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## ON ODD DAYS AND ON EVEN DAYS: RITUALS USED IN STRATEGIC THERAPY

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*Editors' Summary.* This paper describes the use of rituals in a brief therapy model of doing psychotherapy. Six brief case studies are given as examples of how rituals are used to change symptoms and systems in individual, couple, and family therapy.

The effectiveness of the odd-even day rituals described in this paper is explained on the basis of the following four components: (a) *prescribing a ritual* which changes the rules and structure of the ongoing therapy, couple, or family game; (b) *prescribing the system, symptom, or resistance* in the system which produces change when there is resistance to change; (c) *differentiating into two issues an emotionally fused issue which was formerly seen as one*; and (d) *prescribing alternate behaviors on different days*, which reduces resistance to change and increases risk-taking.

In my clinical work with individuals, couples, and families, I often give prescriptions or homework assignments to do between therapy sessions. The assignments are designed (a) to help people break dysfunctional patterns of behavior which keep them "stuck" in systems; and (b) to give people practice learning new patterns of behavior which are more functional for them. Assigning homework also provides me with additional information about resistance to change, particularly when an assigned prescription is not performed by a patient or family.

One of the rituals I often use which seems effective could be called "on odd days and on even days." The idea for this ritual comes, in part, from a format for rituals developed by the Milan Associates (7). The essential context of the Milan ritual is as follows:

On even days of the week—Tuesdays, Thursdays, and Saturdays—beginning tomorrow onwards until the date of the next session, whenever Z does (name of patient, followed by a list of his symptomatic behavior) father will decide alone, at his absolute discretion, what to do with Z. Mother will have to behave as if she were not there. On odd days of the week—Mondays, Wednesdays and Fridays—whatever Z may do, mother will have full power to decide what course of action to follow regarding Z. Father will have to behave as if he were not there. On Sundays everyone must behave spontaneously. Each parent, on the days as-

only the second mother in this family, but also the good mother whom Joan's mother never had. Whenever Joan opposed what her mother wanted her to do (visit grandmother, attend church, go to extended family functions), Joan would get angry, or refuse mother's requests and then be overwhelmed with guilt. Often, Joan would also be confused over whether she was acting on her own wishes or opposing her mother's wishes.

The following ritual was prescribed each day for two weeks: On odd days, Joan was to act like her mother wanted her to, and on even days she was to do whatever she pleased.

Two weeks later Joan reported that she did the ritual each day. To her surprise, she had no difficulty doing what her mother wanted her to do, which pleased her mother and brought the two women closer. On even days, Joan felt free to do whatever she wanted to do, and realized that she was not choosing what she wanted but merely opposing what her mother wanted. Joan began practicing on even days what she wanted to do, since on odd days she already paid the price of doing what mother wanted. More important, according to her self-report, Joan learned from the ritual that she was in charge of doing whatever she pleased either on odd or even days. As a consequence, she felt less helpless, less emotionally reactive to mother, more in charge of her life, and more able to begin separating emotionally from her mother.

### Case #3

A similar ritual was used with a 28-year-old female patient I was seeing individually after she separated from her husband. Mary was confused and upset over whether much of her behavior was out of conformity to her mother's expectations of her, or stemmed from her own choices. The woman was in a paradoxical situation. Since the age of 12, her mother pushed Mary to maximize all social contacts, attend all parties, and meet as many people as possible. In an attempt to rebel and begin to separate, Mary did the opposite by avoiding making social contacts and parties. As a consequence, Mary remained isolated and lonely. Her choices were to conform to mother's expectations and remain an obedient child, or rebel and remain mother's child by staying isolated and alone—clearly, a no-win situation.

The prescribed ritual consisted of telling Mary that on odd days she was to think and act as her mother would want her to, and on even days, she was to act like herself.

One week later, Mary reported that she tried to do the ritual for the first few days, but became so confused that after the third day she said, "To hell with the homework—I'll act the way I want." Not only did she begin separating

her mother's expectations of her behavior from her own, but she was also able to begin opposing some of the dependency in the therapeutic relationship and yet remain connected in a different way.

What is interesting, of course, is how the same ritual was used in both the present and the previous case, for what appear to be similar if not identical problems, and yet produced such different reactions, both, however, with therapeutic consequences. Joan was living at home and was able to practice the ritual in an emotional field with her mother. The ritual reduced Joan-mother tension, and Joan was able to practice discriminative choices in that emotional field which was helpful to Joan.

