

The Greek Chorus and Other Techniques of Paradoxical Therapy

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This paper has described some of the interventions developed at the Ackerman Brief Therapy Project in treating the families of symptomatic children. The interventions are based upon a differential diagnosis of the family system and upon an evaluation of that system's resistance to change. They are classified as compliance-based or defiance-based, depending upon the family's degree of anxiety, motivation, and resistance. Paradoxical interventions, which are defiance-based, are used as a clinical tool in dealing with resistance and circumventing the power struggle between therapist and family. A consultation group acting as a Greek chorus underlines the therapist's interventions and comments on the consequences of systemic change. This group is also sometimes used to form a therapeutic triangle among the family, therapist and group, with the therapist and group debating over the family's ability to change.

THE ACKERMAN Brief Therapy Project was organized in 1974 under my and Olga Silverstein's direction to experiment with the use of paradox in treating families with symptomatic children. Initially it was composed of eight self-selected family therapists¹ previously trained at the Ackerman Institute for Family Therapy. Building on the ideas of others who have made use of paradox in family therapy, such as Haley, Erickson, Selvini Palazzoli, Watzlawick, Weakland, and Fisch, the Project quickly took a direction of its own and developed its own unique characteristics.

Our use of paradox is based on an understanding of three concepts: the concept of

the family as a self-regulatory system, the concept of the symptom as a mechanism for self-regulation, and the concept of systemic resistance to change, resulting from the preceding two. Because the symptom is used to regulate a dysfunctional part of the system, if the symptom is eliminated, that part of the system will be left unregulated.

The most common example of this is parents who divert their conflict through a child's activating a symptom. In alleviating the symptom in the child, the unresolved issues between the parents become exposed, creating a great deal of anxiety and a strong resistance to change. We use paradox primarily as a clinical tool for dealing with this resistance and circumventing a power struggle between the family and the therapist.

Families with symptomatic children usually present the therapist with a contradictory request, asking that the symptom be changed without changing their system.

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¹ Olga Silverstein, Paul DeBell, Gillian Walker, John Clarkin, Betty Lundquist, Richard Evans, Peggy Papp, Joel Bergman, Lynn Hoffman and Anita Morawetz joined the group at a later date.

The therapist deals with this contradiction through a series of drastic redefinitions that connect the symptom with the system in such a way that one cannot be changed without changing the other. In so doing the therapist sets the terms for the therapeutic contest. The central issue is no longer how to eliminate the symptom but what will happen if it is eliminated; the therapeutic argument is shifted from the "problem"—who has it, what caused it, and how do you get rid of it—to how the family will survive without it, who will be affected by its absence, in what way, and what will they do about it.

Through this systemic redefining, a perceptual crisis is created, following which the family finds it increasingly difficult to regulate itself through a symptom and begins to regulate itself differently.

One of the distinguishing features of our work is the differential and alternate use of paradox with other types of interventions. Experience has shown that paradox is neither always necessary nor desirable. Our criterion for its use is based on our evaluation of the degree of resistance to change in that part of the system that the symptom is regulating. We test this resistance through a number of trial runs, and if it is responsive to direct interventions, there is no need to resort to the use of paradox. Also there are certain crisis situations, such as violence, sudden grief, attempted suicide, loss of employment, or unwanted pregnancy, in which a paradox would be inappropriate, as the therapist needs to move in quickly to provide structure and control. We reserve paradoxical interventions for those covert, long-standing, repetitious patterns of interaction that do not respond to direct interventions such as logical explanations or rational suggestions.

Following is a description of interventions classified under the headings of Direct Interventions or Compliance-Based,² refer-

² These terms were coined by Rohrbaugh, Tennen *et al.* (3).

ring to the therapists expectation that the family will comply with them, and Paradoxical Interventions or Defiance-Based, referring to the therapist's expectation that the family will defy them.

Direct Interventions, Compliance-Based

By direct interventions are meant advice, explanations, suggestions, interpretations, and tasks that are meant to be taken literally and followed as prescribed. They are aimed at directly changing family rules or roles. They include coaching parents on how to control children, redistributing jobs among family members, establishing disciplinary rules, regulating privacy, establishing age hierarchy, and providing information that the family lacks. They also include promoting open communication, eliciting feelings, giving personal feedback to the family and interpreting family interaction. Direct interventions are given with the expectation that they will be followed and therefore are used when it is felt the family will respond to them.

