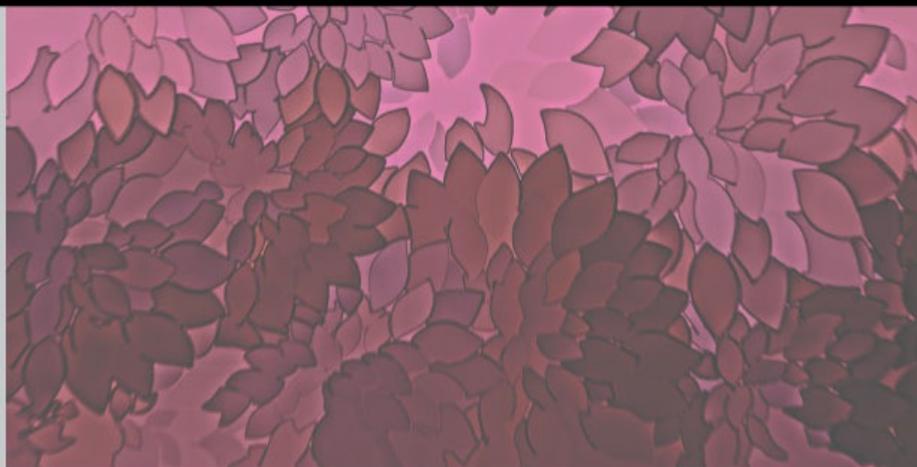


THE TECHNIQUE OF PSYCHOTHERAPY



HOMework ASSIGNMENTS



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Homework Assignments

One of the most neglected aspects of psychotherapy is assigning homework through which patients can facilitate means of controlling or eliminating self-defeating patterns. It is often assumed that the lessons absorbed in the therapist's office will automatically carry over into everyday life. This cherished hope does not always come to pass. The average patient generally dissociates the learnings in the therapist's office from behavior at home, at school, at work, and in the community. After psychologically purging oneself during a session, outside the office the patient often slips back into familiar patterns. It can be helpful, therefore, in consolidating therapeutic gains to insist that therapy does not stop with the exit from the treatment room. The patient must put into practice what is learned during the sessions in order for any change to register itself permanently. And when treatment has ended, the patient will certainly need to reinforce new modes of coping by continuing homework; otherwise, in returning to the customary environment, relapse may be inevitable.

The assigned tasks are usually related to what is immediately going on in therapy, whether they involve exploring the nature of one's problems, charting the frequency of symptoms and recording the circumstances under which they appear, recognizing the constructive and destructive elements in the immediate environment, observing behavioral patterns and reinforcing those that are adaptive, picking out situations that enhance or lower self-esteem, studying one's relationships with people, examining dreams and fantasies, or seeing what resistances block the putting of understanding into productive action. Practice sessions devoted to assertive and other constructive forms of behavior are especially helpful. Some of the assigned exercises strive to inculcate new values and philosophies that contribute to a more productive adjustment. A relaxing and ego-building audio recording as well as assigned readings are additional useful accessories.

Instructions may be given the patient along the following lines:

1. *Look squarely at your immediate life situation.* What elements are to your liking? Are these elements good for you and constructive, and do they need reinforcement? Or should they be minimized or eliminated because they get you into problems? What elements are destructive? What can you do to make them less destructive? Should they be

eliminated completely? How can you go about doing this? Once you have decided on a plan of action, proceed with it a step at a time, doing something about it each day.

2. *What patterns of behavior would you like to change, patterns that should be changed?* How far back do they go? Do you see any connection between these patterns and things that happened to you as a child? Realize that you may not have been responsible for what happened to you as a child, but you are responsible for perpetuating these patterns now, for letting these patterns ruin your happiness at the present time. *You can do something about them.* When you observe yourself acting these patterns out, STOP. Ask yourself are you going to let them control you? Say to yourself, "I am able now to stop this nonsense," *and do it.* For example, every time you beat yourself and depreciate yourself, or act out a bad pattern and say you are helpless to control it, are you doing these things to prove that you are defenseless and that therefore somebody should come along and take care of you? Are you punishing yourself because you feel guilty about something? It is easy to say you are a crippled child and that some kind person must take care of you. But remember you pay an awful price for this dependency by getting depressed, feeling physically ill, and destroying your feelings of self-worth. Every time you control a bad pattern, reward yourself by doing something nice for yourself, something you enjoy and that is good for you.

