

Aversive Control Properties in Functional-Analytical Psychotherapy Manuals and Recommendations of B.F. Skinner and M. Sidman

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Abstract. In Radical Behaviorism, B.F. Skinner and M. Sidman are famously cited for their positions against the use of aversive control, maintaining their criticisms based mainly on the ineffectiveness and transience of its effects. However, later authors claim that there are contexts in which aversive control may not only be a justifiable alternative, but also effective. Among the contexts where it has been used is psychotherapy, which has several aspects within Behavior Analysis. Among them, Functional Analytical psychotherapy (FAP) is a modality of psychotherapy that uses the therapist-client relationship as the main means of intervention and resource for changing the client's behavior. In this article, two works focused on FAP (Functional Analytic Psychotherapy: Creating Intense and curative Therapeutic relationships and A Guide to Functional Analytic Psychotherapy: Awereness, Courage, Love and Behaviorism) in order to identify elements of aversive control and compare them with Skinner and Sidman 's recommendations. It is concluded that the discussion about the use of aversive control in social instances – among them, psychotherapy – is complex, and requires an understanding of the implications of each of the possible forms of control in the context of action. Thus, although Skinner and Sidman have shown a position against this form of control, the analyses carried out here suggest a discrepancy between the position of these authors and the development of functional-analytic psychotherapy.

Keywords: Aversive control, Analytical-Functional Psychotherapy, Skinner, Sidman

1. Introduction

In Radical Behaviorism, B.F. Skinner (1953/2000) and M. Sidman (1995) are often cited for their claims against the use of aversive control, maintaining their criticisms based mainly on the ineffectiveness and transitory effects. However, in later publications, authors state that there are contexts in which aversive control can not only be a justifiable alternative, but is also effective, suggesting that the use of aversive control may be unavoidable (Mazzo, 2007; Todorov, 2011; Critchfield, 2014). The existence of these disagreements raises the possibility that the techniques used by more recent psychotherapeutic theories may not be free from aversive properties in their guidelines for action, even though their guidelines contain contrary recommendations. Among these, Functional Analytical psychotherapy (FAP) is a modality of psychotherapy that uses the therapist-client relationship as the main means of intervention and

resource for changing the client's behavior (Kohlenberg & Tsai, 2001).

Guided by Skinner's (1953/2000) recommendations on the therapeutic establishment of the "non-punitive audience", therapists tend to avoid issuing aversive consequences to the client's verbalizations (Medeiros, 2002). Sidman (1995) mentions that most clients who seek the clinic have a history of exposure to aversive contingencies, mainly punishment, which would end up generating as a by-product the restriction of verbal behavior. Therefore, by establishing himself as a non-punitive audience and reinforcing the client's verbal report, the therapist would strengthen the therapeutic bond, since by not punishing the client's verbal report, he establishes himself as a discriminative stimulus for the patient. presentation of this behavior, allowing him to share with the therapist subjects that he would not share with other people (Rangé, 1995).

Skinner's (1953/2000) recommendations regarding

the "non-punitive hearing" are similar to those found in the theoretical foundations of FAP, which state that clinical improvements, "cure" and therapeutic change involve contingencies of reinforcement that occur through the relationship between the client and the therapist (Kohlenberg & Tsai, 1994). For the FAP, much of what clients verbalize about their problems outside the clinic corresponds to their behavior within the therapeutic environment, and it is the therapist's role to identify and promote the presentation of these behaviors, called "clinically relevant behaviors" (Kohlenberg & Tsai, 1994). However, Silva (2002) points out that certain techniques (for example, evoking emotional responses in the "acceptance" procedure, blocking clinically relevant behaviors) of FAP are based on aversive contingencies, suggesting a different orientation from that prescribed by Skinner and Sidman.