Paradoxical Interventions, Defiance-Based

A paradoxical intervention is one that, if followed, will accomplish the opposite of what it is seemingly intended to accomplish. It depends for success on the family's defying the therapist's instructions or following them to the point of absurdity and recoiling. If a family continually defies compliance-based interventions, it can be safely assumed there is some hidden interaction in the system that undermines their usefulness—some secret alliance, contest, or coalition that the family is reluctant to reveal or change. The target of the systemic paradox is this hidden interaction that expresses itself in a symptom. The three major techniques used in designing and applying a systemic paradox are: redefining, prescribing, and restraining.

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Redefining

The purpose of the family's symptom is to preserve its part of it. The symptom is defined as causing distancing, etc. Rather than directly respecting the way it runs.

Prescribing

Having done a cycle of intervention prescribed by the family's acting the symptom, it loses its explicit and ability for its Foucault (2) state in which forced to argue own truth."

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Redefining

The purpose of redefining is to change the family's perception of the problem. The symptom is redefined from a foreign element outside the system to an essential part of it. Behavior that maintains the symptom is defined as benignly motivated to preserve family stability. Anger is defined as caring, suffering as self-sacrifice, distancing as a way of reinforcing closeness, etc. Rather than trying to change the system directly, the therapist supports it, respecting the inner emotional logic on which it runs.

Prescribing

Having defined the symptom-producing cycle of interaction positively, it is then prescribed as an inevitable conclusion of the family's own logic. By consciously enacting the cycle that produced the symptom, it loses its power to produce a symptom. The secret rules of the game are made explicit and the family must take responsibility for its own actions. In the words of Foucault (2), the family "is led through a state in which it is confronted by itself and forced to argue against the demands of its own truth."

A prerequisite for prescribing this cycle is an accurate knowledge of the relation between the symptom and the system and the manner in which they activate one another.

Restraining

If the therapist is to be consistent with the above two steps, whenever the family shows signs of changing, he/she must restrain them. If indeed the symptom is an essential element in the functioning of this system, and the therapist respects that system, he/she can only worry about change. As the family recoils from this prescription and presses for change, the therapist regulates its pace. He/she constantly enumerates the consequences of the change and

anticipates the new difficulties that will arise, predicts how they will affect the system, and cautiously allows the family to change in spite of these.

Following is an example of a systemic paradox:

In a family in which an 8-year-old boy was failing in school, the therapist determined that the symptom served the function of keeping mother's disappointment, focused on her son, Billy, rather than on her husband. The husband was failing in business and rather than redoubling his efforts was sinking into apathy, leaving mother to shoulder much of the financial burden. He gave off signals that he would collapse if confronted openly with this issue, and mother collaborated in protecting him. Whenever she became angry at his lack of ambition, she nagged Billy to straighten out and make something of himself, do his homework, practice his violin, clean up his room, etc. Mother and Billy would end up fighting, and father would retire to the den to watch television. Both parents denied there was a marital problem, the wife stating, "My husband doesn't like to fight, and I've accepted this."

The therapist told the mother it was important for her to continue to express her disappointment in Billy because otherwise she might begin to express her dissatisfaction with her husband. This would be risky as her husband might become depressed, and since Billy was younger and more resilient than her husband, he could take it better. Billy was advised to continue to protect his father by keeping mother's disappointment focused on him, and father was commended for his cooperation. The mother had an immediate recoil saying, "You're suggesting I fight with my 8-year-old son instead of my husband, a grown man? Why should I damage my son to protect my husband?" thus defining her own predicament. The husband supported the therapist, saying he thought her suggestion was a good one "because Billy bounces right back. With him it doesn't last

for a long period of time, and he doesn't get depressed like I do. Besides, we can't know for sure if it's doing him any damage." Mother was outraged at her husband's validation of the therapist's perception and proceeded to fight with him. The conflict was refocused onto the parents, and Billy was released from his middle position. Defining and prescribing their system in a way that was both accurate and unacceptable made it impossible for them to continue it.

Pitfalls

There are several mistakes made by beginners in trying to follow this procedure; they are regularly brought to the attention of our staff when teaching it. The most common one is simply prescribing the symptom without connecting it with the system. Therefore we sometimes hear, "Billy, you should keep failing in school and disappointing mother." This lacks therapeutic impact, which depends on redefining the symptom as serving the system, connoting both positively and prescribing both.