3. *What patterns of behavior would you like to develop that are constructive?* Would you like to be more assertive for instance? If so, plan to do something that calls for assertiveness each day.

These assignments may be given verbally to the patient in the therapist's own words. If a relaxing and ego-building cassette tape has been made, remind the patient that results are contingent on utilizing the tape preferably at least twice daily. Keeping a diary and jotting down one's reactions and discoveries may prove to be a valuable adjunct.

In addition to the above, some patients may benefit from a printed or typewritten set of directions, such as suggested below. These may be adapted to specific problems. The list may be given to and discussed with the patient shortly before termination.

1. *Whenever you get upset or your symptoms return or get worse, ask yourself why this is so.* Try to establish a relationship between the symptoms and happenings in your environment. Did something occur that made you feel guilty or angered you or that you didn't like? Are you punishing yourself because you feel guilty? Is something going on in your relationship with a person who is close to you or with the people who are around you

that is hard for you to take? Or is something bothering you that you find difficult to admit even to yourself? It is often helpful to keep a written record of the number of times daily that your symptoms return and approximately when they started and when they stopped. If you jot down the things that happened immediately before the symptoms started, and the circumstances, if any, that relieved them, you may be able to learn to control your symptoms or eliminate them.

2. *What are the circumstances that boost and the things that diminish the feelings about yourself?*

When do you feel good about yourself and when do you feel bad? Are these feelings connected with your successes or your failures? What makes you feel inferior, and what makes you feel superior? Do you feel better when you are alone and away from people, or do you feel better when you are with people? What kind of people?

3. *Observe the form of your relationship with people.* What tensions do you get with people? What

kind of people do you like and dislike? Are these tensions with all people or certain kinds of people? What do people do to upset you? In what ways do you get upset? What do you do to upset them or get yourself upset when you are with them? What do you do and what do they do that tends to make you angry? What problems do you have with your parents, mate, children, boss, associates at work, authorities, people in general? Do you tend to treat anyone in a way similar to the patterns that you established with your father, mother, siblings? How is your reaction to people above you, below you, equal to you? What are your expectations when you meet a very attractive person of the opposite sex? Do you try to make yourself too dependent on certain people?

4. *Observing daydreams or night dreams.* A useful outline for observing the meaning of one's day

or night dreams includes three questions: What is your feeling about yourself in the dream? What problem are you wrestling with in the dream? By what means do you reach, or fail to reach, a solution to the problem that presents itself in the dream?

Recurring dreams are particularly significant because they represent a continuing core problem in one's life. Again, whenever possible, you should attempt, if you can, to relate the content of your dreams to what is happening in your life at that time. One man found that he had recurring dreams of bloodshed but that those dreams only occurred after he had made an attempt to assert himself by asking for a raise in pay or by going out with a girl that he liked. He was much surprised to discover that his frightening dreams were actually evidence that he still had some old childish fears about standing up for himself.

5. *Observing resistances to putting understanding into action.* Expect inevitable resistance when you

try to stop neurotic patterns. And there can be tension and fear when one faces a challenge that formerly has been evaded. When delaying and avoidance continue to

occur, it is well to question the reasons for the delay and ask why one is afraid—and then to take heart and deliberately challenge the fear to see if it can be overcome.

