



Clear Thinking Issue 108

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4 types of therapeutic task for more flexible therapy

by *Mark Tyrrell*

When behavioural therapy began, it was based on a very important insight - if people changed their behaviour, they could improve how they felt. Our behaviour affects how we feel and how we feel affects our behaviour.

In [How to Set Tasks so Your Client Will Do Them](#) I wrote about ways to encourage clients to be willing to accept your task ideas, and this got me thinking: what different *types* of tasks can you give your clients to bring about some real change in their lives?

Here's a whirlwind tour of four different kinds of behavioural tasks you can set that could make a massive difference to your clients.

1 Set a paradoxical task

I described in [the last Clear Thinking newsletter](#) how I asked a client to consciously 'do' her problem behaviour. This 'prescribing the symptom' is *paradoxical* - because it seems to be *encouraging* the problem behaviour rather than trying to *stop* it.

When someone carries out a paradoxical task, this can put them in the position of turning something that they usually do *unconsciously* into something that they have to do consciously. So what previously felt like a compulsion comes to feel like a prescribed *chore*.

Milton Erickson used this approach with a chronic thumb sucker. He instructed the thumb sucker to suck on *all* his fingers in turn, and to do this regularly as 'prescribed'. In this way the behaviour became conscious *and* a burden.

2 Set a pattern interrupt task

Problem behaviours can become rigid and fixed. Introducing an unexpected new element can change the whole pattern.

The 'different element' can be:

- *where* the behaviour occurs
- *when* it occurs
- *who* it occurs with, or
- *how long* it lasts.

We might encourage our clients to actually *continue* their problem behaviour 'for a while' in order to take the pressure off while helping change a key part of the problem pattern that may eventually derail the whole issue.

For example, a smoker was told to continue with her smoking 'for a while', but to keep her cigarettes in the garden shed and her lighter in her car.

A couple whose relationship was in trouble because they fought all the time were told to keep right on arguing - but to discuss only issues that had come up in the previous week. In this way they trained themselves to contain their conflicts (and make them shorter).

Disrupting the pattern was described by Alfred Adler as 'spitting in someone's soup'. The diner may, of course, still drink the soup - but they will feel much less compelled to do so!

3 Set a metaphorical task

A metaphorical task can indirectly show us a solution to our problem, and also generally help 'loosen' things up enough to speed up progress.

I once asked a client who had been dealing with a lot of complex problems to go down to the beach after his session and throw pebbles into the sea. He accepted the task, and on his next visit told me that he had spent a considerable time on the shore chucking pebble after pebble into the waves.

“I felt so light after that,” he said, “as if I’d hurled away all the things that had been bothering me. I never felt so free!”

Milton Erickson asked a chronic alcoholic to go out to the Botanical Gardens and visit the Cactus House. He was to stay there for at least an hour and ‘do a lot of thinking’.

The man carried out his instructions and ‘learned to respect’ those cacti profoundly. Not only did he stop drinking (cacti can go without ‘drink’ for an awfully long time!) but so did his wife, who had also been a heavy drinker. (1)

4 Set an ordeal task (handle with care!)

Sometimes the task given may be a little ‘painful’ or something of an ordeal for the client. The objective is to intertwine and *link* the difficulty involved in the task with *continuing* the problem behaviour. Ordeal tasks can also be paradoxical.

Erickson treated a patient for insomnia. He had found out that the man hated polishing the wooden floors of his house. He set him the following task: after having gone to bed, if he was still awake after twenty minutes, he was to get up, go downstairs and polish all the wooden floors. If he became sleepy, he could return to bed, but he was to keep repeating the procedure if he didn’t fall asleep within twenty minutes.

So now *not* falling asleep became much harder than falling asleep - which the man very quickly became good at. Now his *unconscious* motivation to sleep was as strong as his conscious motivation to enter Slumberland.

Be sure to make any ‘ordeal’ you set something that really needs doing, such as a tax return or writing a dissertation.

Set tasks wisely. Only use them when you are pretty sure they are likely to help, and only after you have built a great level of rapport with your client.

Note

(1) See Uncommon Therapy: Psychiatric Techniques of Milton H. Erickson, M.D., by Jay Hayley

How to lift depression quickly

People who have spent any length of time in a state of depression can really benefit from therapeutic 'tasks'. They are likely to have fallen into very rigid ways of thinking, and are almost certainly repeatedly carrying out behaviours that make their situation worse – though they are *unlikely* to be aware that this is what is happening.

So the wise and careful use of task setting is one of the key components of our [Lift depression fast online training course](#). With the knowledge that you gain on this powerful course, you will be able to bring your clients out of depression much faster than they expect. And help them to avoid it in future.

The next [online course in lifting depression](#) starts on Tuesday 15 March 2011, and early bird bookers can benefit from a 25% discount if your place is reserved by 22 February. Places are deliberately limited so that the tutors can give sufficient individual attention to all participants.

[Read more about the Lift depression fast online course here.](#)

See you in a fortnight.

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Psychology trainers since 1995

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