Another common error is merely prescribing the system, such as, "Billy, you should continue to fail in school and disappoint mother; mother, you should continue to fight with Billy; and father, you should continue to withdraw." Again, the system is not connected with the symptom in a circular definition.

Reversals, Defiance-Compliance-Based

A reversal is an intervention in which the therapist directs someone in the family to reverse his attitude or behavior around a crucial issue in the hope that it will elicit a paradoxical response from another family member. It is both defiance and compliance-based. It requires the conscious cooperation of the family member who is being instructed by the therapist and the defiance of the family member who is receiving the results of the instruction. Reversals are useful when one member of the family is cooperative and will follow direct advice and

another will resist it. For example, in a family in which a wife resented an overly close relationship between her husband and his mother, the therapist instructed the wife (privately) to reverse her attitude regarding the relationship. Rather than take her usual stance of opposing it (which only solidified it), the therapist suggested she find ways of praising the beauty of this rare mother-son devotion and suggest that her husband spend even more time with his mother. The wife, as expected, complied with the therapist's instructions; the husband, as expected, defied his wife's instructions by becoming less involved with his mother.

Reversals can be used effectively in helping parents handle rebellious children. Remarkable results can be achieved in a short period of time if the parents are willing to follow the therapist's coaching. When reversals are given, the person who is on the receiving end should not be present, as the success of a reversal depends on that person being surprised and reacting spontaneously to an unexpected change of attitude. For example, in a family with a 13-year-old son who was flunking school as a reaction to the constant pressuring of his parents, the parents were instructed to tell the youngster that they were really not that concerned about his grades because if he had to stay home and attend summer school, at least they would know he was safe and they would be able to keep their eye on him all summer.

Reversals are used in the Brief Therapy Project when it is felt one segment of the family is capable of reversing a core position that will affect another segment of the family.

A combination of the above techniques used with most families during the course of treatment, based on the therapist's evaluation of the compliance-defiance factor

Consultation Group as a Greek Chorus

Another distinguishing feature of our work is the use of a consultation group

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underline the therapist's interventions. This group is composed of colleagues in the Brief Therapy Project who alternate in observing one another from behind the one-way mirror. This group acts as a Greek Chorus, providing a running commentary on the interaction between the family and the therapist. It is the voice of the family prophet, proclaiming the systemic truths in the family and predicting the future course of events. Its major preoccupation is with the phenomenon of systemic change. Regular messages are sent in from the group commenting on this phenomenon, how it will come about, what the consequences will be, who will be affected by them, in what way, and what the alternatives are.

The messages are formed in collaboration with the therapist who has the final say as to their content and decides on what position to take in relation to them. At the therapist's discretion, the group can be used to support, confront, confuse, challenge, or provoke the family, with the therapist free to agree with them or oppose them.

The group is presented to the family in a way that invests it with the highest possible authority. The family are told that they are privileged to have this special resource available to them under the auspices of the Project, that the group is composed of experts in the field who are authorities on their particular kind of problem. If the family so desire, they are introduced to the group but have no further contact with it. It remains at a distance, an invisible eye, an anonymous voice, lending the impact of objectivity.

Although we have used the group in the following ways, we believe we have only begun to explore its potential.

Support

The group is sometimes used simply to praise or support certain aspects of the family that need strengthening. For example, in a family in which a husband presented a gruff exterior to cover a tender heart, his wife often failed to appreciate his

tenderness, as it was expressed through gestures rather than words. Her lack of appreciation discouraged him from making further advances, and he would retreat behind his "don't give a damn" pose. When he gave her a book of her favorite poems for her birthday, the group used the occasion to define him as a romantic figure.

The women in the group were touched by Tom's beautiful gift to Myrna. They wish their husbands would think of things like that. They have always felt there was a romantic side to Tom, and they are curious as to how it will express itself in the future. They are taking bets on it but won't reveal them.

In another family the group sent in a message supporting the husband's right to make his own decision as to whether he would attend the therapy sessions. He had refused to come to the first two sessions as a reaction to his wife's persistent coercion, and when he did agree to come for only one session, she used that session to berate him for his lack of concern for his family. "You wouldn't give a damn if we were all dying." The consultation team countered mother's pressure.

The group, not having met Jim before, is impressed with his ability to take care of himself. Somehow the family mythology had led us to believe differently. Therefore, we respect his decision to come to terms with his life in his own way and feel sure his wife will do the same.

