

Psychotherapy Guidebook

DIRECT DECISION THERAPY

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DEFINITION

Direct Decision Therapy is based on a synthesis of a number of previously existing therapies, including Psychoanalysis, Individual Psychology, Rational-Emotive Therapy, Behavior Modification — all within an existential framework. It rests firmly on a philosophic foundation that is not just a means of therapy but also a philosophy of life.

HISTORY

Direct Decision Therapy was first enunciated by myself, while teaching at the University of Bergen in Norway and is therefore sometimes referred to as the Bergen School. It was first established in 1970, and the first publication was at the Spanish National Congress of Psychology, held at the University of Madrid in 1970, followed by articles in *Voices* and *The Journal of Contemporary Psychotherapy*. In 1974 it was published as a book, *Direct Decision Therapy*. I have given courses in this therapy not only in the United States but also in other parts of the world; it made considerable headway in Scandinavia. At the present time it is employed by a number of practitioners

throughout the United States and has shown interesting growth in the brief period that it has been in existence.

TECHNIQUE

The technique of Direct Decision Therapy is very clear-cut and can be reduced to the following steps:

1. The patient or client is asked to state his problem as completely as possible. In encouraging the statement of the problem the patient is sometimes asked, "What goal do you have?" because many decision therapists have found it more useful to speak in terms of goal rather than problem. Here the humanist bent of this approach is very clear.
2. An important and original part of Direct Decision Therapy is in this step. The patient and therapist together examine the past decisions that helped create the problems that prevent the patient from reaching his goal. In discussing past decisions, it is clear that the patient may not be aware of it. Therefore, the therapist will help the patient become aware of his decisions as they express themselves — in his activity, attitudes, and philosophy of life.
3. Another innovative step in Direct Decision Therapy is the examination of the payoffs for the decisions that are behind the problem. These payoffs may be positive — such as gaining attention or experiencing feelings of superiority — or they may be the negative payoff of avoiding anxiety.

4. The question is then asked, “What is the context within which this decision was originally made?” Direct Decision therapists believe that all decisions, when first made, had validity to the person making them; even though they may no longer be functional, they were once very important to the psychic economy of the individual.

5. The patient is then invited to examine what options or alternatives he has, in order that he may function in a way other than that based on his past decision. For example, many clients suffer from a decision of perfectionism in which they try to do everything as well as they possibly can. This may have been important for them in their early functioning because this was the only way they felt they could survive within their own family. When they are asked to examine the options, some will see that they no longer need such perfectionist demands. They can accept their human limitations and, while still trying to do well, will not attack themselves for not doing as well as they might like to do. Their new option or new decision may then be that they will try to do as well as they can, but will still accept the possibility of not fulfilling their own exalted demands on themselves.

6. A new decision is made and the client is helped to carry through this new decision. A great deal of the emphasis in therapy frequently requires help in carrying through this new decision. Take the example of someone who had decided to withdraw from the world because he found it too anxiety provoking, but now makes a decision to be more assertive, to enter into both social and intellectual relationships. The

therapist may help him develop, through practice and homework, a series of aids, and self-administered rewards in carrying through this new decision. It is also made clear that many of these decisions have to be made over and over again. If, for example, the individual who makes a decision to lose weight does not put it into practice, it is considered only a wish. It becomes a decision only when it is put into practice, and the client is helped to see that the decision must be made over and over again every time the individual sits down to eat. He also is helped to see that just because he fails once in not carrying out this decision to limit his weight, it does not mean that he has to give up the entire procedure of dieting; he can return and try to carry out the decision in the future.

APPLICATIONS

The applications of Direct Decision Therapy are many and varied. In addition to its use in individual therapy, it is also widely applied in group therapy and especially in family therapy, where family decisions are examined. Families often have decided, for example, that one member of the family is the disturbed one. The family is helped to understand the payoffs for this kind of decision — what it arose from and what alternative decisions may be made by the family as a whole. The practice of making family decisions has been found to be a very useful way of increasing family cohesiveness. But in addition to the field of therapy, the approach has also found acceptance in

educational organizations. I am invited to speak to educational organizations as frequently as to psychotherapy organizations, since it is quite clear that a major problem many young people have is that they haven't made the decision to learn — or they have made the decision not to learn. Other applications are to industry, because industrial management and government workers find that the art of decision-making is crucial to their role in management.