



Counseling

Dorothy Bickling
Don Dinkmeyer, Sr., *Column Editors*

This section is devoted to presenting Adlerian counseling cases, situations, or transcripts that will be evaluated and analyzed by the editors or guest reviewers. Counselors and therapists are invited to submit cases and transcripts of counseling that include the following information: (a) sex and age of counselee, (b) background information, (c) reasons for initiating counseling, and (d) actual incidents (preferably verbatim or descriptions of a situation). This material should be typed and double-spaced and not be longer than four pages. Send contributions or questions to: Dorothy Bickling, 25 Minot Avenue, Acton, MA 01720.

The Relapse Technique in Counseling and Psychotherapy

Raymond J. Corsini

A number of years ago, out of a feeling of mischief, I counseled a family to do exactly the opposite of what they had been doing before counseling, *after* the presenting problem had been solved!

In Family Counseling

Mother had stated that she struggled daily with her two boys (ages 8 and 10) about going to bed. She would start about 7 P.M. and fight with them until 9 for them to go to bed, and finally they would drop off to sleep about 9:30. The fight exhausted her and disturbed her husband. I advised her to give the children complete freedom to go to bed whenever they wanted, but then to wake them up mornings in time to go to school—and to do nothing else. She complained that this would not work since her kids “never needed sleep.” She was so insistent on this that I was annoyed (my annoyance led to my later use of the “relapse technique,” as shall be explained). Nevertheless, she followed my advice and, sure enough, within two weeks the problem was solved. The children were going to bed on their own and were asleep by 9:30, as they had been before. Things were much more peaceful at home, and the mother was surprised and gratified.

However—and here is where the relapse technique comes in—I told the mother that now there was an additional, extremely important aspect of the treatment. She was now to keep the kids up at least one hour past 9:30 P.M. and to attempt whatever methods to achieve this she and her husband could imagine—such as playing games, telling stories, pointing out that there would be something very good on television—and to insist that they stay up. Mother thought that I was out of my mind, and even the regular members of my family counseling group wondered about this strange suggestion; but I insisted—and mother finally, reluctantly, agreed to try it. When she returned, her account of what happened generated considerable amusement; she described one evening in which she and her husband were pushing on the children’s bedroom door with children at the other side pushing back, yelling that they needed their sleep and should be let alone. I got my mischievous satisfaction in proving to her and to others that she was wrong in her original assessment that her children didn’t need sleep. And that was the end of this technique for a while.

In Marriage Counseling

In marriage counseling I generally employ a contract method (Corsini, 1967; Corsini, 1970; Phillips and Corsini, 1982), which in essence asks the husband and wife what major often-occurring behaviors of the mate they would like to see stopped and what other behaviors started. The desires are clearly demarcated and defined by the counselor, and then each partner is asked to agree to do as the other wants for one week. On the second week, further extension of the contract is made. This apparently simple and logical method works quite well for some cli-

ents, but not for others, who eventually appear to revert back to their old behavior.

To illustrate with a sample problematic couple: At Session 1 the husband requested (a) no smoking in the bedroom, (b) a home cooked meal five evenings a week, and (c) sex three times weekly; the wife asked for (a) her husband to come home at an agreed time at night, (b) her husband to take her out at least twice weekly, and (c) her husband to visit her mother with her. Both partners agreed to all three of the propositions and, at the second session, both agreed that each had lived up to the contract. Also at the second session, the following further requests were made: The husband asked his wife to pay bills on time and the wife asked for a pet in the house. Both agreed to these additional requests, and on follow-up at Session 3 all was working out well, everyone living up to the agreements. As time went on, however, relapses began, and eventually the wife was again smoking in the bedroom, the husband not coming home on time at night, and so forth, with each complaining about the other.

With another couple who came to their third conference with each partner expressing satisfaction with the other's new behavior, I insisted, to their consternation, that they were now to relapse to their old behavior. Both were shocked when I suggested that for one week the husband was:

1. To tell the wife what she was thinking and feeling.
2. To gain weight by overeating.
3. To refuse to do any chores whatever.
4. To be rude to guests.
5. To hog the conversation when guests visited.

The wife also had to do five things that she had stopped doing:

1. Be late for every single appointment with her husband (who would meet her at work to drive her home).
2. To nag him daily for at least a half hour about his not helping around the house.
3. To leave at least ten items of clothing on the floor of the bedroom and the bathroom.
4. To play at least one hour of solitaire daily.
5. To talk to her mother on the phone in the evening at least a half hour daily.

We spent practically the whole session in argument, both partners adamant in their refusal to follow my directions. I, in turn, was insistent on their following my directions explicitly; I told them I would no longer see them if they refused to cooperate. Puzzled, they finally agreed to relapse to their old behavior for one week. I typed out specific directions for their misbehavior, gave each a carbon, had them sign my original,

and warned them that I would not continue to see them unless they lived up to their agreement.

On the following week, they both confessed that, although they had tried every one of the misbehaviors, they had not succeeded, and that the two of them were in constant laughter at the stupidity of their own prior behavior. For example, when the husband would begin, "I know just what you are feeling—," the wife would attempt to listen with a straight face and then both would get to laughing so that he could not finish his sentence. When the wife was late in meeting him she would be late by about a half minute instead of her usual ten minutes. When she tried to play solitaire, she would be bored and just toss the cards without looking at them for an hour; after three or four days she just gave it up.

What do clients learn from this paradoxical therapy of relapse? The answer I consistently obtain from clients is that they learn the silliness of their prior behavior, and that they come to realize full well that the former behavior is an example of unintentional sabotaging revenge behavior. What is important is this: In my experience, when couples have agreed to relapse, they never really succeed, but the old behavior does not reappear as readily as when the relapse technique is not used.

