



Hard contracts, soft contracts and the unconscious

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Abstract

This article is an examination of what hard and soft contracts are, how they impact the psychotherapy process differently, and especially how they impact the unconscious and the type of unconscious material each type of contract will tend to elicit. This in turn has considerable effects on what happens in the therapy room. The two types of contracts create a different ambience and climate in which the psychotherapy can occur. This article explains what the two different approaches are and how they can be dealt with by the therapist.

Key words

Unconscious, Preconscious, Unlanguage, Soft Contact, Hard Contract, Redecision Therapy, Psychotherapy, Repression.

Introduction

The first known reference to the idea hard and soft therapy is presented by Berne (1966) when he wrote "In practice, regardless of the method used, there are "soft" therapies and "hard" therapies. In soft therapies the goals are diffuse and limited, and the technique is opportunistic. In hard therapies the goals are clearly defined and fundamental, and the technique is carefully planned with the aim of reaching those goals by the most direct route possible." (p.104).

Hollaway (1977) then mentioned contracts when commenting "I am wary of descriptions of 'soft' and 'hard' contracts which I occasionally hear about. The implication is that 'hard' contracts are goal specific, whereas 'soft' contracts do not contain a clear statement of change." (p.219). Then Solomon (1986) made an eloquent statement about the use of hard and soft contracts with eating disordered individuals. She reports how one can first use a soft contract to let the client establish what they are wanting and then later use a hard contract to aim for the specific changes needed. More recently, Sills (2006) states

"Therapy contracts are traditionally defined as 'hard' or 'soft'. In a hard contract the goal is clearly defined in behavioural terms: For example, "I will find myself a new job within six months Soft contracts are more subjective and less specific: for example, "I will start enjoying my life..."(p.13). Even more recently, Hay (2022) notes that originally Berne was a proponent of hard contracts because it brought a crispness to therapy but nowadays soft contracts are seen in a more positive light, providing for more diverse ways to practice transactional analysis.

Of course in the literature further work on contracts continues, such as Terlato (2017), Przybylski (2021) and Rotondo (2020), but with little discussion on the specific topic of hard and soft contracts. Hence, this article continues the direct discussion on soft and hard contracts, and looks at some implications of this hard and soft contracts in a number of spheres, and considers the implications of this dichotomy on the whole question of what is psychotherapy and psychological treatment.

Before continuing one needs to say that there is sometimes a view expressed that hard contracts are for some reason unchangeable. Once they are made then they stay that way. Maybe the word 'hard' gives the impression of being carved in stone. Of course this is not so. Any contract, hard, soft or otherwise, is always a fluid concept that may need to be, and can be changed, at any time in the therapeutic process. As therapy progresses new information and circumstances are continually coming to light, and at times these require an altering of the current contract, which is then done as soon as necessary. As Hay (2022) also notes, soft and hard contracts can both be used as they are not mutually exclusive. As a therapist I certainly do this, often beginning with a soft contract and then eventually moving to a hard change contract as the client clarifies what they are wanting.

Examples of the content of soft contracts can be: I want to understand my anger; I want to discover the hidden parts of myself; I don't know what I want and seek to find this out.

Examples of hard contracts might be: I want to express my anger at my mother; I want to let go of the grief for my brother; I want to finish my thesis; I want to be assertive with my manager at work.

Definition of Psychotherapy

There are deeper implications of these two types of contracts than just being clear about change goals or not. They provide further illustration and more clarity about what psychotherapy is and is not. Consider this comment by Erskine (2001) "When therapy emphasises change, not as the primary goal but as a by-product of therapy, when the therapeutic focus is not on behaviour but on the client's internal process, we wind up with a slower form of therapy but one that can fill the psychological void the schizoid individual experiences internally". (p.4). Is this possible? Is it possible to have a therapy that is not about change, where change is not the primary goal. This of course asks the question of what is psychotherapy or what is psychological treatments.

For a definition of treatment the Merriam-Webster Dictionary (2022) states "the action or way of treating a patient or a condition medically or surgically : management and care to prevent, cure, ameliorate, or slow progression of a medical condition" (online). The American Psychiatric Association (2022) gives us a definition as "Psychotherapy, or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties. Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing." (online). These definitions clearly are talking about what would be considered as hard or change contracts. Treatment and psychotherapy, by these familiar definitions, are about some kind of change or remediation to a person. Treatment and therapy are defined as involving some kind of change and not simply about some kind of self-discovery or awareness. In this vein it is a hard contract that defines what is therapy or treatment and what is not.