Regarding the FAP psychotherapist's performance, it is discussed that for the client's behavioral change to occur, it is necessary for the client to present a problem behavior - called CRB1 - in session (Kohlenberg and Tsai, 1991; Tsai, and Kohlenberg, 2009). This behavior is usually a sample of the problematic way of acting that the client presents outside the session and, therefore, following this behavior in an adequate way becomes the mechanism by which the FAP exerts its therapeutic function. This occurs as it assumes that the adequate consequence to the client's problem behavior will serve to reinforce other competing repertoires and thus, through the operant modeling mechanism, more adaptive behaviors to the client's environment can emerge. However, for the CRB 1 to be presented in session, it is possible that the FAP resorts to mechanisms that incite its occurrence, being controlled by aversive contingencies, as mentioned by Silva (2002).

Should aversive control be used? Under what circumstances? And with what characteristics? And in a therapeutic environment, where there is an understanding that the therapist needs to acquire the role of a non-punitive audience, should aversive control always be avoided? With these controversies, an investigation is needed regarding the use of aversive control in FAP therapeutic strategies, as well as the definition of this concept by psychotherapy authors. The use of aversive control, not recommended by Skinner and Sidman, tends to be discussed by other authors in Psychology as something very present in human societies and which turns out to be indispensable for the maintenance of social relationships. The objective of the present study was to identify, in the works Functional Analytic Psychotherapy: Creating Intense and Curative Therapeutic Relationships and A Guide to Functional Analytic Psychotherapy: Awareness, Courage, Love and Behaviorism, if there are properties of aversive control in the practices that constitute the performance of functional-analytic psychotherapists and compare them with Skinner's (1953/2000) and Sidman's (1995)

recommendations regarding the use of aversive control.

2. Method

2.1 Information sources

The following works were selected:

Book 1 - Functional Analytic Psychotherapy: Creating Intense and Curative Therapeutic Relationships

Book 2 - A Guide to Functional Analytic Psychotherapy: Awareness, Courage, Love and Behaviorism

2.2 Materials and instruments

A protocol was used to classify information regarding different aspects of aversive control in FAP therapeutic strategies. This protocol consists of the following variables: I. Behaviors emitted by the client suggesting an aversive practice, II. Client reports that suggest the practice is aversive, III. Recommendations, I V. Efficiency, V. Therapist's behaviors and VI. These variables were selected because they are specific aspects related to the client or the therapist, in which there is a greater probability of verifying aversive control properties.

2.3 Procedure

Some expressions were used to guide the selection of the excerpts, among them: "Punishment", "Aversive stimuli", "Aversive", "Extinction", "Avoidance", "Emotion", "Pain" and "Negative feeling". When they appeared, the part was selected. However, some excerpts were selected despite not being constituted by such expressions. For example, in situations where the structuring of an environment in which significant CRBs are evoked is recommended, it is understood that the presentation of potentially aversive stimulation is necessary. Consequently, an excerpt with such information was selected. Another example is excerpts in which a dialogue is presented in which the therapist blocks the patient's avoidance - who avoids the subject - by reintroducing the question about an emotionally draining event.

After selecting the excerpts, they were grouped and classified according to the variables presented in the observation protocol. To guide the selection of sections, the following definition of the variables was considered:

A. Client behaviors that suggest an aversive practice:

Description or indication of behaviors exhibited by the client that characterize a response to an aversive practice, such as getting angry, crying, running away and avoiding, arguing aloud, or exercising counter-control.

B. Client reports that suggest an aversive practice:

Description of client reports in which he verbalizes something with the function of avoiding a certain

topic presented by the therapist that has an aversive function or to express negative feelings. Ex : Lying, changing the subject, yelling, offending.

Ex:

C: All I know is that I'm depressed and I want some help because I feel bad. (CRBI-dodge.)

T: You didn't answer my question. I said I thought you had negative or hostile feelings towards me. (Rule 3, block dodge).

C: **I don't, let's go back to talking about my depression.** (CRBI, dodge.). (Book 1 - Excerpt 4, page 44.)

C. Recommendations for the use of aversive control:

Information constituted by the recommendation (or not) of the use of procedures that involve elements of aversive control. For example: Establishing therapeutic goals that involve reducing the presentation of avoidant behaviors and keeping the client in the presence of aversive stimuli. As an example, expanding the coping repertoire by gradually decreasing avoidance in the face of aversive stimuli, such as talking about something painful.