Thus supported, he began coming to the sessions regularly.

Public Opinion Poll

Sometimes the group is used as a public opinion poll to take odds on the course of change. As the sessions progress, the opinion of the group may shift, depending upon which way they wish to throw their weight. In a family in which the therapist was trying to get the parents to keep the children out of their marital issues, the therapist began the interview by stating that the

group was split on the crucial issue of whether the parents would be able to prevent the children from sabotaging their new-kindled romance. Half the group believed the children would win, but the other half were rooting for the parents. As the session continued and the parents began to lose, the count shifted and the therapist informed the family that according to the latest poll, all but one person in the group believed the parents had lost the battle. That one person was holding out because he believed that father was stronger than all three children and would find a way of regaining ground.

There are many different ways of splitting the opinion of the group in order to make a therapeutic point. Sometimes it is divided along sex lines to increase the incentive of each partner in the battle of the sexes.

All the women in the group predict it will be the husband who will be responsible for creating the next crisis by drinking too much, but all the men believe the wife will do it by involving her mother in their private affairs.

In families in which women's liberation is a hot issue, it is used as a spur for disentanglement. A mirror image of the conflicting issues is constructed in the group and fed back to the family. For example, in a family in which the mother was ambivalent over her own liberation, alternating between an obsessive involvement in a triangle with her husband and son and a concerted effort to get a doctorate in anthropology, the group defined and exaggerated the conflict.

Mother's predicament has created a political division among the women in the group. One-third feels she should stay home and devote her entire time and attention to her husband and son, as this is the highest achievement a woman can aspire to; one-third feels she has already done this for fifteen years with little appreciation from either husband or son for her efforts and that now she has the right to fulfill her own creativity and potential; the

remaining third agrees with the latter, that mother has the right to fulfill her own potential but is worried that father and son may become totally helpless without her and she should therefore remain at home.

Hearing the issues defined in these terms only the second alternative was acceptable to her. She got her doctorate and gave up trying to change father and son.

Surprise and Confusion

Since surprise and confusion are important elements of change, the group is sometimes used to produce them. It may send a message to arouse the family's curiosity, stir up their imagination, or provoke them into revealing hidden information. These messages are sometimes left deliberately unclear as an invitation to the family to fill in the gaps. For example, in one family the parents were extremely closed off and creative, creating a stilted atmosphere of vague foreboding that was difficult to decipher. Their adolescent son constantly provoked them with disruptive behavior in an effort to counteract the deadly atmosphere. This produced a round robin in which the parents engaged in a never-ending battle to quiet their son and the son engaged in a never-ending battle to disquiet his parents. The therapist and group speculated that some kind of well-guarded family secret was creating this foreboding atmosphere and the concomitant turmoil. The therapist returned from a consultation with the group to deliver the following message:

The group has the impression that this family is like a prison, but it's unclear who is the jailer and who are the prisoners. Somebody here secretly in his heart might want to escape, but this might be devastating to the family, as it is a very close family. (Turn to the boy) In a sense B., your job is to let this game of prisoners and jailers go, as a reality that person might try to make a bet for it. B. stated, "I'm the one that's locked up." The therapist replied, "I'm not so sure

are you being locked else up?"

During the next revealed she had been family for some was out in the open between the parentom subsided.

Forming a Therapist

One of the most is the creation resulting from an between the the this triangle, the position of antagonist, therapist, who has with the family, antagonist of character warns the therapist of consequences of system defines the part ing against this. and forth as family nately agreeing group. For example the symptom is to leave home, the oppose the group with the group home to protect alone with her father capable of handling them can manage parents disprove shift to, "I see trying to tell me being alone with for having misjudged the group was right Linda needs to r her mother."

Remaining Outs

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are you being locked up or locking everyone else up?"

During the next session the mother revealed she had been thinking of leaving the family for some time. Now that the issue was out in the open it could be dealt with between the parents, and the boy's symptom subsided.

Forming a Therapeutic Triangle

One of the most potent uses of the group is the creation of a therapeutic triangle resulting from an ongoing, planned conflict between the therapist and the group. In this triangle, the group usually takes the position of antagonist of change and the therapist, who has the personal relationship with the family, takes the position of protagonist of change. The group regularly warns the therapist against the consequences of systemic change and continually defines the part of the system that is working against this. The therapist swings back and forth as family resistance shifts, alternately agreeing and disagreeing with the group. For example, in a family in which the symptom is the daughter's inability to leave home, the therapist might initially oppose the group by saying, "I disagree with the group that Linda needs to stay home to protect her mother from being alone with her father. I believe mother is capable of handling father and the two of them can manage on their own." If the parents disprove this, the therapist can shift to, "I see now what the group was trying to tell me about your difficulty in being alone with one another. I apologize for having misjudged the situation. It seems the group was right and for the time being Linda needs to remain at home to console her mother."