To return to Erskine's comment above, this would question the idea of having a 'treatment' where change is only a by-product of the process and is not the primary goal. If two people are sitting together and talking where change is only a by-product of the process then you cannot call that a treatment; they are doing something else instead. The point being made here is that in psychotherapy a soft contact cannot exist on its own. If two people are sitting and talking with only a soft contract and no hard contract then what they are doing is not treatment or psychotherapy. In a process called psychotherapy a

soft contact must at the very least always have a hard contract implied in it. For the process of psychotherapy to exist both parties must have some goal or desire for change in the client to occur. Or perhaps more precisely, for the process of psychotherapy to occur the therapist, at least, must have a change or hard contract in mind for the client. Preferably the change or hard contract has been identified and clarified to some degree with the client. If this is the case then yes, the process can be seen as some kind of treatment or a therapeutic one.

Levels of consciousness and contracts

In the early years of psychoanalysis one of the main concepts of Freud's (1933) theory was the unconscious. Since that time many have discussed the idea of human consciousness using the metaphor of an iceberg; as Green (2019) notes this has been a point of some argument about where it originally came from. One of the proponents of such a metaphor has been Stanley Hall (1979) who states, "Freud felt that consciousness was only a thin slice of the total mind, like that of an iceberg, the larger part of it existed below the surface of awareness." (p.54). It still continues to be talked about and discussed in more recent times such as by Scherer (2005) and Dijksterhuis and Nordgren (2006) and the idea of viewing the psyche as an iceberg in this way is commonly used today. Figure 1 shows the three aspects of consciousness that Freud theorised. As a result in the consciousness iceberg we have the conscious, the preconscious, the light unconscious and the deep unlanguage unconscious.

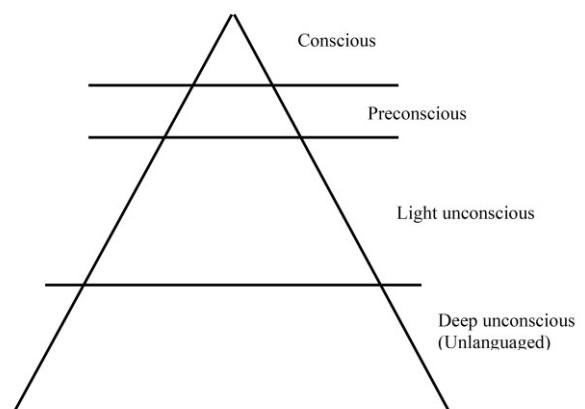


Figure 1: Levels of Human Consciousness

- A preconscious idea is one which can become conscious quite easily because the resistance to that is weak. There has been little, if any repression of it.
- The unconscious memories or ideas are more resistant to becoming conscious. Hall (1979) states that there are actually degrees of the unconscious. At one end of the scale there are

memories that will rarely, if ever, become conscious because they have no association with language. These are said to be unlanguage unconscious memories. Stuthridge (2015) says unlanguage experiences have never been formulated in thoughts, feelings and words which makes it difficult to become conscious because there are no words for them. Heath and Oates (2015) also talk about this unlanguage level of material which is repressed into the unconscious. Berne (1957) says these tend to occur with memories before three years of age because that is when they are processed in an unlanguage way. Before age three the person is seen as unlanguage, where feelings are stored as unnamed images and no language which makes it very difficult for the person to later explain them.

- Then there are other unconscious memories that are not as resistant or repressed and can more easily become conscious with help from a therapist. These memories tend to be processed with the use of language and are easier to make conscious. In treatment the light unconscious material and fantasies tend to be the first that arise and can be dealt with, even within the first few weeks of treatment, (Starke, 1973).
- The deep unconscious material will only arise at much later times in treatment, if at all.

