CHAPTER IV

THE PARADOX AND COUNTERPARADOX APPROACH OF MARA SELVINI PALAZOLLI

1. INTRODUCTION

The approach of the Milan Group is defined by Lynn Hoffman[1)] as a systems approach. Mara Selvini Palazolli, a child psychoanalyst, is the head of this group. The work, "Self starvation", appeared from her pen during a period in which she did therapy with children who suffered from anorexia nervosa. Because of unsatisfactory results she began to take an interest in family therapy and she studied the works of the Palo Alto Group.

In 1967 she organized the "Institute for Family Study" in Milan. In "Paradox and Counterparadox",[2)] a publication that appeared in 1975, she and other colleagues described her premises and methods. In this work they referred to their therapy especially with families in which the defined patient was described as psychotic, schizophrenic or with anorexia nervosa. In an article, "Hypothesizing – Circularity – Neutrality"[3)] particular aspects of their work were expanded.

2. ESSENCES OF THE APPROACH OF THE MILAN GROUP

Hypotheses for their approach have their origin in systems and communication theory. They are influenced by the works of Gregory Bateson, Jay Haley, Paul Watzlawick and others. The anthropologist Gregory Bateson's concept of circular causality is central to their approach. Circular causality is contrasted with linear causality where a mental disturbance is understood and explained in terms of its historical and originating factors.

The linear approach includes the medical model as well as the psychodynamic model where the individual is the focus of therapy. According to Lynn Hoffman[4)] the linear approach promotes resistance in those involved and its effects are minimal. Haley[5)] also describes circular causality.

From communication theory the group accepts that it is impossible not to communicate; that communication occurs on a verbal (content) as well as non-verbal level; that communication is either symmetrical or complementary in nature[6)].

In therapy, the Milan Group focuses on the family system. The game that the family plays, also called the sequence of interactions, deserves special attention. The game played by the family was identified by Haley[7)] in families with a schizophrenic member where each member tried to gain control of the family rules and at the same time denied they were doing so.

The Milan Group had found a method for changing the family game or recurring circuit. From general systems theory, especially two functions of a living system were mentioned that are of importance:

- (i) The tendency to maintain homeostasis. A system is inclined to resist change and to maintain a particular degree of stability.
- (ii) The ability to change. Growth and change in a system are necessary.

In a pathological system rigid ways of solving are repeated in order to maintain homeostasis and in doing so change is resisted.

In their research, the Milan Group found particular rigid rules and behavior in families with an anorexia nervosa patient, while in families with a psychotic member greater rigidity paired with transactional patterns that are extremely complex appeared. These transactions have the aim of maintaining the "schizophrenic game"[9)].

The Milan Group views the family as a self-regulating system that controls itself in terms of rules that are formed by a process of trial-and-error. In a system there is a series of transactions and feedback that contributes to rules being formed that make demands on each system.

Symptomatic behavior is part of the transactional patterns that have originated with the mentioned rules since behavior and feedback maintain the rules and thus also maintain the symptomatic behavior.

Successful results with families have led to the conclusion that if a fundamental rule is identified and changed, the pathological behavior disappears.

Thus, all family members are viewed as members within a circle of interaction. Each member influences the other members. "The individual acts upon the system, but is at the same time influenced by the communication he receives from it"[8)].

One individual's behavior is not the origin of another individual's behavior and according to the view of the Milan Group the rules that have arisen exercise authority on the family.

3. METHODS OF THE MILAN GROUP

The Milan Group, i.e., Selvini, Boscolo, Cecchin and Prata consists of two women and two men and forms a team—two observers behind a one-way mirror and two therapists observe the therapy. The team does not continually maintain the same two therapists for each new family. Because of the interchange of therapists various therapeutic skills are brought forward and this has given rise to the Milan Group viewing the methods of therapy as of greatest importance and not so much the charisma of the therapist himself.

Therapy already begins during the first telephone conversation with the therapist using it to himself define the therapeutic relationship from the beginning. This is done by determining the specific time for telephone conversations and because he determines the time of appointment. During the telephone conversation it is indicated who will telephone, what information to provide, the tone of voice, etc.

A session is divided into five parts:

(i) A pre-session where either initial information about the family or the interventions, decisions and other relevant matters from the previous session are discussed.

(ii) The session itself last about an hour. Particular information is acquired during the session. The way in which the information is acquired must indicate the transactional patterns of the family. For example, families with a schizophrenic member try to provide information on the lowest level, yet in doing so the family shows how communication occurs. The therapist tries to obtain interactions among members, while the team that observes views the total system, including the therapist.

(iii) [An inter-session] A discussion of the session follows. Two therapists who had observed and two who had carried out the session form a united discussion group in a special room [while the family waits in the therapy room].