The disciplined practice of these principles of self-observation can lead to progressive growth. Patterns have to be recognized and revised if one is to achieve more satisfying goals in life. But as everyone knows, the habits of years give ground grudgingly and slowly. Ideally, however, the process of personality understanding and growth is marked by several discrete features: There is the awareness that one's problems do not occur fortuitously but are intimately connected with the events (especially the human interactions) of one's life. For a given individual there is a certain quality of human event that generates anxiety, conflict, and stress. These phenomena, once detected, may lead next to a searching for the origin and history of these patterns. It is not impossible to see how these patterns operated as far back as a person can remember—perhaps even the very earliest memory contains something of the same thing. Seeing the conditions under which fears originate, and under which they are not retriggered, one may next determine whether one can be more the master of one's life rather than a victim of it. Could we be different from the way we have always known ourselves to be? And ever so slowly, we may challenge one habitual childish fear at a time, pushing ourselves to break out of the prison of our neurotic self-defeating patterns. Success breeds success, and victory leads to victory. Defeats are reanalyzed in accord with their place in the psychic structure. Seeing ourselves defeated by the same old enemies, we are buoyed up in knowing that formulations about our personalities are correct, and we are then encouraged to fight on. Increasingly, we can express a claim to a new life; we find ourselves able to be more expressive. Self-recriminations diminish. Our capacities expand, and we gratify more of our needs. Feeling less frustrated in life, and therefore less angry, we can enter into relationships with people with more openness and a greater ability to share.

These are idealistic goals, but they represent a guide along the way toward greater self-observation and richer living. Fidelity to the practice of self-observation, together with the actual translation of understanding into action, can be a lifelong quest marked by high adventure and notable results.

The knowledge of oneself and how one reacts continues to constitute a health and mature behavior.

The above tasks given to the patient as an assignment in therapy can provide material to be discussed during the treatment hour. In addition to problem solving and symptom control, an attempt

may be made to alter the individual's sense of values by developing a different way of conceptualizing himself or herself and of coping with the stresses and strains of everyday life.

Evolving a More Constructive Life Philosophy

One of the ways psychotherapy influences people is by helping them to develop new values and philosophies of living. However, the history of the majority of patients, prior to their seeking therapy, attests to futile gropings for some kind of philosophical answer to their dilemmas. The search may proceed from Christian to Oriental philosophies, from prudence to moralism, from self-centeredness to community mindedness. What at first seems firmly established soon becomes dubious as new ideas and concepts are proffered by different authorities. It is far better to evolve philosophies that are anchored in some realistic conception of one's personal universe than to accept fleeting cosmic sentiments and suppositions no matter how sound their source may seem. Even a brief period of psychotherapy may till the soil for the growth of a healthier sense of values. We may be able during this span to inculcate in the person a philosophy predicted on science rather than on cultism.

The question that naturally follows in a therapy program is: Can we as therapists expedite matters by acting in an educational capacity, pointing out faulty values and indicating healthy ones that the patient may advantageously adopt? If so, what are the viewpoints to be stressed?

Actually, no matter how nondirective a therapist may imagine him or herself to be, the patient will soon pick up from explicit or implicit cues the tenor of the therapist's philosophies and values. The kinds of questions the therapist asks, the focus of interpretive activities, confrontations and acquiescences, silences and expressions of interest, all designate points of view contagious to the patient, which the patient tends to incorporate, consciously and unconsciously, ultimately espousing the very conceptual commodities that are prized by the therapist. Why not then openly present new precepts that can serve the patient better? Superficial as they sound, the few precepts that can be tendered may be instrumental in accelerating a better adjustment.

The precepts presented to the patient for practice at home may embody persuasive suggestions on how to isolate the past from the present, modes of managing anxiety, learning to endure a certain amount

of tension and anxiety, tolerating a certain measure of anger and hostility, handling frustration and deprivation, correcting remediable elements in one's environment, adapting oneself to irremediable elements in one's life situation, using willpower to stop engaging in destructive activities, stopping unreasonable demands on oneself, challenging a devalued self-image, deriving the utmost enjoyment in life that is possible, and accepting one's social role. Not all patients need these directives, but they may be helpful especially in supportive and reeducative programs. But even in reconstructive therapy there are many patients who can benefit from them. The degree of authoritativeness in giving suggestions will vary ranging from highest in supportive therapy and lowest in reconstructive therapy.

