Paradox Therapy

Paradoxes figure prominently in this book, but most of them are purely intellectual. Paradoxical statements are apparent impossibilities that seem well supported by apparently good arguments. Interestingly, there are paradoxical commands as well as paradoxical statements. A very simple example is the command “don’t follow this command!” Whatever you choose to do seems to violate the command. In order to obey it you must disobey it, but in disobeying it, you seem to obey it.

Now, at first it might seem that such a command is rather silly and easy to ignore. But suppose you are in the army and the command is given by a superior officer, or you’re a child and the command is given by a parent, or you’re in love and the command is given by your lover. In short, imagine that the command occurs in a markedly unequal relationship. Second, suppose that you can’t step outside the situation to point out the absurdity of the command. There is no judge that you can appeal to. Then you would be in a major bind indeed. You would be in what psychologists call a “double bind”: Anything you do can and will be used against you.

Thus we see the three ingredients of a paradoxical command or double bind: (1) a strong complementary or asymmetrical relationship (officer-subordinate) (2) that can’t simply be terminated (because of society, laws, and so on) and (3) an apparently meaningful but logically contradictory order.

A realistic example of a double bind is described by an old joke. An overbearing mother gives her son two shirts for his birthday. Trying to express his enthusiastic appreciation, the son rushes upstairs to try one on. As he comes down the stairs, the mother asks, “What’s the matter? Didn’t you like the other one?”

In their book Pragmatics of Human Communication, Watzlawick, Beavin, and Jackson give other examples of paradoxical commands or injunctions:

(a) “You ought to love me.”
(b) “I want you to dominate me.”
(c) “You should enjoy working with children.”
(d) “Do not be so obedient” (parents to a child whom they consider too dependent on them).
Paradoxical commands, and paradoxical communications in general, have generated some interest among psychologists. Around 1960 several psychologists independently began looking at the family situations of “mentally disturbed” people. They found that many of these situations were filled with paradoxical commands and double binds. Indeed, it sometimes seemed as if mental illness was a perfectly rational response to an inherently irrational situation. Imagine living with a father who said things like this (quoted from a real-life interview by Watzlawick et al):

“My contribution to our problem is that I am a habitual liar . . . a lot of people will use the expression—uhm—oh, falsehood or exaggeration or bull-slinger, many things—but actually it’s lying. . . .”

Or imagine living with a mother who talked about you like this (again an actual quotation from Watzlawick et al):

“He was very happy. I can’t imagine this coming over him. He never was down, ever. He loved his radio repair work at Mr. Mitchell’s shop in Lewiston. Mr. Mitchell is a very perfectionistic person. I don’t think any of the men at his shop before Edward lasted more than a few months. But Edward got along with him beautifully. He used to come home and say (the mother imitates an exhausted sigh), ‘I can’t stand it another minute!’ ”

Paradoxical communication can cause more cognitive distress than the paradoxes of logic. But paradoxical communication can cause deep emotional distress as well. However, paradoxes have proven useful in psychotherapy. Occasionally, a therapist can double bind a patient by prescribing the very symptom that concerns the patient. Imagine, for example, a family in therapy. As the parents begin to work on a threatening problem, one of the children continually disrupts the therapy (by arguing and digressing). She announces that she won’t cooperate in therapy in any way. Watzlawick records a case where
. . . the therapist countered by telling her that her anxiety was under-
standable and that he wanted her to be as disruptive and uncooperative as
possible. By this simple injunction he put her into an untenable situation: if
she continued to disrupt the course of therapy, she was cooperating and this
she was determined not to do; but if she wanted to disobey the injunction
she could do so only by not being disruptive and uncooperative, and this
would make it possible to continue the therapy undisturbed.

The basic point is that psychological disturbances are often indirect and symbolic
of something outside themselves. For example, they might express the patient’s re-
sistance, rebelliousness, or just plain evilness. Once the therapist orders the patient
to act out the symptom as part of therapy, it automatically ceases to function as a
sign of resistance! More often than one might suppose, the patient simply loses the
urge to act out in that particular way.

In fact, it has been suggested that psychotherapy is an essentially paradoxical situ-
ation. Again we quote Watzlawick:

The paradoxical nature of psychoanalysis was realized by one of Freud’s ear-
liest collaborators, Hans Sachs, who is credited with saying that an analysis
terminates when the patient realizes that it could go on forever, a state-
ment strangely reminiscent of the Zen Buddhist tenet that enlightenment
comes when the pupil realizes that there is no secret, no ultimate answer,
and therefore no point in continuing to ask questions.