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Demand contracts

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Abstract

This article is an examination of demand contracts, an idea originally presented by the author a few years ago. It seeks to further develop this idea of such contracts which often occur unstated in many therapy situations. Further clarify what a demand contract is, impacts on how it can contribute to client's lying, permissions given by the therapist can how games and enactments can be played out in psychotherapy. This paper also demonstrates how client's and therapist's always have a dual relationship in their work together and how demand contracts play a role in the formation of such a dual relationship.

Keywords: contracts, introjection, permission, lying, dual relationship, bystander, game, enactment, psychotherapy.

Introduction

Demand contracts are contracts the therapist demands the client makes. White (2021) has discussed these before and this article seeks to elaborate that theory more so. Often therapy will not proceed unless the client agrees to making a number of such contracts with the therapist. In this way demand contracts have quite an authoritative quality and can be seen as a parental statement by the therapist. These are statements by the therapist to the client that are usually non negotiable.

Examples of demand contracts may be:

I require you to agree to not use any illicit drugs.

I require you to close all the escape hatches.

I require you to agree to have 2 sessions per week.

I require you to make a no suicide contract.

I require you to have an exit consultation before ending therapy.

I require you to not look at any child pornography.

I require you to not self harm

I require you to not beat your wife.

Holidays are taken by the therapist at these times.

Confidentiality is kept except for these exceptional circumstances such as a subpoena.

Demand contract transaction

One would hope that the transaction of a demand contract would be an Adult to Adult exchange between the client and therapist. The social level transactions as shown in Diagram 1.

Social level

Therapist: This is the contract I propose for these reasons.

Client: I understand and agree to the contract

Unfortunately that may not happen and the client may see the demand contract process not as an Adult exchange but as a Parent to Child and Child to Parent exchange as shown in diagram 1 at the psychological level transactions.

Psychological level

Therapist: Parent to Child: You have to do what I demand

Client: Child to Parent: I don't like being forced by you. I resent it.

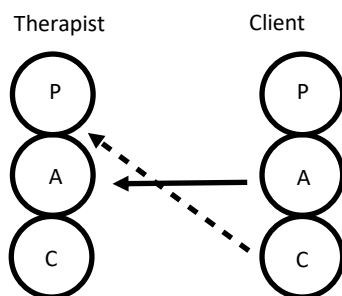


Diagram 1

Social and psychological transactions in establishing a demand contract

Source: own materials.

By its nature a demand contract is a demand by the therapist to the client and as stated before it can then have an authoritative or parental quality to it. It would be quite easy for a client to perceive the psychological level transactions shown in diagram 1. Thus setting up a parent and child structure to the therapeutic relationship. The diagram shows the client responding in a resistant or rebellious way. They could just as easily respond in a conforming way. However as is often the case the person may switch between conformity and rebellion at various times in the therapy process. This is one of the unwanted consequences of demand contracts in that it perpetuates a parent child relationship with the client. Which can then lead to the client rebelling against the therapist at times.

Demand contracts and lying

Another problem with demand contracts is they encourage lying. A good example of this is the demand contract required by some drug treatment services. They will require the client to agree to be abstinent while receiving treatment from that drug treatment centre.

Significant research has been done on client's lying to therapists. For example as Blanchard and Farber (2020) note some clients will conceal from a therapist that they have suicidal thoughts because of the unwanted impacts of that, like possible involuntary hospitalisation. Additionally Curtis and Hart (2020) note that whilst it is widely regarded that all people lie most people tell fewer than two lies per day. However with regards to psychotherapy some personality types are more prone to lying than others. The most obvious example being the anti social personality, borderline and paranoid personalities could be more prone to lying.

Clients tend to lie more than therapists generally believe as most have the view that the therapeutic relationship has truth and honesty as its basis. Martin (2006) states, "It was concluded that lying in psychotherapy is a common phenomenon that may be influenced by clients' perceptions of their therapists and the therapeutic alliance." (p. v). Blanchard and Farber (2016) report their findings that 93% of people report they have lied to their therapist with 72% lying about a therapy related topic. Common lies are about liking the therapist's comments, wanting to end therapy, lying about self harming, romantic feelings towards the therapist, the value of therapy, lies because of embarrassment or feelings of shame.

Some of these lies are of little therapeutic consequence but others can be vitally important. For example a client lying about their drug use, saying they have not used when in fact they have. It is crucial for a therapist to know what the drug user is using, how often they are using and how much they are using.

This is critical information when making therapeutic decisions about the client. Lies like this can have important negative therapeutic consequences.

If the therapist has a demand contract that the client will be abstinent during treatment then lying about drug use is likely to increase. If a client has invested three months of their time and all the money as well in their treatment, are they going to say they used when they know it may result in them being refused more treatment? The motivation to lie is high because of that demand contract. In addition as White (2023) demonstrates, there is saying in the addictions field, "If you don't want to be lied to about a drug user's drug use, then don't ask the question." The vast majority of drug users at some point will lie about their drug use. The possibility of lying about that is high because drugs users are lying to themselves as much as they are lying to the therapist.