Isolating the Past from the Present

All persons are victimized by their past, which may operate as mischief mongers in the present. A good adjustment presupposes modulating one's activities to present-day considerations rather than resigning to promptings inspired by childish needs and misinterpretations. In therapy the patient may become aware of the early patterns that repeat themselves in adult life. This may provide one with an incentive for change. On the other hand, it may give the patient an excuse to rationalize defects on the basis that unalterable damage has been done by the parents, who are responsible for all of his or her trouble. The therapist may remind the patient that the patient, like anyone else, has a tendency to project outmoded feelings, fears, and attitudes into the present. Early hurtful experiences undoubtedly contribute to the patient's insecurity and to devalued self-esteem. They continue to contaminate one's adjustment *now*, and, therefore, must try to overcome them. Thus, the therapist would make a statement similar to the following:

Th. Ruminating on your unfortunate childhood and bitter past experiences are indulgences you cannot afford. These can poison your present life if you let them do this. It is a credit to you as a person to rise above your early misfortunes. Attempt to restrain yourself when you fall back into thinking about past events and you no longer can control or when you find yourself behaving childishly. Remember, you may not have been responsible for what happened to you when you were a child, but you *are* responsible for perpetuating these patterns in the present. Say to yourself, "I'm going to release myself from the bonds of the past." And work at it.

Handling Tension and Anxiety

The patient may be reminded that tension and anxiety may appear but that something positive can be done about them.

Th. Every time you experience tension, or any other symptoms for that matter, ask yourself why? Is it the immediate situation you are in? Is it something which happened before that is stirring you up? Is it something you believe will happen in the future? Once you have identified the source of your tension or trouble, you will be in a better position to handle it. The least that will occur is that you will not feel so helpless since you know a little about its origins. You will then be in a better position to do things to correct your trouble.

The idea that one need not be a helpless victim of symptoms tends to restore feelings of mastery. A patient who was given this suggestion went to a new class. While listening to the lecturer, she began to experience tension and anxiety. Asking herself why, she realized she was reacting to the presence of a classmate who came from her own neighborhood and knew her family. She then recognized that she felt guilty about her interest in one of the men in the class. This happened to be the real reason why she registered for the course. She realized that she feared the neighbor's revealing her interest in the man to her parents if she sat near him or was friendly to him. She then thought about her mother who was a repressive, punitive person who had warned her about sexual activities. With this understanding, she suddenly became angry at her classmate. When she asked herself why she was so furious, it dawned on her that she was actually embittered at her own mother. Her tension and hostility disappeared when she resolved to follow her impulses on the basis that she was now old enough to do what she wished.

Tolerating a Certain Amount of Tension and Anxiety

Some tension and anxiety are inherent parts of living. There is no escape from them. The patient must be brought around to the fact that one will have to tolerate and handle a certain amount of anxiety.

Th. Even when you are finished with therapy, a certain amount of tension and anxiety are to be expected. All persons have to live with some anxiety and tension, and these may precipitate various symptoms from time to time. If you do get some anxiety now and then, ride it and try to figure out what is stirring it up. But, remember, you are no worse off than anyone else simply because you have some anxiety. If you are unable to resolve your tensions entirely through self-observation, try to involve yourself in any outside activities that will get your mind off your tensions.

Tolerating a Certain Amount of Hostility

If the patient can be made to understand that he or she will occasionally get resentful and that if the reason for this is explored, the patient may be able to avoid projecting anger or converting it into symptoms.

Th. If you feel tense and upset, ask yourself if you are angry at anything. See if you can figure out what is causing your

resentment. Permit yourself to feel angry if the occasion justifies it, but express your anger in proportion to what the situation will tolerate. You do not have to do anything that will result in trouble for you; nevertheless, see if you can release some of your anger. If you can do nothing more, talk out loud about it when you are alone, or engage in muscular exercises to provide an outlet for aggression, like punching a pillow. In spite of these activities you may still feel angry to a certain degree. So long as you keep it in hand while recognizing that it exists, it need not hurt you. All people have to live with a certain amount of anger.