Surfacing repressed material

The repressed material in the unconscious has a constant need to resurface into the conscious. This is seen to occur because all the memories and fantasies in the unconscious can be seen to be unresolved, unfinished and not worked through. Hence they create a tension in the psyche of the person, like a twisted rubberband they have a natural and ever present 'urge' to untwist and reach a state of relaxation, consistent with the theory of homeostasis. As White (2022) notes, Berne used the idea of homeostasis and said that all people want to achieve a state of internal psychological equilibrium. The unconscious is full of states of disequilibrium and internal psychological tension. It is constantly seeking to change this and reach a state of homeostasis. This could explain the drive of the unconscious material, fantasies and urges to resurface in the conscious.

Some of the methods by which the unconscious seeks to achieve this have been discussed over the years, of course beginning with Freud himself. The unconscious can surface in the conscious by dreams, slips of the tongue and in free association as originally proposed by Freud, and unconscious material can demonstrate itself in transference and

countertransference reactions which can also display themselves in games and enactments.

Stuthridge and Sills (2016) provide interesting comments about how a therapist can use their own experiences in reaction to clients. These experiences are seen to occur between the conscious and unconscious. The therapist's unconscious reactions to the client are allowed to surface and then used to establish meaning about the client. They report that in working with a client the therapist may experience phenomena like:

- A therapist may begin to feel a sense of discomfort and disorientation, or any behaviour of the therapist that deviates from the norm can indicate the unconscious is beginning to surface in the therapist's counter transference;
- The therapist may begin to feel free floating associations such as visual and auditory memories, images and daydreams coming up as they work with a client and which may indicate surfacing unconscious material;
- Images that occur in the therapist's mind, especially when they are uninvited and unwilling, including odd phenomena such as images, words or parts of songs may indicate the unconscious surfacing.

This is an interesting list of reactions that a person can experience and what these may show is how the unconscious of a person can demonstrate itself in the conscious. Of course these can occur in any situation and not just in the therapeutic setting. People may experience such phenomena in social settings, at work, when they are alone or doing any kind of activity.

Resurfacing material with soft and hard contracts

What the above shows is that the unconscious is a law unto itself. It will do what it wants, when it wants and how it wants. The above list of three items results from observations over time about how the unconscious chooses to function and the ways it has selected to let the person know of its existence, in its desire to achieve a state of homeostasis and to finally resolve the memories and urges that exist within it. Hence we arrive at the idea of the soft contract.

Soft contracts are at their best and most useful in accessing the deeper unlanguage unconscious material. With little to no direction imposed by the contract, unlike a hard contract where direction and goals are quite clear, the person is afforded the opportunity to perambulate through the unconscious. The stage is set in the way the therapy is structured to allow the unconscious to 'speak up'. Those parts

of the unconscious which at that point in time are wanting to make their presence felt to the person can begin to surface.

There is a view expressed in Cornell, de Graff, Newton, and Thunnissen (2016) that making a hard contract too early in the therapy process will "place the unconscious at a distance" (p.193), or cause the unconscious to go into hiding with the implication that it has been somehow frightened off or offended. In my view this is a misunderstanding of the unconscious as a very fragile and timid aspect of the personality that can be scared off by a therapist who seeks to make a hard contract too early in therapy.

A hard contract does not scare the unconscious off or put a distance between itself and the therapy process. The unconscious is better understood as a robust entity that will do what it likes, when it likes. It could be said that nobody tells the unconscious what to do. The effect of a hard contract is more about how the unconscious functions and its nature, not its timidity. As Starke (1973) says, "the unconscious has also a special character of inflexibility and relative unalterability [sic]." (p.18-19). The unconscious is represented by characteristics of firmness and strength. Freud (1920) talks of the effectiveness of dreams in exploring the unconscious. He reports of a case where the patient was over and over again taken back by their repetitive dreams of the event to a traumatic disaster which they experienced, indicating that the unconscious does not give up easily and is determined in its goals. Freud then goes on to discuss the power of the repetition compulsion and how the unconscious or repressed material compulsively forces its way through into the conscious. Again this is characterising a strong, even compulsive quality to unconscious material in people.

Repression is an active force that attempts to force conscious material into the unconscious but it is a far from efficient mechanism. The repressed material constantly and relentlessly will break through that force and resurface again. As we can see these are active and powerful forces we are discussing here. This is not describing a peaceful process; which again highlights the power and strength of the unconscious which is not something that is going to be easily frightened off by a hard contract.