Mary was living alone, and her confusion was mostly cognitive, not like Joan's where there was opportunity to work differently with mother in an emotional field. Instead, Mary solved her problem by becoming so confused by the ritual that she disregarded the ritual *and* the problem, saying in effect, "To hell with my problem." She also metaphorically separated from her mother by opposing both the therapist's ritual and her dependency on the therapist, and still remained connected to the therapist in a less dependent way.

#### Case #4

An unmarried couple in their early thirties came in for counseling because of an enormous amount of fighting and tension in their relationship. The couple were living together for the past three years and were conflictual over and focused on their inability to make joint decisions. The woman was preoccupied with her fear of his criticism if she made the "wrong" decision or suggestion, and therefore she always deferred to him. However, she also quietly resented that the couple always did what he decided to do. The boyfriend, on the other hand, resented always having to make the decisions, with the tacit pressure of feeling responsible if something did not work out.

The following ritual was prescribed. The couple were told that they needed practice leading and following, and that on odd days he was in charge of making all decisions for the couple, and she must graciously follow, provided the decisions were not dangerous or too kinky. On even days, she was to make all decisions for the couple and he was to follow graciously.

The couple responded well and enthusiastically to the assignment. He loved following, and she began becoming confident about making decisions. The ritual reduced one of the control issues in the relationship. Six months later, the couple continue to alternate days in decision-making. The ritual also resolved the issue of who was in charge of making the rule about the rules, since this decision was made by the therapist with the ritual.

**Case #5**

A couple in their early thirties came in for treatment because of the threat of their eight-year marriage breaking up. The wife was a successful pediatrician and her husband was still trying to break into show business without much success. They were college sweethearts, and the crisis was precipitated when the wife met another physician at a conference and started having fantasies about having an affair or leaving her husband. Ever since the wife met this man, the husband had become panic-stricken and began pursuing his wife with flowers, gifts, etc. The more he pursued her, the more she distanced. There was little opportunity in the first session to get crucial information about how the marriage worked because the husband was in too much of a one-down position.

The following ritual was prescribed to produce more balance in their relationship. The husband was told that on odd days he was to continue pursuing and "courting" his wife, and on even days he was to prepare himself to leave his wife. One week later, the couple system was rebalanced and "cooled down." The husband reported that he felt much more in charge of his life, since on even days he didn't fall apart as he feared he would. In a subsequent session, the husband reported that he always feared that his mother would fall apart if she left his father, which in the husband's mind was the reason mother never left his father.

The wife enjoyed the distance even days gave her, and felt more respect and attraction towards the husband because he no longer showed the dependency and anxiety he displayed on odd days. Most important, however, was that now the couple-system was more balanced, which permitted the therapist to get the necessary information for doing marital counseling.

**Case #6**

A remarried, middle-class, Hispanic-American family was seen by myself and co-therapist, Gillian Walker. The patient was a 17-year-old female who was just released from a hospital for her third psychotic break. The family consisted of mother, Marilyn, age 40, her two daughters, Suzanne (the identified patient), and another daughter Ann, age 16, and the stepfather, Ben, age 42. The two daughters came from Marilyn's first marriage. This was Ben's second marriage, and he had little contact with his ex-wife or children from the first marriage.

After a few sessions, it became clear that one of the family's conflicts centered around the issue of parenting. When Suzanne was becoming psychotic or was psychotic, the newly married couple were close—Marilyn would worry about Suzanne, and Ben would comfort and give support to Marilyn. When

Suzanne was not psychotic, she would have huge fights with Ben over discipline, which would lead Marilyn to become overprotective of her two daughters. Suzanne, of course, was acting out mother's differences with father, a conflict which could never be overtly expressed. So, in part, the closeness issue within the couple was modulated by Suzanne's psychosis (the couple were close when Suzanne was psychotic, and distant when not).

Also contributing to the family dysfunction were the opposing myths which each of the parents carried into this new marriage from their respective families of origin. In Marilyn's family, she was taught by her divorced mother, who lived alone, that all men are barbarians and women must be aware of this and also protect their children (particularly daughters) from them. From Ben's family came the message that all women are basically whores and you must watch them and protect them from their own impulses and keep a close eye on young girls until they marry.