They discuss their observations, come to a conclusion about continuing the therapy and about the therapeutic intervention. The intervention is carefully planned in terms of language usage, hand gestures, estimation of time and the way this is conveyed to the family—either by one of the therapist or in writing. According to this approach it is important that team members are in agreement about the interventions[9)].

(iv) [Intervention] During the close of the session the two therapists again link up with the family with a remark or directive that generally includes a paradox.

(v) {Post-session] After the family has left the team discusses the family's behavior after the directive or paradox. They write a synthesis of the session and important transactions are interpreted.

In difficult cases this method sometimes can take four or five hours.

After a paradoxical intervention at the end of a session, the therapist avoids being caught up in a discussion of the intervention with the family since the effectiveness of the intervention will then be lost.

The date of the following appointment is held to even if the family or a family member requests an earlier appointment or if a crisis arises. From their research and experience it seems to be important that the therapist maintains the definition of the relationship and also maintains it in the initial contract for ten sessions, one each month.

If by means of change, the team makes no commentary or intervention at the end of a session, it was their experience that it has brought about remarkably large changes in the family.

The group sees a family for about ten sessions with an interval of one month between them. By determining the length of the therapy beforehand, the therapist maintains control of the definition of the therapeutic relationship. By way of exception, after ten sessions it can be decided to extend the therapy to ten more sessions. After researching the interval between sessions they reported their results in an article, "Why a Long Interval between Sessions"[10). They obtained the best results with an interval of about one month.

A system needs time to bring about change after a powerful intervention. On the other hand, powerful interventions can quickly bring about change.

4. FAMILY DIAGNOSTICS

4.1 Stating hypotheses in family diagnostics

The Milan Group[11)] explicates how, within a family context, a hypothesis can be formulated and verified. This team uses information acquired beforehand to formulate a hypothesis. In the case of a divorced mother with a thirteen year-old son a hypothesis is formulated[12)]. The son had begun to be rebellious, school problems had arisen and he had taken money from his mother's purse. It was hypothesized that the boy's behavior is a way or an attempt to get his father more involved in the family. To verify the hypothesis attention must be focused on the mother-father relationship. During the conversation, however, it appeared that the father of the child no longer played a role in the family. A

second hypothesis is formulated, i.e., that his mother has another friend and that the son is jealous of and aggressive toward this man and expresses his displeasure with his behavior. During further investigation it appears that the mother indeed has a friend. The mother described the friendship and her son was restless while she mentioned the topic during the conversation. He would burst into tears and accuse his mother of not behaving the same toward him and spent too much time by herself. This disturbed her and made her feel guilty. The second hypothesis hit the mark and the team ended the session by summarizing that both persons needed time to assimilate the question of divorce without feeling guilt or rejection. Both family members will experience pain and must prepare themselves for it.

The function of a circular hypothesis is that it provides new information about the family functioning. This information is new in the sense that the origin of the problem is not reduced to a particular family member but is continually related to the patterns of circular interaction.

Within a family context, the hypothesis must include all of the family members. The therapist can structure the conversation in terms of the hypothesis, he can ask questions, direct the conversation and avoid amassing a great deal of information that conceals the interactions, relationships and dynamic of the family.

The hypothesis formulated by the therapist must be circular and linear hypotheses must be avoided. Questions must be structured such that they inquire about specific behaviors and circumstances. Information about relationships must be collected. New methods to use for acquiring information about circular hypotheses are the following:

(i) Information about specific concrete behavior during specific circumstances must be collected and there must not be much focus on feelings and interpretations.

(ii) Information on differences in the behavior of family members must be obtained. Characteristics that should be “inherent” to a family member are not of importance. Thus, e.g., there is less interest in whether a child is

labeled as naughty than in who does the most impossible things if the father is not at home.

(iii) Information acquired through a family member(s) giving priority to a specific interaction. This occurs when a family member must prioritize other family members, e.g., with respect to their preference to stay home on weekends.

(iv) Information about changes in relationships before and after specific events. This especially includes information that refers to a change in relationships.

(v) Information about different possible behaviors in the case of specific hypothetical situations; e.g., if a father refuses to work, what would happen in the family, who would do what, etc.

Family diagnostics rests on a therapist's ability to understand family interactions. These interactions also include his interventions and interactions. He forms a unity with the family while also remaining an observer.

A therapist must also identify the role and function that the family ascribes to him[13)]. For example, a family can have the expectation that the therapist must help their teenage boy to take more responsibility because he is not motivated and achieves poorly in school. If the family has a father who does not stand out as the authority figure, he can expect the therapist to fulfill the role of authority. If the therapist accepts this role and the family's definition of him, the father's impotence is reinforced and, within the family's hierarchy, the therapist becomes the authority.