This strength and robustness of the unconscious is probably best summed up by Berne (1957) who states, "... storage in the unconscious is not 'dead' storage. It is not like putting a pile of books in the basement, where they will remain dusty but otherwise unchanged until the time comes to use them. It is more like storing a flock of rabbits. These 'rabbits', fed by the feelings of the moment, breed

and grow more powerful and would soon overrun the mind completely if they were not released." (p.126)

As mentioned before a soft contact is by its nature directionless, indeed it could be called a 'directionless' contract because the word soft can imply a gentleness and sensitivity. A soft contact will often bring up very painful unconscious material for the client, involving feelings of deep shame or anger, so it is not gentle and sensitive in that way at all. Indeed, it can easily be more brutal to the client than a hard contract. If the unconscious was to be frightened off by anything, it would be the potentially very painful emotional consequences of having a soft contract.

The unconscious (or unconscious material) can best be seen as a meandering entity and a cauldron of a mixture of repressed memories, fantasies, urges and experiences. Freud (1920) says that unconscious mental processes are timeless, that they are not arranged chronologically and that the idea of a timeline cannot be applied to them; or as Berne (1957) says, "The conscious mind arranges things and uses logic, while the unconscious mind 'disarranges' feelings and doesn't use logic." (p.123).

As said before, a soft contact creates the 'perfect' environment for deep unconscious material to arise. The nature of the soft contact imitates the directionless, timeless and disarranged quality of the unconscious. It says to the unconscious - the contract is that we can investigate and discover whatever material you want to surface at the time. We will wait until you are ready to do this. It is taking the compliant or cooperative position in relation to the unconscious. It is recognising that the unconscious is in charge of this process. The structure of the soft contacting process is the same as the structure of how the unconscious functions.

If there is a hard contract following the soft contracting process, that tells the unconscious that once the material has been allowed to surface and be recognised, then an attempt will be made to resolve the unresolved issue. Thus allowing it to be worked through and then providing more homeostasis and equilibrium for the person. It would seem that this would be more appealing to the unconscious mind because not only is it encouraging the defiance and erosion of the repression but it is also encouraging the final resolution or working through of that material. On the other hand the structure of a hard contract is opposed to the structure of the unconscious and definitely the deep unconscious. They do not fit or match; the random, timeless, spontaneous quality of the unconscious mind is in opposition to the direction focussed, problem solving quality of the hard contract.

The hard contract has clear and specific goals and direction. As soon as the client and therapist impose a goal and direction onto the therapy, the unconscious material and wishes are not encouraged to express themselves. A hard contract makes no attempt to create an environment in the therapy that will allow the deeper material to begin to surface. It sees no point in doing so. For example, in rededication therapy the goal of therapy is to define a contract for change, diagnose the injunction and impasses related to the contract, then offer the client an opportunity to rededicate the early decisions. There is no point in trying to access the deeper unlanguage unconscious material or encouraging it to surface in the therapeutic process. There is no need to do that in order to achieve the therapeutic goals desired.

How unconscious material can be dealt with in hard contract therapy

Having said that, as was noted above, unconscious material will continue to surface relentlessly whether there is a hard or soft contract. As Berne said, the unconscious is not dead storage but is something that will continue to grow and become more powerful over time if it is not released in some way. Even when there is a hard contract in therapy, the therapist will still need to respond in some way to the client's surfacing unconscious material. It will constantly impose itself in the therapy setting and disrupt proceedings. Rededication therapy uses hard change contracts often and still the unconscious will continue to surface. McNeel (1975) provides a list of examples of how the unconscious may do this in rededication therapy and how the therapist can respond.

1. **Confrontation of incongruity.** The non-verbal transaction is at times incongruent with the verbal conscious transaction, such as when the client shakes their head indicating 'no' when they are verbally saying 'yes'. The unconscious has forced itself into the transactions between the client and therapist to give incongruent transactions. In rededication the therapist will often bring the incongruity to the client's attention so the unconscious then becomes conscious for the client.
2. **Owning projections.** The unconscious can display itself when the client makes a projection of self on to something else. McNeel gives the example of when a client says, "This is a beautiful day." and is asked to own the projection by saying "I am beautiful.". The person's view of their own beauty has been repressed and by owning the projection the unconscious is again made conscious.

3. **Confronting a Parent ego state contract.** The unconscious can sabotage the effectiveness of therapy by suggesting a Parent contract which will not work because it lacks interest and investment by the Child ego state. The therapist can confront this contract and the client becomes aware of how they are sabotaging their own therapy due to the repression of various urges.