Most of the overt differences between the couple centered around Marilyn's complaints that Ben was too strict, didn't let the girls out at night, and was scrutinizing the daughter's friends too closely. Marilyn thought that she was much more flexible and that the girls should come and go as they pleased.

The ritual we gave the couple consisted of the following. On odd days, both parents were to remain loyal to their parents' teachings, which for Ben was "all women are whores and should be watched," and for Marilyn was "all men are beasts and daughters should be protected from them." Therefore, on odd days, Ben should fight to stop the girls from going out and Marilyn should fight to protect the girls and their rights from this beast. On even days, the parents should use their own thoughts on parenting and find some agreement on boundaries for their daughters that they both could live with.

The ritual was devised in a way to provide a contest between the parents' loyalty to their respective parents' teachings on child-rearing, and their own thoughts on parenting. We knew that prescribing their loyalty to their parents' teachings would keep them from acting in their old way. We also hoped that pitting their loyalty to their parents in deference to their own thinking would mobilize the parents to think for themselves for the first time and find some common ground on parenting.

What we did not realize at the time was the danger of the parents finding a common, middle ground to parent. For if the parents got together on parenting, the following sequence was probable: Suzanne would begin to behave, become more independent and eventually leave, which in Marilyn's mind was too threatening, because Marilyn would then be more married to Ben, which in turn would be disloyal to Marilyn's mother's belief that you cannot be happily married to men.

The prescribed ritual unwittingly became a no-win situation for the family,

which was confirmed when Suzanne became psychotic again. After this fourth break, the family dropped out of treatment. In retrospect, I would have changed the ritual to the following: On odd days, both parents should remain loyal to their parents' teachings; on even days, both parents should use their own thoughts on parenting; and Suzanne should keep a close watch over the family, particularly grandmother (Marilyn's mother), and "show psychosis" whenever she feels grandmother will be endangered. Prescribing the psychosis would be an attempt to block the psychosis and place more pressure on the couple to succeed in finding a common ground in parenting, and in their marriage—the original source of their struggle.

### DISCUSSION

The odd-even day rituals could be analyzed in four components. Each of these components, taken individually, has known therapeutic value and, when combined, appears to make the ritual a more powerful possibility for therapeutic change.

One feature of the ritual known to produce change is that prescribing a ritual changes the rules and structure of a game that's being played. Here, the term *game* comes from the Milan work (8) and could address the game between a patient and therapist, or a couple game, or a family game. The game is the overt way in which a patient, couple, or family presents the presenting problem to a therapist or even to themselves. The game differs from the covert struggle, feelings, and thoughts, which are not presented. Since acting upon an effectively prescribed ritual changes the structure of family interaction around a symptom, the ritual challenges the game and often eliminates it, since the covert struggle and issues become overt when the family engages in the ritual. This is also true when the prescribed ritual is not acted upon or is defied by the family (6). Often, when a patient or family is expected to defy a ritual or assignment because of resistance, it is then prescribed precisely with the expectation that this act will change the game, make the overt covert, or eliminate the symptom (1, 2).

Another component of the odd-even day ritual involves prescribing the system, symptom, or the resistance inherent in the system. The therapeutic effectiveness of prescribing symptoms and systems when there is resistance to change is well-known and amply documented in the brief therapy literature (1, 2, 4-9).

A third component of the odd-even day ritual involves the discrimination of two issues which are emotionally fused and experienced as one issue for an individual. Here, the term *fusion* is used in a Bowenian sense (3), and the ritual might be called a counter-fusion (differentiation) task. For example, in Case

#1, it was important that Jim was able to make a distinction (both emotional and intellectual) between being attractive, sexy, etc., and being an adulterer. Equally important were the distinctions in Cases #2 and #3 which both women were able to make between their own wishes and their mothers' expectations of them.

The final component of the ritual thought to have therapeutic effect is the daily alternation of "symptomatic" behavior with an alternative behavior. Many patients feel that the alternating-days ritual helps them with the discrimination between two issues which are emotionally experienced as one. The alternation of days also seems to reduce resistance and increase risk-taking, since change appears to be facilitated for many patients more in half- rather than in full-steps.

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