Ordeal Therapy

Unusual Ways to Change Behavior

By

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Crown House Publishing Limited
www.CHPUS.com
www.crownhouse.co.uk

Published by
Crown House Publishing Company, LLC
6 Trowbridge Drive, Suite 5
Bethel, CT 06801
www.crownhousepublishing.com

and

Crown House Publishing Ltd
Crown Buildings
Bancyfelin, Carmarthen, Wales SA33 5ND, UK
www.crownhouse.co.uk

First paperback edition ©2011 by Madeleine Richeport-Haley
Reprinted 2013 and 2014

Hardcover edition ©1984
by Jossey-Bass Publishers, Inc. (ISBN: 9780875895956)

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Library of Congress Catologing-in Publication Data

Hay, Jay
Ordeal Therapy.

Includes index.
1. Psychotherapy. 2. Family psychotherapy.
3. Psychotherapy, Brief. I. Title.
RC480.H26 1984 616.89'14 82-49252
ISBN 978-1935810056

13 Digit ISBN: 978-1935810056
10 Digit ISBN: 1935810057

Manufactured in the United States of America

Preface

This is a book about the absurd dilemmas people find themselves in and the absurd solutions offered them in therapy. The reports are accurate descriptions of actual cases. When the dialogue is lengthy, it is based on verbatim audio- and video-recordings. A piece of fiction is included as an epilogue, but even that story is based on an actual case. It was planned to be one of a series of stories, and it is reprinted here with the permission of *Voices,* where it first appeared.

I wish to thank the therapists I supervised in these situations for allowing me to present their work here. The therapy was usually done in one-way-mirror rooms with live supervision; some of the therapists were in training, and others were colleagues I was assisting. I also wish to thank the families and individuals who experienced the therapy; they have been carefully disguised to protect their anonymity.

Bethesda, Maryland — Jay Haley
January 1984

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A Touch of Penance

She was a woman in her early thirties who looked harassed and disheveled. Obviously attractive, she had let herself go as if she didn't care. "Look," she said, and showed me her hands. They were wet with perspiration—almost dripping. "I work in an office," she said, "and every paper I touch gets wet unless I constantly dry my hands."

She said she had begun to suffer from extreme anxiety about two years previously. The form the anxiety took was regular outbursts of perspiration, particularly on her hands. She couldn't say what she was anxious about; it was just a general feeling of anxiousness that seemed to come over her for no reason. She had spent the last year in therapy with a focus on the past, particularly her childhood experiences and traumas, searching for the basis of her anxiety. The symptom continued to get worse. Finally she was referred to me because something had to be done or she would lose her job, as her wet hands dampened everything she touched. "My family needs the money," she said. "I have to work. We're far into debt, and if I lose my job,

we're in real trouble." She told me she had four young children and a husband. When she mentioned her husband, she said their marriage was "all right," in a way that indicated it was not. Her manner made it clear she did not want to discuss her marriage.

Talking with the woman about her life, I found it was a busy one. She not only held a full-time job but also took care of the four children, the youngest just starting school, without household help. She did the cooking and the washing and spent weekends doing the heavy cleaning. Days off, as well as vacations, were out of the question. Her husband "helped some," she said. He was a salesman and his income was "irregular." When her husband was mentioned, she changed the subject to her anxiety and its physical sensations.

A dutiful woman who seemed always to strive to do the right thing and shoulder all the burdens, she found that somehow her anxiety attacks prevented her from doing what she should. On many weekends, she said, she just had to sit and do nothing instead of doing the housework, because of the stress of the anxiety. Her house was often a mess, no matter how she tried. Her anxiety and her wet hands made everything just too difficult to do. I asked her whether there was something specific she should do more of that she wasn't doing that would make her feel better if she did it. She said that if she washed and waxed the kitchen floor more often, she would feel better. She just couldn't stand a dirty kitchen floor, yet her floor was usually that way. She also said she should do more with the children —take them more places, spend more time with them, help them with their homework. Having been raised a Catholic, she also wished to take the children to church more often but didn't feel up to it.

The woman talked about her life with some reluctance, saying that she was there for her anxiety and her wet hands, not to tell her life story. Her other therapy had been talk, talk, talk and hadn't changed anything. I took these statements as an expression of her willingness to take action and agreed that she needed a drastically different therapy. When I asked whether she was really ready to get over the problem, she said of course she was. She was ready for anything. Would she make a sacri-

fice, I asked? Of course, she said. Would she do something that seemed strange and take my word for it that it would solve her problem? She began to hesitate and asked what I meant by "strange." I told her that it would be strange in the sense that it would be different from her previous therapy. She said that that would be fine as long as it worked.

"There is something I want you to do," I said, "and I want you to do it exactly, with no modifications or improvements of your own."

She asked what she was to do. I assured her it was something she could do, that it would not violate any moral standard, but it would be something she would not like. In fact, she would not like it so much that she would give up her anxiety rather than do it.

As she puzzled over this, I asked her whether she could clearly tell when she was abnormally anxious and when she was not. "Certainly," she said. "It's when I break out in perspiration and my hands are wet."

"You can tell that anxiety and perspiration from normal anxiety and sweating on a hot day?"

"Of course," she said. "There's no question."

"Fine," I said, "and do you like a good night's sleep?"

Puzzled, she replied, "Of course I like a good night's sleep. Who doesn't?"

"Well, I am going to ask you to make a sacrifice," I said. "You say you want to get over this problem quickly. Are you determined to get over it?"

"Yes," she said, "I have to."