Even in a hard contract therapy like rededication, the unconscious keeps surfacing again, showing its tenacity and power. Whilst a hard contract does not directly encourage unconscious material to surface like a soft contract does, the unconscious will continue to arise anyway. In the three examples cited, the therapist has simply made the unconscious material conscious in the client's mind, which can often happen in rededication therapy. However, depending on the situation, the rededication therapist may choose to use the unconscious material further. For example, with the projection of the person's beauty the therapist may ask, "What's wrong with owning your own beauty?" which is an exploratory soft contract question. Then the person may start recalling traumas of childhood that have been repressed and say something like, "My mother would always compare me with my sister and say that she was the beautiful one." The unconscious has surfaced and this would not be an uncommon procedure in rededication therapy but it would quickly lead to a hard contract. After reporting such a trauma the therapist may suggest a contract like, "I want to feel my beauty" and then the client makes a rededication with mother in the empty chair who is disowning her daughter's beauty. Hard contract therapies can and do use arising unconscious material in the process of the therapy as is shown here, not simply to provide awareness to the client of their repressed material but actively in identifying early trauma and in the process of the therapy such as in facilitating a rededication as shown in this case.

Any successful hard contract based therapy has to recognise and find some way to deal with the unconscious repressed material that will regularly surface during the process. A hard contract will not 'scare' off such unconscious material or place it at a distance due to its timidity or the believed fragility of such unconscious memories. As has been shown, the unconscious can quite easily 'stare down' any apparent foe and display its robustness and strength persistently in psychotherapy. However, as noted before, a therapy that uses hard change contracts as its primary focus is not creating an environment that will encourage the deeper unconscious material to surface. It sees no point in doing so, and does not

need that material to successfully complete change contracts and have positive outcomes from the therapy. Hard contracts provide a clear direction and focused quality to the therapy whereas the unconscious is collection of timeless, disarranged urges, feelings and memories. Like a mixture of water and oil - they don't mix.

Soft contracts and the unconscious mix very well because soft contracts are also directionless and meandering, which gives that quality to the therapy which fits well with unconscious material. The deeper unconscious material is given the time, space and environment in which to develop and eventually surface. This is what soft contracts can bring to the therapy process that hard contracts cannot. The deeper unlanguage repressed material is encouraged to arise and surface in some form.

However, unfortunately many people may not have the opportunity to experience such a thing. The surfacing of such material takes time, often a lot of time. Articles and books written about clients who have experienced such therapy are usually in therapy for many months if not many years. The relationship between therapist and client has to take that long before such material will arise into the transference relationship. This somewhat unique group of clients are probably over-represented in the psychotherapy journal literature compared to how many actually occur in real psychotherapy practice around the world, because therapists tend to write journal articles about such clients because they are of personal interest to them and the relationship they have with this small group of people. Most psychotherapy around the world is probably short term, limited number of sessions, hard contract, solution focussed therapy. The soft contract, longer term approach to psychotherapy probably only occurs with a small group of clients because of the time and expense involved. No government, insurance company or other organisation will fund such therapy because of the expense and time it takes. The only way one can really get such treatment is in a self-funded private practice psychotherapy situation. So many of the more psychologically damaged people in the community, those who probably need it the most like the homeless, substance abusing or prison population types of clients, will never be able to access such soft contract, longer-term therapies because of the cost involved. Only a small group of people will ever be able to access their deeper unlanguage unconscious material in the psychotherapy process.

Conclusion

This article shows that the unconscious or unconscious material in the human psyche has a quality of strength and power. It does not sit by

quietly waiting to be asked to come out in psychotherapy. It does not need to be gently coaxed out of its hiding place by the psychotherapist. Instead it will force its own way out with unrelenting persistence into the here and now transactions going on between the client and therapist. Constantly interfering in the communications between them.

Hard and soft contracts create a different ambience in the psychotherapy setting. The soft contract allows for the deeper unconscious material to come out because it creates a tone of free floating exposure when ready. The hard contract does not do this because it provides therapy with a clear direction and focus. This is not encouraging deeper material to surface. However as with any therapy or any human communication, unconscious material will continue to surface whether hard or soft contracts are being used at that time.