My major difficulty with this technique is that I am not always successful in getting couples to relapse. Some, so delighted with the new behavior of the other and so happy with their own giving up of such punitive behavior, will not even begin to listen to me when I suggest (no matter how strongly) that they relapse.

Theory

It is evident that this technique is only another example, although perhaps an unusual one, of paradoxical intention. Of the two instances cited, in one case a mother was conned into doing precisely what she was afraid of originally, that is, allowing her children to stay up past their official bedtime, and in the other case a couple was asked to repeat their original, precontract errors. In both cases, there was massive resistance and the usual development of a better understanding of the futility of their original behavior.

However, for a theoretician, which all therapists should be, whether or not a technique works is not as important as understanding why it works and under what conditions it should or should not be employed. Also, it seems urgent to know when and by whom it should be used. Let us attempt to discuss these points.

Why. The reason this system works is that a person who has made

an error (the mother in trying to get her kids to bed before they were ready; the couple in doing a variety of things to annoy one another) and corrects it is generally so happy with the new behavior and its result that there is a reluctance to go over the reasons for employing the ineffective method in the first place; there is a strong possibility, however, that the person who tries something new and better has not really learned in any depth the basic motivations and dynamics of the old behavior and is therefore likely either to go back to it or else to attempt something new, *different but similar*. The relapse technique could well be called “rubbing one’s nose in it” or forcing a person to see an original error quickly, thereby generating a deeper understanding and a stronger desire to avoid similar behavior in the future.

What. The proper time to employ this procedure is only after there is satisfaction on the part of clients, who are induced to repeat the previous sabotaging behavior only after they have succeeded in correcting it. Whether they actually engage in the misbehavior is not very important, I am convinced. What is important is that there be an argument with the counselor/therapist leading to the clients’ agreeing to repeat their error. The discussion alone has paradoxical elements that force the clients to argue against the previous behavior; even after both parties (as in a marriage) agree to go back to their bad behavior, in my experience, they really never are able to repeat it. For example, one who uses bad language may go back to saying the same words, but without the original tone of voice.

Who. The person using the relapse techniques should, of course, be a capable counselor who has the complete confidence of the client(s). In a sense this is what occurs:

Client. You are wonderful; things are so much better because of you.

Counselor. I am pleased. Now, I want you to do something very important. Will you do it even though you don’t know what it is that I am going to ask you? [Devil’s Contract]

Client. Why no—I can’t promise to do something in advance. I must know what it is.

Counselor. Okay, but I want to assure you it is very important and I am sure you will honor my request.

Client. I trust you. What is it?

Counselor. I want you to do this: Keep your kids up until 10:30 P.M. every night from now on for a week. [Or, Smoke in your bedroom every night for a week; or, Refuse to do any chores for a week.]

Client. No. That's crazy. Why do you want me to do that?
Counselor. I have my reasons. [. . . and so on . . .]

When. This technique should be used when the counselor feels certain that good results have been obtained but that there is a chance for the person to revert to old behavior; it is also desirable for the client to be well satisfied with the results of counseling so far.

Summary

The relapse technique is an example of paradoxical intention or negative practice—doing what is wrong, useless, ineffective, or previously feared, but doing it consciously. The purpose of employing this technique of relapses, paradoxically, is to prevent relapses. It seems especially useful with strong-willed individuals who have pursued their goals with great energy but without success, and who have finally tried new ways that have worked without their really understanding why. By forcing them to argue why they should not go back to their old behavior or to do exactly the opposite of what they had been doing before, one helps them find insight into the stupidity and futility of their old behavior. By actually doing what the counselor suggests, the client almost always finds the result to be humorous and insight producing. It is an example of what Saposnek (1980) considers the Aikido model employed in brief strategic therapy. This conceptualization is found in a number of therapeutic systems including Adlerian therapy and logotherapy as well as some of the newer family therapies. Its main value is that it hastens effective counseling and tends to prevent relapses, which are ordinarily so common under most counseling conditions.

References

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Discussion: Column Editors

The technique presented here could be effective only under certain conditions: (a) The counselor must first of all assist in the client's changing the original behavior; (b) the new behavior must be learned and the client must value the changes; (c) the counselor must believe in the effectiveness of the relapse technique to present it with conviction; (if it is presented only as a gimmick, its effectiveness could be questioned).

Although in the case material presented for the marriage counseling example one could say that each of the spouses was in fact engaging in sabotaging behavior (revenge), that wasn't the case in the family example. The mother there was not seeking revenge, but rather was showing lack of faith in the judgment of her children. She was fearful that they would not get enough sleep and therefore assumed a "good mother" role. In so doing she attempted to be the only thoughtful one and thus deprived the children from assuming responsibility for their bedtime behavior.

The question for a counselor proposing to use the relapse technique is, can the client generalize from the presenting problem—that is, from bedtime problems to other areas. If the mother allows the children to get themselves to bed, does she then continue her "good mothering" in other areas of the children's lives. If the mother sees the absurdity of her former actions in one area, can she look at other areas with similar understanding?

A similar question can be asked with respect to the couple: If the former ways of sabotaging the relationship are made explicit, does the sabotaging take on a different form or is it actually eliminated? If one is asked (required) to reenact one's former behavior and one can see the absurdity of it, what has one learned? A by-product of this relapse technique for use with couples might be the cooperation of the couple working against the therapist's request to do what they formerly did. Now that they are required to do that former behavior they can look at it in a new light.

The therapist using this technique is really giving the clients the choice between the former behavior and a new effective behavior. Perhaps other therapists could use the relapse technique with clients whom they judge to be likely candidates for relapse. We need to collect more data on this unique technique.

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