The therapist is expected to redefine the family. In order to bring about a "new reality"[14)] for the family members, it is necessary that the therapist identify and define the roles of each family member. For example, the family might view one family member as the one to blame. The interaction with the therapist must change the family's perception of each member. The family will try to disqualify the therapist's interventions and thus keep the situation the same.

4.2 Circular questioning

In an article[15] the Milan Group declares that a hypothesis must be circular and must illuminate relationships within the family. The hypothesis and eventual intervention bring the information collected about family interactions into relationship with the symptom in order to understand the circular nature of relationships. The hypothesis that serves as the foundation for the intervention need not be correct since a hypothesis is the beginning of additional research and observation. Thus, the aim of the hypothesis is to organize the information. It provides a framework for additional information. It also has the aim of giving a meaning to the symptom as it arises at that time within the context of the family.

During questioning the family there is an attempt to point out and determine the nature of the relationships among family members. Thus questions are asked in "new" ways; e.g., someone in the family is asked to place family members in consecutive order beginning with the one that is most affected by someone's death to the one in the family least affected by it[16]. Should the parents divorce, it is asked, e.g., what child will go with which parent. A scale from zero to ten can be compiled of the parent's aggression, e.g., in the case of a child who is allowed to move back into the home.

The reasons for formulating questions in these ways are:

- (i) Because the questions have a "new" appearance that differs from traditional ways of asking questions, the family cannot answer them in a linear-causal way.
- (ii) They increase tension, mutual conflict among family members is illuminated and conflict with the therapist can be revealed.
- (iii) They follow a circular movement that is extremely important in further evaluation and diagnostics.
- (iv) They have a cumulative effect, e.g., a husband must relate what his wife has had in common with her mother and the wife must relate what her husband has had in common with his mother.

4.3 Neutrality

The Group views it to be extremely important to not become involved in alliances with any member of the family and thus show disapproval or approval.

Therapists occupy a less central position during the session and speaks relatively softly and with authority. This approach results in their intervention given at the end of the session carrying more weight.

5. THERAPEUTIC INTERVENTIONS

5.1 Positive connotation and paradoxical intervention

Positive connotation and paradoxical intervention are the two most important therapeutic interventions used by this approach.

Positive connotation is a meta-communication, i.e., a communication about the family's communication. It is a technique by which the therapist brings into relationship with each other the symptom of the identified patient with the behavior of the other family members by giving them a positive meaning. In this way, the symptom itself acquires a positive meaning with the consequence that the therapist can then prescribe the symptom since it has a new function within the family.

Through positive connotation the therapist defines the family members' relationship to the system and its homeostatic tendency as complementary. Because the family members now see themselves in an identical complementary position with respect to the system, this neutralizes the latent symmetrical tension that is present among the family members. In this way, all of the family members are placed on the same level without the therapists taking sides with a subgroup or individual and entering affiliations or coalitions.

The positive meaning that the therapist attributes to the symptom for the family includes the meaning that they receive approval instead of admonition. "But at the same time the positive connotation implicitly puts the family in a pardox"[17].

In the case of an over-involved family, the positive connotation of cohesion in the family can allow the following question to arise in the family: “Why does such a good thing as the cohesion of the group require the presence of a ‘patient’?”[18)]

“The primary function of the positive connotation of all the observable behaviors of the group is that of permitting the therapist access to the systemic model”[19)].

The positive connotation also includes the benefit of reinforcing the therapists’ control over the definition of the therapeutic relationship.

Should the therapist try to change the family system by attributing a negative connotation to their interactions, the implication is that the existing system is rejected. Since the tendency toward homeostasis is characteristic of the system, the family offers resistance to any such attempts to change the interactions. The family rejects the therapist if he does not recognize and understand this tendency.

Positive redefinition of the symptom and connecting it with the behavior of the family members is the basis for a paradoxical prescription.

Giving a positive connotation is followed by a paradoxical prescription to the family. This paradoxical mandate corresponds with that of Haley and thus is not discussed further.

The example of the Lauro family serves as an illustration of the Milan Group’s method[20)]. This family was referred by a clinic where the patient had undergone a series of psychological examinations. Ernesto, a child with high intelligence, is diagnosed as acutely psychotic. He has received large doses of medication without results.

During the first conversation with the Milan Group, the father showed that he is a highly emotional person while the mother had a very controlled attitude.

Ernesto, the only son, was tall and over-developed for his age. He walked like an old man, sat between his parents and answered questions in a staccato, nasal manner. For example, he interrupted his father with: “It is advisable that I now intervene with a clarification so that these gentlemen will not be deceived by appearances”[21)].

