Psychotherapy Guidebook

Negative Practice

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DEFINITION

Negative Practice is a behavior therapy technique. It consists of having a client actively and deliberately repeat an undesirable, “automatic,” “involuntary” habit — such as a tic, nail biting, or stammering — while paying careful attention to the behavior being practiced. The goal of negative practice is to become more aware of the habit and, ultimately, to reduce the habit.

HISTORY

This technique was formulated by Dunlap and presented in his 1932 book, Habits, Their Making and Unmaking. It was not widely disseminated, however, until 1958, when Yates was able to relate the procedure to “reactive inhibition,” a well-known concept of Hull’s popular learning theory, and to document its efficacy in the treatment of tics. While it has not generated a large number of published studies, it is considered a basic tool in the behavior therapist’s repertoire, as illustrated by references to it in a variety of recent books written for behavioral practitioners and consumers.

TECHNIQUE

At first glance, Negative Practice appears to be a paradoxical technique: the client deliberately engages in a behavior in order, ultimately, to reduce that behavior's frequency. However, upon reflection, it becomes clear that a behavior that is deliberately and consciously practiced is not the same as one that is automatically and involuntarily performed. In fact, one of the therapeutic uses to which Negative Practice can be put is simply to bring an automatically performed habit into awareness (Watson and Tharp, 1962). This is helpful because it is very difficult for clients to change a behavior of which they are not aware. Thus, clients can first deliberately practice habitual behavior while consciously paying attention, so that they learn to pay attention to the behavior while performing it. Once this new behavior of "paying attention" when the habit begins is learned, it becomes easier to develop an additional intervention plan to eliminate the undesirable behavior. For example, once the client becomes aware of beginning to engage in an undesirable habit, this awareness can be used as a cue to perform an incompatible, desirable behavior.

In addition to functioning as a preliminary step to other intervention techniques, Negative Practice can be effective in itself because effortful activity eventually generates a negative state of pain and fatigue, which Hullian theory calls "reactive inhibition." Under the buildup of such a negative

state, and in the absence of any positive reinforcement of the behavior, not engaging in the activity will avoid the aversive effects of fatigue and thus be effectively reinforced. Furthermore, from the point of view of Pavlovian conditioning, the aversive fatigue that develops in association with the undesirable behavior becomes conditioned to the behavior. In other words, the client associates the behavior with an unpleasant feeling, and thus a conditioned inhibition of the habit is learned.

APPLICATIONS

While Negative Practice is applicable to a variety of undesirable "involuntary" habits, its most documented use has been in the treatment of tics. For example, Yates (1958) applied the technique to a female client with multiple tics and found it particularly successful when the client practiced them for as long as one hour, followed by prolonged rest. Clark (1966) treated two adults, both of whom manifested explosive repetition of obscenities ("verbal tics") along with various motor tics, which were interfering with their jobs and social relationships. The therapist instructed the clients to repeat the verbal tics as often as possible until they could no longer emit them. This technique successfully eliminated the verbal tics, and at the same time, the motor tics disappeared spontaneously. Browning and Stover (1971) successfully eliminated a severe eyebrow-raising tic in a schizophrenic teenager with seventeen Negative Practice sessions spread over a four-week

period.

A number of published reports describe other applications for Negative Practice. For example, Gambrill (1977) describes a forty-five-year-old woman who found herself frequently vacillating between the kitchen and the living room if either her son or husband was speaking. To eliminate this problem, the therapist instructed the woman to imagine three times a day that her son and husband were talking while she was in the doorway, and she was to deliberately vacillate by walking back and forth through the doorway ten times on each occasion. Although the imagined scenes were obviously not identical to the actual problem situations, this approach was found to be successful in eliminating the original “vacillating” behavior. As another example, Beech (1960) applied Negative Practice to the treatment of a writer’s cramp of five years’ duration, which had proven unresponsive to over two years of previous psychoanalysis and hypnotherapy. Whenever the client grasped a pen, the index finger would contract and the wrist would bend sharply, causing severe pain, fatigue, and immobilization of the hand. The client participated in seven Negative Practice office sessions with interspersed home practice sessions, with each session consisting of repeated effortful finger contractions. As a result, there was a rapid and progressive decline in the incidence of finger contraction, along with a similar decrease in the untreated wrist spasm.

In addition to the above behaviors, Negative Practice has been shown to be useful in changing such habits as stammering, thumb sucking, nail biting, exhibitionism, talking too loudly, overeating, habitual typing and spelling errors, and self-scratching during sleep (Watson and Tharp, 1962).

In closing, it is important to stress that Negative Practice is a very specific technique that can be successful only in the context of a total psychotherapeutic relationship. Factors important to the success of Negative Practice are the motivation of the client to eliminate the behavior; development where necessary of a more adaptive alternative response to the behavior to be changed (e.g., the stutterer must know the correct mode of speech and the poor speller the correct spelling of misspelled words); the similarity of the habit as practiced to that of the real-life habit; and the elimination of factors that might continue to reinforce the undesirable response (Lehner, 1960). Moreover, it must be remembered that the major documentation of the effectiveness of Negative Practice consists of single case studies, and better-controlled research is needed to further delineate the nature of this technique's therapeutic effectiveness (Bandura, 1969).