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The “What If” Cascade

The “*what if*” cascade is a series of hypothetical “*what if*” questions. It is a *cognitive cascade*. The purpose of the technique is to move behind defenses to the core issue being defended. Defenses can be best understood as ‘*the problem is not the problem but a solution to another problem.*’ This is true even when a defense creates other problems, such as self-harming behaviour or substance abuse.

The repeated “*what if*” questions allow the client and therapist to identify underlying feelings and conflicts. The “*what if*” cascade won’t stop the defense but it can be a springboard to understanding the function of a defense and safely stepping toward the underlying issue.

The cascade might be short, only a few sentences or it may take longer. The questions can be direct or more nuanced. The cascade may naturally progress into exploring the underlying defense or it might lead to a broader discussion about how therapy might best progress with a structured plan about how to proceed.

The “What If” Cascade example

Therapist: At the end of our last session, you mentioned that sometimes you harm yourself and we agreed we would talk about that some more today.

Client: Yeah, I know I really do need to deal with my cutting. I want to stop but I can’t.

Therapist: I’ve worked with a lot of people who have cut or hurt themselves in some way and what I have learned is that people hurt themselves for lots of different reasons. Why do you think you cut – how does it help you?

Client: It calms me down and makes me feel better. I feel relief after I’ve cut myself.

Therapist: What do you think would happen if you stopped cutting?

Client: I wish I could - that would be great.

Therapist: What's standing in the way of stopping?

Client: I don't know how to stop. I get overwhelmed and I have to do it. I have tried to stop you know.

Therapist: Don't get me wrong – I know it isn't easy; it's very hard. It's not a simple questions of willpower. But let's take a step back for a moment. You say you don't know 'how to' stop cutting, but that's the second step in the process. The first step is deciding whether you're ready to make a commitment to stop. That's where you're at, the deciding step.

Client: Oh OK. Well yes. I want to stop but I don't think I can. I have tried so many times to stop. I feel like a failure and I am very ashamed of all the scars.

Therapist: Then what happens when you feel you have failed and are ashamed?

Client: I cut again because I feel ashamed, and I need to punish myself.

Therapist: So, it seems there is more than one reason you cut? You cut to feel better, it brings some relief and then you also cut yourself because you feel you've failed and are ashamed about cutting.

Client: Actually yeah. I hadn't really thought about all the different reasons because it can blur into one overwhelming urge to cut myself.

Therapist: So, maybe the first step is to understand more about the reasons why you cut. I'm going to suggest I ask a series of hypothetical questions to try to get there. Speaking hypothetically, what would happen if you didn't cut anymore, starting right now?

Client: You mean I just stopped now and never did it again - I'd feel great. I'd have hope then.

Therapist: It would be great to feel hope. But if it felt so great to quit, you would have quit already - right? You said that cutting makes you feel better. If you didn't cut, what would happen to the feelings you get rid of temporarily by cutting?

Client: They'd build up and eventually become unbearable.

Therapist: Then what would happen?

Client: Then I'd have to cut.

Therapist: Right, but what if you didn't cut? Remember, this is a hypothetical.

Client: Then I'd feel really bad and it wouldn't go away.

Therapist: And if you felt really bad and it didn't go away, what would happen then?

Client: I'd have to get drunk.

Therapist: What if you said "No" to alcohol and drugs, and didn't use anything?

Client: I'd have to kill myself.

Therapist: OK, so cutting is actually a suicide prevention technique?

Client: I guess so, yeah, if you put it that way.

Therapist: Well, that's a positive, isn't it? Cutting prevents you from a much more serious harm. But let's take this hypothetical further. What if you didn't cut, drink, kill yourself, or use any other harmful behaviour?

Client: I don't know. I can't imagine. I'd get lost in the feelings forever.

Therapist: And if you got lost in the feelings forever, then what would happen?

Client: What do you mean?

Therapist: Well, for instance, would you ever eat again, or go to the park with your dog? What would you do for the rest of your life if you got lost in the feelings forever?

Client: I'd probably be locked up in a psychiatric hospital forever.

Therapist: OK, so you're frightened you'd become catatonic or psychotic? What if in this hypothetical, we define catatonia and psychosis like cutting, another drug, another addiction? What if you said "No" to catatonia and psychosis?

Client: You make it sound so easy. Just say "No" and like magic — I'm cured.

Therapist: No, please don't misunderstand, I get that none of this is easy. I'm not making light of it at all. This hypothetical is to try and get to the root of cutting yourself.

Client: Well, then I'd feel really bad forever and I couldn't stand it.

Therapist: And if you couldn't stand it, what would happen?

Client: I'd kill myself.

Therapist: But we agreed that in this hypothetical you wouldn't do anything harmful.

Client: Well, if there was no other way out, I'd have to feel the feelings wouldn't I?

Therapist: Right, so the worst thing that would happen if you stopped all the addictions and all the self-harming, is you would feel your feelings.

Client: I guess so. But I can't bear to feel my feelings. They are terrifying and overwhelming.

Therapist: What if I were to suggest that your terror of feeling is causing you to over-estimate how big a catastrophe that would be. You've got *feeling your feelings* defined as an absolutely intolerable catastrophe.

Client: I know, but they hurt too much.

Therapist: Well, if that's true, if you really can't stand your feelings, then you can choose to keep cutting to manage them.

Client: So, you're telling me that cutting is OK?

Therapist: It depends. It's OK if you say it's OK. But you also talk about feeling a failure and being ashamed of cutting. You don't like the scars. So if you want a different life, then you need to make a different choice. What's blocking you at the moment is your belief that to stop cutting is impossible because the feelings are intolerable.

You're giving your feelings too much power and you're not giving yourself enough credit for courage, and survival skills. Think about it. It must take a lot of courage to take a blade and cut yourself. Imagine if you could learn to channel that courage into facing and feeling your feelings and learn to be safe with your feelings and yourself?

Client: I never thought about it that way before. I want to try but I'm terrified.

Therapist: I know you are and that's OK. We'll take it really slowly. We'll explore your triggers to cutting and slowly begin to tolerate your feelings. I'll be right alongside you. This is a journey. There may be times when you feel stuck and take one step forward and two backwards. But that's OK. We can plan for that and you will be in charge and set the pace.

The therapist would then explain how the feelings in fact won't last forever but will peak in intensity and then ease off over a limited, tolerable period of time. The "*what if*" cascade can be pursued with a variety of wordings, and the therapist can divert to other matters before picking up the thread later in the same session, or in a subsequent session.

The '*what if*' cascade can be applied to working with any issue that is causing conflict and can be adapted to all Parts of self. As we saw in the above example, there was more than one reason the client cut herself. Often this reflects different parts managing different internal conflicts and issues. All Parts need to be supported and invited to come on board with decisions as to how best to proceed. (see Dialoguing with Parts worksheet)

Adapted from Ross & Halpern (2009) *Trauma Model Therapy: A Treatment Approach for Trauma, Dissociation and Complex Comorbidity*, Manitou