One must be aware that having demand contracts about illegal activity such as physically assaulting a partner or looking at child pornography can significantly increase the likelihood of the client lying. Most countries and most professional organisations require a therapist to mandatorily report such client behaviour to the authorities. Most client's would know this and know that if they told the truth about not keeping to the demand contract then their treatment from that point would usually cease and they would also have to deal with the legal consequences.

Some therapists can take the lying by client's personally. Curtis and Hart (2015) note that some therapists can respond with feelings of anger, negativity to the client, embarrassment, reduced trust, increased suspicion and a reduced desire to continue counselling when they discover a client has lied to them.

Such reactions would seem to be most unfortunate and counter productive. My view is that most clients (people) do the best they can with the resources they have available to them at the time. If they lie that's what the Child ego state feels it needs to do at that time. It seems the therapist must learn how to not take it personally. Also it is just part of the business of counselling at times. As White (2023) notes if you are going to work with drug users then you are going to be lied to, multiple times. It is just part of how that world works. In addition lying is often seen as a diagnostic criteria of the anti social personality type. If you are working with clients like this then you are guaranteed to be lied to. Samenow (1980, 1986) has done significant work on the process and role of lying in the anti social personality and he notes that at times such lying is simply habitual. In some instances there may not even be a reason for the person to lie but it is done purely out of habit.

Also therapists are often asking very private questions. For some self harmers, they perceive their self harming to be a very intimate and private thing they do. If you are asking a young female if she cuts herself and she says no, one needs to keep an open mind about that answer as later more information may

come to light. Also the type and degree of self harming may not be fully disclosed at first. To such a person it can be a very private matter so if they lie then don't take it personally. If you, the therapist were a client being asked about very private things then you may do the same as well.

However the main point at hand is some demand contracts can significantly increase the likelihood of lying by the client. If a client agrees to the demand contract not to look at child pornography and then does, he is left with a critical decision either to lie or to disclose that knowing it could result in the cessation of treatment and possible reporting to some kind of authority.

Some say you can't do successful treatment if the client lies in any significant way. For example Newman and Strauss (2003) note that the whole process of case conceptualisation can be thwarted by such deceptions. Kernberg (1992) says that such deceptions can "...infiltrate and corrupt the entire psychotherapeutic process and are a major reason for stalemates and failure." He goes on to say when such lying occurs the therapist must open up the communication and resolve the client's psychopathic transference.

I generally don't agree with these sentiments. However there are some lies that do significantly impact the treatment strategy and case conceptualisations the therapist has for the client and if that is based on false information then treatment can be significantly impacted in a negative way. It is in this way that demand contracts can have a negative effect on positive therapeutic outcomes. One needs to accept that this is sometimes just a part of the psychotherapy profession. However in the majority of instances significant lies may slow down or way lay the therapeutic progression of the client but most often sooner or later the therapy gets back on track and psychological growth in the client continues.

Demand contracts and implied permissions

One could then argue that it is best not to have demand contracts. However there are also significant advantages from requesting some demand contracts for the client. A demand contract is a potent way for a therapist to impose their value system onto the therapeutic process with the client.

If a client reports that he hit his wife and the therapist says nothing, moves onto something else then the client can take that as an implied permission that violent behaviour is okay. If the therapist says nothing then they are taking the bystander role in the therapeutic relationship at that point in time. The client gets the message from the therapist that the behaviour is okay or at least not objectionable enough to say anything about it. Hence there is an implied permission from the therapist to the client. This has been discussed before by Clarkson (1992) who addresses the idea of the bystander role and states, "Many peo-

ple may participate passively in violent or oppressive situations. By not challenging or intervening they give tacit permission to the abuse of power occurring in their environment.” (p. 286). See diagram 2. In that transaction there are three transactions as shown.

1. Client reports that he hit his wife
2. Therapist says and does nothing in response to the client reporting such behaviour. Therapist moves on and talks about something else thus taking the bystander role.
3. Client can take a tacit or implied permission from the therapist that it’s okay to hit his wife.

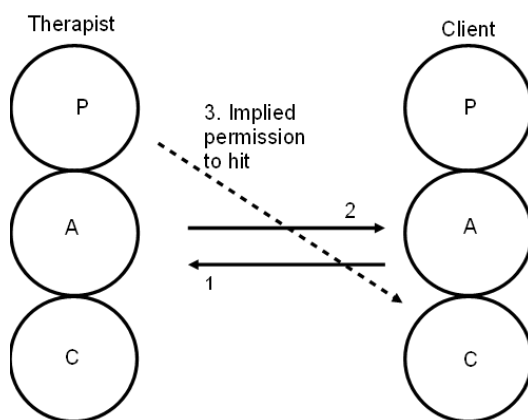


Diagram 2

Mechanism of implied permission through therapist inaction

Source: own materials.