According to the parents his peculiar behavior had begun three months earlier after a brief visit from an aunt. Sometimes he burst into tears and his schoolwork deteriorated. He would not go anywhere with his father because of a thin, bearded man who, according to Ernesto, would follow along behind them. From then on he insisted that his mother accompany him to school.

This family resided with the mother’s family ((her father and three brothers). She had to care for the family and was always tired. After the marriage of two of the brothers, the Lauro family moved away and her father came to live with them until his death.

After her father died, who was much loved by Ernesto, Ernesto began to stay home and no longer played with his friends. He had faithfully done his homework and read through encyclopedias and this had resulted in an improvement in his schoolwork.

However, after his aunts visit four years after his grandfather’s death Ernesto had suddenly changed. His mother had very much enjoyed the aunt’s visit since earlier she mostly was amidst the male companionship of her father and brothers.

The therapists had observed that in his mimicry Ernesto represented the figure of his grandfather.

After consultation with the team, the therapists formulated the following hypothesis: After the death of his grandfather, Ernesto became aware of a threat to his parents’ relationship. By remaining at home after his grandfather’s death, he had tried to take his grandfather’s place. With the aunt’s visit a coalition between the two women emerged as an additional threat. In this way, his father’s position in the family could be strengthened by the

presence of yet another make figure. His grandfather could control his mother while his father was less successful in doing so.

After the family was told that they must proceed with family therapy and that ten sessions were allotted to them, a well-planned intervention followed that was assigned to the male therapist.

After the therapists entered, Ernesto took a position in which he had moved to his father's side in order to protect him from the therapists.

Therapist: "We close this first session by us turning to you, Ernesto, and saying that you have been doing something good. We have understood that you viewed your grandfather as a fundamental pillar of your family (the therapist makes a vertical movement with his hand as if to draw an imaginary pillar) who maintained a certain balance among them (the therapist extends his two hands out horizontally and holds them at the same height). Then you thought about assuming the role of your grandfather, perhaps out of fear that the balance would be changed (the therapist puts his right hand on the side where his father sits and speaks slowly). For the time being, it is good that you continue in the role that you have spontaneously adopted. Until the next session on 21 January you should change nothing (interval of five weeks)"[22)].

After this, Ernesto jumped up and in a loud voice and with a desperate expression on his face he said, among other things[223)]: "But how many times, how many times will I have to do this over the five weeks before I succeed in getting them together? And will I be able to do it? Tell me that again!..." The therapists reacted to this merely by saying that they can talk about this at the following appointment. Thus they did not allow for any discussion of the intervention.

By the following session there was a clear change in his behavior; i.e., he no longer behaved like an old man. Each change has contributed to obtaining more information about the family system.

5.2 Other techniques

Another therapeutic technique that this Group has applied successfully and that is described in the journal, “Family Process”, as well as in their publication, “Paradox and Counterparadox”[24)], is family rituals. A family ritual within which particular paradoxical elements are embedded is prescribed to a family. The ritual has the effect that the family cannot continue with its existing patterns of interaction and thus must change. For example, in the case of a family that was over-concerned about the broader family, the assignment was given to be extremely friendly with them. However, for ten minutes on each alternative evening, the family itself must argue with each about all criticisms that they might have about them. The result of this is that the family’s being over-concerned with the broader family has decreased.

Another therapeutic technique that this Group uses is to make known to the family their own impotence. This making their impotence known by the team is done in a definite and well thought out way. It is especially successful in cases where the family is very rigid and offers great resistance against changing. This family resistance implies that they try to define the therapeutic relationship. Because the therapists make their impotence known, they again define the therapeutic relationship while the family no longer needs to offer resistance and consequently can change. Because the therapists are no longer defined by the family as initiators of the therapeutic relationship, it is possible for the family to change itself.

The team avoids blaming the parents or pointing out their errors in educating their children. Interventions are continually done such that no one is blamed although the dysfunctional ways of communicating are connected with the symptom in positive ways.

In a family where the father has played a subordinated role and has not fulfilled his role as a father, the daughter had played the role of the authority figure[25)]. The father vacated his role and place that was then filled by the daughter. However, in this case the intervention blames no one. The team had communicated to the family that although they cannot see the necessity of the action, the daughter obviously believes that the family is in need of a stronger father figure and thus she occupies that role.

6. SUMMARY

The paradoxical and counterparadoxical approach is especially characterized by its forceful and dynamic nature. Their contributions are especially regarding the positive meaning given to the symptom and the family interactions as well as regarding circular questioning and stating the hypothesis.

As a result of the forceful and dynamic nature of the approach, the effectiveness of its therapy is increased and its duration is shortened. The question arises about whether conventional methods that are less economical, although successful, must not be allowed for the sake of the benefits of this approach.

7. REFERENCES

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