Remaining Outside the Circle

The therapeutic triangle created among the group, family, and therapist gives the therapist a unique maneuverability, emanating from a liberating distance. In *A Journey to Ixtlan* (1, p. xi), the Indian philosopher, Don Juan, advises the author,

Carlos Castenada, "If one wants to stop our fellow men, one must always be outside the circle that presses them. That way one can always direct the pressure." Carlos has asked Don Juan's advice about a friend of his who cannot control his unruly son. Don Juan suggests that the father go to Skid Row and hire a frightening derelict, instruct the derelict to follow him and his son, and in response to a prearranged cue, after some objectional behavior on his son's part, leap from the hiding place, pick up the child, and spank the living daylights out of him. The father must then console his son and help him regain his confidence. This should be repeated several times in different places. Don Juan assures Carlos that "the boy would soon change his view of the world."

The consultation group serves a function similar to the derelict, as an agent "outside the world that presses them," and the therapist, in a similar position to the father who "directs the pressure."

The physical procedure for using the group can be structured in a variety of ways. Our regular procedure is for the therapist to excuse himself or herself near the end of the session to consult with the group in a different room (leaving the video camera running to record the family interaction). The therapist then returns with a communication that is usually written and read aloud to the family with a proper solemnity. A copy of this communication is then mailed to all family members so they can study it at their convenience. This lends an additional importance and authority to the message. After reading the communication, the therapist terminates the session, not allowing the family to dissipate the content through an intellectual discussion of it. It is dropped like a time bomb and left to explode at a later date as the family comprehends it.

The group is free to interrupt at any time during the session or call the therapist out to make suggestions. A pre-arranged signal may be agreed upon by the group and ther-

apist, by which the group interrupts at a particular point in time with a particular message. If cotherapy is used (at the discretion of the therapists), a three-way strategy is worked out between the two therapists and the group.

In presenting this material the question is often asked, "What does one do if one doesn't have a group?" The same principles may be applied by a regular cotherapy team, with each therapist taking an opposing position on various issues, or a trainee and supervisor may agree on a division of opinion around a central theme, or even a single therapist may change his/her own opinion.

I've been thinking about your family a lot, and I realize I've been making a serious mistake in trying to get mother and Suzie to stop fighting, because that's the only time father becomes involved in the family, and if they stopped father might totally disappear. So for the time being, Suzie, it's important for you to fight with your mother until she can find another way to keep father at home.

Another question that is raised concerns the effect this has on the child. "Isn't it harmful to tell the child to continue destructive behavior in order to save the parents?" We believe that is what the child is actually doing and by making the covert overt, we are releasing him or her from that position, at the same time making the parents aware of it.

Following Through on a Systemic Paradox

After the systemic paradox has been formulated and delivered comes the difficult task of following through on it. During the next session the family will most likely not mention the message. They have many ingenious methods for trying to wipe it out, including ignoring it, forgetting it, dismissing it, contradicting it, or coming in with a new crisis that has nothing to do with the original problem. The next step requires the therapist assiduously to hold on to his/her circular definition of the problem and

to continually fit family behavior into the new framework. That requires the conviction on the part of the therapist that his/her perception is accurate. Beginners often have difficulty delivering a paradoxical message as they lack this conviction. Afraid the message may sound absurd, they become self-conscious and deliver it in a tentative way that makes the family feel they are being facetious or sarcastic. In order to be effective, it must be stated with the utmost sincerity that can only come from believing it is the systemic truth of the family. We have found that no matter how absurd a message may sound, someone in the family usually confirms its validity. In the case of the father who confirmed that it was better for his wife to fight with his son than with him. This has led us to the comforting conclusion that it is difficult, not impossible, to surpass the absurdity of an emotional system.

In order to give the reader as clear an idea as possible of this process, the following case, in which I was the therapist, is described with some verbatim dialogue.