A demand contract moves the therapist out of the bystander role in a powerful way. Not only is the therapist stating and identifying the not okay behaviour he or she is requiring that a demand contract be made about it. The therapist is saying to the client, “This therapy cannot proceed unless you contract not to continue that behaviour.” Such a demand contract is a good and potent way a therapist can introduce their value system into the therapeutic relationship. Once done the therapist has clearly moved out of the bystander role and is taking some direct action to deal with the unacceptable behaviour. No implied permission is given to the client to behave that way.

However a demand contract has even further psychological implications in these circumstances. If the client and therapist have an ongoing therapeutic relationship then introjection of the therapist by the client is inevitable. When this happens clients will say things like, “I was talking with my boss the other day and then I heard your voice in my head say....”. Such a comment means the client

has introjected the therapist into their Parent ego state as shown in diagram 3. A demand contract, as stated before, is a powerful way by which a therapist can communicate their value system.

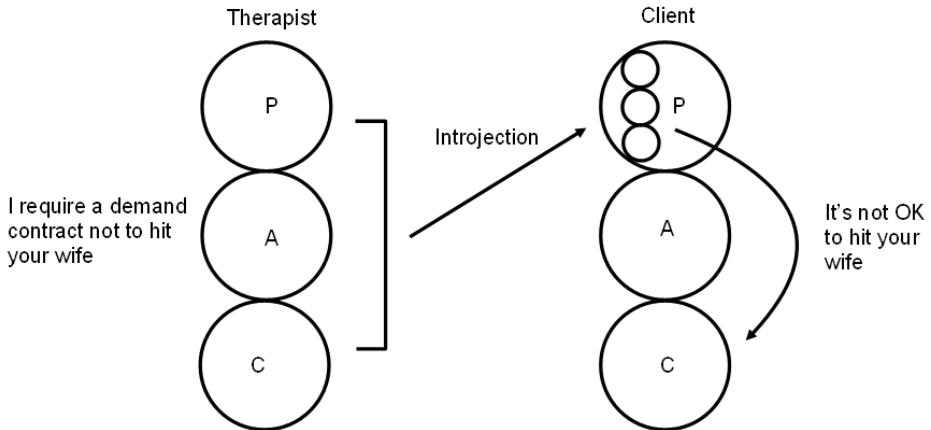


Diagram 3

Introjection of the therapist's value system through a demand contract

Source: own materials.

The demand contract communicates to the client the therapist's value system and beliefs about physical violence. Over time this will be introjected by the client. Once done the introjection remains in the client's Parent ego state. This results in the client then having an internal voice saying that it's not okay to hit people. The demand contract ends up becoming part of the client's personality and an internal prohibition about the behaviour starts to play a role in the client's future decision making. As you can see demand contracts can play a significant role in the permissions given to the client and the introjections they can take from the psychotherapy relationship over time. These are notable therapeutic advantages of demand contracts.

Three types of contracts in psychotherapy

Eric Berne (1966) identified three types of contracts which the therapist and client must address if psychotherapy is to proceed. First there is the administrative contract where the administrative aspects of the relationship are defined and understood by both client and therapist. This is mainly a series of demand contracts by the therapist. For example the therapist states to the client that therapy can occur on:

These days
At these times
At this location
For this fee
The cancellation policy is this
This is the type of therapy done
Sessions are this long and this frequent
I work with these clients
Confidentially happens except in these instances

All these are defined and stated by the therapist and if the client does not agree with any of them then therapy is probably not going to occur. These are in essence a set of demand contracts that the client has to agree with. As mentioned before demand contracts tend to set up a child parent relationship dynamic in the therapy relationship. Even before the client has had their first session they are confronted with a set of demand contracts which will remind them of how things were as a small child with his parents. Parents also define many aspects of a small child's life which it essentially has to agree with. Indeed it may be this that sets the stage for strong transference reactions to occur and could explain why this particularly happens in the therapeutic relationship. The set of demand contracts they are required to make contribute to a heightening of transference feelings by the client in this particular relationship.

Berne then talks of the professional contract or goals of treatment. These are not demand contracts and the client has much more input into what these are. Sills (2006) talks of this being a 'shared articulation' of the desired outcomes of therapy. These are mutually agreed upon goals of therapy.