I began to talk to her about physiology. I pointed out that the body digests food without our having to think about it or know how it happens. The body also maintains the correct temperature. When we're too hot, we perspire to cool the body by the evaporation of water from the skin. Sometimes the body is not functioning correctly, as in her case, and she perspired from anxiety rather than because it was hot. She would therefore have to arrange that her body function correctly.

"How on earth can I do that?" she asked.

"If you follow a simple procedure, you can do that," I

said. I gave her the example of a child who learns, without knowing how, to control his sphincter so that his bladder holds in water until he goes to the bathroom. With some children, the body is malfunctioning and the sphincter releases water from the bladder while the child is in bed asleep. The task is to persuade the body to retain the water until the child goes to the bathroom. Sometimes it is necessary to have the child do something that requires the body to begin to perform correctly.

"What can be done?" she asked.

The problem, I pointed out, was to arrange that the child do something that is harder on his body than wetting the bed, and his body will gain control. For example, I pointed out to her, a seventeen-year-old boy had come to me because he wet the bed every night and had always done so. Usually the wet bed woke him up, and he'd change the sheets, climb back into the dry bed, and sleep the rest of the night. His problem was that he was about to go away to college. It was just too embarrassing to wet the bed at his age in a college dormitory, and so he wanted the problem solved. I said I could help him solve this problem himself, since he was old enough to do so. I asked him what he considered a long walk. He said he considered a mile a long walk, since he didn't exercise much. I explained to him that he needed to do something that was more difficult for him than wetting the bed. Doing that would stop the bedwetting because his body would change its physiological response and his sphincter would gain control. If he wanted fast action, he must do something that would be hard for him to do. He agreed to do what was necessary. I told him that if he wet the bed that night, he was to climb out of that wet bed, get dressed, and walk one mile. Then he was to undress and climb into the wet bed, without changing the sheets, and sleep through the night. The next night, if he awakened with a wet bed, he had to repeat the procedure. He had to do that every night until the problem was gone. He was rather shocked at the idea of walking in the night and climbing back into a wet bed, but he agreed. I added that there was always the possibility that he might not wake up in the night but might awaken in the morning with a wet bed. If so, he should set the alarm the following night for

two o'clock in the morning and get up and take the mile walk that he owed. Thus, any night the bed was wet, he must go through this physical act so that his body would change its responses.

The young man dutifully clocked one mile in his neighborhood that afternoon. That night, when he awakened with a wet bed, he got up and did his mile walk. He did that regularly. Within two weeks he was wetting the bed only occasionally, and in a month the bedwetting had stopped.

I didn't mention to the woman that after the youth had got over his problem, his parents had come to me and said they had a marital problem that had increased with the possibility of the son's going away from home. Now that he was over the bedwetting problem, he was really going to leave them. They were not sure their marriage could continue if they no longer had a child with them. I spent time with them resolving issues in their marriage. The youth went to a local university and so was nearby, but he decided not to visit home for three months to aid the separation from his parents.

As I told the woman about that youth, she was interested, although she didn't seem to like to have her profound anxiety compared with a bedwetting problem. As she understood the rationale behind what was going to be asked of her, I said, "In your case, you must do something that is so hard on you that your body will simply stop perspiring inappropriately and begin to function well."

"Heavens," she said, "what could be harder on me than this anxiety?"

"I know what you must do," I said, "and now that I have your agreement to do it, I can tell you what it is." She waited expectantly. I said, "You'll have to do something in the middle of the night each day that you are abnormally anxious. That is why I asked whether you could recognize the abnormal anxiety when it happened."

"I can recognize it," she said. "In fact, I can't avoid knowing when it happens. But what must I do in the night?"

I looked at her thoughtfully, delaying a response. "Something that will be an ordeal," I said. "Something that is also

Ordeal Therapy:
Unusual Ways to Change Behavior

In this classic book noted therapist Jay Haley explains how and why the use of ordeals work in therapy. He provides an account of the theoretical basis of ordeal therapy, showing how it builds on the work of Milton H. Erickson. The main requirement of an ordeal is that it should cause distress equal to or greater than that caused by the symptom, just as a punishment should fit the crime. If an ordeal isn't severe enough to extinguish the symptom, it can be increased in magnitude until it is. It is also best if the ordeal is good for the person. Examples of what's good for people are exercise, improving the mind, eating a healthy diet, and other self-improvement activities. Ordeals may also include making a sacrifice for others. Haley explains how ordeals can succeed in promoting change even in cases with long histories of therapeutic failure, and describes the use of different kinds of ordeals, outlines the stages of ordeal therapy, and details special techniques to use with different clients.

The detailed and extensive case histories cover a wide variety of clients, problems, and therapeutic difficulties. Haley discusses stances to take with different types of clients, strategies to use when working with individuals alone or with several family members, pitfalls to guard against, uses of different kinds of ordeals, stages of ordeal therapy, and important considerations when giving directives involving ordeals. He also gives advice on cases that present special therapeutic dilemmas such as suicide threats, and provides new insights into the way individuals and families behave.

Problems discussed include psychosomatic symptoms, uncontrollable and violent children, separation and divorce, anxiety, incontinence, sexual frustration, alcoholism, speech blocks, and depression.

JAY HALEY, who passed away in 2007, was a professor at Stanford University, Howard University, the University of Maryland, and at the California School of Professional Psychology. He was director of Training at the Philadelphia Child Guidance Clinic, co-founder of the Family Therapy Institute in Washington, D.C., and founder of *Family Process*, the basic journal in the field. He is known as one of the founders of the field of family therapy, strategic therapy, and brief therapy. His early work was in collaboration with some of the foremost thinkers of our time such as, Gregory Bateson and Milton H. Erickson, MD.

Psychotherapy
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ISBN 978-193581005-6