Tolerating a Certain Amount of Frustration and Deprivation

No person can ever obtain a full gratification of all of one's needs, and the patient must come to this realization.

Th. It is important to remember that you still can derive a great deal of joy out of eighty per cent rather than one hundred percent. Expect to be frustrated to some extent and learn to live with it.

Correcting Remediable Elements in One's Environment

The patient may be reminded of the responsibility to remedy any alterable factors in one's life situation.

Th. Once you have identified any area of trouble, try to figure out what can be done about it. Lay out a plan of action. You may not be able to implement this entirely, but do as much of it as you can immediately, and then routinely keep working at it. No matter how hopeless things seem, if you apply yourself, you can do much to rectify matters. Do not get discouraged. Just keep working away.

Adjusting to Irremediable Elements in One's Life Situation

No matter how much we may wish to correct certain conditions, practical considerations may prevent our doing much about them. For example, one may have to learn to live with a handicapped child or a sick husband or wife. One's financial situation may be irreparably marginal. There are certain things all people have to cope with, certain situations from which they cannot escape. If the patient lives in the hope of extrication from an unfortunate plight by magic, he or she will be in constant frustration.

Th. There are certain things every person has to learn to accept. Try your best to alter them as much as you can. And then if some troubles continue, just tell yourself you must live with some of them, and resolve not to let them tear you down. It takes a good deal of courage and character to live with your troubles, but you may have a responsibility to carry them. If you start feeling sorry for yourself, you are bound to be upset. So just plug away at it and build up insulation to help you carry on. Say to yourself: "I am not going to respond to trouble like a weather vane. I will remedy the trouble if I can. If I cannot, I will adjust to it. I will concentrate on the good things in my life and minimize the bad."

Using Will Power to Stop Engaging in Destructive Activities

One of the unfortunate consequences of a dynamic approach is that the patient believes the idea that he or she is under the influence of unconscious monsters that cannot be controlled. The patient will, therefore, justify the acting-out on the basis of “automatic repetition-compulsions.” Actually, once the patient has a glimmer of what is happening, there is no reason why the cooperation of will power cannot be enlisted to help inhibit himself or herself.

Th. If you know a situation will be bad for you, try to divert yourself from acting it out even if you have to use your will power. There is no reason why you can't work out substitute solutions that are less destructive to you even though they may not immediately be so gratifying. Remember, a certain amount of deprivation and frustration is normal, and it is a complement to you as a person to be able to give up gratifications that are ultimately hurtful to you. Remember, too, that some of the chief benefits you get out of your symptoms are masochistic, a kind of need to punish yourself. You can learn to overcome this too. When you observe yourself acting neurotically, stop in your tracks and figure out what you are doing.

A conventional housewife was involved sexually with two of her friend's husbands. She found herself unable to resist their advances, even though the sexual experiences were not particularly fulfilling. She felt ashamed and was guilt-ridden by her actions. There was obviously some deeper motive that prompted the patient to act out sexually, but the threat to her marriage and relationship with her husband required an immediate halting of her activity. I remarked to her: “Until you figure out some of your underlying feelings, it is best for you to stop your affairs right now. How would you feel about stopping right now? Let's give ourselves a couple of months to figure out this thing. Frankly, I don't see how we can make progress unless you do.” The patient reluctantly acquiesced; but soon she was relieved that somebody was supporting her inner resolution to resist. The interval enabled us to explore her disappointment with her husband, her resentment toward him, and to find outlets for her desires for freedom and self-expression in more appropriate channels than sexual acting-out. If the patient has been given a chart detailing the interactions of dependency, low feelings of independence, hostility, devalued self-esteem and detachment, their manifestations as well as reaction formations to neutralize them, he or she may be enjoined to study the chart and see how one's own drives and needs, with their consequences, fit into the overall design.

Stopping Unreasonable Demands on Oneself

Pushing beyond the limits of one's capacities or setting too high personal standards require sober self-assessment. Are they to satisfy one's own ambitions or those of parents? Are they to do things perfectionistically? If so, does the patient feel greater independence or stature as a person when he or she succeeds?