D. Efficiency of using aversive control elements:

Information regarding the degree of efficiency of the use of procedures that involve elements of aversive control. For example, the use of a certain form of behavioral control may lose its effectiveness over time.

E. Therapist behaviors:

Description or indication of therapist behaviors that suggest a practice is aversive, such as punishment, extinction, and negative reinforcement.

Ex:

"Consistent with FAP, the results revealed that despite consciously trying non-contingently, improvement in therapy was associated with differential, albeit inadvertent, reinforcement of client improvements. Such findings suggest that, **while many therapists may not realize it, they are constantly shaping their clients' behavior through contingencies of verbal and non-verbal reinforcement, punishment, and extinction** (Book 2-Excerpt 6, Page 27).

3. Discussion

The aim of this study was to investigate the presence of aversive properties in the action recommendations present in two Functional manuals Analytic Psychotherapy (FAP), and to discuss the results using Skinner and Sidman 's recommendations regarding the use of aversive control. The results make it possible to demonstrate

the use of techniques that allow the use of punishment and avoidance blocking, in addition to presenting direct by-products characteristic of the use of aversive control, such as escape and avoidance. These techniques and their respective by-products seem to contradict the recommendations of Skinner and Sidman, since both authors prescribe the non-use of techniques that present aversive control.

In the twelfth excerpt of Book 2, when describing therapeutic mindfulness, for example, the authors report that it is defined as "[...] a type of self-awareness that helps the client to remain in the presence of aversive SDs (such as negative thoughts, feelings and situations) that typically evoke avoidance repertoires [...]" (Book 2 - Excerpt 12, page 112). The escape and avoidance behaviors, mentioned several times in both books, occur due to the presence of negative reinforcement. For Sidman (1989/2003), contingencies of negative reinforcement do not expand the individual's repertoire, as would be the case when applying contingencies of positive reinforcement. Skinner (1953/2000) in turn, admits that negative reinforcement can be beneficial in teaching rule-following behavior, and that it restricts the organism's contact with harmful events. Therefore, regarding this form of control, both authors have slightly different positions, although it is not recommended as an ideal form of control.

Another procedure, very characteristic of FAP, is the evocation of CRB1. According to Kohlenberg and Tsai (1991): "Since it is common for CRB1 to be an aversively controlled behavior, it is often necessary that there is some aversiveness present to (1) evoke the CRB that is required for FAP and (2) block the avoidance that follows. [...]" (Book 1 - Excerpt 13, page 190). Thus, a certain level of aversiveness is often necessary for the emission of CRB to occur, keeping the patient in the presence of aversive Sds, under the justification that the client can develop new coping skills. These skills presented in the FAP books are a set of behaviors necessary for the client to be able to adapt more favorably to the environment in which he is inserted, in order to maximize the opportunities to be reinforced. For this, it is often necessary that he manages to overcome potentially aversive instances to obtain some reinforcer.

Another form of control found in the FAP manuals is punishment. Although the FAP does not explicitly prescribe the use of this form of control, the authors recommend that it can be used in certain cases, which, in a way, contradicts Skinner's (1953/2003) prescriptions regarding the role of "audience not punitive" to be exercised by the therapist. In Science and Human Behavior, for example, Skinner comments " [...] From the patient's point of view, the therapist is in principle just another member of a society that has exercised excessive control. It is the therapist's job to put himself in a different situation. Therefore, it consistently avoids the use of punishment [...]" (Pág , 403). When talking about the

importance of the therapist being attentive to the client's presentation of CRBs in session, the authors of the FAP mention that reinforcing, punishing and extinguishing are ways to encourage the development of behaviors considered "useful" for daily life, despite the by-products. emotional. This is evident in excerpt nineteen of Book 2: " Thus, although in FAP the use of aversive stimuli is limited, "punishment" (e.g., a therapist response that weakens a client's CRB1, such as withdrawal of a reinforcer) in the context of a strong therapeutic relationship, can be used to treat problem behaviors. (Page 184). In addition to Skinner, this also contradicts Sidman (1989/2003), since for this author aversive control is never beneficial and even if it were possible to find some advantage, its losses would cancel its benefits. The author states that generalized avoidance patterns, characteristic of situations involving aversive control, make it difficult for the individual to interact with the environment, restricting the variety of responses that could be presented in aversive situations (Sidman (1989/2003).