The R. family was referred to the Bio-Therapy Project by a trainee who works in the inpatient unit of a psychiatric hospital to which the mother had been taken after a suicide attempt. Family therapy was recommended when the mother refused to give up her pills. After six sessions the trainee became incapacitated by the severity of the problems in the family and referred the case to our unit.

The event that precipitated the mother's suicide attempt was a scuffle over the couple's "problem son," Gary, 11. Mother had been trying unsuccessfully to discipline him. She had called to father for help, he was asleep and didn't come, whereupon she went to the bathroom and took an overdose of sleeping pills.

During the past two years father had suffered a series of heart attacks that left him with an "inoperable" heart condition. His doctor had ordered him to stop working, and he now stayed at home, a se-

invalid. The family kind of problem—family, social, and emotional crisis.

Not only was Gary, but the conflict was of many years. Previously they had a marriage was hoped a divorce. Instead individual therapy sessions were involved around every issue should live—in a near to his parents money they should spend their vacation discipline the child settled by default do it, didn't do

"never say won't" For many years center of this project maintained the Gary would misbehave and mother would not discipline her anger discipline Gary for his misbehavior sick in the past forced to take an angina at both parents

Physical symptoms of control, as Father was cause of the situation. The child retaliated by various methods

The couple had been doing the same for many years fight to the

invalid. The family was beset with every kind of problem—financial, legal, physical, social, and emotional—and lived from crisis to crisis.

Not only was Gary's problem an old problem, but the conflict between the parents was of many years' duration. Five years previously they had been in marital therapy and, according to them, had been told their marriage was hopeless and they should seek a divorce. Instead, they placed Gary in individual therapy for three years. The parents were involved in a power struggle around every issue of their lives: where they should live—in an apartment or a house, near to his parents or to hers; how much money they should spend; who should do what around the house; where they should spend their vacation; and who should discipline the children. All arguments were settled by default. The person who *couldn't* do it, *didn't* do it. The family rule was "never say won't; say can't."

For many years Gary had been at the center of this power struggle. The cycle that maintained the symptom was as follows: Gary would misbehave in some small way, and mother would become angry at father for not disciplining him. Rather than express her anger, she would attempt to discipline Gary in such a way as to escalate his misbehavior. She would then become sick in the process, and father would be forced to take over. Father would then have an angina attack from the exertion, and both parents would end up blaming Gary. Physical symptoms were used as a means of control, and each parent kept escalating. Father was now ahead in the contest because of the seriousness of his heart condition. The ante being raised, the mother retaliated by increasing the severity of her colitis, back pains, and severe depression, culminating in a suicide attempt.

The contest between the parents might best be described as "he who loses, wins," the winner not having to take responsibility for running the family. It was literally a fight to the death with mother desperately

trying to produce a symptom more serious than her husband's heart condition. In the middle of attempting to discipline Gary, she would suddenly fall to the floor with an attack of colitis and, according to her, "lie there bleeding for hours, unable to get up." Or she would develop pains in her back and have to go to bed for a week in traction. After each of father's hospitalizations she hospitalized herself with one of her symptoms. Periodically she would threaten to have Gary placed, screaming, "If he stays here, either I'll kill him or he'll kill me," and the cycle continued without end.

The children duplicated the contest between the parents, with the younger sister, Sally, 9, developing physical symptoms like her mother to control her brother and parents. She had a repertoire of dramatic ailments, such as nightmares, insomnia, fainting spells, stomach pains, headaches, and would declare tearfully in a session, "What about me? I have terrible problems, you know; I'm emotionally disturbed too," which would prompt the mother to ask if she shouldn't be in individual therapy.

Direct interventions such as trying to get the parents to work cooperatively in establishing consistent controls for Gary or communicating their own needs directly rather than indirectly, were doomed to failure. There was always a different reason why they were unable to follow through on suggestions, or if they did, why they weren't helpful. The contest was gaining its power from being played "outside awareness" of the participants and therefore did not respond to suggestions, explanations, or confrontations. When the decision was made to use a systemic paradox, I was faced with the difficult task of redefining the deadly contest positively. This was done by describing the power maneuvers as being motivated by love and caring. The therapist read a message from the group stating that in this family people showed their love for one another by being miserable so that other family members could feel more fortunate than they. This message was dra-

matized within the family sessions at every opportunity, both in the parental system and the sibling subsystem. For example, during one session Sally talked about winning the lead in the school play. Although she wanted it desperately, she complained about getting it as now the other children were jealous of her. She thus managed to turn a winning experience into a losing one. After a consultation with the group, the therapist returned with the following message:

Sally is wise to complain and cry at the moment of her greatest triumph, which is winning the lead in the school play.