Th. All people have their assets and liabilities. You may never be able to accomplish what some persons can do; and there are some things you can do that others will find impossible. Of course, if you try hard enough, you may probably do the impossible, but you'll be worn down so it won't mean much to you. You can still live up to your creative potentials without going to extremes. You can really wear yourself out if you push yourself too hard. So just try to relax and to enjoy what you have, making the most out of yourself without tearing yourself to pieces. Just do the best you can, avoiding using perfectionism as a standard for yourself.

Challenging a Devalued Self-image

Often an individual retires on the investment of conviction of self-devaluation. What need is there for one to make any effort if one is so constitutionally inferior that all of the best intentions and well-directed activities will lead to naught? It is expedient to show the patient that he or she is utilizing self-devaluation as a destructive implement to bolster helplessness and perhaps to sponsor dependency. In this way one makes capital out of a handicap. Pointing out realistic assets the patient possesses may not succeed in destroying the vitiated image of oneself; but it does help to reevaluate potentialities and to avoid the despair of considering oneself completely hopeless. One may point out to the patient instances of personal successes. In this respect, encouraging the patient to adopt the idea that he or she can succeed in an activity in which he or she is interested, and to expand a present asset, may prove to be a saving grace. A woman with a deep sense of inferiority and lack of self-confidence was exhorted to add to her knowledge of horticulture with which she was fascinated. At gatherings she was emboldened to talk about her specialty when an appropriate occasion presented itself. She found herself the center of attention among a group of suburbanites who were eager to acquire expert information. This provided her with a means of social contact and with a way of doing things for others that built up a more estimable feeling about herself.

Logic obviously cannot convince a person with devalued self-esteem that he or she has merit. Unless a proper assessment is made of existing virtues, however, the person will be retarded in correcting the

distorted self-image.

Th. You do have a tendency to devalue yourself as a result of everything that has happened to you. From what I can observe, there is no real reason why you should. If you do, you may be using self-devaluation as a way of punishing yourself because of guilt, or of making people feel sorry for you, or of rendering yourself helpless and dependent. You know, all people are different; every person has a uniqueness, like every thumbprint is unique. The fact that you do not possess some qualities other people have does not make you inferior.

Deriving the Utmost Enjoyment from Life

Focusing on troubles and displeasures in one's existence can deprive a person of joys that are one's right as a human being. The need to develop a sense of humor and to get the grimness out of one's daily life may be stressed.

Th. Try to minimize the bad or hurtful elements and concentrate on the good and constructive things about yourself and your situation. It is important for every person to reap out of each 24 hours the maximum of pleasures possible. Try not to live in recriminations of the past and in forebodings about the future. Just concentrate on achieving happiness in the here and now.

Accepting One's Social Role

Every adult has a responsibility in assuming a variety of social roles: as male or female, as husband or wife, as a parent, as a person who must relate to authority and on occasions act as authority, as a community member with obligations to society. Though one may feel immature, dependent, hostile, and hypocritical, the individual still must try to fill these roles as completely as possible. If the patient is destructively involved with another person with whom one must carry on a relationship, like an employer, for example, he or she must attempt to understand the forces that serve to disturb the relationship. At the same time, however, one must try to keep the relationship going in a way that convention details so that personal security will not be jeopardized.

Th. One way of trying to get along with people is to attempt to put yourself in their position and to see things from their point of view. If your husband [wife, child, employer, etc.] is doing something that is upsetting, ask yourself: "What is he [she] feeling at this time: what is going on in his [her] mind? How would I feel if I were in his [her] position?" At any rate, if you can recognize what is going on, correcting matters that can be resolved, adjusting to those that cannot be changed; if you are able to relate to the good rather than to the bad in people, you should be able to get along with them without too much difficulty."

The form by which the above guidelines are verbally or graphically communicated to the patient

will vary, and each therapist may decide whether they are useful in whole or in part for specific patients. Reading assignments may also be given and suggestions for continued self-education made after therapy has ended. A full list of reading materials will be found elsewhere (see Ch 56, "Bibliotherapy").