to boycott The desire for change can be ambivalent: I want to change, and I also do not want to change. One way to maintain ambivalence and to desire and even prevent change is boycotting. Boycotting is inherent to the script, particularly it has something to do with the defensive structure of the script represented by script drivers. If we investigate the way we stop ourselves from changing, we almost always can see an internal dialogue that brakes or prevents change. Analysing the “boycott” and focusing on the ambivalence introduces us to script analysis and allows us to choose contractual paths and goals that do not risk to further harden limiting script aspects.

Checking change Berne says that a contract must be checked – as if to say that the words of a contract for change are concrete, realistic and possible. Having worked out a goal for change and shared it, one must be able to imagine how to check it – the patient and myself, the person and the group. A check of what has been elaborated, constructed and protected from possible ambivalences, is attentive to grandiosity and abstractionism, which nullify and dispel motivation. Checking a contract can involve more than one process, depending on the context in which the contract is made (e.g., verification tasks, the construction of an image, bridging).

The contract of which I speak is connected to change and to the script, and differs from other types of specific contracts, such as social control contracts or session contracts, or others type of contract (referenced in this number of the Review). A contract for change is a relational object, a shared object between the therapist and patient, it characterises the relationship and becomes a dynamic space in which to process, to work through materials – this assuming that it is possible to build a good relationship alliance and that the setting is substantially respected.

Conversely, when relational conflicts are intense and the challenge or attack on the relationship becomes a central issue in therapy, it is difficult to set up a contract like the one described. In these situations, the contract is a point of arrival and at times it takes a long time for this to occur. In this case, the therapeutic

context is “contractually” protected by the framework of rules that constitute the setting, through their rituality and through the *contractual attitude* that forms the basis of OKness (Rotondo, 1986).

Conclusion

At this point I feel like to continue to think and write about contract so I'll draw inconclusive conclusions, with brush strokes, in flashes.

The bilateral contract is not so much a technique is a way of being, of being-there and thinking. It is the essence of a transactional analyst, as required by the EATA code of ethics. It is the continual acceptance of responsibility and intentionality that distinguishes every care and counselling relationships.

In my opinion there is no defined “contractual technique” – each transactional analyst constructs his or her own contract within a theoretical frame of reference, which in part has been examined above. There is instead a necessary “contractual attitude” regarding a transactional analyst's way of being and feeling and this has to do with OKness, or the awareness of the dignity and competence of the different parties involved and that accompanies us in our processes of care and counselling.

The contract is a working tool and a dynamic object that is present in the relationship and is a space where the implicit aspects in the shadows can gradually emerge and broaden the field of an individual's self-awareness. In this sense, the contract is woven into and accompanies the relational process, in its narrative unfolding.