By not appearing joyous, she is following her mother's example of not allowing herself to feel pleasure. This is for fear of making other family members feel less fortunate. We believe, therefore, that it is only fitting that father and Gary encourage Sally and mother to be unhappy, because in this way they will show their appreciation for what Sally and mother are doing for family closeness.

The family's reaction can best be described as one of incredulity. For the first time the mother mentioned the word "change." "Isn't there some way to change that? It sounds very bad.... Isn't there some way we could all feel good, not bad?" I questioned the wisdom of this since feeling bad was their way of showing their love for one another.

At the beginning of the following session, I asked if they had followed through on the recommendation. Sally piped up with, "Oh, yes, now I remember. We should not allow ourselves to feel happy because the others might feel bad." Following is a verbatim account of their response:

Gary: It says in my mother's psychology book that if one person is unhappy and the other is happy, it'll make him feel worse, so the other should become sad to make him not feel as bad.

Ther.: The group feels that's what goes on in this family and that you

show your love for each other by being unhappy and miserable and sick—

Mother: Isn't there some way to change it somehow or—break the pattern?

Ther.: Why would you want to do that?

Mother: Because it seems like a sick way of doing things.

Ther.: (to father): What do you think?

Father: I don't know—I don't quite understand—uh—I don't quite see the whole thing.

Ther.: Mm... Gary?

Gary: In my mother's psychology book it says there should be shifts. I mean we should switch over—I mean one person should feel bad to make another feel better (looking embarrassed by the idea), but I don't agree with it.

Ther.: (deciding to prescribe the contest more explicitly) I would like to suggest something. This may sound crazy, but I'd like to suggest it anyway—The next time Gary throws a temper tantrum, Sally, what I'd like you to do is—to feel bad (everyone laughs). Just see if it works. Do you know the first sign?

Sally: I can hear his screams. He moans and groans and whines...

Ther.: At that moment when you see he is going to have one of his weekly temper tantrums, could you act worse...start to cry, start to complain about friends in school um...(Sally giggles).

Gary: I'd know she was doing that.

Ther.: It doesn't matter. Would you do that for him?

Sally: Yes, but once in a while you be nice to me...

Ther.: We'll talk about how he can repay you later, but first let's see whether this will be helpful to him, okay? When he first shows signs that he

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Gary: Yeah

Sally: That

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about to have a tantrum, you create a rumpus. I think that will be helpful to him.

Gary: And vice versa.

Ther.: Are you willing to do it?

Sally: I'll try, but I want him to pay me back.

Gary: I know how. Her language is foul and Dad doesn't like it, and she is sent upstairs...

Ther.: You mean, when she's in trouble you'll rescue her by acting up?

Gary: Yeah, is that what you mean?

Sally: That's paying me back.

Gary: That's what I meant it for.

Ther.: That's very nice of you.

Gary: I didn't mean it to be nice, but...

Ther.: You didn't?

Gary: No (parents laugh). I object to this whole thing.

Ther.: What would you do if she begins to throw a fit?

Gary: I would begin to cry and complain—but—but, as I said, I'm against this whole thing.

Sally: What happens if one person disregards this request?

Gary: Yeah. Like if one person doesn't do his share of the work.

Ther.: Then suppose the other person reminded him. If you start to throw a temper tantrum, you could say to Sally, "Please rescue me" (much laughter).

Gary: What if I help her one day and she doesn't help me... I mean, should I remind her?

Ther.: Yes, remind her, and you remind him.

Sally then offers to sacrifice herself by not showing her brother how good she feels about being in the school play.

Sally: I can keep him happy by forgetting what's happening in school. The play will only last a few days.

Everyone feels good when they have a secret of some kind, or something that...uh, hum...in a way they're helping someone else. They feel better, they feel good. But I would show whatever's bad on the outside and keep my good on the inside.

Ther.: I see, just to help Gary. Don't you think that's nice of her?

Gary: (noncommittally): Mm.

Sally: If you don't think it's nice I just won't do it.

Gary: It won't work because you've already told me you're going to pretend to feel bad.

Sally: But you don't know when. Don't worry. I won't let you feel bad. I'll keep you happy.

Gary: But you can't if I know you will.