As is continually acknowledged in the literature, contracts are at the core of the practice of transactional analysis and the idea of hard and soft contracts are used every day by therapists as they work. However discussion of them in the literature has been spartan to say the least. Except for the work by Sills (2006), Hay (2022) and to a lesser extent Solomon (1986), very little has been said about the nature and use of hard and soft contracts in psychotherapy. Hopefully this paper has addressed the barren landscape on this concept, which is used multiple times every day by almost every TA therapist. I hope this article will stimulate much more writing on this aspect of contracting in the future.

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References

- American Psychiatric Association. (2022). online. <https://www.psychiatry.org/patients-families/psychotherapy#:~:text=Psychotherapy%2C%20or%20talk%20therapy%2C%20is,increase%20well%2Dbeing%20and%20healing>
- Berne, E. (1957). *A Layman's Guide to Psychiatry and Psychoanalysis*. Simon and Schuster.
- Berne, E. (1966). *Principles of Group Treatment*. Oxford University Press.
- Cornell, W.F., de Graff, A., Newton, T. & Thunnissen, M. 2016. *Into TA*. Routledge.
- Dijksterhuis, A., & Nordgren, L. (2006). A Theory of Unconscious Thought. *Perspectives on Psychology*, 1(2), 95-109.

- Erskine, R.G. (2001). The Schizoid Process. *Transactional Analysis Journal*, 31(1), 4-6.
- Freud, S. (1933). *New Introductory Lectures on Psychoanalysis*. W.W. Norton & Company.
- Freud, S. (1920). *Beyond the Pleasure Principle*. W.W. Norton & Company.
- Green, C.D. (2019). Where did Freud's Iceberg Metaphor of Mind come from?. *History of Psychology*, 22(4), 369-372.
- Hall, C.S. (1979). *A Primer of Freudian Psychology*. A Mentor Book.
- Hay, J. (2022). *TA from Then to Now - Professional Intervention*. Sherwood Publishing.
- Heath, L., & Oates, S. (2015). To Change or Not to Change: Reflections on the Role Games Play in Maintaining Psychic Equilibrium. *Transactional Analysis Journal*, 45(2), 91-103.
- Holloway, W.H. (1977). Transactional Analysis: An Integrative View. In G. Barnes (Ed). *Transactional Analysis After Eric Berne*. Harper's College Press. 169-221.
- McNeel, J.R. (1975). *Redecisions in Psychotherapy: A Study of the Effects of an Intensive Weekend Group Workshop (Doctoral dissertation)*. The California School of Professional Psychology.
- Merriam-Webster Dictionary. (2022). Online. <https://www.merriam-webster.com/dictionary/treatment>
- Przybylski, P. (2021). The Three-Cornered Contract in Psychotherapy of the Adolescent and their parents. *Edukacyjna Analiza Transakcyjna*, 10, 115-128.
- Rotondo, A. (2020). Rethinking Contracts: The Heart of Eric Berne's Transactional Analysis. *Transactional Analysis Journal*, 50(3), 236-250.
- Scherer, K.R. (2005). Unconscious Process in Emotion: The Bulk of the Iceberg. In L. Feldman-Barrett., P.M. Niedenthal & P. Winkielman (Eds). *Emotion and Consciousness*. Guilford. 312-334.
- Sills, C. (2006). Contracts and Contract Making. In C. Sills (Ed). *Contracts in Counselling and Psychotherapy*. Sage Publications. 9-26.
- Solomon, C. (1986). Treatment of Eating Disorders. *Transactional Analysis Journal*, 16(4), 224-228.
- Starke, J.G. (1973). *The Validity of Psychoanalysis*. Angus and Robertson.
- Stuthridge, J. (2015). All the World's a Stage: Games, Enactment, and Countertransference. *Transactional Analysis Journal*, 45(2), 104-116.
- Stuthridge, J., & Sills, C. (2016). Psychological Games and Intersubjective Space. In Erskine, R.G. (Ed). *Transactional Analysis in Contemporary Psychotherapy*. Karnac. 185-208.
- Terlato, V. (2017). Secret gardens and dusty roads: Psychological levels and defensiveness in contracting between patient and therapist. *Transactional Analysis Journal*, 47(1), 8-18.
- White, T. (2022). The Life Script Heptagon. *International Journal of Transactional Analysis Research and Practice*, 13(1), 53-61.