Psychotherapy Guidebook

Therapeutic Contracts

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DEFINITION

Contracts form a centerpiece of psychotherapy. They detail methods and specify goals. The agreement must make sense or the patient may not follow it. It evolves during a course of therapy and reflects the changing views patient and therapist hold of the problem as well as of each other.

Both parties bring a basic philosophy and a set of expectations into their relationship; they observe, select as relevant, and interpret events accordingly. A behaviorist would monitor chains of stimuli and responses, whereas an existentialist would relate to their meaning. An analyst would interpret a disturbed relationship as a result of childhood memories. Meanwhile, a frightened patient might see signs of mental illness and ask for reassurance. Reality is obviously multidimensional. Cognitively oriented therapists consider the patient's conceptions and explain to him the effects of his own interpretative style and how it colors his views. They do not intervene right away with a prescribed procedure. An emphasis on subjective experiences at the expense of matter-of-fact observation is first confronted and shifted toward a more balanced view before an otherwise alien technique

is suggested. Cognitively oriented contracts are designed to be compatible with the patient's concept of reality.

HISTORY

The philosopher Nietzsche distinguished between three contrasting purposes in his essay on the "Use and Disadvantage of History to Life": it may stimulate a collector's curiosity, serve as a tool of intellectual critique, or be chosen as a heroic monument. Psychotherapeutic systems differ equally in their approach to time, space, and individuality. Psychoanalysts attend to highly personal "free associations" and relate them to past experiences. Gestalt therapists cultivate "here and now experience." Behaviorists prefer standardized techniques to modify observable habits. Many neurotic patients seem to get better in spite of all this controversy once they find a therapist who believes in the same things, regardless of the method used. Therapy should make deliberate use of such nonspecific effects and proceed in accordance with beliefs about help, as long as this would seem reasonable. Counterproductive beliefs are then confronted through cognitive reappraisal.

TECHNIQUE

The patient is allowed to develop his style freely, be it storytelling, demanding, pleading, planning, inquiring, ventilating, explaining or

complaining, as long as the relationship gains momentum. His responses to suggestions indicate if he wants an active therapist. Will he feel unique, understand himself in biographical terms, display feelings, or adopt a detached scientific stance? Descriptive style and transactions with the interviewer reveal preferences in problem solving. These insights are applied to strengthen the budding therapeutic alliance. The initial interview style is then approximated successively to the most desirable one by first exploring, later challenging, counterproductive beliefs and unrealistic priorities. To a client complaining of severe shyness, ambiguous social cues — such as someone not paying attention — are presented as allowing a variety of interpretations. The inattentive person might be, for example, preoccupied with something else, not necessarily rejecting. The client's tendency to always expect rejection has perhaps evolved as a result of past experiences and a lack of social skills, and the explanation introduces a touch of intellectual detachment into the client's perception. Assumptions about the importance of being liked are examined in regard to their usefulness. A sense of being "special" may be dealt with by pointing out the operant effects of such a belief. Complaining and demands for compassion gradually give way to ventilating, recording neglected data, trying out new explanations, testing assumptions, and finally, to formulating a rationale for an intervention — such as refining social skills.

A substantial proportion of patients are not conversant in the terms of

scientific psychology and cannot be expected to cooperate on this basis alone. Instead, a compromise is negotiated. An understanding cannot be taken for granted even when a client actively seeks out a particular therapeutic bias. He may look for a behaviorist to have physiological responses recorded rather than having to discuss a personal embarrassment or consult with an analyst because he hopes to avoid demands for behavior change. Therapists may justly examine their preferences along similar lines.

APPLICATIONS

Correct perception does not provide all the necessary skills for an appropriate response. They have to be taught separately. The cognitive strategies outlined here are therefore not understood as therapy per se. They are employed to introduce specific treatment techniques. These techniques in turn should be selected according to the results of comparative research.