Although the use of aversive control is not openly recommended, the FAP manuals contain information that makes it possible to conclude that certain elements that constitute this practice are present or even must be present in the therapeutic process. In discussions of Book 2, in excerpt 19 (mentioned above), the authors emphasize the occurrence of negative reactions from the client as an important and inseparable part of the therapeutic process, and even in its occurrence, it does not invalidate the strength of the relationship between client and therapist. The authors reaffirm that even though the use of aversive contingencies should be avoided by therapists, precisely because of the potential damage it would cause to the establishment of the therapeutic bond, a small amount should be used. Therefore, the establishment of a relationship between the client and the therapist depends on contingencies that are not based only on positive reinforcement and, according to the authors, the emergence of aversiveness in the relationship can even shape an important repertoire for the relationship itself, allowing that both find ways to fix problems. These recommendations, present in the reviewed books, suggest that the use of aversive control may be necessary for the progress of therapy. Thus, it is possible to bring the forms of action recommended by the FAP closer to more recent indications regarding the use of aversive control.

One of the possible justifications for the use of punishment in the FAP clinic refers to the ease of application and immediacy of the suppressive effect (Ferster , Culbertson , & Perrot-Boren , 1968/1978). An example is the case of a dialogue, where the therapist interrupts a patient's monologue to return to another subject of interest. Sometimes it is necessary for the therapist to use a procedure with immediate effect, in this case, punishment. In the case of alternative procedures to punishment, it is often necessary for the therapist to have time and

information that is not immediately present. In the case of extinction, the effect takes longer due to the number of responses that need to be emitted until the frequency approaches zero. Another alternative , then, would be the reinforcement of alternative behaviors to the punished ones, which involves identifying the reinforcing stimulus that maintains the behavior to be weakened, identifying other high-magnitude reinforcers to be contingent on the alternative behaviors, in addition to specifying which behaviors alternatives must be strengthened (Moreira & Medeiros, 2007).

It is necessary, however, that the question exists: If punishment is so present in the practice of behavioral analysts, is it possible to say that it should not be used? Are behavior analysts so inclined to contradict Skinner and Sidman in their clinical practice? In a recent work, Banaco and Zamignani (2018) question the existence of a behavior-analytic psychotherapy that does not include the use of aversive control. After demonstrating the presence of clinical instances where the use of aversive control is necessary, the authors reach the conclusion presented by the works of Perone (2003): even the procedures that should involve only positive reinforcement, still have many elements of negative or negative reinforcement. even punishment.

In summary, from the information found in the two FAP manuals consulted, it is possible to verify that the discussion regarding the use of aversive control in social instances – among them, psychotherapy – is complex, and requires an understanding of the implications of each forms of control. Although Skinner (1953/2000) and Sidman (1995) have a position against this form of control, subsequent analyzes allow us to conclude that certain traits of aversiveness can be beneficial in several instances. Thus, although Tsai and Kohlenberg (2009) recommend the use of aversive forms of control, the authors recognize the implications of the indiscriminate use of this form of control, recommending caution in its application, even though there is a risk that the therapist does not correctly measure the patient limitations and is prone to error.

Even so, in view of the discussions presented, it is essential that when dealing with this subject it is recognized that the use of aversive control, even in psychotherapy, is a practice that can be recommended, even if this implies the presentation of its unwanted emotional by-products. This reveals that even though the use of contingencies of positive reinforcement continues to be privileged, other modalities of control seem to be inseparable not only from psychotherapeutic practices, but from social relationships in general. This points to the need for behavior analysts to understand the limitations of Skinner's and Sidman 's propositions, and to be open to later conceptions that examine the implications of any forms of control.

4. References

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