Sally: You'll forget all about it, don't worry.

Gary: I doubt it.

Sally: Try hard not to keep it in mind. Don't worry. On the outside I'll feel bad, but on the inside I'll feel good. How can you know how I feel on the inside? You can't.

By openly prescribing the secret contest, it is robbed of its lethal power and takes on the quality of an innocent game. Having defined it as being motivated by caring and protectiveness, it is now being played in that spirit.

The therapist then turns to the parents and prescribes their contest.

Ther.: When one of you is feeling down, how can the other one go down further to allow the one to come up?

Father: I don't know.

Ther.: What are the signs?

Father: I tire more easily.

Ther.: (to mother): Can you make him feel better about his physical condition by your tiring sooner than he does and by...

- Father: She does.
 Ther.: She does?
 Father: Yes. She always tires before me.
 Ther.: Then what about feeling worse physically than he does to make him feel strong and healthy. Can you do that?
 Mother: I don't think that works.
 Father: She does.
 Ther.: She does?
 Father: She does to an extent. Between her back and her colitis...
 Ther.: Maybe...
 Father: We plan to do things and when the day comes she doesn't feel like it, and we cancel our plans so it's another boring day.
 Ther.: How do you convey to your husband that you're in a worse state than he is?
 Wife: I don't know...if I am, I am. Why shouldn't everyone feel good at once?

Both parents and children then collude to dismiss the contest. They talk about all feeling good and doing things together. This ends up with father relating a recent anecdote about buying tickets for a play, but having an argument about which play, and mother getting sick so they couldn't go.

- Ther.: I don't think both feeling good together is the answer.

The children try again to work out a compromise solution for their parents, which goes nowhere.

- Ther.: (to children): You're trying to work it out so they're both happy, but I don't think that will work. (to husband) You must get more unhappy when you see her down in order to bring her up. And you have to get more unhappy to bring your husband up.
 Father: You're saying if one feels unhappy the other person will forget how

- unhappy he feels...to help the other person?
 Ther.: That's right, that's right.
 Father: I've seen these shifts. I've seen things like that. Not so much now as when I was sicker. When I felt bad a number of times, you have felt very bad. One of us had to do something—prepare a meal or something like that—and I was already bad and you all of a sudden say you're worse, so I would have to go make the dinner. And I would be angry at you because you always seem to find yourself sick when I'm sick. That is what I think we're getting at.
 Ther.: But look, it was helpful to you because you got up and did it.
 Father: Just because I did it doesn't mean I felt any better.
 Ther.: (to mother): Some place, deep down inside, you were being helpful to your husband.
 Father: Because it got me up?
 Ther.: (to wife): Deep down inside you knew if you felt worse than he did, it would help him, and you're very protective of him. And when do you protect her like that?
 Father: You're saying when do I do it consciously?
 Ther.: Well, or unconsciously.
 Father: I may be doing it subconsciously.
 Ther.: Okay. It doesn't matter. See if you can figure out when you do it unconsciously. When do you feel worse in order to make her feel better when she's down?
 Father: When I feel worse I don't think I put it on.
 Ther.: You're not as protective of her as she is of you?
 Father: When she feels bad I try to take over some of the burden.

He then describes taking over the disciplining of Gary.

Ther.:

Father:

The therapist's reinforcement

The group's effort band. Beck knows that he feels like he so the helping hand energetic more of a. Therefore she sees in to his miserable signal, however he feels. We all

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Ther.: In a sense you don't have to try as hard as your wife does because of your health. You're always worse off than she.

Father: I don't think recently I've felt in poorer condition than she.

The therapist excused herself for a consultation and returned with the following reinforcement from the group.

The group would like to applaud mother for her efforts to be more unhappy than her husband. Because of her great love for him, she knows that the best way to energize him when he feels low is to be even more dispirited than he so that he can rise to the occasion by helping her. She knows if she were to become energetic and take over, father might become more of an invalid.

Therefore, we recommend that the moment she sees that her husband is tempted to give in to his illness she let herself become more miserable than he. In case she misses the signal, he should let her know in whatever way he feels is appropriate.

We also recommend that Sally and Gary

continue to provide their parents with a good example by rescuing each other when either is in trouble.

The hidden power struggle was no longer hidden. It was rendered impotent through its exposure and scheduling. The denial and subterfuge surrounding it were replaced with conscious intention, which made it difficult to continue it in the same virulent way.

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