Finally Berne talks of the psychological contract. These are often the unspoken, unconscious expectations that are brought to therapy mainly by the client but they occurs in the therapist as well. Berne (1966) talks of people coming to therapy to confirm their life script or to learn how to play games better. The unassuming woman seeks out others to tell her how to live her life and may look to the therapist to do the same. Or the man who felt abandoned by his mother, who was always sick and tired and never there for him emotionally. He will seek to recreate this with the therapist and end up feeling rejected and abandoned by him. As one can see these also are not demand contracts

These three types of contracts that Berne talks about, illustrate how the therapist and client always have a dual relationship. They have two concomitant relationships that exist at the one time. They have a administrative or business relationship defined by the administrative contract and a psychological or therapeutic relationship defined by the psychological contract. All clients and therapists have these dual relationships. The boundaries of these two relationships can and do get blurred at times especially by the client, but the therapist can also confuse these boundaries.

It is the demand contracts that form the administrative contract that provide fertile ground for blurring the two relationships. In the therapeutic relationship, at times clients will develop strong emotional reactions to the therapist that can include negative and hostile feelings. These can provide the basis for creating enactments and relationship ruptures with the therapist by using the demand contracts the client initially agreed to.

The client can use the transference relationship to create an enactment where she can fulfil her psychological contract. This may include such unconscious psychological motives like

She will be rejected and abandoned by the therapist

Her needs and wants are not important

That she is unloveable

That you can't trust anyone

To create the psychological contract game or enactment the client can blur the boundaries with the therapist by using the business relationship demand contracts of the administrative contract. The client may say such things as:

They have reduced my hours at work so could you reduce your fee?

I know we have the no self harm contract but my dog died and so I did cut myself this week.

I missed the appointment because my daughter cut her hand and I had to take her to the emergency centre at the hospital so could you not have your cancellation fee in this case?

I have had a lot of expenses this week so can I pay you at the next session?

I am feeling particularly vulnerable at this time so can I have an extra session per week for the time being?

In these cases the lines between the business relationship and therapeutic relationship have been blurred by the client. The dual relationships are being used by the client to invite the therapist into an enactment with the therapist. The demand contracts are a clear way to blur such boundaries. For example a client may say, "I have had a big conflict with my mother so could I make a session with you on Saturday? I feel very vulnerable and want to renew my no suicide contract.". The client also has previously agreed to the demand contract that the therapist does not work on weekends. As soon as the client starts to try and negotiate with the non negotiable demand contracts a red flag should be raised in the therapist's mind. Of course this may not be the first move in a game but it certainly could be and the therapist needs to remain alert to that possibility.

At the psychological level in this case the client may be saying:

Prove to me that I am a special client and that you will bend the rules for me.

Prove to me that I am loveable.

Say 'No' to me and show that I am rejected and really have no one I can trust and rely on.

Most therapist's are kind compassionate people and want to help the client so many will feel some kind of angst at such request for a weekend appointment. They also want to keep to their boundaries as defined by the demand contract and at the same time will feel for the client's distress. At some level most client's will also know this attempted negotiation of the demand contract it is likely to create some kind of emotional angst in the therapist as well. As soon as a client seeks to negotiate with the non negotiable demand contracts a red flag must be raised as this could end up as a relationship rupture as the game progresses. The administrative relationship is being blurred with the therapeutic relationship by using the demand contract.

Of course the therapist can do the same. If he is feeling dislike of a client because he has worked on the weekend with them, then the therapist can start (often unconsciously) to restrict the number of available appointments knowing that this will have a punishing effect on the client. In this case the therapist is blurring the lines of the dual relationships with the client by using a demand contract to express his dislike of the client.

Conclusion

Demand contracts, lying, games and enactments and dual relationships are all connected in the ways explained above. This is a new area, the study of what demand contracts are and how they play a role in psychotherapy. They have both positive effects on the therapeutic process by allowing the therapist to give permission to the client and negative effects such as by increasing the likelihood of the client lying to the therapist. There is certainly more theory development to be done on this topic.

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Kontrakty narzucone w psychoterapii

Streszczenie

Artykuł stanowi analizę zjawiska kontraktów narzuconych, koncepcji pierwotnie przedstawionej przez autora kilka lat temu. Celem tekstu jest dalsze rozwinięcie tej idei, dotyczącej kontraktów, które często pojawiają się w sposób nieuświadomiony w wielu sytuacjach terapeutycznych. Autor precyzuje, czym jest kontrakt narzucony, oraz omawia jego wpływ na skłonność klienta do kłamstwa, znaczenie udzielanych przez terapeutę pozwoleń, a także sposób, w jaki gry i odgrywanie ról mogą przebiegać w procesie psychoterapii. Artykuł pokazuje również, że relacja terapeutyczna zawsze ma charakter podwójny — klient i terapeuta funkcjonują jednocześnie w dwóch płaszczyznach relacji — oraz że kontrakty narzucone odgrywają istotną rolę w kształtowaniu tej podwójnej struktury relacyjnej.

Słowa kluczowe: kontrakty, introjekcja, pozwolenie, kłamstwo, relacja podwójna, obserwator bierny, gra, odgrywanie, psychoterapia.